State of COVID-19: Summer 2021

August 19, 2021
Agenda

1. CDC Public Health Update
2. Situational Awareness for Local Homeless Systems
3. Critical Infection Control Thresholds
4. Three Things Every Community Should do TODAY
5. Leveraging ESG for Response Activities
6. Guidance, Tools, Products
CDC Public Health Update
Delta Variant

- **The Delta variant is more contagious:** The Delta variant is highly contagious, more than 2x as contagious as previous variants.

- **Some data suggest the Delta variant might cause more severe illness than previous strains in unvaccinated persons.**

- **Unvaccinated people remain the greatest concern:** Although breakthrough infections happen much less often than infections in unvaccinated people, individuals infected with the Delta variant, including fully vaccinated people with symptomatic breakthrough infections, can transmit it to others.

Delta Variant

- The COVID-19 vaccines authorized in the United States are highly effective at preventing severe disease and death, including against the Delta variant. But they are not 100% effective and some fully vaccinated people will become infected (called a breakthrough infection) and experience illness. For such people, the vaccine still provides them strong protection against serious illness and death.

- Given what we know about the Delta variant, vaccine effectiveness, and current vaccine coverage, layered prevention strategies, such as wearing masks, are needed to reduce the transmission of this variant.

The Delta variant is more contagious than previous strains—it may cause more than $2x$ as many infections.

Vaccines protect you from hospitalization, severe infections, and death.

Delta Variant

To reduce their risk of becoming infected with the Delta variant and potentially spreading it to others, CDC recommends that fully vaccinated people:

– Wear a mask in public indoor settings if they are in an area of substantial or high transmission.
– Get tested if experiencing COVID-19 symptoms.
– If you came into close contact with someone with COVID-19 get tested 3-5 days after the date of your exposure and wear a mask in public indoor settings for 14 days after exposure or until a negative test result.
– Isolate if they have tested positive for COVID-19 in the prior 10 days or are experiencing COVID-19 symptoms.
– Follow any applicable federal, state, local, tribal, or territorial laws, rules, and regulations.

Situational Awareness for Local Homeless Systems
Situational Awareness

- NCS and I/Q wound down in many communities
- Limited community interest in utilizing hotels as a safety and sheltering approach
- Communities have not instituted hazard pay
- Many states have ended indoor mask mandate
- Hospitalizations on the rise nationally; many states running out of ICU beds
- Every community has ESG CV money through direct allocation or through the state that can be utilized to make approaches more equitable, sustaining and humane
We have an opportunity to do this differently

Urgency does not have to be in conflict with equity. If we incorporate people with lived experience and diverse partners into the planning process; engage them in execution of our vision, and honor new and different approaches, we can save lives and house people at the same time.

-Michele Williams
HUD TA Provider
Michele Williams LLC
As we begin again….

- Acknowledge that Structural racism exists. And it has had a tremendous impact on population health and the health inequities suffered by people of color and people experiencing homelessness.

- Get comfortable being uncomfortable. We know that our NCS implementations were less than equitable—Was it our assessments? Was it our use of only ‘traditional’ partners? Was it limited access points?

- Collect quantitative data, however we must never forget that we are working with people. Qualitative data and experience are important to framing our approach.
As we begin again….

- Expand trusted partnerships with people with lived experience, they will be critical at engaging vulnerable people and developing a more comprehensive approach.
- Understand and accept our limitations. Being honest and transparent honors the gaps in our work and provides space for sustainable relationships with each other and the communities we serve.
- We must be prepared for a heavy lift.
Critical Infection Control Thresholds
DECOMPRESSED OCCUPANCY

- Continue [CDC guidance](#)
- 6 feet between individual/family units at all times
- Pathways to overflow beds
- Winter prep starts now
UNIVERSAL MASKING

- High risk of transmission in shelters calls for special considerations
- Everyone should wear masks in shelters:
  - Despite shifts in local policy
  - Regardless of vaccination status!
ISOLATION AND QUARANTINE

Equitable pathways to I/Q for people who have/have been exposed to COVID

- **Facilities**?
- **Staffing**?
- **Workflow**?
VACCINE OUTREACH

➔ Best protection against death, severe illness
➔ Partner w/ FQHCs, HCH, PH
➔ Provide multi-pronged strategy to promote equitable access:
  ◆ Two-way communication
  ◆ Accessible messaging w/ culturally competent partners
  ◆ Incentives
  ◆ Frequent, **onsite** events
TESTING STRATEGY

- Co-create testing strategy w/ health partners
- **Consider weekly, facility-wide** testing while transmission rates are high
- Not a requirement for services!
ACT NOW:
3 Things Every Community Should Do TODAY
1. Re-engage public health and healthcare partners

2. Reinstate all critical infection control measures w/ health partners

3. Refresh communication w/ Staff and Clients - trauma and culturally informed
Consider COVID mitigation strategies ...

**Convene**
- Facilitate discussions with partners
- Leverage CDC/NHCHC SMEs in local problem solving
- Partner w/ people with lived expertise to implement an inclusive, equitable vaccine engagement strategy

**Implement Infection Control**
- Create action steps, implement plans
- Create staffing solutions -- using hazard pay, a range of creative staffing options
- Locate and secure alternative sheltering sites
- Organize vaccine events; train on building vaccine confidence

**Find funding**
- Strategize on repurposing ESG or other funds; create action steps
- Draft amendments where needed
- Connect w/ your local Field Office
Leveraging ESG for Response Activities
Rethinking ESG-CV Funds

- ESG can fund a wide range of response activities and infection control measures (See Appendix)
  - 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 continued...

- 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.
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.
Sample Community Activities

To address COVID-19, one community used ESG-CV funds to:

▪ Stand up temp shelter to house unsheltered folx during the pandemic
▪ Pay for hotels/motels for I&Q
▪ Support testing across the community
▪ Offer hazard pay for street outreach (SO) and emergency shelter (ES) staff
▪ Increase base salaries to recruit new RRH case managers and CES staff
▪ Pay for PPE and other supplies needed for SO and ES
▪ Hire cleaning services to provide deep cleaning and sanitization
▪ Hire meal delivery services to bring meals to hotels/motels and other I&Q locations
▪ Offer cash incentives to increase vaccination rates
Standing Up Infection Control Measures:

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

CDC and NHCHC Guidance:

- Strategies for Proactive Universal Testing
- Homeless Service Providers
- People Experiencing Unsheltered Homelessness
APPENDIX
## APPENDIX 1: ESG-CV Eligible Costs for Outbreak & Infection Control

<table>
<thead>
<tr>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning supplies, cleaning services, PPE, linens/towels/blankets, hand sanitizer, soap, tissues</td>
</tr>
<tr>
<td>Meal service (ex. boxed lunches) and meal delivery</td>
</tr>
<tr>
<td>Renovation to increase I&amp;Q space/overflow, room dividers, cots, ventilation systems and air filters, furnishings for apartments to keep individuals in HP/RRH</td>
</tr>
<tr>
<td>Laundry facilities, handwashing stations, portable bathrooms and showers</td>
</tr>
<tr>
<td>Hotel/motel costs for NCS, setting up alternate care sites for I&amp;Q</td>
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<tr>
<td>Transportation to medical care, vaccine events, cell phones</td>
</tr>
<tr>
<td>Testing/vaccine event staff, supplies, and facilities, cash/gift card incentives, vaccine ambassadors</td>
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<tr>
<td>Increased staffing to address outbreaks, hazard pay, staff training, volunteer incentives</td>
</tr>
<tr>
<td>Category</td>
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<tr>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>PPE, supplies, materials, and equipment</td>
</tr>
<tr>
<td>Construct, acquire, and rehab facility</td>
</tr>
<tr>
<td>Improvements to private properties</td>
</tr>
<tr>
<td>Mobile testing and vaccinations; transportation</td>
</tr>
<tr>
<td>Meal service and delivery</td>
</tr>
<tr>
<td>TA, grants, loans, and other financial assistance</td>
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GLOSSARY

CDC – Centers for Disease Control
NCS – Noncongregate Shelter
I/Q (or I&Q) – Isolation and Quarantine
ICU – Intensive Care Unit
ESG-CV – Emergency Solutions Grant – Covid
FQHC – Federally Qualified Health Center
HCH – Healthcare for the Homeless
PH – Public Health
NHCHC – National Healthcare for the Homeless Coalition
SME – Subject Matter Expert

ESG – Emergency Solutions Grant
AAQ – Ask a Question (found at hudexchange.info)
TES – Temporary Emergency Shelter
SO – Street Outreach
ES – Emergency Shelter
RRH – Rapid Rehousing
CES – Coordinated Entry System
PPE – Personal Protective Equipment
CDBG-CV – Community Development Block Grant - Covid