# Temperature Check on COVID-19 Preparedness

**0:00:05.5 Cherita Claitt:** Hello, and welcome to the webinar. My name is Cherita Claitt, and I'm a TA provider with TDA Consulting. I'll be introducing today's webinar. This session is being recorded and will last 60 minutes, including time to answer questions from the chat box. During this webinar, all participants will be muted by default. If you are having trouble with your audio or want to ask a question, please do so in the chat box on the right-hand side of your screen. 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 the HUD AAQ. Presentation slides and recording will be available on the HUD exchange in the coming weeks.

**0:00:53.4 CC:** Today's presenters are Marlisa Grogan with the Office of Special Needs Assistance Program. We have Darlene Matthews and David Canavan as HUD TA providers. We also have Emily Masites, with the Centers for Disease Control and Prevention, and Barbara DiPietro with the National Health Care for the Homeless Council. I will now turn the presentation over to Emily. Just kidding, we have learning objectives. So, today's learning objectives are to provide updates on current transmission rates and vaccine coverage, highlight resources for cold weather and flu season planning, peer 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, and lastly, review the latest COVID-19 response guidelines and answer participant questions. I will now turn this presentation over to Emily. Thank you.

**0:02:14.7 Emily Masites:** Hi, everyone. Thank you so much, Teresa, for going through all of that. I wanna focus on three things today with you all. First, thank you all for joining. What I would hope to cover is talk a little bit about where we are right now with COVID-19 transmission on the community level. I also wanna talk about specifics related to wintertime and thinking about wintertime in COVID-19, and then finally do a little bit of a deeper dive into some recent data on vaccination. We have a new publication that came out and some new data that are forthcoming. So first, let's talk a little bit about county level transmission. So here's our county level map showing the levels of transmission with the red being high-level transmission. You can see that we still have pretty high transmission throughout most of the United States, other than the southeast. The southeast had a early rise for the delta variant wave and has now come down a bit, and the rest of the US is still in high level transmission.

**0:03:33.6 EM:** This graph shows a forecast of what's expected over the next four weeks. So what we've seen nationally is we have that high transmission occurring throughout most of the United States, and nationally, cases have hit a bit of a plateau, they are coming down from the delta variant wave. And now, we've had a bit of a plateau. This forecast for the next four weeks shows that plateau continuing. Last year, at this time, we saw some plateauing happen with cases as well, but then we saw rises after Thanksgiving and after the Christmas holidays into January. So, it would not be unexpected for increases to occur or for the cases to continue at this high level. Essentially, what we're seeing is that we're into the winter, we're heading right into the winter now, and cases of COVID-19 remains fairly high throughout the country.

**0:04:38.5 EM:** That means that we really wanna keep thinking about maintaining a layered approach to COVID-19 prevention in homeless service side. That means including COVID-19 vaccination as often as possible, wearing masks regardless of vaccination status, and we'll get a little bit... A couple more details on that later on, keeping physical distancing, arranging beds to

sleep head-to-toe, keeping heads 6 feet apart when sleeping, and staying 6 feet apart as much as possible when not sleeping, hand washing, and then maintaining quarantine and isolation spaces. When we think about wintertime specifically, we know that crowding is likely to increase as more people need to come inside, and that means that in combination with that fairly high level of transmission, we wanna make sure we have enhanced prevention strategies for COVID-19. So if there are new spaces that are going to be used for cold weather sheltering, assessing those spaces, making sure that in those spaces and in the currently used spaces, ventilation systems are optimized, facility layout allows for that physical distancing, flow of traffic, give space for people coming in and going out of shelters and other service sites.

**0:06:12.8 EM:** There's more information here. Number three here is worker training that has more information on considerations for facilities. We also have an assessment tool that we can put into the chat that can help guide conversations around how to optimize things in the winter. And then finally, also during the winter, we have more of a potential of having flu transmitting at the same time with COVID-19. So encouraging getting a flu shot in addition to the COVID-19 vaccine, they can be given at the same time, so that would be a great way to cover both viruses at once.

**0:06:56.4 EM:** Okay, I want to dive a little bit more into vaccine coverage. We have a little bit of new data that's just been published and some information that is forthcoming, and this is around vaccine acceptability and coverage. The first information that I wanna highlight here was a study that was conducted with Detroit and some members of our team from CDC. They did a survey of clients at shelters, they surveyed 106 clients to try to understand if they had already gotten the COVID-19 vaccine, or if they were willing to get it. And the breakdown is on the left-hand side of the slide here. So this is February of last year, so it's a pretty long time ago, but it gives a bit of a snapshot of what people were thinking and the trajectories that they might have taken.

**0:07:55.2 EM:** So 43% at that time had already received one dose of vaccine, and this was pretty early on, so we had a pretty assertive approach to providing vaccination at the time, so had a pretty solid showing at that time. An additional 14% were planning to receive it, 11% were not sure, and 31% were not planning on receiving it. The reason for accepting or hesitating related to the vaccine looks a lot like the reasons in the general population that we see. So for accepting vaccination, the majority of people wanted to make sure to protect their health, to protect the health of their friends and family, and also to protect their communities. The reasons for hesitation were concerns about side effects, fear of long-term effects, and that the vaccines were developed too quickly.

**0:08:56.0 EM:** Alright. So we wanted to understand what this looked like. That was in shelters in Detroit. We wanted to understand if there was a difference when we talked with people who are experiencing unsheltered homelessness. So this project was then in coordination with some hand washing and portable toilets that was conducted in Orlando and Las Vegas. And so this was a survey of people accessing those sites, and it was primarily people who were experiencing unsheltered homelessness. We see a little bit of a difference here in the breakdown of acceptability and/or access. This was conducted in March through June, so it's a little more recent. A smaller percentage, 28%, had already received one dose of vaccine, 26% planned to receive it, 21% were unsure, and 26% were not planning to receive a vaccine. So here, what you can see here in these differences is a little bit of an access issue. We have people that are willing to get it that have not gotten it yet. So in this survey, participants described a few logistical barriers to vaccination, some describes that it was too far away to get a vaccine, and similarly, they did not have transportation to get that vaccine, and then people also describe just competing priorities, needing other things that in

their minds were more important than COVID-19 vaccination.

**0:10:43.9 EM:** One particular thing that was important to note was that in this group of people, of those who had at least received one dose of vaccination, 40% were vaccinated at a pop-up event. So pop-up events for this group of people seemed to have had a good reach for providing vaccination. So some other information, just to back up, back up for one moment. That last bit of information has not yet been published that I can share, the paper from Detroit that's been published recently, and I also wanna share that there's been another publication recently that... Or a few really, that have shown that outbreaks can still occur in congregate settings that do have high vaccination coverage. So, one of those outbreaks was in a federal prison in Texas, and they had high vaccination coverage, but they also had a high level of infection. The attack rates, hospitalizations, and deaths, however, were still higher in people that were not vaccinated. So vaccination was providing a protective effect for people, even though there still was this outbreak that occurred.

**0:12:05.1 EM:** So this shows how important it is to really keep that layered approach, maintaining other prevention strategies like wearing masks and distancing, hand washing, all those things that we talked about in addition to vaccination in congregate settings, specifically because of the risk of transmission in these places. And then, finally, third doses and booster doses as recently recommended, making sure that those are available for those who qualify. We do have some resources to help improve vaccine competence. As you can see from the previous statistics, vaccine competence, at least in these two samples, it looked like there is between a quarter and a third of people experiencing homelessness who might still not be certain about getting vaccinated. So doing some outreach, using some tools to help improve competence can be a really good thing to do. So our Vaccinate with Confidence team has great resources and you can send those links into the chat. And then finally, there's a field guide for vaccination as well that they've put out. Alright, and that's all for me. So I will hand it over to Marlisa.

**0:13:32.0 Marlisa Grogan:** Hi, everybody. Thanks so much, Emily. I'm gonna just gear a little bit to a different perspective. We're gonna cover on the HUD side, from a system response, what everyone should be thinking of for winter planning and to make sure that we are all preparing as much as possible for COVID response. So as we heard from Emily's presentation, the CDC has already put out really thoughtful infection control measures that's specifically for people experiencing homelessness and homeless assistance projects. We know we can see that when these measures are in place, and they're being effectively carried out, providers are able to reduce the risk of outbreaks and severe illness. From HUD's perspective, we are strongly recommending homeless shelters and housing programs to keep infection control measures in place until the end of the presidential declared emergency. This reduces the drain on capacity and resources. And your providers are gonna avoid potentially not being able to reinstate measures if you're doing the turning on and turning off of many of these really important infection control measures.

**0:15:01.1 MG:** And something as simple as mask wearing can be really hard to switch on and off. And for this reason, HUD is advising providers to keep these measures in place for the duration of the Emergency Declaration. These specific measures we're talking about are social distancing, mask wearing inside, whether people are vaccinated or not. Maintaining non-congregate sheltering options for individuals at high risk of severe illness, so having in addition to, or in lieu of congregate shelter, having those non-congregate sheltering options available, providing consistent opportunities for access to vaccine. So we know, especially with the great information that Emily provided, that this is the best protection against death and severe illness. But providing those

consistent opportunities again and again can really make the difference between someone deciding to be vaccinated or not.

**0:16:11.6 MG:** So the consistent opportunities is really important. Maintaining equitable pathways to isolation and quarantine, and also including testing strategies as an outbreak prevention measure. We want to reinforce the importance of flexibility, with the pandemic, we've had ebbs and flows and improvement, and then also set backs. And frankly, I think many of us did not expect to be in this space again and we're hoping that the increase that we may see doesn't happen, but we could. So we're thinking very thoughtfully about how to use ESG-CV funds in the critical ways that can make a difference in COVID response. Communities may need to rethink how they're using their ESG-CV funding. So it's really important to be flexible and take a look at how you're currently spending. If you have funds that are not committed as an ESG-CV recipient, take a look at what your needs are at the local level, and if a rethink or reprogramming of funds is warranted. We do have some materials that just call out certain... Really, the most important things to consider when you're looking at your ESG-CV funding. But to be able to remain flexible and nimble, to be responsive for what's happening at the community level is really key there.

**0:18:01.5 MG:** ESG can fund a wide range of response activities. We have a link to a resource that outlines by component type what you can spend your ESG-CV money on. Funding on-site vaccination and testing or renovation of existing shelter is one of them, expanding winter beds, isolation quarantine, respite beds, equipping bathrooms and showers for single-use, increasing shelter capacity for infection control measures, including PPE, bed spacing, accessibility features, using contactless entries, and also using your ESG-CV funds is, of course available for enhanced sanitation and cleaning services. And I sort of alluded to this in two slides ago, but when you're thinking about how to use your ESG-CV funds, especially for those of you who are not as far along in your... In expending funds, think... And please do read the SNAPS In Focus message that's posted, that we'll also include in the chat, but that's also posted here.

**0:19:20.4 MG:** Jemine, our Deputy Assistant Secretary for Special Needs and Norm Suchar, Director of the Office of Special Needs Assistance Programs, issued this SNAPS In Focus message to ensure that to the extent that you have ESG-CV funds available, that you're using them to bolster street outreach so that the on-the-ground presence is there, the ability to link people. Healthcare resources can also reduce spread and ensure that people have continuous access to vaccine. On-site, mobile vaccination and testing and coordination with your local public health department. And then reviewing terms of written agreements to determine when and if you can reallocate or reprogram funds. We don't want administrative red tape to get in the way of getting really needed ESG-CV funding out there, so please be in touch with your field office, your SNAP-CARES Act desk officer to see what kind of changes are needed. The sub-recipient agreements, if you need to amend your plan, we are here to help you work through that.

**0:20:47.0 MG:** So, especially now with a year left of ESG-CV funding, take a look at how you're spending funds, what's slow moving, what your local needs are, and don't let the administrative burden of re-allocating funds be the obstacle to doing this. We have this document that we're also gonna post in the chat, but that's linked here, for ways that you can identify whether or not a change in programming would require an amendment. Even if it is a substantial amendment, then you don't need to go through the citizen participation or public comment process. So, from the HUD standpoint and what our requirements are, we've tried to streamline the process as easily as possible.

**0:21:42.7 MG:** The local support that is really key is having pathways to isolation and quarantine, emergency and temporary shelters, ensuring that they're equipped and that they have high capacity to prevent, prepare for and respond to Coronavirus, having non-congregate sheltering options using ESG-CV or otherwise, if those types of funding for incentives is otherwise available in the community using those to incentivize vaccination and then using vaccine... Using funding for vaccine peer support. We've heard how effective having Vaccine Ambassadors can be, serving as that trusted person within the community that can change someone's mind and make a difference between someone electing to be vaccinated or not. Again, stressing flexibility and making the decision to shift funds when and where possible, but also looking at the long-term and making sure that we're all focusing on preparedness for the long-term. And with that, I'm gonna turn it over to David Canavan, one of our HUD TA providers. David.

**0:23:11.9 David Canavan:** Thanks so much, Marlisa. Hopefully, this information really looks pretty familiar to folks at this point as we're, again, confronting winter, where COVID is a feature of our planning. We wanna make sure that individuals on this call really understand specifically, there are things immediately after this call, you can check on in your jurisdiction. I think sometimes it's not clear what the immediate action step is from a webinar. These are three immediate action steps you can take in your local jurisdiction to look at and say, "Are these pieces in place?" Because we know, as Marlisa was mentioning, reactivating or turning on and off particular controls in the moment can be really challenging, and so, if we're not in a spot ahead of time, and I know November 15th is already past snowfall for some jurisdictions, but if we're not in a spot ahead of time to have their relationships to quickly pivot, then it may make sense to leave some of these controls in place, even though we have less than full occupancy.

**0:24:22.3 DC:** So, non-congregate shelter is one feature that often is a challenge to turn on and off without a lot of notice, so either conceptualizing it more like a hotel/motel voucher program, if you're in a small community with only a couple of motels might make more sense versus trying to sustain a significant operation that has lots and lots of behavioral health components or a catering component or other kinda more resource-intensive activities. As we move into winter, we really wanna make sure folks are not in a position where they're having to balance the risk of somebody becoming severely ill with COVID, because they were in an environment in which we weren't doing everything to protect them versus becoming... Putting their health in jeopardy because of exposure.

**0:25:15.2 DC:** So we really see all of these activities that sites are taking now as really helping to limit the number of times any shelter staff person at the front door is confronted with a choice of having to go over the social distancing occupancy of that particular shelter, or not allow somebody to come in from the cold. We wanna be in a position where we're not exposing individuals to either of those risks, and everything we can do now are the things that help us to avoid that kind of decision for our frontline teams, which are really not the ones we wanna put in that place there, they have so much to do in that moment, making those kinds of determinations are incredibly challenging.

**0:26:01.9 DC:** In some communities, we continue to see this year that rotating shelter sites, which is a strategy in a lot of communities, particularly with faith-based partners where a particular site would take a winter shelter program for a particular night or a particular week, and the faith community of that site would sustain the food or other activities, continues to be limited this year, and so those traditional partnerships may not be something that communities can lean on. So again,

understanding that ESG-CV and other CV-based resources are intended to limit the impact of those kinds of constraints as we continue to manage the impact of COVID-19 on the sheltering system.

**0:26:47.0 DC:** And alternative sheltering sites in particular, we really do anticipate that sites will need options for expanding this year, if we sustain the social distancing requirement, the sleeping requirement, that you may need some ability to grow whether that means looking at nearby space or space within the same physical facility that is comfortable for you to expand into and your team has a strategy for how to do that, or it involves needing to think about a regular site next door, or in the same neighborhood, or in the same city that you can activate if it becomes necessary. Or as I mentioned before, looking at hotel/motel voucher type program models, really being able to expand without requiring a late night phone call to a bunch of folks will help ease the tensions, if that decision has to be made in your jurisdiction.

**0:27:49.4 DC:** Of course, all of our tools are really designed to encourage vaccination. We have lots and lots of resources to help frame up these conversations. So if you're really... You know, you're sitting there, maybe you're a recent addition to the CoC or the homeless service system in your community and struggling with an entry point to begin these conversations or conceptual framework for what should you worry about first, these resources that Marlisa is dropping into the chat are great beginning points for those conversations. So, that will help to orient you to the information and kind of the task that's in front of a lot of jurisdictions right now. As we look at these particular measures, again, any time there's a system in place, we have the kind of implicit bias in that system and to effect to our outcomes, so making sure that we have specific mechanisms, structural mechanisms to look at our outputs and our outcomes, and that those kinds of implicit biases are not influencing or the influence is specifically limited and constrained.

**0:29:00.5 DC:** So, one key metric might be making sure if you have a large non-congregate shelter population, it should look a lot like the folks who experience unsheltered homelessness in your jurisdiction, and then you have the constraint of over the age of 65 or with a severe illness, which is the planning eligibility constraint that many jurisdictions established. It should look very similar to the population that experiences homelessness in your jurisdiction. So if it's skewing in any particular attribute, that may indicate for folks at the planning level that you're missing a feature that's impacting your ability to serve folks who are being homeless.

**0:29:43.9 DC:** One of the key activities that really supports jurisdictions to tune their planning mechanism to that actual incidence of homelessness is including individuals who have experienced homelessness in the planning bodies themselves. And this is not a straightforward or simple thing. We want you to think about how you compensate people for their time, like those of us who participate in these kinds of conversations, our time is compensated. How does that look? What time is the meeting, if you are planning meetings in the middle of the day where an individual may have a separate employment that they need to attend to, to sustain their own housing, scheduling meetings is appropriate or it may involve including licensed childcare providers to ensure you can get broad representation from a variety of folks so that at the planning level, we're not missing critical viewpoint.

**0:30:47.3 DC:** If you are unsure of the particular role of a partner, again, the links really that Marlisa is dropping in expand this list of roles and activities that different partners can play. We know that local public health is critical. We also know like the homeless service system, public health has consistently had more on their plate than they necessarily had resources to be involved

with, even before COVID, and then adding COVID on top of that continues to expand the set of needs. And while we're ramping up resources like the ELC grant from CDC, there is still room to grow there. So it may be challenging to convene the initial conversation if you haven't yet, but if you do need help with that, you can submit a TA request. If you are in a particularly rural jurisdiction, you may find that your county or state public health partner is the one that has resources to contribute, and maybe another point of contact if you are struggling. We know in some communities the role of public health is played by volunteers or part-time staff, so there may not be that ability to expand the mission absent some additional resources.

**0:32:11.4 DC:** Healthcare for the homeless. Obviously, we've found them to be a great partner. Barbara DiPietro and her team and everything that those folks do have been really a linchpin of any success that we've had, and to continue that at the local level is absolutely vital. If you are struggling, Barbara is gonna give you a great presentation on that and how to reach out to her. And so, I'll leave that to her. Emergency management, and I think in some jurisdictions, this may have been the first moment that you've engaged from the homeless service system with your local emergency management team or state level emergency management team. While in other jurisdictions that have large scale hurricanes or other events like wildfires, may have well-utilized relationships with their emergency management.

**0:33:01.4 DC:** But the approach that emergency management takes and the contracting vehicles and the planning strategies that they have really are very much driven by the scale and scope and the nature of the event, whatever that event is, they take what's called an all hazards approach to planning. That strategy may really serve you, particularly if you need to activate what we'll talk about in a moment, which is our plan C kind of larger scale responses. These are folks who are well versed in how to approach problem solving from that perspective and have great relationships with a lot of the key partners.

**0:33:42.4 DC:** I mentioned bringing folks in who have lived experience and ensuring that our planning mechanisms really incorporate that there and support their participation. Additionally, we know that individuals experiencing homelessness, particularly unsheltered homelessness, they live in often fight or flight type situations all day long. And so, initial enrollment in particular programs may benefit from staff who have lots of experience, particularly trauma-informed care experience and how to recognize that the process of acclimating to safety takes time, and that that process is one that has to be supported by a variety of providers. And so, if you're engaging at scale with a larger facility or have kind of a more complex set of needs in front of you, that may be a partnership that really brings the right set of tools and resources into the conversation.

**0:34:54.0 DC:** I mentioned plan C, we'll talk about that in a moment. We are encouraging folks though to have three plans, plan A, plan B, and plan C. This is really just the idea that plan A is really a fairly marginal surge, increased capacity in your jurisdiction of COVID-19 illness, but well within the planning scope and the resources currently available to you. It may involve activating relief staff or adding a swing shift or expanding to a part of your facility that you don't traditionally use, but doesn't necessarily engage with new and different partners. Plan B is looking at the surge from the perspective your community may really need to activate the homeless service system of your jurisdiction, and orient it to this particular problem. How do we need to bring in, kind of maybe non-traditional teams to help bolster us, whether they're social workers, maybe they're social work students who are doing practicums, they're in one community, they use retired individuals to come back to work and give them a stipend.

**0:36:18.7 DC:** But again, those resources exist within the current system, or we can use ESG-CV or other financial resources to help bolster the service need in the community. Plan C is really the scale and scope of the surge exceeds the homeless service system's capacity to meet the demand on its own and requires emergency management and local leaders, local and state leaders to help bolster those cases. So those are moments we saw the expansion of alternative care settings to include field hospitals and different jurisdictions or renting entire hotel properties, leasing the entire property for an extended period of time. These are activities that are not traditionally resourced and led within the homeless service system, and we require different contracting vehicles, different style of metrics, a lot of different resources. So, we don't want though the moment of crisis to be the one where you are establishing these relationships for the first time or thinking about these issues for the first time.

**0:37:30.6 DC:** So, really, even a few hours together can help to bring some of the planning assumptions, and that's kind of the framing for these things, is bring the planning assumptions to those partners. And it doesn't have to be precise, it doesn't have to be active, you can estimate and don't let the perfect be the enemy of the good. We're gonna do our best from identifying a planning assumption and then bring those planning assumptions to our partners just to get their thinking going, because if we don't have a quantity of need in these conversations, then we don't know... The only thing our partners can do with that is note that the planning is sometimes... The quantity is somewhere between zero and infinity, and that's not a helpful order of magnitude. So, I often start those conversations with saying, Are we talking in tens, hundreds, or thousands? And even that tuning conversation can help move the discussion forward in a useful way.

**0:38:45.7 DC:** Just talk a little bit more about the specific estimation of need and... I'm just realizing the slides are not numbered, so I just wanna make sure I'm not jumping too far ahead, Marlisa. [chuckle] Nope, it looks like I'm good, okay. So looking at your last winter, it might be a little bit a good planning assumption. If your community experienced a surge, that may be a great way to think about this coming winter. We have seen the vaccine have a significant impact in some jurisdictions of the incidence of COVID-19 or the continuation of non-congregate shelter. So, if those planning variables have shifted, then accounting for them and again, creating some kind of estimate about what may be in front of you, how many people experience unsheltered homelessness in your jurisdiction, qnd what's the normal throughput of your shelter system or the normal distribution of your outreach teams?

**0:39:49.4 DC:** It's just getting a sense of where you will be this winter as we move through it. The HUD TA team has really taken that flexible approach to planning and really try to put out resources that think through from a good, better, best model and really trying not to get too wrapped up in the details and saying it doesn't have to be perfect to be better than the thing before it. So that particular document that's up as alternative approaches to winter sheltering, but we know non-congregate sheltering incorporates many of the controls that CDC has identified as limiting the infection within a community from individual space to individual access to bathrooms, so that's identified as the best. And then backing up from there, what's a good, better, best approach? So, take a look at that if you're struggling to understand where to start your planning. And then I think this is my last five or is this your first five, Marlisa?

**0:41:14.0 MG:** I can take it over from here. David, thank you very much.

**0:41:21.3 DC:** Perfect. Thank you so much.

**0:41:23.0 MG:** Yeah, thank you. I posted a link to this creative staffing solutions document in the chat, and we recognize that there are tremendous staffing challenges ordinarily, and now when it comes to communities that have created auxiliary congregate and non-congregate shelter facilities. The purpose of those to allow for adequate physical distancing and existing emergency shelters, and also isolation and quarantine, stacking is gonna be a common challenge. So this resource presents some strategies including working with local department of waiver or workforce development agency, and then also providing incentive like hazard pay, sign-on bonuses, volunteer incentives, and many of these are eligible with ESG-CV and ESG resources, but that's a way to keep staff on payroll, and it's a way that you can staff up your temporary emergency shelter as well as isolation and quarantine.

**0:42:44.9 MG:** And before I turn it over to Barbara, which... We're saving the best for last because she's gonna bring us all together, the synthesis of public health and housing, but we just want to encourage you to reach out to your local field offices, desk officers, submit a question. You can request technical assistance on the HUD exchange and then as a resource for you all, once you get access to the slides, once we post them within the next few days, we've got links to many of the resources that we highlighted throughout today. So with that, I'm gonna turn it over to you, Barbara.

**0:43:24.3 Barbara DiPietro:** Great. Thanks so much, Marlisa. I'm just gonna hit a couple of points. I only have a few slides, but I just wanted to bring a provider perspective into this as well, since many of you are partnering with FQHC's Healthcare for the Homeless or other healthcare providers to make all of this happen. We've talked a lot about strategies for increasing testing and vaccinations in particular, and I just wanted to emphasize that as we're thinking about connecting people to vaccine, thinking about also how are we addressing larger need for healthcare services. We've seen overdoses really skyrocketing in the last year, we're seeing connections to care either, again, become frayed because lots of communities are and a lot of... Still a lot of upheaval. So just thinking through what that larger need for health care services is and how we can do this more as a comprehensive package of healthcare.

**0:44:16.8 BD:** Second, just thinking about the partnerships. Marlisa and David had pointed to creative use of staffing, making just most of all the partnerships that you've developed, thinking through also your academic institutions, your medical and nursing schools, other schools in your area that might be able to augment just the hands that you have on deck to be able to do either some of the administrative pieces, talk with your clients about vaccines or do some of those educational town halls, or again, just be extra folks who can help with paperwork and completing vaccine-related processes.

**0:44:50.9 BD:** I wanna come back to consulting consumers about how they wanna be connected into health care, keeping equity at the center of decision-making. David talked a lot about looking at your data and making sure that you're really looking at where the disparities exist to who's getting access to different services, and making sure that you're really being mindful of who you're reaching and who you're not reaching.

**0:45:14.5 BD:** I wanna also think about these broader pieces of access to food and transportation. We know the community services are still under a lot of strain right now, and people might be food insecure or having trouble getting places. All of those things are gonna get in the way of people

being able to get their vaccine and participate in some of the programming that we're talking about here today. So just making sure that we're thinking about meeting basic needs. And then finally, winter planning, connections to health care, and so thinking about all of that.

**0:45:46.0 BD:** When we talk about connections to care, I just wanted to drill down a little bit more here on what that means. So, how are we connecting clients? Again, just comprehensive services, whether that means on-site where you're delivering homeless services, like perhaps in the shelter, many of you might have an in-shelter clinic or a partnership that's really solid and are doing comprehensive on-site care, and that's really great, and that's gonna look different for you and what options you have for moving forward than, for example, if your healthcare partner's off-site. The clinic might be more than just next door, so thinking through what that looks like for you is gonna inform how you make that better and best plan that David talked about.

**0:46:30.2 BD:** How we're building capacity, we talked a lot both here and in office hours about how you can be using your COVID funding to expand partnerships and be making systemic improvements. So thinking through, how does that look for your healthcare partnerships, both now in the urgent space, but then also longer term in a systemic sustainable way. Again, thinking about transportation, so specifically for vaccinations or the services we've been talking about here, maybe that means you can work with a health care provider to take groups of clients to them or to another existing vaccine event, or maybe it makes more sense to have the ongoing vaccine events and continual surveillance activities happening on site of the shelter or unsheltered spaces.

**0:47:18.1 BD:** Telehealth, we've talked a lot about telehealth in different places, so thinking through how can we expand access that's on-site, but remember also that we've got to acknowledge a lot of our healthcare providers are still short-staffed, and the capacity to be able to do some of the on-site hands-on care that maybe what we were doing earlier in the pandemic is no longer possible. So that's why we've been talking about innovation and thinking through how to maximize your partners but also just thinking through again, what are the factors that are unique in your community that are gonna drive what options you might have.

**0:47:54.7 BD:** Finally, we also wanna talk about behavioral health. I mentioned that overdoses have been skyrocketing. This is really a stressful time, and now that we're getting into almost two years here, this is a long-term and can be very traumatic, and particularly people who've got pre-existing mental health issues or substance use, this can exacerbate a lot of those conditions or create new ones. So how are we particularly being mindful of behavioral health services, both crisis interventions, overdose prevention, making sure we've got Narcan, connections to Suboxone or other medication-assisted treatment services. Again, just thinking through what are the possibilities that you're seeing for the health care needs of the people you're serving and making sure that we're thoughtfully meeting both the immediate and longer term need?

**0:48:41.9 BD:** And so with that, I'm just gonna point to... I know we'll move here into question and answer here in a minute. We've got a few resources that we've been working on. Last winter, as we were coming into this, we were talking about the six crises coming into winter 2020, and this is when we had still ongoing COVID infections, still have flu season, still have the complications of winter weather. We also aren't out of disaster season, so wild fires and floods and things are still possible here. Evictions are also going to look different in every community, so you've got that kind of upheaval, and of course, if you remember, last year, we had a lot of trauma and social upheaval with a lot of uprisings and things going on in communities, that's still a real factor for folks. And so

thinking through how we're being comprehensive.

**0:49:29.1 BD:** And then finally we've got a few other issue briefs that just go through some practices that's been put in place in some areas that you might find effective for you. So with that, I will turn it back over to Marlisa for questions, and really appreciate being part of this conversation. Thank you.

**0:49:48.4 MG:** Great, thank you all so much. I'm gonna give everyone just another minute to submit any questions. Thanks to Diane for submitting a great one to kick us off. I think more of you are typing. But to start out, it sounds like Diane is having some challenges when it comes to testing and the cost of tests, and Diane is sharing that she's tried to reach out to the public health departments, local doctors for possible donations. This is a congregate shelter setting that's operating on private funding, reaching out to the county for funding without any success. So I'm opening this up to the group for ideas. I think that one of the key points is that this isn't a provider-level issue, it's really a community-wide challenge, and that's frankly why we are presenting a joint webinar because it's not really any one area, especially when it comes to COVID response that we all need to work together. Are there any other ideas that Barbara, Emily, David, have for potential funding for testing or resources that non-profit congregate healthcare providers like Diane can turn to, to continue to test or while also facing a funding challenge?

**0:51:42.1 EM:** So I can speak to that a little bit. There's new funding going directly to state health departments that is meant to support testing, just as you're describing, so testing at shelters regardless of the source of funding of the shelter itself, so it's meant to be available to really all homeless service sites. That funding, the way that you would be able to access it would be to work with your local and state health departments to connect with them on the way that they're coordinating testing, and they should be able to help figure that out. So, I would say if you have not had luck with your local health department, try some different angle, try your state, if you can't get on the phone with the local health department and they should be able to, but it should be within the realm that they can help out with.

**0:52:50.2 BD:** And I'll add in to that too. I see David [0:52:53.4] ____ question about the status of the HRSA rapid test. I'm consulting my colleague, Katie League, right now. But I believe, David, that pilot site, that was a pilot program that HRSA is doing, and they are only working with 12-15 sites. And we've been not able to get that list, but it may or may not include any HCH programs, but right now it is very small, and I just got confirmation, thank you, Katie, that it is still about a dozen sites.

**0:53:25.9 DC:** I would just add, it looks like Diane, to your question, you're saying your site's not eligible because you don't have the funds to do HMIS. There's no reason you couldn't, Diane, for the HMIS component as part of your funding request as you're looking to bring it all on, so that might be another approach to helping to activate those funds for that site.

**0:53:57.2 MG:** Okay, we received a question about ideas for increasing current staff pay so that there is retention of staff. This is something that we from HUD have recommended using HRSA's funding to do. So in addition to ESG-CV, there are also other resources such as CDBG-CV that you could use to increase staff pay if you're a shelter provider, but we'd certainly recommend doing that because this is such an important service, and it's an essential component of COVID response. Are there other ideas for increasing staff pay? Does anyone wanna add anything else?

**0:54:56.0 DC:** I think not only paying that we're encouraging it, but really how to make a determination that it's a reason of... That it's eligible as long as all the other parts are connected, and Marlisa, I'm failing to ponder the part to do 100 citation off the cuff, but maybe you've got it in front of mine to drop in, that really taking this moment to activate and recognize that if we want sustainable outcomes from the homeless service system, we need to be investing in sustainable resources, which includes the staff that work on these projects so that they can develop expertise and mastery of the topic, and this is the moment to do that. In many grant funding streams, the individual programs and communities are the ones that set the pay. And so, taking these opportunities when those moments arise to recognize that many dynamics have contributed to that pay no longer being sustainable, nor achieving the desired outcome and making an adjustment systemically. Broadly, we've had some communities elevate the entire systems pay, and so really looking at that systemic level to bring the right level of resource, I think is key.

**0:56:15.9 MG:** We had another question about someone who tried to send clients to get a COVID test, but no test available for Maine to Connecticut unless they had symptoms, which appears to be a change in policy or requirements. This is something certainly we can look into. I don't know if Emily or Barbara have any initial reactions, but that definitely is a concern, and I would just say if anyone is having trouble making the connection to testing resources, please reach out to us, and we can provide our... For HUD, it would be the AAQ, because we certainly don't want people going without access to testing resources. Any other feedback about that particular policy that audience members are encountering?

**0:57:24.0 EM:** So recommendations that we... On the CDC level haven't changed, which means that there should be access available for testing for a variety of reasons that don't necessarily have to include symptoms. There have been some shortages of rapid tests, in particular, so I'm wondering if it might have been related to shortages of rapid testing, and so they just weren't available, but certainly there should be access to testing for various reasons for people that are asymptomatic.

**0:58:07.8 MG:** We can definitely look into that more and try to follow up on that as well as the status of HRSA rapid test, unless anyone else has additional information about that. But that's something else... That's a great question that we can follow up on. Another question about continuing ESG funding, to my knowledge, right now, other than the annual ESG funds at the regular or the typical funding level, there are no funding resources in the works that I'm aware of, but I guess that could always change, fingers crossed, but no, nothing that I've heard of. And we are actually running out of time and all of these great questions have just come in at the last minute. We will definitely take these back and follow up. Just a reminder that we do have weekly office hours every Friday or every other Friday now. But I think it would be a great opportunity, especially since most weeks, we also have Barbara and Emily joining us for those that we can follow up and answer more of these so that we can really do justice to your great questions.

**0:59:33.1 MG:** So with that, thank you all so much for joining us. Please take the time to check out the resources that we highlighted today. We really hope that they help you with your winter planning, your overall COVID response. And on behalf of all of us, we appreciate...