

Continuum of Care Response to COVID-19

A Guide to Community Coordination

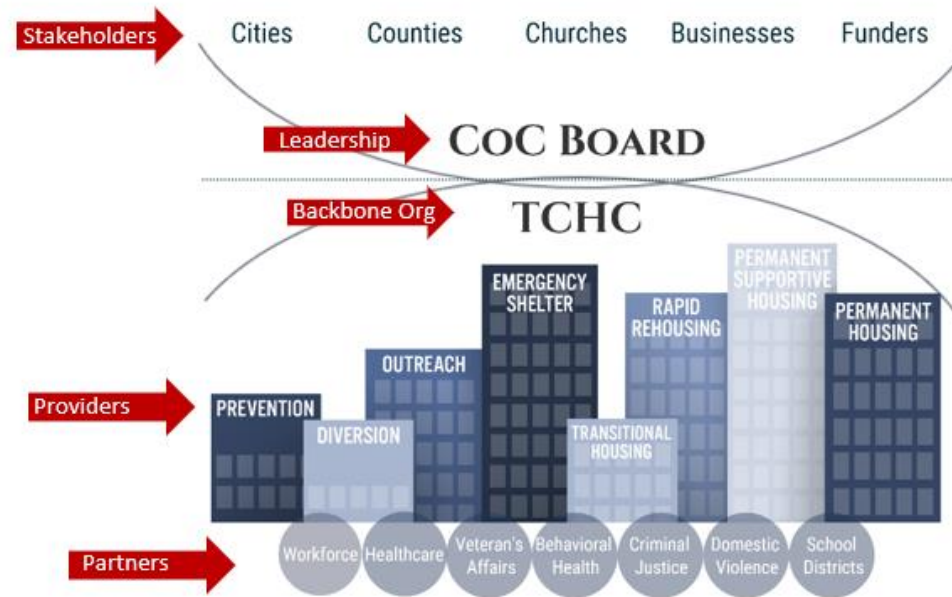
Goal

Slow community spread of COVID-19
and continue to provide care for
people experiencing homelessness in
Tarrant County

Presentation Objectives

- Update the board on COVID-19 response actions taken & the current state of response for persons experiencing homelessness
- Analysis of further needs & priorities
- Phased planning & next steps

Pre-COVID-19 System of Care

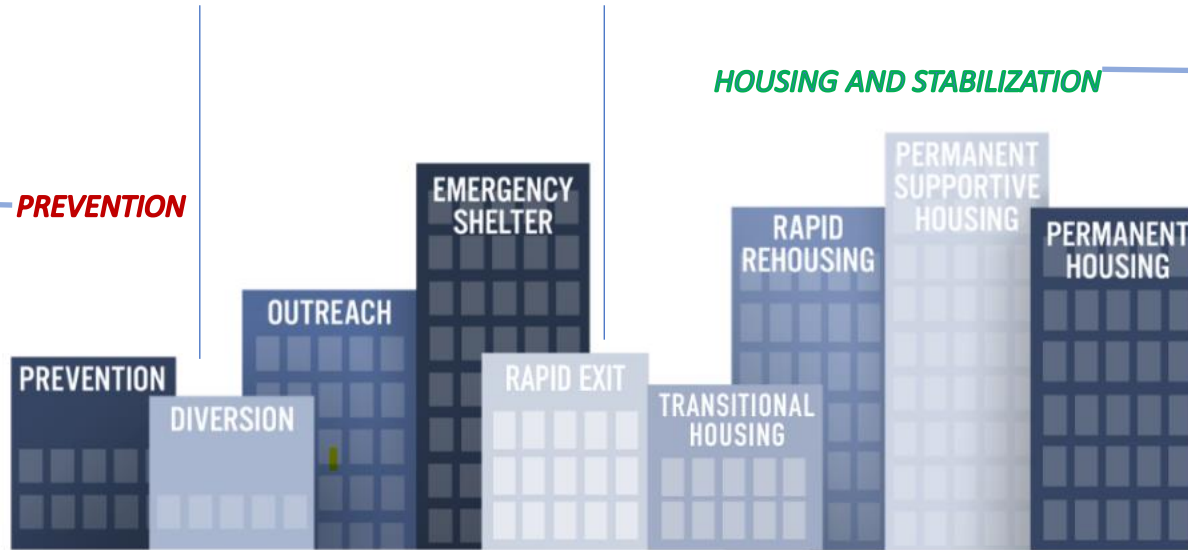


- Established system for homeless response in our community
- All entities were at the table prior to COVID-19 pandemic
- Organized system facilitated Homeless Coalition quickly mobilizing and coordinating providers and services

COVID-19 Impact

Increased concern for appropriate targeting and efficacy

PREVENTION



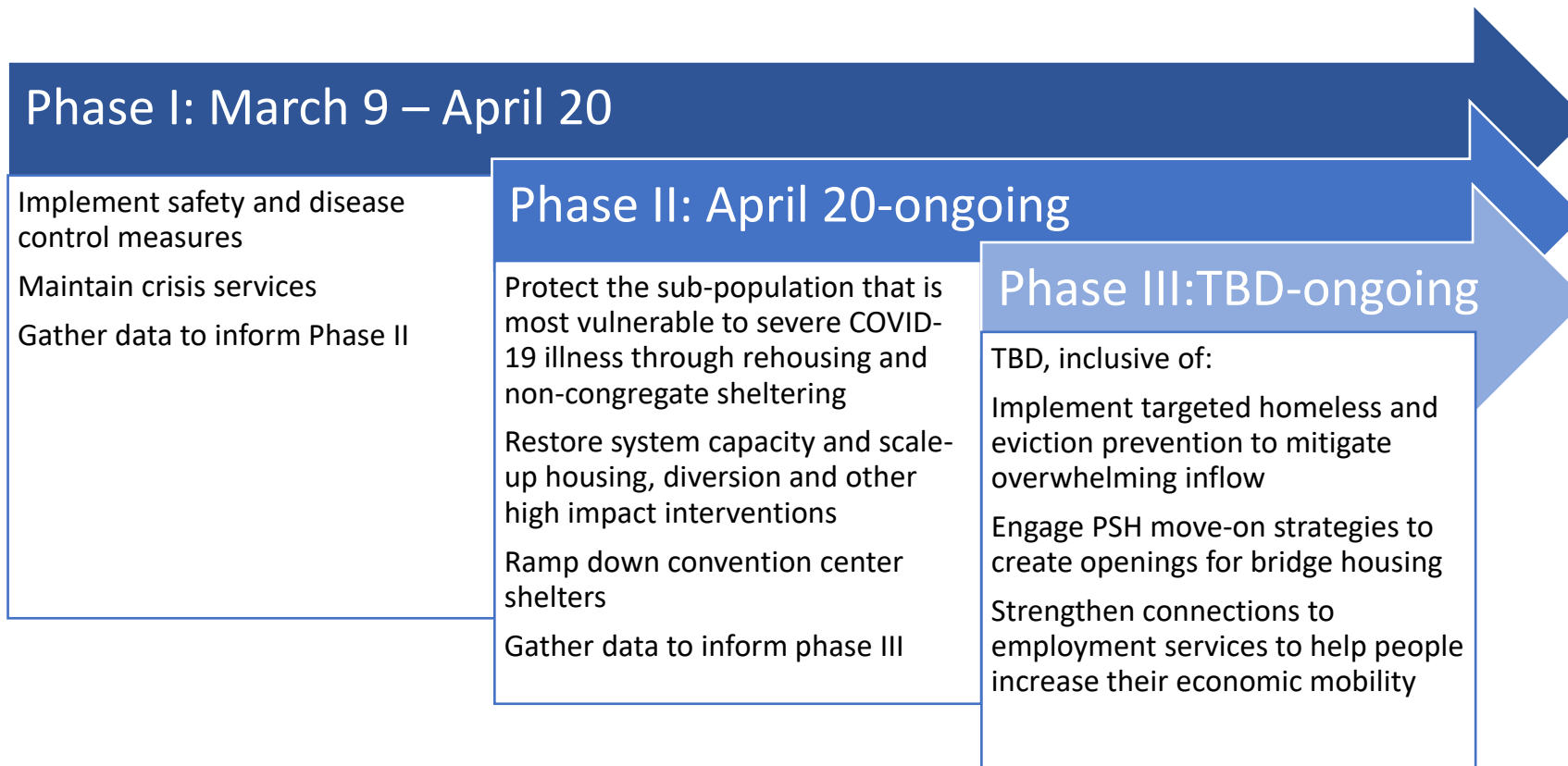
- System exits reduced by 52.5% from prior year
- 966 people without a housing assessment
- Coordinated entry staff redirected to crisis needs
- Increased urgency and reduced capacity

- COVID Risk Factors**
- 65 years+
 - Lung disease/asthma
 - Immuno-compromised
 - Serious heart condition
 - Severe obesity
 - Diabetes
 - Undergoing dialysis
 - Liver disease

CRISIS RESPONSE

- A 50% reduction in shelter bed capacity
- 477 bed Convention center overflow
- Diversion services reduced by nearly 50%
- COVID-19 vulnerable sub-populations face increased risk in congregate and unsheltered settings

Phased Rapid Response to COVID-19



Phased Response- Detail

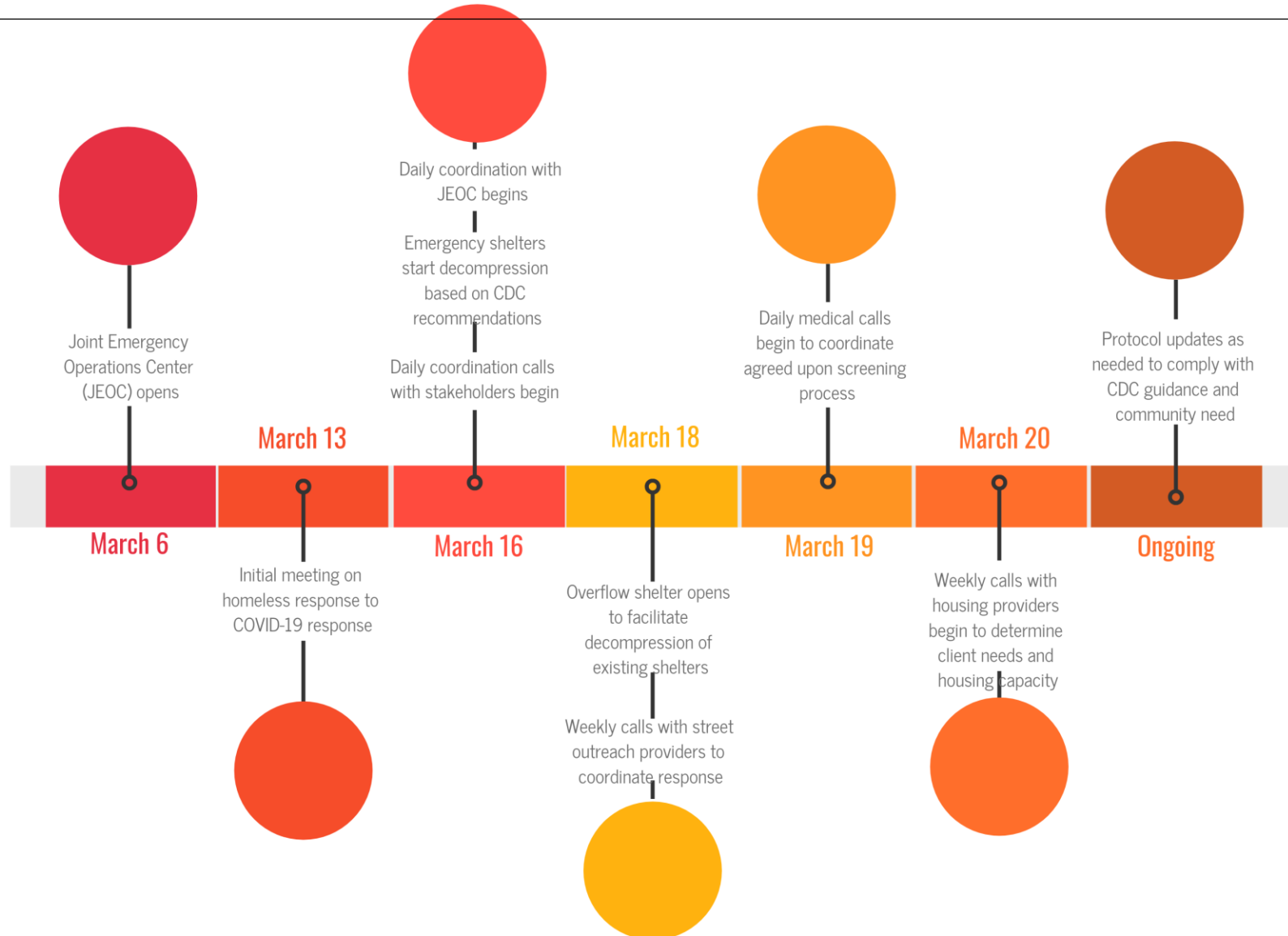
Phase I

Implement safety and disease control measures

Maintain homeless crisis services

Gather data to inform Phase II

Timeline- Phase I



Safety & Disease Control

- All emergency shelters and outreach teams are following CDC distancing guidelines
 - All beds are 6 ft apart, head to foot configuration
 - Code enforcement leaving camps in place to promote social distancing
- Isolation and quarantine shelters established
- A COVID-19 screening and referral process created by JPS has been implemented across all shelter and outreach services. This is updated regularly based on CDC and Health Department recommendations.
- Client education and portable wash stations and restrooms have been placed in high traffic areas to increase community hygiene

Maintain Homeless Crisis Response Services

- The convention center overflow is currently addressing the 50% decrease in shelter bed capacity due to bed spacing requirements
- The convention center overflow is currently meeting capacity needs
- Street outreach capacity initially decreased due to overflow shelter staffing needs; all teams are now back in the field

Overflow Shelter & Isolation-Quarantine

- Opened by City of Fort Worth in the Fort Worth Convention Center on March 18
- Managed in cooperation with:
 - Tarrant County Homeless Coalition
 - DRC Solutions (homeless service partner)
 - JPS Health Networks (county hospital system)
 - MHMR (mental health provider)
 - MedStar (medical transportation)
 - City departments: Public Events, Parks & Recreation, Directions Home, Code Compliance, Emergency Management, Police and Fire departments
- Includes a separate 365-bed well shelter, 40-bed isolation shelter, and 30-bed COVID positive shelter in onsite trailers.
- Continuously updated protocols based on latest CDC and Health Department recommendations including isolation in non-congregate settings

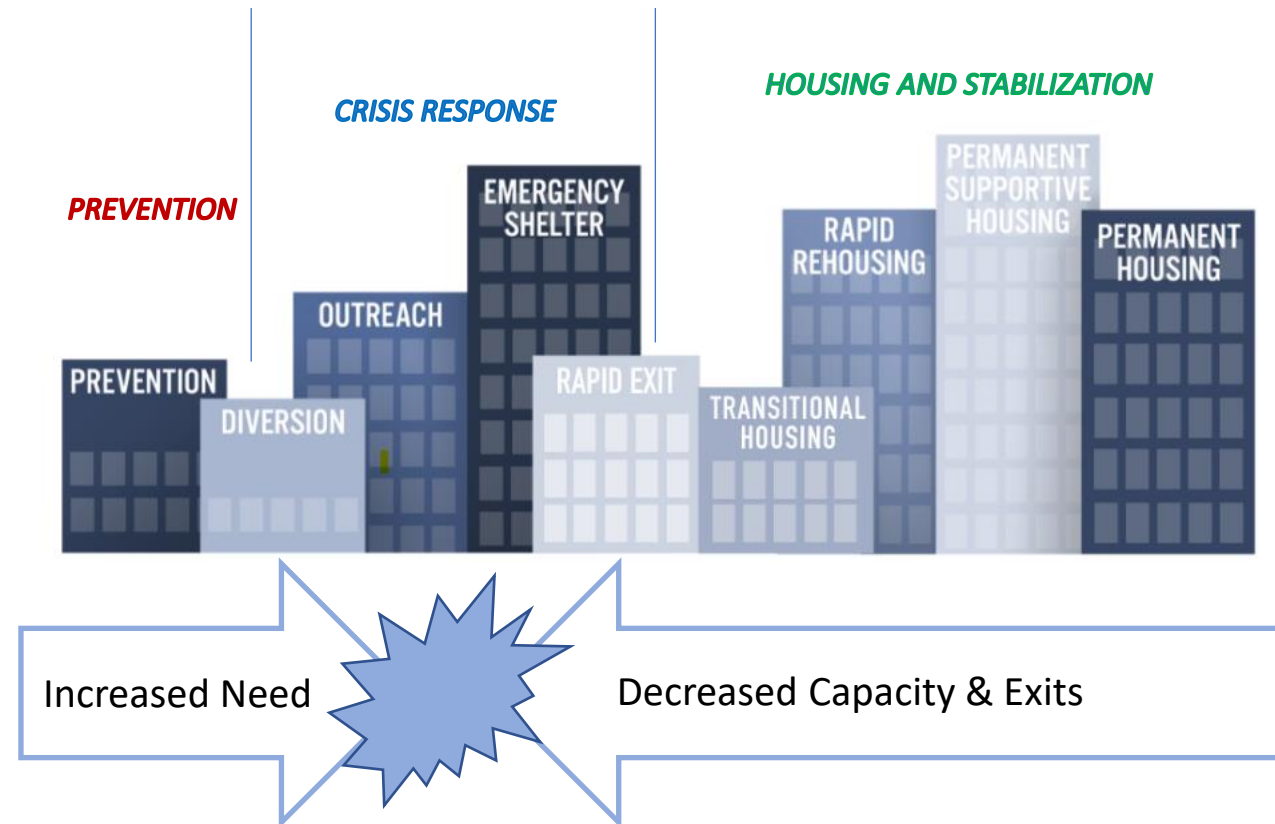
Overflow Shelter Reporting

Total Operational Days	Total Sheltered All Days	Average Sheltered Daily	Total Operations Costs	Average Costs per person per day	Total Medical Costs	Average Medical Costs per person per day
37	12237	331	\$868,264	\$70.78	\$292,293	\$21.38

Additional Measures Taken

- Housing programs moved to tele-case management and essential services only
- Phones identified as need for programs
 - Homeless Coalition purchased phones in bulk based on reported program need
- Food and isolation quickly identified as top needs
 - Neighborhood food banks closed due to COVID restrictions
 - Social isolation due to local stay-at-home order
- Coordinated Entry initially on hold for tenant-based programs
 - Continued to house project-based assistance

COVID-19 Impact: Phase I trajectory



Increased pressure point at congregate shelters and unsheltered homelessness;
lack of protection for people at higher risk of COVID-19 severe illness
(immunocompromised, diabetic, heart conditions)

Current Needs & Gaps

- Urgent need to move high-risk populations into non-congregate settings
- Address the increased staff and resource needs for emergency shelter and outreach in order to maintain services
- Increase street outreach to proactively connect with unsheltered homeless population, which has increased by 43% from the 2019-2020 PIT
- Restore diversion, rapid exit, coordinated entry and housing assessments to pre-COVID levels; enhance coverage through in-reach
- Restore data quality to pre-COVID levels by implementing INREACH services
- Restore housing activities to pre-COVID levels and expand with stimulus funding to support moving high-risk populations

Phase II- under development

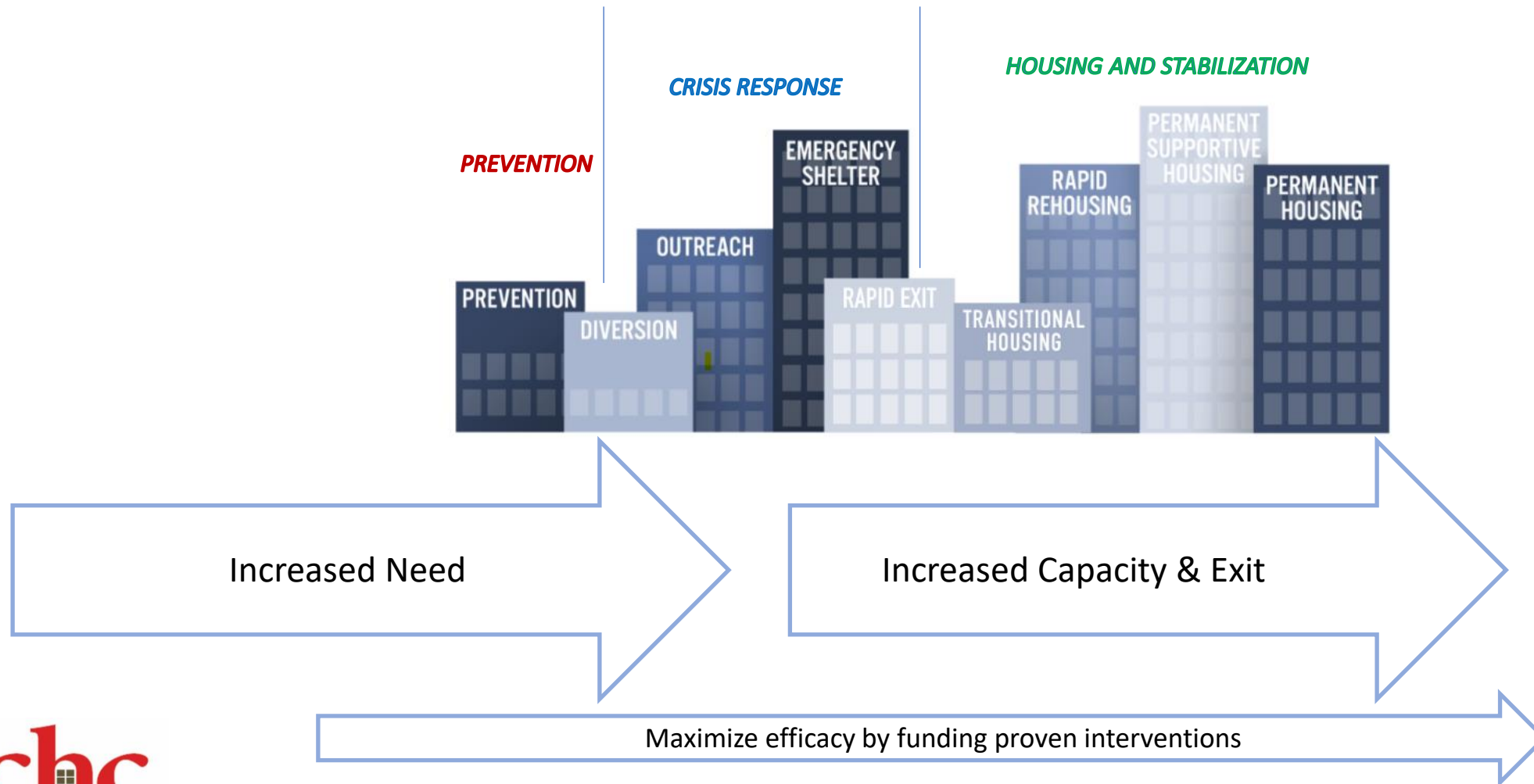
Protect the sub-population that is most vulnerable to severe COVID-19 illness through rehousing and non-congregate sheltering

Restore system capacity and scale-up housing, diversion and other high impact interventions

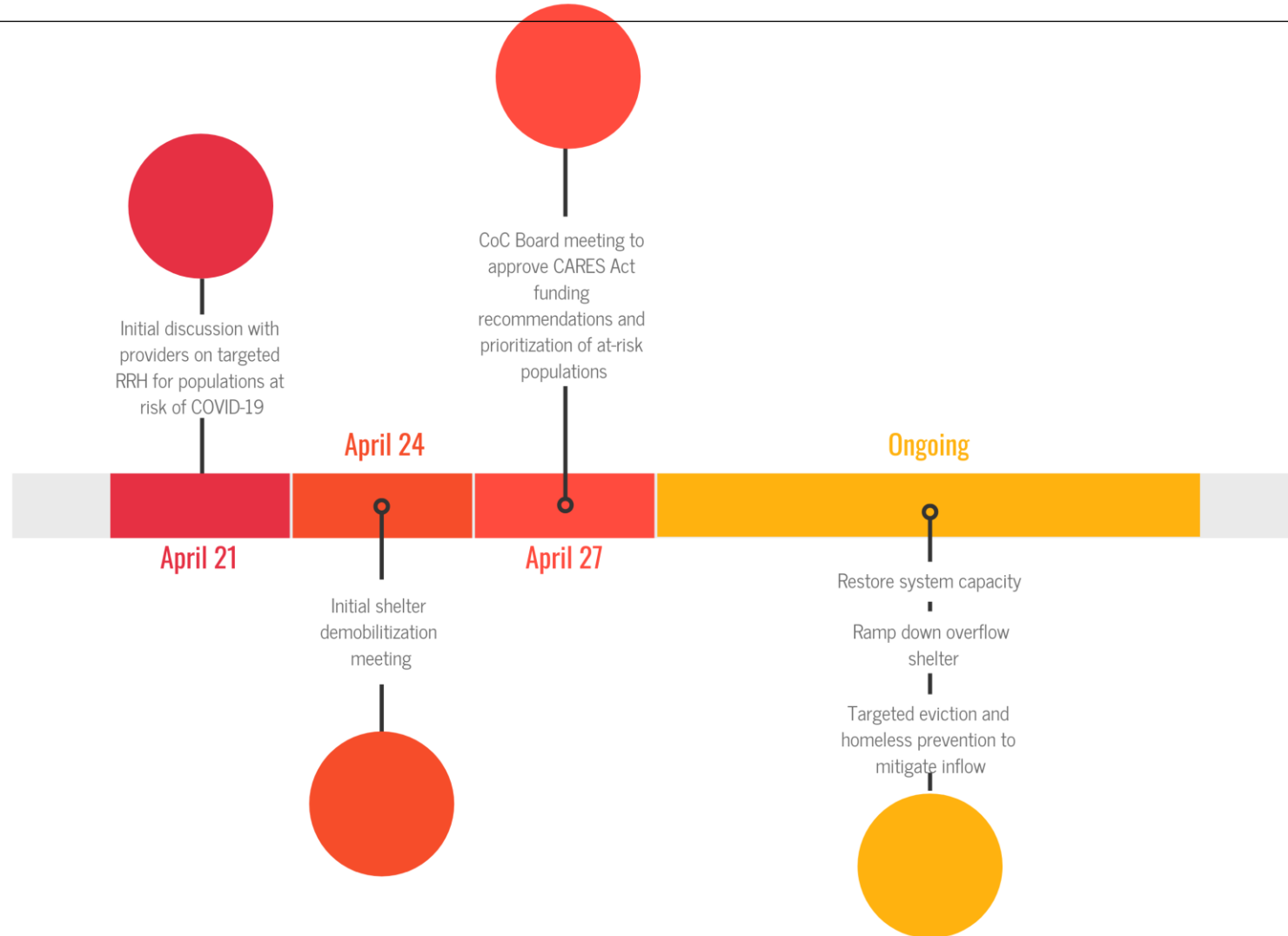
Ramp down convention center shelters

Gather data to inform phase III

COVID-19 Impact: Phase II Desired response



Timeline- Phase II



Protect sub-population most AT RISK for COVID-19

- Populations most AT RISK for COVID-19
 - 65 years or older OR
 - People with underlying medical conditions
 - Chronic lung disease
 - Moderate to severe asthma
 - Serious heart conditions
 - Immunocompromised (specific list to be provided)
 - Severe obesity
 - Diabetes
 - Chronic kidney disease and undergoing dialysis
 - Liver disease
- Cohort created in the Coordinated Entry system and prioritized for housing
 - By adjusting coordinated entry prioritization to include COVID-19 vulnerability, several system needs can be addressed at once (e.g. ramping-down overflow shelter, establishing in-reach activities, restoring other crisis response and housing services)

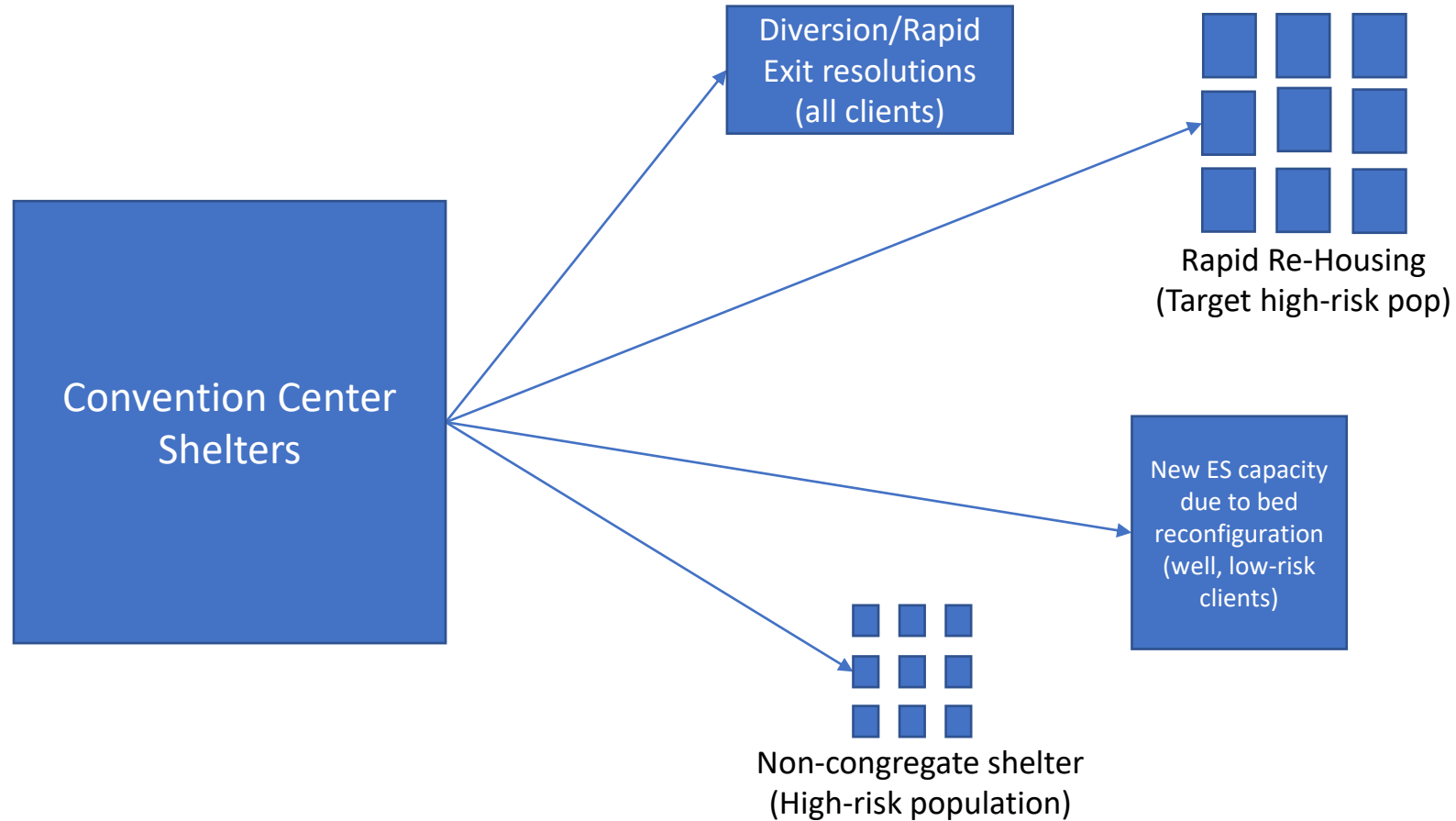
Restore system capacity and scale-up housing

- Crisis Services
 - Maintain symptom screening protocols and safety measures consistent w/CDC and Public Health Department recommendations
 - Work with local cities/county to coordinate CARES Act funding
 - All emergency shelters follow CDC distancing guidelines
 - Additional IN-REACH efforts for identifying and assessing clients
 - Moving services to virtual and kiosk when possible
- Scale-Up Housing
 - Work with local cities/county to coordinate CARES Act funding to rapidly rehouse households who have a COVID-19 risk factor(s) and *move them out of congregate settings* as quickly as possible
 - Enhanced landlord engagement to facilitate move-in
 - A flexible, individualized approach that maximizes resources by only providing the *minimal needed assistance* to households
 - Transition to housing-based medical services (due to risk of COVID-19)
- Explore all other resources, including diversion, rapid exit, and non-congregate sheltering options for the remaining higher-risk COVID-19 sub-population

Ramp Down Convention Center Shelters

- Identify COVID-19 high-risk sub-population and prioritize for removal from congregate and unsheltered settings, starting with the convention center
- Assess emergency shelter bed-configurations to maximize beds while keeping CDC guidelines; transition well and low-risk clients from the convention center to increased shelter bed capacity
- Maintain screening protocols at traditional shelters and outreach with revised protocols for COVID+, exposure, isolation and PUI's after transition from trailers
- Transition medical supports from convention center to housing-based services as needed

Ramp Down Convention Center Shelters



Phase III - TBD

Implement targeted homeless and eviction prevention to mitigate overwhelming inflow

Engage PSH move-on strategies to create openings for bridge housing

Strengthen connections to employment services to help people increase their economic mobility

Funding Recommendations & Strategic Plan Implications

CARES Act- Funding Recommendations

The Coronavirus Aid, Relief and Economic Security Act (CARES Act) provides supplemental Community Development Block Grant (CDBG) and Emergency Solutions Grant (ESG) funding for services that respond to coronavirus. ***CoC Making ESG Recommendations ONLY***

GOAL: Ensure the funding has the biggest impact on the homeless services system and prevents a potential outbreak and spread of Covid19. Important to address urgent needs of populations most sensitive to COVID-19

Amount: Over \$5million in first round of ESG CARES funding between 4 municipalities- City of Arlington, Tarrant County, City of Fort Worth, and State of Texas. Important to ensure coordination of funding between municipalities in order to meet gaps and needs.

Timeline: 2 Rounds of ESG Funding to be announced

Round 1: May 2020

Round 2: 60 days later

CoC-Recommended Funding Priorities

- The CoC recommends the first allocation of ESG be used to:
 - Fund the expanded needs of emergency shelters and street outreach programs due to increased hours, additional services required due to COVID-19 including social distancing measures, staff and administrative needs, etc.
 - Prioritize funds for rapid rehousing to protect high-risk sub-populations through placement in non-congregate settings (RRH).

Key to Success

- Continuous communication is key to collaboration success
- Designate one agency to act as central command for homelessness
- Providers follow lead of local medical/health authority
- Partnership with local cities/county is important, especially in relation to emergency management response
- Partners willing to implement agreed upon screening tools, protocols, and targeted interventions throughout process

CoC Strategic Plan Implications

Goal 1: Adjust Priority Population for remainder of 2020 and for 2021 to *protect* populations at increased Risk for COVID19

Goal 2: Prioritize data sharing and medical portal integration in green river

Goal 3: Prioritize Landlord Engagement incentives and coordination with landlords for homelessness prevention

Goal 4: Joint campaign and emphasis on NO STREET FEEDING and other ways to support system

Goal 5: On-going coordination with municipalities and other funding sources on all stimulus money; adjustment to current funding to coordinate gaps filled or created by CARES funding