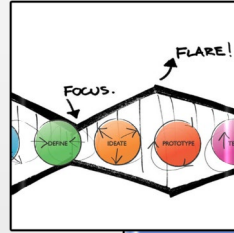
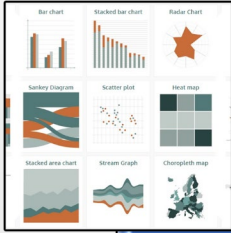


COVID-19 CARES Funds Sub Committee

House Select Committee on COVID-19 Economic and Financial Preparedness

November 9, 2020

PROCESS & PRODUCTS



HISTORICAL ACCOUNTING/INFO

- Primary Data Source
- All Federal Funds \$9B (now over\$10B)
- Monthly reports of receipts/expenditures by:
 - *Category*
 - *Program*
 - *Recipient, sub recipient*
 - *Federal Dept*
 - *Deadline*

STATUS:

- Reconciliation complete
- State & National reports identified
- Report design is live
- CARES funds report is a subset
- Coordination with Counties

IDENTIFY CURRENT CHALLENGES/SOLUTIONS

- For CARES (SB126) plus select other funds
- Work with State & County officials to identify challenges early:
 - *Program infrastructure, capacity (people, tech)*
 - *Overlap with other programs (or State vs County)*
 - *Clarity of federal rules/ compliance (e.g., eligibility, etc)*

STATUS:

- **Collaborating with government officials as they build process to engage with program owners**
- **Review and analyze against counties, areas of need**

RAISE FUTURE OPPORTUNITIES

- Curated List of Upcoming COVID, non-COVID competitive grants to share with:
 - *Government*
 - *Institutions*
 - *Nonprofit*
 - *Businesses*

STATUS:

- Designed and distributed lists to HCF, HANO
- Brainstorming ways to prepare nonprofit community for grant cycles, requirements

Today's Update

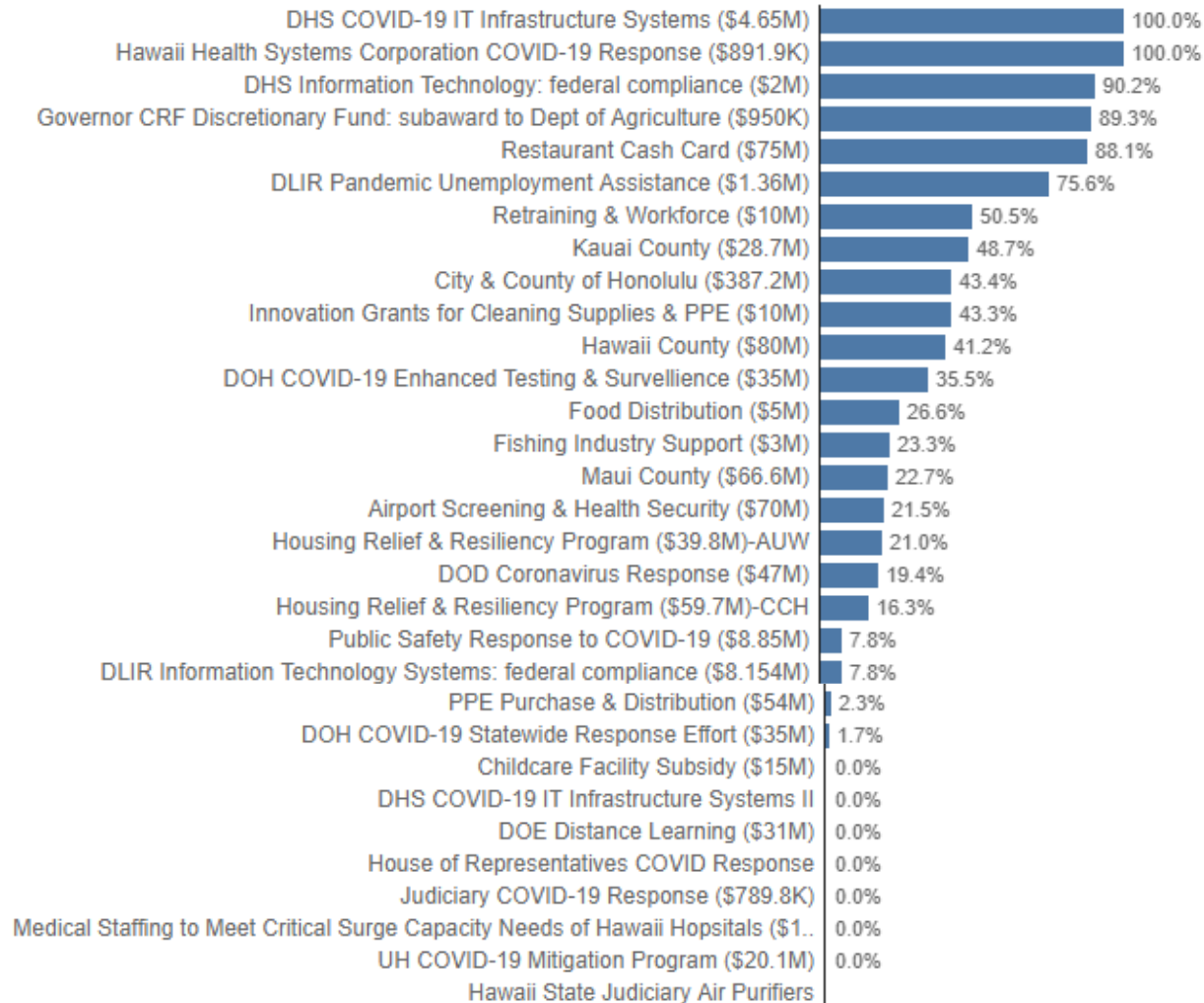
- Update on CRF funds – Jill
 - 20% expended two weeks ago. ~30% as of 11/9.
- Pivot in next two weeks
 - Context: \$2.2B tax revenue shortfall, other state liabilities (UI, health benefits)
 - B&F to meet with each department/program to determine realistic outlook. Start to determine amounts to reallocate to UI, eligible general fund expenses
- Building capacity going forward – Lisa
 - Continued distributed lists of federal grant opportunities to broad nonprofit network
 - Training/webinars to prepare nonprofits to apply for federal grants going forward

State Coronavirus Relief Fund Allocations (Act 008 & Act 009 of 2020 Legislative Session) Current Percentage Expended To Date

All Coronavirus Relief Fund allocations must be completely expended by the end of 2020. The graph below depicts the current amount expended and/or encumbered to date. This have actually been expended or have been issued a contract or purchase order.

Values in parentheses indicate the current award amount.

**Click on bars to see more details*



With several weeks to go....

- 12 programs < 10% expended, 24 < 50%
- “Expended” still may not mean ‘in hands of beneficiary’
- Programs minimally or not spent relate to critical areas:
 - Public health infrastructure (testing, contact tracing, isolation capacity)
 - PPE for Essential Services and businesses
- Meanwhile, what’s the condition of key critical areas?
 - Closed Businesses, layoffs, unemployment
 - Childcare (2000+ seats lost)
 - K-12 schools, connectivity, PPE, contact tracing, surveillance testing?
 - Houseless, incarcerated, congregate

Isolating the issues, problem solving
Are we leaning on our 'emergency' exemptions,
flexibilities? May not help at this point, but going
forward beyond COVID....

Program Design	Procurement	Eligibility	Cashflow
<ul style="list-style-type: none">• Sector-responsive• Ops infrastructure	<ul style="list-style-type: none">• Bid/sole source• ?	<ul style="list-style-type: none">• Documentation of need• ?	<ul style="list-style-type: none">• Reimbursement basis• ?



Rent Relief & Housing Assistance Program

Are you a renter or homeowner experiencing a reduction of income and now facing eviction or foreclosure as a result of COVID-19? This program may be for you.

[Click Here to Apply](#)

[How Are Payments Made?](#)

[Am I Eligible?](#)

				<i>As of 10/22/20</i>
1,718	2,641	\$4.93M	\$7.86M	\$12.8M
HOUSEHOLDS ASSISTED	APPLICATIONS IN PROCESS <i>(Total Received 19,556)</i>	PAYMENTS		
		Payment Pending	Payments Made	Approved for Payment

What's next? Other Questions

- Continued understanding, coordination opportunity between nonCRF COVID (state), CRF state and CRF county
- Beyond spend down and coordination of \$, would like to understand what 'success' looks like in a year
- Are any funds focusing on recovery/resilience? ongoing infrastructure for new growth?

In addition to our current COVID19 dashboards, economic indicators.....



CDC COVID-19 Response Health Equity Strategy: Accelerating Progress Towards Reducing COVID-19 Disparities and Achieving Health Equity

July 2020

Populations and Place-Based Focus

- Racial and ethnic minority populations
- People living in rural or frontier areas
- People experiencing homelessness
- Essential and frontline workers
- People with disabilities
- People with substance use disorders
- People who are justice-involved (incarcerated persons)
- Non-U.S.-born persons

Intended Outcomes

- Reduced COVID-19-related health disparities.
- Increased testing, contact tracing, isolation options, and preventive care and disease management in populations at increased risk for COVID-19.
- Ensured equity in nationwide distribution and administration of future COVID-19 vaccines.
- Implemented evidence-based policies, systems, and environmental strategies to mitigate social and health inequities related to COVID-19.
- Reduced COVID-19-associated stigma and implicit bias.
- Expanded cultural responsiveness and application of health equity principles among an increasingly diverse COVID-19 responder workforce.

National Guidelines

Essential Plans in Place to Reopen

The state has plans that can be immediately implemented for the following

1. Protecting the health and safety of workers in critical industries*
2. Protecting the health and safety of those living and working in high-risk facilities (e.g., senior care facilities)*
3. Protecting employees and users of mass transit*
4. Monitoring conditions and immediately responding to increases in transmission rates or outbreaks*
5. Advising the public regarding social distancing and face coverings*
6. Protecting employees and the public in essential businesses and public services including law enforcement, fire, emergency medical services, and public health
7. Protecting at-risk individuals such as those experiencing homelessness and racial and ethnic minorities
8. Protecting employees and customers of non-essential businesses and public services
9. Protecting workers and students in educational facilities, including schools and universities
10. Protecting the health and safety of workers in other congregate settings including group housing, places of worship, correctional facilities, etc.
11. Protecting the health and safety of those using public parks, beaches, etc.
12. Protecting travelers, visitors, and employees in the hospitality and tourism sector

METRIC: Plan in place for each of the areas listed above.

National Guidelines

POTENTIAL STATE METRICS FOR MITIGATION

Case Identification and Trends

Are COVID-19 cases decreasing or increasing? Decreasing positive cases means mitigation is working and should be continued; increasing cases mean transmission still occurring.

GOAL: Decreasing rates of positive cases for at least 14 days.*

METRIC: # positive cases

METRIC: # cases overall

GOAL: Decrease in cases overall for a minimum of 14 days.

METRIC: Trend in # of cases. States may want to monitor at 3, 7, 10, 14, 21, and 30-day trends.

GOAL: Decrease in deaths from COVID-19 for a minimum of 14 days.

METRIC: # of COVID-19 related deaths overall States should consider monitoring deaths by age group, by race/ethnicity. States should consider feasibility of monitoring by facility such as hospital, nursing home, long-term care facility, prison, etc.

Decreasing rates of influenza-like illness (ILI) may mean mitigation is working and should be continued; increasing cases means transmission may still be occurring.

GOAL: Decreasing reports of ILI for at least 14 days.*

METRIC: # of outpatient visits for ILI. States may want to monitor at 3, 7, 10, 14, 21, and 30-day trends.

GOAL: Decrease in COVID-19 like syndromic cases for at least 14 days.*

METRIC: # of outpatient visits for COVID-19 like syndrome for at least 14 days. States may want to monitor at 3, 7, 10, 14, 21, and 30-day trends.

Point of Care Testing Results and Testing Capacity

Does the state have the capacity to test those who need to be tested, and do it safely and quickly? Is the testing being conducted finding fewer positive cases, which would indicate less transmission, or more positive cases, which would indicate more spread, as a percentage of all tests being conducted? Is the state addressing potential differences in testing by different groups?

GOAL: Decrease in "percent positive" tests over a 14-day period.*

METRIC: % of positive tests as a percentage of total tests

METRIC: # of tests conducted

METRIC: # of positive tests of all tests conducted

GOAL: All testing sites can screen for asymptomatic cases.*

METRIC: # of sentinel testing sites

METRIC: # of sentinel testing sites that can screen for asymptomatic cases

GOAL: Sentinel testing sites operate in key locations serving older individuals, lower-income individuals, racial and ethnic minorities including Native Americans.*

METRIC: # of sentinel testing sites operating in locations that serve older individuals, lower-income individuals, and racial and ethnic minorities including Native Americans.

Do states have what they need to meet the demand for testing and to quickly report test results?

GOAL: Decrease in average time to report COVID-19 test results.

METRIC: Time from specimen to result reported (hours, days).

GOAL: State testing capacity, including equipment, supplies, reagents, and staffing meets the demand for testing.

METRIC: # of labs reporting need for additional equipment, supplies, reagents, and staffing.

National Guidelines

Public Health System Capacity

Does the state have the public health capacity and staffing needed to safely identify individuals and their contacts who may have been exposed to COVID-19 and to prevent transmission of COVID-19? Are case tracing and disease investigation activities sufficient to contain outbreaks of COVID-19 quickly and safely?

GOAL: The public health system has the ability to trace contacts of every COVID-19 positive case within the state.*

METRIC: % of public health departments reporting sufficient capacity to perform contact tracing of every COVID-19 positive case in their state.

GOAL: The public health system has sufficient capacity to contact at least 90% of all elicited contacts.

METRIC: % of public health departments reporting sufficient capacity to contact at least 90% of all elicited contacts.

GOAL: All symptomatic contacts are tested within 12 hours.

METRIC: % of public health departments that report all symptomatic contacts are tested within 12 hours of contact.

GOAL: The public health system has sufficient capacity to test individuals with ILI-like or COVID-19 like symptoms for COVID-19 and to trace their contacts.*

METRIC: % of public health departments that report all symptomatic contacts are tested within 12 hours of contact.

Can the public health system test and protect all public health workers from COVID-19 infection?

GOAL: Every public health agency has a robust testing program in place for public health workers.

METRIC: # of public health agencies that have a testing program in place for public health workers.

GOAL: Public health worker COVID-19 infections are at or close to zero.

METRIC: % of public health workers testing positive for COVID-19 is at or close to zero.

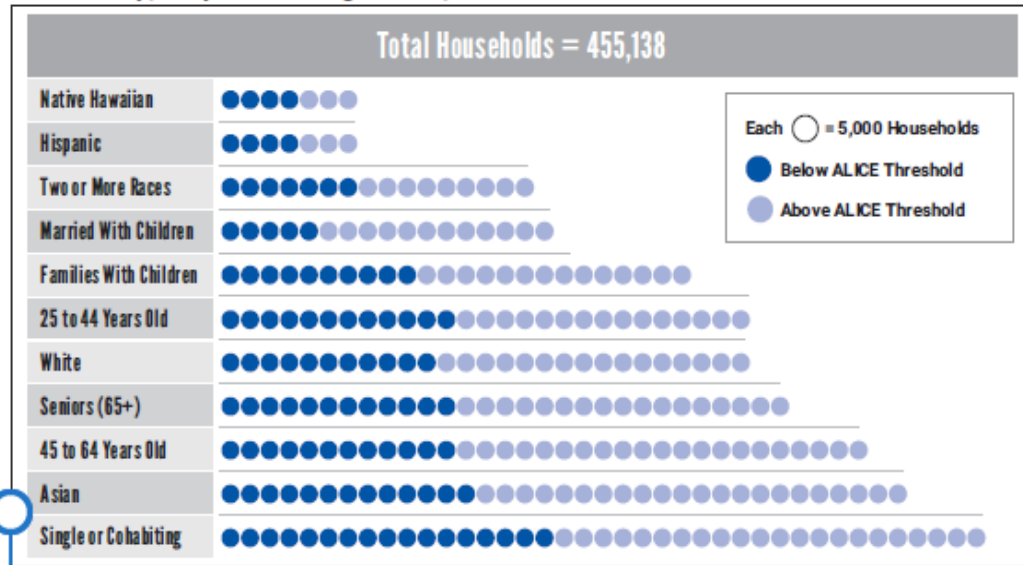
Ten Key Metrics To Consider

1. # of positive cases, 14-day trend
2. # individuals with ILI symptoms, 14-day trend
3. # of individuals COVID-19 like syndrome cases, 14-day trend
4. # of "percent positive" tests, 14-day trend
5. % of testing sites can screen for asymptomatic cases
6. % of sentinel testing sites operate in key locations caring for vulnerable populations
7. % of hospitals that can handle a doubling of patient volume from current census in one day with sufficient PPE
8. % of hospitals that can care for all patients without using crisis standards of care
9. % of health care facility has a robust testing program in place for health care workers
10. % of public health agencies with sufficient contact tracers and related staffing and equipment to support case investigation of every COVID-19 positive case identified in their State

WHAT'S THE IMPACT TO ALICE FAMILIES, including the 'NEW' ALICE

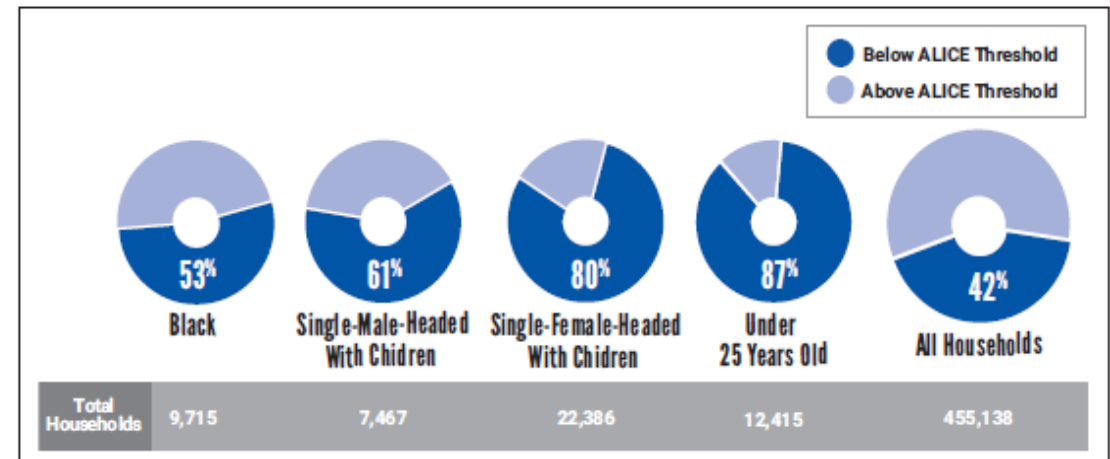


Figure 2. Household Types by Income, Largest Groups, Hawai'i, 2018



Note: Categories shown in figure are overlapping.
 Sources: ALICE Threshold, 2018; American Community Survey, 2018

Figure 3. Select Household Groups by Income, Hawai'i, 2018



Sources: ALICE Threshold, 2018; American Community Survey, 2018