

0:05

Good afternoon, everyone. My name is Nicole. The keynote with Chicago. And I'm going to be Emceeding today's session. We'll be hearing from our partners at ... PH. And I'll give some updates about the Expedited Housing Initiative in the continuum of care at the end. That this is our regular, monthly Coburn 19 update webinar on behalf of the homeless service division and the continuum of care.

0:31

So, while we're still waiting for some people to join, I just wanted to review a few housekeeping items. These have not changed since the last time we were all together. So, everybody is muted and we have about 300 people that register for these webinars. And so, a lot of, it's, a lot of people that join. And so we want to cut down on background noise, and so you'll use the questions pane, or the questions tool to submit questions, and then we'll pause throughout the session today to see if we can have answers to those questions.

1:02

You can notify us using the Questions panel too. If there's any technical issues, And just a reminder, if you're having audio difficulties, you might want to toggle back and forth and try the other audio option, so you can either join through your computer, or you can call in.

1:18

If you're having trouble with one, maybe try the other one.

1:24

Great. So today's agenda is mostly going to focus on an update a coping 19 status update from CD, PH and a lot of really good info for shelters and the continuum of care folks there And then we'll switch over to ... to give some updates. And then like I said I'll be announcing some things related to the CLC before we wrap up today.

1:47

So I think we landed in a good place about how often we hold these webinars. We believe that there will be enough information to, again, hold a webinar in January, and we'll continue holding these as long as there is important information to share, but of course, we don't want to waste anyone's time. And so, if in the future, we don't have them. It's just because there wasn't too much to say, But we, we believe, January 15th. There will be a webinar.

2:11

So please add that to your calendar.

2:14

You can make sure that you're, other people at your agency join these as well. We always post.

2:21

We'll remind you about this at the end, but we always post a link and the materials to our website and our slack dot com channel as well.

2:31

OK, so I will monitor questions. I'm going to be quiet for a little bit and turn it over to Mary Kay ... to get us started.

2:38

With the Coburn 19 status and response updates, Kate, just let me know when you want me to advance the slides.

2:44

Thanks, Nicole.

2:46

Good afternoon, everyone, and thank you all for taking the time today to join us today.

2:52

Um, I am Mary Kate Schroder. I work for Chicago, Department of Public Health.

2:58

I'm a project manager for the shelter based services team.

3:02

So, the first thing I wanted to talk to you all about today is just reminding you about our SBA FTAs.

3:09

So, and the last the FSS webinar.

3:14

We made a more formal announcement, but, um, our shelter based service teams are now operating in the majority of our shelters.

3:23

And that's where it came about because we know that inequities in health resources for people experiencing homelessness has existed.

3:31

Predating Cove it, But because of covert 19, it's really shone a light on the importance of having health care services in shelter style.

3:41

Your lead co-ordinating organization are either Lawndale Cristian Health Center or Heartland Alliance Health, and I'm adding their e-mails and phone numbers on the screen here. So take a screenshot.

3:55

If you still need those e-mails, um, and they're happy to start connecting you with shelter based service teams that can come out to your sites. Next slide, please.

4:10

So I just want to remind folks what the purpose of our shelter based service teams are.

4:15

There are three prongs, basically, to shelter bay.

4:19

Service care: one is infection control.

4:22

So shelter based service team are able to help operationalize the local and national guidance.

4:30

Help advise you on how to improve social distancing unmasking and they can help identify high risk clients for accelerated moving events.

4:40

And we also are rolling out fine X now testing and shelter based service teams are ready to help you, all implement that in shelters.

4:50

I think that they're a really valuable resource, especially in the second wave, and especially as you know, we are many months into the pandemic.

4:59

And folks are feeling pretty fatigued with social distancing unmasking and they can be a great resource to help reinforce that.

5:08

The second prong is primary care, so 1, 1 thing I highlighted in our last webinar and want to say again here, is to stress the importance of everyone in a shelter having the opportunity to have a face-to-face primary care visit with a provider.

5:25

This is also a great chance for our shelter based service teams to answer questions on vaccines, and we can't stress enough how important it is for folks to get a flu vaccine.

5:35

This is a special year, um, until if people have not gotten a flu vaccine.

5:42

Lawndale and hartland are ready to step in, and and help facilitate that.

5:47

And the third piece is behavioral health, so they can support in things like providing psychiatric assessments, initiating medication, including medication assisted treatment, such as, you know, Tabak Donor, or things like that for opioid treatment, and they can also offer a brief intervention services and make referrals.

6:11

And so, all of these services, infection control, primary care, and behavioral health or mental layer onto things that shelters already have, you know, you all have been doing this a lot longer than, then, the shelter based service team. I have existed, we just now officially started this in October. And so what we're really trying to do is just add to the existing system.

6:35

It's not meant to necessarily replace things. I know a lot of shelters have primary care providers, so just wanted to flag that as well.

6:43

If you have not been in contact with your lead co-ordinating organization, please reach out to the e-mails that were on the previous slide and I believe we'll be sending out the slides afterward.

6:56

We are excited and ready to work with all of you.

7:00

Next slide please.

7:04

I'm going to turn it over here to doctor Jack Carrick, she is joining CTD PH is our one of our medical directors.

7:13

We are very lucky and excited to have her, and she's going to talk through some of the Seedy PH guided surrounding the second wave.

7:22

OK, so as this graph is really showing, we are definitely in the middle of the second wave.

7:30

The thing that I think is becoming kind of evident is that all waves are not created equal, and this way, because already, significantly higher than even it was in April when we were kind of feeling that we were in the thick of things. So right now our cases are significantly higher than they were even back in April and the beginning of the pandemic. Next side.

8:04

So one of the things that that, um, we want to highlight is that the shelters are experiencing a significant increase in covert 19 cases So in November, the positivity rate was more than double the positivity rate in October. I mean, I think the fact that it's only seven personas, quite frankly, like, a testament to the hard work of a lot of people.

8:32

And, and I think that's actually really impressive, it is going up. And that's something to sort of keep an eye on and be aware of. Some shelters have seen some very large outbreak, so there was a shelter recently where more than 50 people were infected and a large shelter. And again, as you saw that graph that we just showed, the slope is still headed upward, some more cases are being detected every week. And it's really, you know, we need to be really careful, especially as a holidays approach.

9:05

one of the things that, sort of complicating everything is that there are a lot of winter viruses and a lot of them, you know, can look exactly like Cove at 19. So, we encourage everybody to kind of suggest that. You know, it's always important, but this year it's it's even more important to make sure that everybody gets a flu shot.

9:26

And that if people have any symptoms of winter viruses that they get the kogod test. Another thing that may complicate issues is that obviously, staffing levels, maybe reduce over the holidays, as people are spending time with their family, and taking time off, and this may make it even more challenging to sort of keep up the standards of cleaning and mass monitoring.

9:51

But I think the be laid at the end of the tunnel is that we are almost there were so close to the vaccine that's coming. I think if we just get through the next couple of months, we are going to be through this. So, I think, even though, right now, things are very, very challenging. I think, it's very hopeful that we're, we're really, we are getting there.

10:15

Next slide.

10:17

So, just to sort of re-iterate some of the guidance from ... during this.

10:23

This wave is to just continue within the infection prevention and control that you've already been doing, masking distancing cohort, and to continue to work with your shelter based service teams to improve infection control and testing. And, just to re-iterate, to not discharged from the shelter for not adhering to social distancing recommendations to claiming a coven tasks are not adhering to the stay at home advisory. That is not something that we recommend.

10:55

Then as things sort of evolved the, we, all of our guidelines are being updated So you can go to the ... 19 page to get sort of the most recent guidelines as things about.

11:11

Next slide and I think.

11:14

I believe this. Oh, OK. Um. so we're getting a lot of questions about this and this is something that is really hot off the presses. This just came out I think within the last 24 hours that the CDC is now allowing some shorter quarantine options. So for in some situations are saying even as short as seven days.

11:39

Uh, but and so I'm sure there are going to be a lot of questions about that.

11:47

And so what they're saying is basically if you have a negative test after day five after an exposure, then you can shorten that quarantine to seven days. If you don't have a test, then they're recommending 10 days as opposed to the previous 14 days.

12:04

However, we're still recommending that that these, these new sort of quarantine options would not apply to congregate settings like homeless shelters. Because they are, these are essentially meant to apply to people in sort of low risk settings, not in high risk settings like shelters.

12:23

So when possible, we're still recommending that resonance be quarantined for 14 days. We understand that this is often, you know, asking the impossible of people. We've already been asking the impossible love for months.

12:38

But that's still sometimes as best you can, that is what we recommend. And of course, we also recommend that staff be quarantined for for 14 days.

12:48

Uh.

12:50

But, um, we also recognize that that staff in the shelters are considered essential workers.

12:59

And so if they are are needed and it places like an undue burden to have them quarantined for 14 days that staff who are asymptomatic could still potentially, you know, be exempt as long as I, obviously, where mass and, you know, practice all. of the other set of infection control measures.

13:25

Next slide. And I think I'll turn it over to somebody at this point.

13:30

Let me, thank you.

13:31

Thanks, doctor Herr. Alright.

13:34

so I just wanted to aye.

13:37

Re-iterate and and simplify some messaging around what to do when a shelter guest, or a staff member is symptomatic.

13:45

Joe, if symptoms are discovered through screening or testing, the next step is to isolate and inform your shelter based service team or LTL or refer to a hospital.

13:58

Now that we have binoche now testing available, that's also an option.

14:02

If there are negative, you should discuss this with your shelter based service team and retested symptoms worsen.

14:12

But you should also, if they're positive, the client should be referred to supported isolation.

14:18

And then the next step here that I really want to highlight is that please inform your shelter based service team or LTO, the FSS and the CDC I assigned to your shelter.

14:28

So I've put those e-mails below, so you should plan for select either Heartland or Lawndale, your seat ECI is either Divya or Andrew, and then you should also copy the DFS Homeless e-mail.

14:49

Just the DPH. Our Goal to Interrupt.

14:52

Transmission of cauvery 19 is to continue to support our testing team responding to cases.

14:59

Captor testing, we're going to work with shelter, residents and staff to ensure that any positives are safely isolated.

15:07

This means that, you know, shelter staff should, should stay home, if they're positive, and individuals who test positive, that are residents should either go to supported isolation or isolate on site, if that's possible.

15:22

The city also has a nurse Joshua who conducts on-site visit.

15:26

Um, and he has also been a fantastic resource in addition to the shelter based service team.

15:33

And as always, please visit preventing cov at 19 in chicago's homeless population, This link at the end here.

15:42

four more ways to, to consider infection Production and also updated guidance. Next slide, please.

15:54

I also wanted to just provide this group with the update on support and isolation.

15:58

So a fake haven is set to decommission January third, 2021.

16:04

The city is currently going through bids from hotels to replace this site. So, it's important that isolation will continue to be provided. The City is committed to providing the service, it's going to look a little different. It'll be in a hotel.

16:22

People will have a private room with a TV in their own bathroom, we will also be able to accommodate discordant families where we've had a few instances where, you know, Mom or Dad will test positive. But the kids don't.

16:37

Being in a hotel with a private room, we can now accommodate this situation.

16:42

We also are looking for spaces ADA, compliant, ideally with separate floors.

16:48

I can separate populations in the same way we do in our shelter system.

16:55

And rational continued to be the medical partner. they currently are are providing that service out of State Haven, they'll stay on and then Heartland Alliance Health.

17:04

We'll be providing the residential aids and the drivers to keep this going.

17:09

So the overall goal really here, is to increase the number of beds, and supported isolation, and to provide a more therapeutic space for isolation, um, and we are in a different space than we were in March, and now we're able to do that in a hotel.

17:26

So, we're excited to continue offering this service, and we'll keep this group updated once the hotel comes online, um, with an address and the contact information needed. Thank you.

17:41

Next slide.

17:44

I'm going to turn it over to Mara, McCauley, DSS now.

17:49

Actually, more before you go. I think there was just one question that we could talk through, or see if there's an answer to from CD PH about vaccine distribution. So someone said: is there a way we can advocate for people experiencing homelessness to get prioritized in the vaccine distribution? Especially when it comes to early residents in long term care facilities being prioritized, but so are our clients that live in congregate facilities encampments and have high high risk health conditions, which are similar to folks living in long-term care facilities.

18:23

I'm not sure if anybody feels like they have a response to that.

18:28

Yeah, this is doctor Isaac ..., actually, our vaccine team, we're just having a conversation with the lead co-ordinating organizations about this. Heartland Alliance Health and ..., Christian Health Center.

18:43

The prioritization is established at the national level.

18:48

And so the recommendation from the CDC is that the top, tier two, tier one A is health care workers and the residents of long-term care facilities.

18:59

And that's really because, you know, yes, there's some similarity and that being a congregate setting and some similarity and in terms of overlapping conditions, but the risk of severe illness is just hugely increased in long-term care facilities, and that's where we're seeing the vast majority of death. Because the people are so much sicker that that bear requiring care, often 24 7 cast them, maybe bed bound.

19:23

So, the level of illness is much, much more severe in long-term care facilities, even then in other at risk populations like homeless shelters.

19:31

But that's the reason that long-term care facilities are the first kind of community group being prioritize.

19:38

My understanding is, this is kind of all being figured out as the vaccines are approved.

19:45

And the efficacy is looked at specifically by Dave Brandt by different advisory committees, and made sure that it is safe and effective in all these groups, is that the the person is experiencing homelessness with comorbidities.

20:03

but place them in a high risk would be in what's called Tier one fee.

20:10

So, that's things like people who have high blood pressure or diabetes or obesity.

20:14

Um, and then the next phase down would be the general population of people experiencing homelessness.

20:22

And there may be some, for some of the essential workers, some of them may be prioritized in that tier one. And some may be in that tier two as well.

20:30

So, the vaccines are coming, and certainly prioritized on the basis of the risk populations.

20:37

And we know that people experiencing homelessness are increased risks, so that is taken into account. But, the highest risk factors that we see across the country is long-term care facilities, without where it's going to stop.

20:50

Thanks Issac. Someone else asked, will there be on-site testing offered again at shelter settings that don't have the rapid results testing available.

21:05

Yeah, I'll read that one. Did you hear OK?

21:08

Yeah, this is, I think, again, the shelter based service teams are working to expand rapid testing across shelters.

21:17

They're starting with the largest shelters and the most congregate shelters.

21:21

So if you do not have rapid testing that you would like to establish rapid testing, then I would say the first point of call is to reach out to your shelter based service team.

21:32

But the CCP continues to have and will continue to sustain the widespread testing teams that have been doing out testing where there's cases detected in shelters, exactly the same as we have done since April. So all of that will continue.

21:48

They'll just be this new added element of Many shelters will start to have their own in-house testing capabilities with the rapid test.

22:01

Then one more question came in that will CD PH be releasing education materials so that our residents trust the vaccines that are produced. At the start of the pandemic. we had to fight a lot of misinformation that clients were finding online.

22:17

Again, the short answer is, yes.

22:19

There certainly are going to be a large public information campaign planned, and we would, I'm sure, love the input from everybody on this call as to how some of that information can be specifically tailored to people experiencing homelessness.

22:39

I don't know. The materials are just being worked on now.

22:43

You know, the minute in the US that vaccines are not yet approved. They're still just going through the process.

22:48

So once they are, they think there'll be a more concerted effort and more knowledge about what to promote.

22:55

We could certainly, we'd love to work with people on this call, I think, to develop targeted information for this group.

23:03

Erica, then, if you want to add anything to that?

23:10

This is Mary Kay.

23:11

And just to add to that, yes, I think that all the people on this call should be involved, And I think those concerns are extremely valid, given the history of vulnerable population and, you know, medicine and government in this country.

23:26

So, just wanted to highlight that the conversation that primary care providers in our shelter based service teams can have, around the flu vaccine is going to be extremely important in building trust, in order to implement the kogod vaccine once it's available.

23:46

So, I would just re-iterate that building relationships between residents and primary care providers is going to be just as important as, you know, written guidance or tools from CD PH can't stress enough how how valuable our shelter based service teams will be in helping implement vaccine.

24:14

OK, I don't see any more questions coming up. So I think more we can. Do, is 1, 1 other 1 about shelters, making it mandatory for tests, for the options with no shelters? Chris?

24:32

Yeah. OK, so, I see it says, our shelters making it mandatory to have a coven 19 tasks.

24:51

Doctor Herring, do you want to go?

24:59

This is Isaac from JD, PHD.

25:01

No, A special answer to that question.

25:04

We would not.

25:06

There's nowhere across the system, really, that we will be mandate people get tested.

25:11

We always believe that people should have the right to choose if they should be tested or their help, what happens to their body?

25:19

So, no, we do not think people should be mandated to be tested.

25:22

Our updated guidance does have a bit of a few suggestions as to how to encourage people to get tested and how to and certainly, the, both the shelter based service teams and the ...

25:35

Rush UIC teams are skilled clinicians and able to engage with people directly and have conversations And explain how testing is beneficial.

25:45

But we don't think that people should be forced to be tested, and we don't think that people should be excluded from shelter if they don't want to be tested.

25:54

Now, I think there's some complexities that if people are symptomatic, and there's a high energy suspicion, that they might have Cove in 19, and they're declining a test.

26:03

I think that it's worth engaging with their shelter based service team, because, for example, they may need to be isolated, even if they won't be tested.

26:12

But I don't think we should be forcing people to be tested.

26:17

If anybody else from CP H or the MCOs, or the FSF's wants to weigh in?

26:32

Case, I think I see a break-in questions. Oh, sorry, another one just came in.

26:42

So Andy from Lincoln Park Community Services said, We're offering testing to all of our new guests after a 4 to 5 day period to allow for incubation. Those who don't want to be tested can spend a full 14 days in isolation in lieu of testing. We've got two positive cases this way.

26:57

I think that was more of a comment to the prior question.

26:59

Perhaps someone just wants to clarify that, when working with our SBA Estes does access to the flu vaccines rapid testing also apply to program staff as needed or desired?

27:17

I think This is Mary Kate for flu vaccine. Yes. There are flu vaccines available for any of the shelter staff to want them, and if not had one, through the shelter service team.

27:31

Thanks for OK. And I think the same is largely true of rapid testing.

27:34

I think it just might be some complexities where, you know, for example, a provider is on-site and only able to serve some people. But I think in general, the shelter based service teams will be flexible and will work with staff as well as with resident.

27:50

But we would encourage anybody any symptomatic staff not to come into work.

27:57

So I went to ... to stay home and get tested elsewhere.

28:10

Great.

28:11

So, I will keep monitoring questions, and we may pause again, but let's, at least while we have a break now, have more, we'll start her part, today's presentation.

28:23

Thanks, Nicole.

28:24

I'm more on Macauley, Deputy Commissioner for Homeless and Domestic Violence Services for the Department of Family and Support Services.

28:32

Just want to, before I get started, I just want to offer my, thanks continued.

28:40

Solidarity with all of you for all of the work that you're doing day in and day out.

28:46

Our team has just been talking last week about how long have going on, how it sometimes feels hard in the face of not knowing when the pandemic is going to end, to just keep doing the work.

29:01

But yet, everybody is continuing to think outside of the box to reclassify them when needed and really embracing all of the resources that are available.

29:13

So just really want to thank CDH, all Chicago, all of our health partner, than all of our service providers.

29:21

And other other supporters and stakeholders on this call, that, this is just really continues to be a collective effort, and, and, and just know that you are having an impact, and help you see and lift that up.

29:37

And while we're, while, we're still working through this.

29:41

So I'm going to just give you an update on, you know, continue to update on our outreach and shelter responses with a few new bits of information.

29:51

So the EFSF mobile unit and doctor Carney from Heartland Alliance Health, are continuing to circle through the known encampment sites.

30:03

And, you know, upon request, to make sure, medical resources And access to flu vaccines and and rapid testing, are available to people who our unsheltered right now, and I know we have a number of street medicine teams who are also out providing similar services.

30:26

And then, if we do see, you know, signs of positive tests, you know, continuing to co-ordinate with the PH testing team and their partners, are continuing with our, our outreach, our non-profit outreach teams, and the EFSF Hop team to continue to do outreach.

30:47

And focus on, you know, providing PPE, symptom screening, and the end just really monitoring needs.

30:58

During, during outreach. Related to ... and other, and just other basic needs, and as we head into winter, obviously, monitoring people's health and safety in that regard as well.

31:10

one of the really exciting new developments is that the EFSF Hop team and several of our non-profit outreach partners have been working with the Expedited Housing Initiative. And this week actually conducted the first accelerated moving.

31:25

I met event for people who are experiencing unsheltered homelessness.

31:30

And they, they focus on two larger encampment. Wanted 51st and Federal, and then went around the ... Canal.

31:39

And I know that more than 45 people have been engaged, and just looking at the photos from the event, I think it's a very hopeful hopeful.

31:50

Opportunity to see people, you know, on a path to permanent housing, So we're really excited to see that, and we'll keep encampments on the cycle for the accelerated living events.

32:03

Next slide.

32:07

So we are continuing to support a decompress shelters that are alternate shelters, continue to operate, at calumet, High School for Men and Young Women's Leadership Academy for women and families.

32:23

We are going to continue operating at our decompress, reduced bed capacity to allow for social distancing through the spring. We will continue to keep you updated as that evolves or working in co-ordination with the DPH and taking our guidance from them about that continuation. We are also continuing to have our overnight shelters continue operating, 24 7. They have not stopped since we re-open them, 24 7.

32:53

And then, our fifth week, our youth, overnight shelters, began operating 24, 7, as well, just in response to the Stay at Home Advisory and the increase, in cases, citywide, to make sure young people had a place to be inside, during the day, if needed, and, especially, as we know, the cold weather is coming.

33:17

Next slide.

33:21

So, because of decompression, you know, we have been sharing and I think everyone is aware that our beds are at, no, we don't have as many shelter beds in our system as we did pre Kobe and we're continuing to work with our partners to find ways to bring our bed capacity, no backup to the pre covet level of about 3300 and then we are making progress thanks to a number of opportunities.

33:52

We have been working with domestic violence shelters, too, fraying hotel vouchers online, so we have two partners who will be getting offering up. It will work out to be at about a total of 50 beds coming online that month.

34:12

We are working with, one of our shelters to this relocating is retaining beds at their current facility, so that we will have an additional 20 beds coming online for single women, at the latest, at the beginning of 2021.

34:28

Or, continuing, to work with shelters, as you all kind of look at your capacity.

34:34

Look at the resources that you have to put in dividers, or just reconfigure.

34:39

Many people are, you know, reaching out to us to let us know that they may have no bad here and there that they can bring back into the existing facilities.

34:49

So really appreciate that constant communication and encourage you if you have ideas, feel free to reach out to me or the DFS. Anyone on the EFSF, how my Team, we are open and ready, welcoming arms to talk about any ideas that you have. Please know that.

35:08

And then, obviously, we are really, you know, trying to support the expedited Housing Initiative as fast as we can, as a way to rapidly move clients out of shelter and into housing, so that beds become available and we're starting to see the impact of that, as the expedited Housing Initiative scaled up.

35:32

Next slide.

35:35

So, with that, the understanding that the beds are, the bed capacity, you know, is, we are very much at capacity.

35:46

It really, just want to continue to re-iterate that making sure that your communication and your team's communication to Catholic Charities, about that availability in real time is so important.

36:02

So we, we literally on many days, especially for single adults right now, are working and have people kind of on stand-by. And if we hear about comes available, are able to then place them as soon as a set of Catholic charities knows that.

36:18

So it from And some someday, it is really like that, so really making sure that all of your staff on all ship, who are responding to phone call, Catholic Charities, about that availability, are able to share the real-time availability so that people could access that. They need to, Catholic Charities is also open to setting up other ways of communication of e-mails are better.

36:46

Kristy, Richardson.

36:48

Her contact information is on the slide, please reach out, Really just want to make sure people are connecting to bed when they are available.

36:57

And everyone's doing a great job with this, but I just want to stress how how really important methods as we head into the winter.

37:06

If you are going to be making any changes, like know, renovations, emergency repairs, any challenges definitely pops up in the winter. We have first pipe them. Many reason furnaces out many reasons that we struggle in the winter, so just please remember to notify DFS so that we

can make sure, you know, we're branching my communication with the shelter placement process.

37:33

And supporting you as you need to.

37:35

Then for our family shelter's, just another reminder that Family Configuration and Placement is tricky but if you have a room that has five beds, we might ask you to take a family of four and we know that we're leaving one that offline but want to make sure again that we are bringing people inside if we have the faith or them. So that's really important.

37:59

The other big announcement that I think we have shared, but not in that, is that the management of the shelter, referral, and transportation contract is going to actually be transitioning from Health Catholic Charities to the Salvation Army on January first.

38:20

So your processes and your reporting and, and things like that, you know, and Will will remain the same, but we will, we are transitioning Delegate agencies, We thank Catholic Charities for all of their work.

38:34

For the last almost 10 years And are looking forward to, you know, building this partnership.

38:40

With Salvation Army, we will have more communication about the, as the transition becomes closer and Salvation Army will also be building out different ways to, you know, reach out to you and connect with you. I know many of you on the family side of work with them with the Shield of Health and Family placement, but they will, they definitely habit, as part of their strategy and are committed to working with different partners to understand your needs and how to improve the system. So that is on tap for the rest of this year, and as we move into 2021.

39:19

Next slide.

39:24

So I also wanted to share, because I know there have been a lot of questions about winter weather and, and warming, center availability, especially with the with the pandemic.

39:35

So the city does have a winter weather plan and DFA.

39:41

As part of that plan activates no warming. Centers are warming areas at the 36 community service centers, when the temperatures are at 32 degrees or below.

39:51

We're continuing to do that, just as we did with cooling centers in the summer, but.

39:58

We are essentially the same thing within those sites and the level of a bit of that.

40:03

Availability, you know, varies.

40:06

Just depending on the weather, how many people are in need?

40:12

Residence must wear a face covering while they're in the warming areas and, you know, on weekends.

40:21

No overnight than on holidays. There are different other city operated facility, like libraries or Park Districts. Sometimes, the Cultural Center opens that, open up to it and our capacity for warming areas, if needed, and so 3, 1 1.

40:38

It's the best way to, you know, stay up to date about which Centers are open.

40:44

You can also check the EFSF website for information.

40:48

We do have a number of flyers on the website with the updated Warming Center information, if you want to share that out with your participants, as well.

40:59

Then, as always, the Garfield Community Service Center at 10 ...

41:04

is open on a 24 hour basis, to help connect people to emergency shelter and, you know, emergency, overnight warming. So just again, in the spirit of keeping everyone safe, also encourage you to just check on your relatives, neighbors, and friends, and especially our unsheltered neighbors that you see every day during, during this time.

41:31

Next slide.

41:32

And then I'm almost done.

41:35

So, the other thing we wanted to share is that we are really fortunate to have received about 5000 winter coats that have been donated through operation warm.

41:45

So, we will be distributing two shelters outreach teams, and our community service centers in the coming weeks. So stay tuned for more resources related to code.

41:58

None of that for me. and I will pass it over to Nichole. Thank you.

42:03

There were just a few questions that came in. one is, do you know how long the shelter's will be running, 24 7?

42:13

The youth, the youth shelter we are right now have asked the Shelter's to operate.

42:20

From December first through January 31st, and we're going to remain in contact with them about how that's going and ... to evaluate ongoing need.

42:33

Great. And then someone asked, Can clients still get referrals to shelter through certain DFS locations? Or is it all done through 311?

42:45

Yes, you can go to, residents couldn't go to any of our community service centers and, and get referral to shelter from there. That is one of the places that you can call, 3, 1, 1, and wait.

43:01

They are all open Monday through Friday, 9 to 5 0 PM.

43:12

OK, thanks, so, um, I want to touch base. Just do a few updates about the expedited Housing Initiative.

43:24

Some questions have come in about this initiative, and I've asked people to just hold off until this part of the presentation.

43:31

So, just as a reminder that the Expedited Housing Initiative, or ... is a C O C response to covert 19. And we're aiming to how is more people more quickly than ever before. And the city of Chicago and private investors, private funders have invested over \$35 million to support this effort. And the goal is to host 2550 people over the next 18 months or so for up to two years.

44:00

... uses various components, which we've talked about at length in these webinars in the past. We are partnering with several agencies throughout the CLC to help achieve this goal of housing people. And the components we're doing are these accelerated moving events, but we're going to shelters encampments, and drop in centers to try to meet with 60 to 80 people each time. Help them select departments. And then we follow up with them and move them in as quickly as possible to their units.

44:28

We launched Chicago Rents, which is now the COCs centralized landlord outreach and engagement program, and then we are connecting people to housing and services by expanding our partnerships with housing providers.

44:42

I just want to share a little bit of information, and we'll make this a regular occurrence. I think we're also going to be publishing this data on our website, so that people can see it on a regular basis.

44:52

But this is the latest information that includes the encampment, accelerated moving events that we completed this week. So here on the left, you see the AMA AMU location.

45:04

So we went to Young Women's Leadership Academy, Franciscan Outreach Calumet, and then did it a couple of encampments sites. And this note, that might be interesting to some people, if we're doing an encampment, we actually find a location. The city is helping us connect with a library or another location to bring people indoors to complete the paperwork and the process to select a unit. So we're not actually outside our encampments, but we find locations and then work with the hop teens to have them bring people into, to sit with the staff that are managing the accelerated moving events.

45:40

So in the second column you can see the number of people that are engaged in the accelerated moving event, That means that they wanted to go through the process of filling out the paperwork, and selecting a unit, and then the number that applied for the unit. So, there's always some people that, after seeing the units, they're like, No, thanks. I'm not ready at this time. And then, the number of people that are moved and we're doing a lot of deep data analysis right now to figure out what's going on between the number of people that have applied for unit and moved in, and how far along people are in the process, and what some of the barriers are. So, we'll have, we'll be able to share more information. ...

46:14

about, about what's going on with there, But I will say that before the X expedited Housing Initiative launched our average time to get people housed is 80 days. And with the expedited Housing Initiative, at least right now, we're seeing that to be about 45 days. We expect that it'll pick up a little bit, as some of these people that are taking a little longer to get housed, kind of get into that average. But we are seeing that there is at least some progress being made in helping connect people more quickly to housing, which is a positive sign.

46:49

Also, wanted to just share with you the next couple of amie sites.

46:54

So we are going to Massive house for their day program, the week of December 14th then we'll come back after the New Year to do a youth site at the Bradley Youth Center, January 11th, we'll go to cornerstone january 18th, the boulevard and olive branch So we don't have another encampment site yet in January, but we will share continue to share future Amy sites as they are scheduled out and identified.

47:26

Just going to take a quick peek at questions here to see.

47:33

Don't think there are any.

47:37

Um, someone's asking, how can we advocate for an encampment amie in our area? And I think there's been some questions related to, what if I have, like one person who's at high risk? How can I leverage the Expedited Housing initiative for them? So it's a great question.

47:53

We are making the ...

47:56

schedule based on where the most people, who are identified as High risk due to coven 19 are.

48:05

So shelters and outreach workers. And drop in centers are using our HMIS system, too, too.

48:13

Basically, tick a box to say that somebody has high risk, and there's criteria for that.

48:18

I can, I think we have our website on the HMIS website, some specific, like a little video that shows you how to access that piece in HMIS. If you don't know where that is, you can e-mail HMIS and ... dot org and ask for them to walk you through that. So the onus, unfortunately, is on private providers right now, to help us find the people that are most high risk, and wherever there's the most high risk people, that's where we go.

48:44

So that's why we've scheduled the enemies out, for this far. And then we'll continue to look at the data, and we can adjust schedule as necessary. So if you have something, a specific question, about a person or, you know, maybe Danielle, if you want to connect to me about an encampment site offline, just send me an e-mail. I'd be happy to talk through a little bit more what the opportunities are.

49:13

Just checking questions again.

49:16

Someone said, Can individuals who are at other shelters go to one of these sites to be part of the A and B, and the answer to that is no, unfortunately not. We are really working with the sites to identify those list of high risk people and make sure we have enough staff that can go on-site just to serve those high risk people.

49:34

And so, we're, um, you'd have to wait your turn until we come and do an accelerated moving event at your shelter.

49:45

Someone asked a question about referring individuals to the Emergency shelters at Young Women's Leadership Academy, or calumet, and how that happens?

49:58

So, for shelter placement, we're just asking everyone to continue to call 311 for placement because that will go to Catholic Charities, who is aware of that availability across the system.

50:11

So, if beds are available at either one of those locations, that is part of our 3, 1, 1 referral, prop up.

50:23

Great. And then someone asked, how do the accelerated moving events for day programs or drop in centers differ from the other amie events? And I can actually speak, I can't speak to that, because I don't think we've done a day program. Yeah, so we are sort of pioneering this with Matthew House in a few weeks, and so I probably will be able to share more information at that time.

50:49

OK, Chris, you asked a question that I don't think we can answer, but I'll follow up with you online. I'm not sure I know the answer to that one.

50:59

Thanks.

51:01

OK, so we are wrapping up, but there are some important announcements here that I want to make sure everyone's aware of, so just hang on for a few more minutes, and we're really pushing, um, the opportunity to engage with the ... Board and the Continuum of care, as we have a lot of work to accomplish together in 20 21. And so, I want to get in the habit of making sure everybody's aware of the opportunities to either participate or just engage via listening. In one of those opportunities is coming up in a few weeks, it's the ... Board of Directors meeting there. Even if you're not a board member, they're open to the public, there's a public comments section.

51:40

If you want to come and make a public comment, and we'll drop the registration link into the chat, you just need to pre rochester, and then you'll get the information about how to join.

51:50

There's also another opportunity to get involved in the ... Committee and subcommittee, is you don't have to be a board member to join a committee or subcommittee. And right now, the Board Affairs Committee is seeking members to join all of the committees for 2021.

52:03

And if you follow the link, you can read a little bit about each committee's time commitment what the committee's duties are, pick one that might match your interests, And it's really an opportunity for CFC members to join and make sure your voices heard, and make sure we're all working together, too, to achieve our goals of preventing and ending homelessness together.

52:28

So you just have to complete a short survey. It's really just, Are you interested in which one are you interested in, and then, we'll reach out in the new year to get everything scheduled.

52:37

We also have an ... membership meeting coming up on Friday, December 18th, from 1 to 2. There's one voting item for membership to consider its approving the 2021 CSC Board of directors slate, and we'll share a draft slate next week.

52:51

You just need to register for that, And we'll share more information, as we, as it shapes that, over the next couple of weeks.

53:00

Then the other opportunity for community engagement related to the COC's, we're rolling out, the CFC implementation structure, which is how we get all of our complex work done as a continuum.

53:12

We're working on the 2021 proposal, and so there's lines of action in there. There's some operational information, so the things that we're changing, some things, we're not changing.

53:21

We wrote it all in a community guide.

53:24

That might be a little daunting to look at first, but I hope once you get into it, you'll really find it to be interesting. And kind of a quick read, and then we're asking people to submit feedback through this survey by December 15th.

53:35

So, that should give you a little, a little over a week, I think to do this, I would say if you block an hour, you could probably get through most of it. And it's really important that at least you read the community guide to know where we're headed. But if you have strong feelings about whether you like it or don't please use that feedback survey to tell us that so that we were moving forward in a way that we're not having unintended consequences.

54:03

Sometimes we find that out by getting feedback through the community.

54:08

We also have two strategy sessions left that really go over the community guide for the proposed 2021 implementation structure. You only need to join one session. So we have two more coming up next week, and I would encourage all of you to participate in those. I think yesterday we had one, that was only 17 people that attended today. It was more like 15. I would love to see those sessions max out at 40, so please make time. if you can to join us.

54:36

Then, in 20 21, we are really going to be doubling down on the use of our Slack channel. It's required according to our charter that we do a lot of communicating about webinars, about minutes for all of the meetings, about agendas.

54:52

And we need to post things seven days in advance and then seven days afterwards, and to avoid filling all of your inboxes with 100 e-mails that you may not want to have. We're going to use the Slack channel, where people can sort of self subscribe to the types of information that you want.

55:09

So charisma we'll drop a link in the chat.

55:12

Most of you are probably already members, but now's the time to sort of, like, refresh how you're using Slack, and get in there, and make sure that you're getting notifications. Explore some of the other channels that we're going to be building out, and we'll continue to provide guidance, and, and a reminder about using Slack going forward. We're really excited about that. Some people are still using it as a communication tool across the CRC Too, which is great.

55:38

Then we probably won't ever stop saying this for the next two years. Chicago rents really needs landlords to get connected with us, so that we can help house those 2000 plus people.

55:49

You can either have them e-mail Chicago rents or complete a survey and then we will have a team of people that will follow up with them to walk them through the process of what the program looks like.

56:03

Think we're close to the end, so just please make sure that these communications are circulated to all relevant staff in your organization, so they have the latest information. We'll post a recording and the slides for you to access after the fact.

56:17

At least on Monday, or right away on Monday, make sure to keep the FSS informed about any staff shortages or change in bed availability, just like they said earlier. And then if you have any questions about the CEOs here on Chicago, you can always e-mail us at CDC programs, chicago dot org, and the person who monitors that e-mail address will make sure it gets to the right person who can answer your question.

56:41

Then we are collecting feedback on today's webinars as a best practice, we should be doing it more often, and so, we've put together just a brief survey. It should take you a few minutes, if you want to please.

56:51

Just take the, maybe, extra two minutes that I'm gonna give you back here in a second, before you move on to your next meeting, to give us some feedback about today, about future topics you want to see about questions that were, were unanswered today, and we will do our best to continue to improve on these webinars in the future.

57:12

Thank you all so much. Just to echo what Morris said earlier, this is, I know this is a really tough time and I just continue to be blown away by how everybody just continues to to buckle down and serve these highly vulnerable people in our lives that are experiencing homelessness. And if there's anything else I Chicago can do to support you, please don't hesitate to reach out. Happy Holidays. And we will see you in January for the next webinar, if not before.

57:40

Have a good day, everyone.

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