

0:06

Afternoon everyone, and thank you for joining our webinar today.

0:10

Know, we're still expecting some people to be logging in, we want to be respectful of everyone's time, so we'll go ahead and get started. My name is Nicola Gina and I'm going to be moderating today's presentation where we bring a lot of information about covert 19 to the Homeless Service Provider Community.

0:28

And so you'll hear from Chicago, DFS, as an ... on today's call, is whether as well as a few other people.

0:36

So for housekeeping, just because we do get about 100 plus people on this, we have everybody muted And so you use the questions box, to submit questions, and we will be pausing throughout today's presentation. To do that, you can also use the questions pane to notify us of any technical issues that you're having.

0:55

Then you must make sure that you're following the dial in information here. If you're joining via phone, and if you're having any audio issues throughout the presentation, just try toggling back and forth between either dialing in or using your computer for audio. And usually that can fix everything. If it doesn't, you can always log out and log back in, which doesn't take too long, and it tends to fix any issues.

1:19

To today's agenda is on the screen here. We're going to start with ... us to provide a Coburn 19 status, on response updates.

1:27

That should take the majority of the time. Today, we're going to try to leave as many, as much time as possible to get questions related to the vaccine answered.

1:36

Then we're going to provide with however much time we have left, an update about the point in time count, and the housing inventory count.

1:43

The extra it has an initiative and some announcements, I will say that. If we need to move through these last three bullet points very quickly, because we've taken up so much time focusing on the Coburn 19 status response, that's OK. You will get these slides, and you'll be able to kind of read through the information. It's also a lot of information that we've already sent out to the community, and so, I just don't want people to be nervous that we're sharing a bunch of like new information, or this is the only way you're gonna get it. But we'll make sure you get the slides right after, just in case we have to get through that permanently.

2:15

And we have scheduled the next webinar to be Friday, February fifth, so if you want to forward the slide deck to anyone else in your agency, they will be able to click on this link to register.

2:25

If you already registered for today, you were automatically registered for the next webinar. But you might want to go ahead and log it on your calendar. So it's at the same time from 1 to 2 on Friday, February.

2:38

With that, I'm going to turn it over to Mary Kate with CDE PH.

2:42

Thanks, Nicole. Hi, everyone.

2:44

This is Mary Kay's Schroder, I'm the Project manager for Shelter Based Services team at CD PH.

2:51

I want to start off with some very exciting news.

2:55

Vaccines are here and coming soon to congregate settings, which includes the shelter system.

3:02

And so, in the coming weeks and months, the ... vaccine is likely to become available to staff and residents of shelters.

3:12

And it vaccines will be available free of charge. We're making plans to be able to deliver these on site at your facilities.

3:23

The covert 19 Vaccine is quick, simple, small injection into the arm. Everyone needs two doses of the vaccine to be fully protective.

3:33

The vaccine is safe and effective. It's been approved by the FDA and the CDC and healthcare workers.

3:39

Like Doctors and Nurses are already receiving the vaccine, Pfizer and modern vaccines, which are currently the vaccine being used in Chicago, or 95% effective, at preventing illness from COVID-19.

3:52

So, getting vaccinated and continuing the infection control measures that you're already taking like social distancing, wearing a mask and washing your hands are going to be the key steps that we need to take in order to get, think back to normal.

4:11

Next slide, please.

4:18

So, I know I get a lot of questions about this, and I'm sure all of you get a lot of questions from your staff and from your guests.

4:25

There is no specific date or set number of vaccines to share at this time, so, the vaccine supply is dictated at the federal level.

4:33

And ... announce all vaccine updates via the Han Alerts. So, when you get these slides sent out, if you're not already signed up for handler, please do.

4:47

It's really useful and, you know, and getting the most recent information, CT PH.

4:53

So, your shelter will be asked information about your current Census in the days leading up to vaccine administration and it can help streamline documentation.

5:03

You all got an e-mail from me, or you should have last week, with a survey and redcap asking for the total bed capacity of your site and your total number of staff, as well as some other information. This was sent to all congregate settings across Chicago. So, please fill that out. Fill one out for each day. I'll have more information on unaffected by about this.

5:26

But the FSF's will also be gathering some information about outreach teams that might be tied to your agency. And then dates and details on when your shelter will be receiving the vaccine are forthcoming, please be patient.

5:41

We're really excited.

5:44

But the vaccine efforts are underway. And, you know, we can't wait to be able to offer that to your site either.

5:49

So we're all working hard to make sure that this happens as efficiently as possible. And we really appreciate your help with that.

5:57

Next slide.

6:01

So like I said, there's a ... survey for all congregate settings. But it's gone out. So if you didn't get an e-mail from me, my e-mail is at the bottom of this slide.

6:12

Let me now, just so I can make sure that I have good contact information for your agency for the shelter based services, teens. But please fill this out, one for each site.

6:24

If you have multiple sites at the same address, I would still fill out multiple of these surveys.

6:30

It just helps us plan most effectively and efficiently on where to go. So our plan is to vaccinate shelter staff.

6:38

And this includes, you know, contractors or non agency staff who come into regular contact with shelter. So, for example, maybe you have a food service vendor that's on site, you know, seven days a week serving food. We would want to include them if they're coming into contact with.

6:53

and then guests also would be included.

6:56

The ideal situation is to go to a shelter, have a vaccination event.

7:01

Staff and guests get vaccinated at the same time.

7:03

Basically it's the most efficient use of our vaccine strike teams and our resources to get as many people as possible in the shortest amount of time.

7:14

So, all this information helps us plan how to administer, but it also helps us plan educational efforts.

7:21

So, our shelter based service teams, Lawndale, and Hartland are on site.

7:26

We also have resources at C PH, we have a nurse, who's able to go out and do some education.

7:32

If you're feeling like your shelter could use some additional support with educational efforts, again, my e-mails at the bottom of this slide, please feel free to send me a note, and I can help facilitate from there.

7:44

Next slide, please.

7:47

Like I said, Londo and Heartland will be available to help with education.

7:54

They are prepped and up to date on the right resources to share.

7:57

And the PH also has, uh, publicly available materials on our site that you can download.

8:05

And then, we also, I do Facebook Live, Q and A events, and so, those are all, all the ones that have already happened are recorded.

8:13

There's actually a really good one, know, what's in the vaccine that I would recommend. Sometimes they get questions about that.

8:19

So, when you get these kinds of questions, there are resources on the CD PHA and videos that we've already created that can help answer a lot of questions.

8:32

Slide, please.

8:35

OK, so, I'm really excited that doctor Harris' CD Page can join us today, and it's going to answer questions on the Kogod 19 Vaccine.

8:45

In my e-mail, where I sent out the congregate settings survey, there was a Google form with questions, so some people have already asked them questions.

8:53

We'll be starting with those. And then there's an opportunity to also ask them in the chat box.

8:59

And so, without further ado, I'm going to turn it over to doctor Jeff Therapist.

9:08

Hello, everybody. So I guess I'll start by answering.

9:12

There were some questions that were sent to us before the meeting, and I'll start with those. And then I'll move on to the questions that are waiting now in the queue. So, one was, shelter staff are N one B. Are people experiencing homelessness on one B?

9:27

And, yes, this has now been confirmed, um, Hmm.

9:33

The second question was on guidance for vaccination of pregnant people. And so, this guidance has come out from the CDC, and essentially, they they recommend that. Women who are pregnant can get vaccinated for covert 19. There aren't really a lot of there are specific studies saying that that's OK. But there are no known risks from the vaccines to pregnant people. And we do know that pregnant individuals who get Cove at 19 are at risk for more severe illness. So, because of that, we we say that pregnant women can get vaccinated if they would like to.

10:08

And the next question was, Will shelter, staff and clients be able to be vaccinated on-site, and this, This is, in some instances, yes. So, some there will be some strike teams that will be going out to some shelters and vaccinating, but they may also hookah shelter up with a clinic or a walgreens or something like that. So it will probably be a mixed mixed bag of both of those.

10:38

Um, the next question was, will there be multiple opportunities for vaccination as sort of a shelter clientele, you know, are frequently coming and going, and there is high turnover rate, and the answer was, you know, the logistics haven't quite been worked out on this.

11:01

Um, but, to some extent, yes. We will hopefully be having Russian UIC strike teams go out several times to various shelters.

11:13

And then there was a question about, is there a difference between the Pfizer and Madonna Vaccine?

11:19

And should people with certain sensitivities get one rather than the other?

11:22

So, there, there really aren't great differences between the Pfizer and the moderate on, to be honest in terms of whether a person might react to one or indications for given the vaccine, et cetera. The, really, the only differences are in the, sort of the technical aspects of giving them, in terms of like, how cold they have to be stored and how long between the first dose and the second dose.

11:53

But I think practically speaking from a patient's perspective, there really aren't any differences.

11:58

Um, then the question was, if someone misses the second dose, how long should they be encouraged to try to get it. And I think that the key, the the most important thing to remember is that that second dose was the earliest possible, you can get it. So my answer would be as long as it takes.

12:18

So, you know, if someone got their first dose six months ago and miss the second dose, then I would dose them at that, no, at that time period.

12:29

So, remember, so the 21 and 28 days are just the minimum length between the first and second. But, if it's longer than, we would still get the second vaccine as soon as we can.

12:41

So, then, the next question was, well, kind of summarize this question, It was kind of a lengthy question.

12:50

It was essentially about a shelter that has people, who live in individual apartment units, And there are some staff that work with the, that worked with us. And, and the, the question was, what would they be eligible to be vaccinated given that? Even though they don't have Constant Contact, they're still in close contact. And our answer was, yes, they would be.

13:21

Um, then, I think this was the last of the questions, was: Will people be required to show identification and when when getting vaccine? and, if so, what type?

13:35

Um, and the answer to that is ID is not required.

13:44

They will collect names, date of birth, address, and race, just for data record reporting purposes, but people will not be required to show an ID ticket a vaccine.

13:56

Obviously, if they have insurance, then that information would be collected if available, but that would not be necessary to get a vaccine.

14:04

OK, so now I'll move on to the questions.

14:07

Wow, um, in the, um, online, once staff and clients have been vaccinated, what would be the procedure for new clients coming into the agency?

14:23

Um?

14:31

Not, let me, Sorry.

14:35

I mean, I, I don't, I don't exactly know what the, what the new procedures will be.

14:46

So the SPS TES will be helping with later vaccination efforts.

14:54

So, I guess I'm assuming that by. What will be the procedure? Do you mean by getting them vaccines, I think that I guess I'm assuming that's what you're saying. And that we don't quite know yet, but we'll be, we'll be working that out with.

15:09

Yeah ..., I'm sure there will be a need for ongoing vaccine administration, and we're going to have to get that, um, sort of, I guess. But we're just not there quite yet. So do safe havens countess shelters and congregate living.

15:32

So.

15:43

We probably need more information on what the safe haven is.

15:49

So, um, Congress gets setting would be people living in our community and the risk of infections is higher, but, we probably would need to gather more information to answer that question, mmm hmm.

16:10

So, is the expectation that staff who are non on shift at the time of visit should come in to get the vaccine, I would say, yes.

16:25

No.

16:26

Yeah, I don't think I have much more to add to that. Yes. I think they should, They should come in.

16:31

What about scattered site organizations' ones that aren't a congregate or shelter setting, but still seeing clients?

16:42

If they're not a congregate setting, where we're really focusing on congregate living right now, and so, we'll have more information later on about organizations that are not congregate or

shelter settings. But right now, right now, we're focusing on getting vaccinations done in the congregate and the shelter settings.

17:05

Shelter, guests would include only adults' and non including children.

17:12

Um.

17:16

So, yeah.

17:18

I think, um, we would just go with the age requirements of the vaccine.

17:25

No, I don't remember off the top of my head for what age so Moderna and Pfizer were approved for.

17:32

But I would just go based on the approved ages of the two vaccines, um, it might be that Moderna was approved for ages 16 and over. I just don't remember.

17:47

Um, the next question was, If we have several locations, will it be OK for staff or resonance to attend any of the vaccine events at any site, or just where they work or live?

18:02

Um, no.

18:03

This is kind of a We haven't really sorted that out yet. I mean, it might make sense for sites that are in close proximity to sort of combine.

18:15

There are sort of vaccinations, but, yeah, that, I think that these kind of specific decisions will be made closer to the time of vaccination, and based on sort of the responses to the red CAHPS survey.

18:35

So if there are, you know, if there's a site with a lot of space, and, and not as many residents, and there's a nearby site with also, you know, resonance, it may make sense to combine them. And we haven't necessarily gotten down to those sort of granular details yet.

18:56

How will drop in sites, so or encampments? So drop insights into Camp Mints, we haven't determined yet.

19:03

Um, it will all be based on, sort of, vaccine supply. So right now we're focusing on the shelter's.

19:12

And we will know, probably come back, to the drop in centers or encampments once we, once we've gotten the vaccination and shelters underway.

19:25

So, the next question was, I'm with a social service center.

19:29

Doing kerb services to individuals are plastic, divider fell and broke.

19:36

So, once to Africa, Cove at 19, as two O, as two guys shared afterward, that they were ill with Cove at 19, we've replaced the shield, but staff working the curbside services.

19:50

Can they be considered essential workers to get the vaccine?

19:56

No, we don't have an answer to that.

20:01

For now, um, but, know, all of these questions will be shared with the CDP, AH vaccines team, and will we will sort of iron out these details later.

20:16

Um, the next question was, OK, I'll skip the next one, because we are, we already answered that. Well, the City be making an announcement on the public locations to be to schedule vaccines being made available for age 65 and older. So yes, this will be sent out via hon alert.

20:36

The next question is, Related to the question about Pfizer or Madonna, is there a sought to primarily use one or the other for shelters or similar congregate settings? So logistics on the second dose are easier given that people may move across shelters and organizations.

20:57

I mean, that is a great I thought it really depends on supply availability.

21:05

So, I guess, in an ideal world, or in an ideal situation, you know, we, we might do that, but, uh, it's kinda kind of depend.

21:18

The logistics will be determined a little bit by the supply of the, of the, uh, Of the vaccine. The next question is, what's the longest time that can be between the first dose and the second dose? We don't have any data on this.

21:37

Uh.

21:39

Aye.

21:40

Aye.

21:41

There, nothing has been published about that at all. So I think the answer to that question is, we just don't know.

21:47

So does the vaccine actually stop you from getting COPPA 19, or are we still learning about what it's actually doing? So, that's an excellent question. And the answer to that is, we don't know. So, all of the vaccine studies had, as their endpoint, clinically evident disease. So we know that the vaccine stops you from getting sick with covert 19, but we have absolutely no idea if it stops you from getting infected with ... 19.

22:12

So it is possible that people are getting infected and having asymptomatic infections and that's why, you know, we're still recommending that once you no, once you're vaccinated, we still recommend that you take precautions with the width.

22:35

You know, the typical, you know, masking, et cetera? Because because it's exactly that because we don't have an answer to that question.

22:44

OK, the next question is much of the discussion has been around sheltered clients and staff and shelters or housing programs. Are unsheltered homeless individuals considered in one B as well? We don't have guidance on this yet.

23:03

Um, the next question is after vaccine? So this is a good question. But after vaccination, is there any need to quarantine after visiting a hotspot. So I would say for now, the answer is yes. And that gets back to what I was just saying, that we still have no idea if you can get infected after vaccination. Um, so, like I said, all of the vaccine studies, the endpoint, was clinical, clinical symptoms. And the way you'd need to answer that question would be and I'm and these studies are going to be starting soon, if they haven't already, would be to vaccinate people and then do sort of like daily or every other day, nasal swabs. And then that will answer the question with firewall cultures.

23:49

And that will answer the question of, can vaccinated people still transmit the illness even if they're not having symptoms? But until we have that data, we kind of have to assume that you still could possibly transmit the infection to someone else, even if you've been vaccinated.

24:09

So it's kind of a long answer, but I would say after you've gone to a hotspot, which, I mean, quite frankly, it feels like Most of America is the hotspot right now. Um, is there any need to quarantine? I would say, until we learn more about the vaccinations, about the vaccines, and the answer to that would probably be yes.

24:31

OK, the next question was, where does substance treatment and mental health institutions play out in the rollout of the vaccination schedule?

24:41

So we are surveying congregant, living settings now, So some of the behavioral health and substance treatment sites might fall in that category if they're, you know, congregate living. So.

24:58

So it kind of, I guess it depends on the kind of substance facility or mental health facility.

25:05

Um.

25:08

OK, so.

25:16

If the client is vaccinated.

25:21

At one place or at a shelter, what would stop them from being vaccinated multiple times? So, vaccines are recorded and I care.

25:33

And, so, the staff administering the vaccine would make sure that they're not already entered and I care.

25:42

Um, I also think that the, you know, yeah, so we'll volunteers that food pantries are food distribution, shelters, be considered as essential workers. So, we don't have that information yet. There'll be a Han Alert, you know? I'm sure that will be covered in one of the Han alerts, so just keep.

26:02

Keep paying attention to those. So, and this, how likely are you to transmit the virus to another person after you get the vaccine? That we just don't know? Like I said, they need to do studies. Where are they?

26:19

Where are they?

26:23

Where they do viral swabs every day after someone has gotten the vaccine. And then, we'd know if people can transmit that, those studies haven't been done yet. So, we just, we just don't know.

26:37

So I think that, um, we have to assume that you could transmit the virus to someone else after you're vaccinated.

26:48

Do we need to quarantine for a few days after getting the vaccine? No, the vaccine is not any sort of like live viral.

26:58

No.

26:59

Anything? So so no, you don't need to quarantine after you get the vaccine.

27:09

How serious are the side effects of the vaccine? Yeah, this is a great question.

27:15

If all my staff received the vaccine at the same time, all I have to worry about them being too ill to come to work.

27:23

Will they need SEC data recovered? That's an outstanding question.

27:27

So, many of the side effects have been coming, are, are coming occur like after the second dose. But, there are a good portion of the population. You know, 15% of up to 15% of people, who do get sort of flu like symptoms after, after.

27:51

After the second, usually the second dose of the vaccine. And, and they may need a sick day to recover. I kind of made sure, I got both on my vaccines on a Friday. So, I was like, if I have to, you know, be sick. At least, it'll be over the weekend. And, but, I will say that, you know, it is the minority who do have these these side effects, so.

28:17

If all of the staff received the vaccine at the same time, will I have to worry about them all being too old to come to work? I mean, I think that is a legitimate concern, and that's something that we will need to to think about in terms of the.

28:32

And, as we implement sort of the vaccination of staff, um.

28:40

So, I mean, there are a couple of ways that I think we could do, You know, that we could probably address that.

28:47

But, um, but, yeah, I think that's an excellent question.

29:04

All right.

29:04

So if there are no other questions, I think I'll turn it back over to Mary. Kate.

29:14

Thanks, doctor Harris.

29:16

Thank you.

29:17

And thanks, everyone, for asking. Really great question.

29:22

Aye.

29:23

We are writing these down and taking a lot of them back to the vaccine team, Um, and you know, that the plan for vaccination is constantly evolving And so, it's helpful to get feedback from all of you.

29:38

Nicole, who you could go to the next slide.

29:44

So, I wanted to, again, give a reminder about shelter based service team.

29:50

So, by now, you should have a connection to either Lawndale or Hartland, but quickly wanted to flash their contact information, will be on the slides, we send out.

30:00

Shelter based service teams.

30:02

In addition to helping with a lot of kogod related response to infection control, and now at vaccination, education and administration, are also there to provide primary care and behavioral health as needed, their mental layer onto existing relationships your shelter may already have.

30:19

And I'm really happy that this, this resource is now available.

30:24

Next slide, please.

30:27

So, I also wanted to remind everyone that, and we still have testing teams going out to say, as needed.

30:34

And so when tensions are discovered, you know, through screening or through testing, it's important to isolate and inform your shelter based service team or refer to a hospital as necessary.

30:47

I know many sites we have rapid tests available for when folks are symptomatic.

30:52

If they're negative, continue to discuss with your shelter based service team and retested symptoms worsen, and if positive, please refer clients to supported isolation at a safe haven.

31:06

Um, and inform your you're LPL the FSS and your C D psi by e-mail, and those contacts are below.

31:17

Next slide, please.

31:19

I also wanted to give an update on supported isolation.

31:23

So, previously, we were looking at other sites, to expand supported isolation. But the city has made a decision. We're going to continue our partnership with a safe haven.

31:35

We do not have plans to move to a new site. And the phone number is here. I know many shelters have it already.

31:43

So there's, you can call the phone number for referral.

31:45

There's also on the City Website, if you look, if you search Chicago, kogod, isolation, support isolation. And you'll find a red CAHPS forum. And that's another way to refer people who need it. So that resources available.

32:02

And I just want to say, I appreciate the partnership with the Safe Haven very much.

32:08

You know, we're 10 months into this pandemic and being able to ensure that we can isolate folks is a really valuable resource though.

32:16

Thank you to a safe haven and all the staff there that provide this amazing survey.

32:22

Next slide please.

32:25

So I'm going to turn it over now to more Macaulay at the Epithets.

32:32

Thank you, Mary Kay. And good afternoon, everyone. More I'm a QALY. Deputy Commissioner for Homeless and Domestic Violence Services.

32:40

At the FSS, I just wanted to take a moment to thank TH or just spending some time answering questions and collecting questions from this group.

32:53

And I also realize that there's a lot of work that's happening right now on congregate setting For people experiencing homelessness and that the audience a little broader than that. And so I think I appreciate all of the attendees kind of elevating question that CD PH can take back to the vaccine team to grapple with. So just look forward to more information as that come at that. come about and to everyone for elevating your questions here today.

33:27

So on the DFS side, we are continuing our comprehensive outreach response and co-ordination, with different city partners, and non-profit partners, and medical partners.

33:44

We are working to transition rapid testing for symptomatic residents.

33:53

From Mondale Cristian Health Center, and just testing out some opportunities with the night ministries that there will be more information about that forthcoming.

34:04

The EFSF Mobile Unit, which has doctor from Heartland Alliance Health continues to offer mobile medical services, including coven testing at encampment sites across the city on a recurring basis.

34:20

And then we're continuing to work in partnership with ... Testing team on any, you know, coordinated response that may need to happen in response to Positive coven tests.

34:34

For people who are our living unsheltered, we are continuing with our non-profit partners to Canvas and Outreach.

34:43

On the CTA, just providing the basic PPE, symptoms, screeners, and well-being checks, and are continuing to maintain hand-washing stations and porta potties as well.

34:58

The other exciting expansion for our, you know, our outreach efforts, and many of our outreach partners have been working with the Chicago team, on the Expedited Housing Initiative, where we held our first expedited. Sorry!

35:21

Our first accelerated moving event, at the end of last year, at two encampments, and have another one on the schedule coming up in a few weeks and so, continuing, to bring access to housing, to unsheltered residents, through the HIE, continues to be a priority.

35:40

Next slide.

35:43

In terms of our shelter decompression, we're continuing operate at our reduce bed capacity to allow for social distancing.

35:53

Our alternate shelters continue to operate, um, at Calumet, High School and Young Women's Leadership Academy.

36:01

And our overnight shelters have been operating 24, 7 since December.

36:06

And we are continuing with that through February and, again, continue to evaluate all of our decompression and the need for decompression in accordance with the DTH and in conversation with our shelter providers as well.

36:23

As the vaccine rolled out and not immediately, but just starting to, starting to kind of foreshadow, you know, the future conversation we will start thinking about, you know, What are the indicators that allow us to think about, you know, re compressing shelters? And, what does that look like? So, that is not and not on the horizon, eminently, but something that, you know, the vaccine bring some different scenarios to the table and different timelines, that we will just continue to factor that in, as well, with all of our partners partners.

36:59

Next slide.

37:04

So, just to provide, uh, bed capacity update because, obviously, the shelter decompression meant that we have fewer beds in the system and Deepa and our other city partners, along with a lot of delegate agency partners have just been working steadily to find ways to safely restore bed capacity at, you know, either alternate for facilities or at some of our are shelter sites where it was possible.

37:37

And so, since about December, we've been able to, really the beginning of this year, for the most part, we've been able to add 122 beds back into the system, and in a range of different ways.

37:51

So, through different shelter partners bringing, finding additional spaces within their own facilities are off site, and we've been able to add beds for men and women.

38:05

And then family rescue and TWA, AC, C AWP, have, are now using hotel vouchers to replace some of the sort of domestic violence beds that were left to decompress. And that's in place through the end of June at this point.

38:26

And then we continue to support the expedited Housing Initiative as a way to help people move out of shelter and create faith as much as possible when they move into stable housing. So just a reminder that our shelter system is really operating close to capacity. And so we say this every time, but just continue to communicate.

38:52

Bed availability to the Salvation Army and any changes in bed capacity.

38:58

At the FSF, while in advance, and the weekends, No handle on our communication protocol for people who are handling bad management in place.

39:09

The Salvation Army is now managing the mobile outreach contract, which is, again, R 24 7.

39:22

City service, that that handles. No crisis response.

39:28

Well-being, check.

39:29

And the setting that pertains here manages the, be centralized spread availability across the system, and then does placements and transportation into shelters, so they're the ones that receive. When when a resident and need call 311, they receive the service requests and respond to those requests.

39:52

So we did have a transition from Catholic Charities who provided that service for a very long time over to the Salvation Army on January first. So they are fully two weeks into the transition, and as we go to the next slide, I just wanted to introduce Andrea Chatmon.

40:12

Um, two, I guess I already talked about all of these things, but I wanted to introduce Andrea Chatman to introduce herself and talk a little bit about what is in store at the Salvation Army with the mobile outreach program.

40:30

You can go to the next slide.

40:35

Thank you, Mara. Hello everyone, Good afternoon. I'm Andrea Chapman, Director of Homeless Services for the Salvation Army. As Morris said, we have transitioned to management of shelter referral and transportation effective January first. So, we're two weeks into this, and really excited to continue to partner with many of the shelter providers and organizations on this webinar, and expand partnership to those that we have not previously worked with.

41:05

Some key points that we want to just remind people as we work through the transition, and as we go forward, to try and ensure timely placement and quality service.

41:16

Want to make sure that we're getting the count's around the clock.

41:21

You'll notice that our staff will be calling more 3, four times a day to ensure that we always have real-time information on data availability.

41:30

So we're asking that shelter staff are answering the phones around the clock, so that we get real-time information.

41:37

We're asking that good faith efforts are made to move people around whenever there are open spots or to resurface the room so that it's back online or sleeping space.

41:49

So it's back online immediately after someone else has exited dead space, we want to make sure that you guys are also aware that this this is around the clock. It doesn't stop.

41:58

So, we need referrals to be accepted, 24, 7, including weekends, holidays, overnight hours, late evening hours, We want to make sure that we are able to place people timely. The complexity of this system is one that many people may not understand, because, as Morris said, it includes crisis response, well-being checks, as well as shelter placement.

42:20

It's not just shelter based services and placements.

42:24

So we really do need to be able to get people off the street into a safe place quickly. And sometimes it's after they're coming out of one trauma, or one crisis, and then having to go into shelter. So we need to be able to respond quickly.

42:38

Just a reminder for the family shelters, number of family members needing to be placed does not have to state the exact number of bits that you have available.

42:47

So, you have a family, of four in your room, can fit 5 or 6, we're asking that you actually accept the family of four.

42:53

We know you want to utilize all the best in that room, but we also know that we have to be responsive, the needs of the people that are seeking services.

43:02

We need to get people in shelter and off the street as soon as we can. So, don't try and make that for 5 or 10. Take the family if you have the space available.

43:14

Um, we will be reaching out to all of the shelters, from the family side, T this thing, or population, and the population, to one-on-one time that we can do some Zoom calls, or in person meetings. If you're open to those. Will also be hosting a couple of town hall type meetings, so that we give you guys a chance to ask questions. Talk about your previous experience, lessons learned, some things that we can help support your staff and your shelter, as you take in people experiencing homelessness.

43:48

But we do ask that you are you are truly reporting those bits at a time, a timely manner, and accepting referrals around the clock. That's really going to help us all move people through the system, and get them to safely, safety, as soon as possible.

44:04

So I want to thank you guys for allowing me the opportunity to just say hello and talk a little bit about that transition and the expectation to going forward.

44:17

Gonna pass it over to Kim who's going to be talking a little bit about the point in time count.

44:24

Thank you, Andrea, and hi everyone, This is Kim Howard. I'm a Product Manager on the DFS, Homeless Team, and the person on the ....

44:33

And Nicole and I will be sharing with them updates on the account and the ... account coming up at the end of this month on Tuesday, January 20th.

44:43

And so as a reminder, this is an annual exercise required by HUD to count the number of people experiencing homelessness, and as well as the ...

44:52

or the annual Count of Beds and Unit dedicated to homelessness in our system.

44:57

And these are really critical exercises to make sure we understand both the scope of Homer Chicago, as well as the characteristics and service needs of individuals and families who are experiencing homelessness.

45:11

So, as a reminder, the pit counts is just that is the annual snapshot of people who are experiencing homelessness on one night of the count.

45:20

And we use that to inform services and resource planning funds to assess people experiencing homelessness, build public awareness of homelessness, and track trends over time. And so, completing this annual event that even, under the time of crisis, remains a priority.

45:37

But our approach has change this year and context of the pandemic and specifically, to reduce the risk of spread of covert 19, adjust for a limited capacity within the CSE community and within the FSS and City partners and agencies, and to reflect updated guidance from HUD this year.

45:57

So, to quickly walk through, so what this approach looks like for each of the components of the account. And so the first component is the sheltered count, which is the count of all. People residing in shelter on the night of the count, which this year is January 20th.

46:15

The main change this year is that data will be collected online, the reducing the need for in person handoff of surveys and tally form.

46:24

But beyond that, the shelter count remains unchanged this year.

46:27

It's still required for, and I'll shelters, transitional housing and Safe Haven program to participate.

46:35

And for those programs, we have a pet count training coming up.

46:39

And on Tuesday, January 19th, please e-mail us if your program typically participates in the past and has not yet received an e-mail to register.

46:48

This training is mandatory for our funded providers and also on our end we will be monitoring that pet registration as well as training attendee list.

46:58

The second component of the count is the unsheltered count, which is the count of everyone.

47:02

I'm experiencing, unsheltered homelessness, So administrate I'm a CPA in their car, etcetera. And this is really the piece of the account that looks very different this year. And in the context of ..., really seeking to leverage existing outreach capacity rather than mobilizing hundreds of volunteers.

47:24

And so this will be conducted by train staff only. We'll cover a sampling of areas.

47:29

I'm coming out of a methodology that we're developing with our data partners at the UIC Working Center, and this will take place over several days from January 27 to 29.

47:41

And, lastly, the supplemental youth count will be included as part of that methodology for the unsheltered count?

47:49

I will now pass over to Nichole, for updates on the head.

47:54

Thanks, Kim.

47:57

So, as Kim mentioned, the housing inventory count, or the ..., gathers important information to reflect Chicago's system of beds and units that are available and dedicated to homeless individuals and families for the city. And so, we count of beds in units dedicated to homelessness, regardless of funding source, so sometimes people are like, it's a hit, because it's one required only if you get HUD funding and that's not the case. This is all beds that are dedicated and serve people experiencing homelessness. We want to make sure that those get counted.

48:27

So we really count on you all to participate.

48:30

We have a webinar and slides available and we can drop those links into the chat or you can access them when you have the slide deck.

48:39

And you can e-mail any questions to us at CFC Programs and [chicago dot org](mailto:chicago@dot.org), but the basic information you need to know is that there are two phases. We have the ..., which opened on December, 23rd and providers can use the pre hick to confirm information about your projects at your convenience. So, it's not sort of a crunch that you're trying to get this information, so take the time to do it.

49:02

Now, if you haven't already, these questions focused on what your program model type is, where your funding sources are, the number of beds units, and other elements related to our system, such as HMIS participation.

49:19

So, if you get that part all done, then that allows you to focus on phase two, which opens on January 26, and that is the night that you are supposed to provide occupancy information on your projects. And so, that will also close on February second.

49:33

So, if you operate a program that is dedicated to serving people experiencing homelessness, you should be filling out both surveys in the Phase one and Phase two, and they're due by February second.

49:51

With that, I'm going to turn to talk a little bit about the expedited Housing Initiative. As a reminder.

49:58

And as Morris said before that the Expedited Housing Initiative is a cupboard 19 response that aims to house people as quickly as possible.

50:08

There's a lot of money that's been invested in here. Our goal is to serve 2550 people with most of them being housed this year. And we launched new system wide components with a lot of partner agencies throughout the CLC.

50:22

We're using accelerated moving events, Chicago rents, and connections to housing services to try to serve all of these people and households. I just wanted to give a brief update about the number of accelerated moving events or Amy's that we've had. So you can see here on the slide, up through information, as of this week, we just don't have the numbers yet, about the numbers that we're engaged set cornerstone, but you can see where we have gone.

50:49

And we hold the AMA's, we engage people. Most of them apply for a unit, and then we follow people along the process to help them move into housing as quickly as possible.

50:59

So we'll try to share all of these numbers, and we're working on maybe creating a place on our website where these can live, too, so that people can access the most up to date information.

51:09

I think the, the number we expect to grow exponentially, we're excited about 125 people that have moved in and the other folks that are on their way. But we're really excited to see this program sort of grow exponentially and ultimately hit our goal over 2000, which would be about 40% of our homeless population.

51:33

So there is a set of amie selection criteria that is on our website. We typically go to accelerated moving events sites based on how many high risk people there are. So, we're trying to go places where there are the most high risk people due to cover, 19. You're interested in the selection criteria. You can view that on our website, but we did want to share at least the upcoming next three weeks or so of accelerated moving event sites just for the community to know about.

52:03

So, these sites should have already been notified, and we're already working with them to sort of make preparations for a team of people to come on site, and work with people in that program.

52:14

Some of the newer components that are going to be rolling out for the expedited Housing Initiative soon are related to system wide accountability. So if you remember, back in April, the

COC's board, and that's really only applies to permanent housing projects, especially those that are funded with HUD continuum of care funding. But the CRC board passed a policy requiring providers to continue housing people, and to try to eliminate barriers to housing as much as possible.

52:40

And so we provided an accountability plan that was worked on with the community that began on May fourth. And as part of that, we were sending reports to agency technical administrators that look at the following four data points on the screen here.

52:57

So we're looking at bed utilization rates, needs, status, timeliness, updates, time for matching to housing, and then openings without match requests.

53:06

There is a guide posted on our website with more information about all of the data points and how we're pulling the data and how we're looking at it. As I mentioned, the ... at Permanent Supportive Housing and rapid rehousing and youth TH projects receive reports under this plan, and the goal of the reports are to insist assist agencies and conducting self monitoring.

53:29

If you notice, there are any data errors and there's reports, you know, please let us know so that we can help fix those.

53:35

And then we are holding a webinar coming up in a couple of weeks to kinda show some of the data that we're seeing across the system. And we'll show you how to compare your agency and project level data to the system level and the performance expectations, so that you can kind of see where your agency is falling.

53:55

So, hopefully, that'll be interesting and helpful to people.

53:58

I'm just going to pause for a second, because I think there are a few questions.

54:03

Move on.

54:04

Dress scenes.

54:15

So, someone asked a question about is it expected that all 2550 will move into rapid rehousing or some being targeted for TSH and other housing models? That's a great question. And the answer, the answer is a moving target. I mean, I think, where we're sort of learning a lot about how the accelerated moving events are happening, how our system is matching people, using co-ordinated entry and how, what are the ways that we can expedite placements into housing? And so we're still trying to figure out if it makes sense for somebody who might be going into TSH in two months because it makes sense. And is it best for the client to put them into a unit, a rapid rehousing unit, and then help them change units So quickly? I think it has a lot to do with whether somebody would be going into a project based or a scattered site model.

55:01

And so I think there are a lot of pieces here that make it really complicated to answer that. But the most, the majority of the people, going through the Expedited Housing Initiative will likely end up in some sort of rapid rehousing unit. So I would say the majority are, and then for the others, it's a little bit of support, still figuring it out.

55:20

Good question.

55:23

And if you are asking about whether your, um, will your shelter site or your drop in center or there's an encampment by you is kind of slated on the next round of sites to be coming up.

55:38

We only look out about three weeks and then we're constantly looking at the data, because the data is flowing and updated on a regular basis to see where the most people are that are having a high risk flag. And so we can't really tell people where you are in the hotel agencies where you are in the process for coming.

55:57

But if you kind of want a better understanding of that, just feel free to reach out to our team, someone that you worked with before, about the Army, and then you can see if they have any other information.

56:14

OK, I think those are all the questions related to the expedited has an initiative.

56:20

There are, if you're one of the people who've asked a question that we either didn't address today, or insufficiently addressed, We will try to follow up with you afterwards. Feel free to reach out to us if we're not able to. Some of the questions we either just don't have answers to, or it might be like an offline conversation. So feel free to reach out to us.

56:45

And I'm going to go through the announcements pretty quickly, and then we're going to start losing people in a second. But there's a couple of big ones at the beginning here. There's an HMIS vendor change coming. We think it's going to happen in April. So the December board meeting, the unanimous, unanimously passed a motion to direct all Chicago to select a new vendor. We had already been in the works with the HMIS committee to do so.

57:04

And so we're, I'm hustling now to figure out all of the moving pieces that need to happen. We're finalizing a contract, and then we'll be in touch with more information.

57:14

There's also a brief HUD CFC Nova update, More information is coming via e-mail this afternoon to the community about this.

57:20

But basically there was some information that passed in the latest Coburn 19 release package that included the sort of an auto renewal for one year or Hunt Seok projects that are expiring during

this year. And so there'll be more information coming about that and then there may be an opportunity for new funding as well.

57:42

So we're preparing for that. And then the last new information that we haven't really talked about at a prior webinars that we have worked with the CLC to publish a research agenda. And we want your feedback and so we have an open public comment period until January 25th. So please take a look at the research agenda and fill out the survey to give us your feedback about that.

58:07

And I think with that, because we are at time, I'm going to assume that you can all read. The rest of the updates, Either in one of our e-mails are in the PowerPoint. Charisma can drop into the chat box, the place where we post all of the slides, and we also put them on our Slack channel. So we hope you all are in there. I have seen some providers starting to post questions in there again, but they haven't gotten responses. So for us, to truly use Slack, it really requires providers to be in there on a regular basis, and hosting questions and responding to questions as well.

58:40

With that, we will make sure you get access to the, I think we're dropping a link in the chat about sharing feedback about today's webinar. We do look at the feedback and try to amend our processes to accommodate both, so your feedback is really important to us, shape the future. Thank you so much, everyone.

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