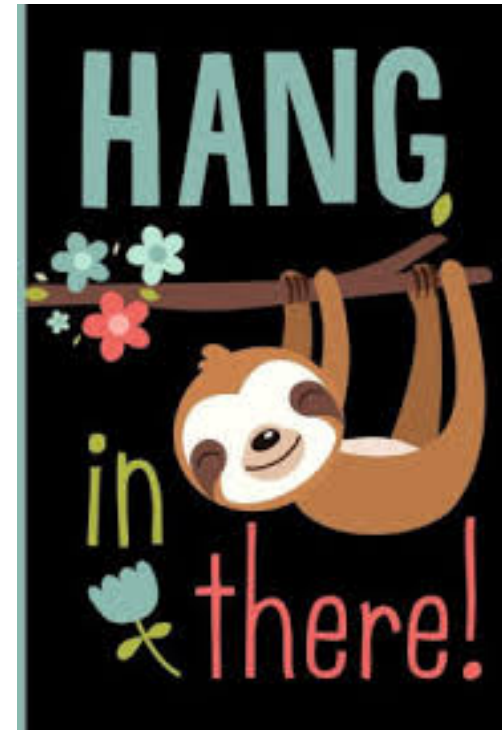


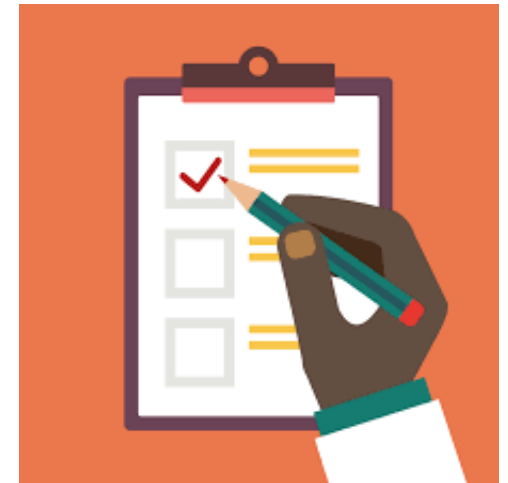
Connecticut
Outreach Provider
Meeting
COVID-19

April 23, 2020



Agenda

- Welcome & Introductions
- Key Findings Outreach Survey
- Best Practices and Resources from National Partners
 - Safety
 - Symptom Screening
- Facilitated Discussion
- Resources & Next Steps
- Updates from DMHAS



Key Findings Outreach Survey

13 Responses

- 5 Outreach workers
- 6 Supervisors
- 2 Administrators

Frequency of Outreach

- 2 Increased
- 6 Decreased
- 4 Remained the same
- 1 Eliminated



Availability of Supplies

- Most projects have some or adequate masks, gloves, hand soap and trash bags
- 25 – 30 % no eye protection, hand sanitizer, soap, cleaning supplies, garbage bags or paper towels

Key Findings Outreach Survey (2)



Focus Areas



Symptom Screening & Service Provision

- 85% are screening during every encounter
- 3 (24%) are giving every client with a cough a mask
- 1 provider is not doing either
- 85% ID'd most vulnerable, checking in frequently
- 77% Supervisors checking in daily
- 54% Working with local Public Health Authorities

Key Findings Outreach Survey (3)

Risk Reduction Strategies

60% or more:

- in-person only as necessary to ensure safety and expedite housing
- Maintain 6-ft. distance
- Wear cloth or surgical mask
- Work from home when not conducting in-person outreach
- Staff instructed to stay home when symptomatic or in close contact w/ COVID +
- Staff instructed to discontinue interaction if unable to protect selves or client(s)



Best Practices and Updates from National Partners

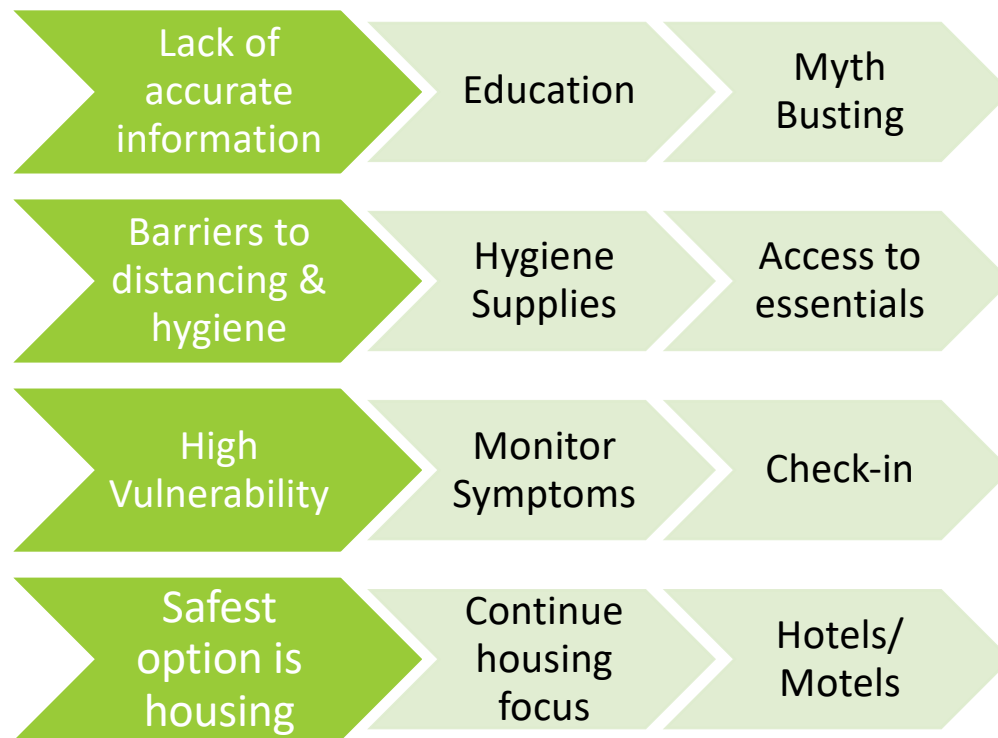
COVID-19 Among People Experiencing Homelessness

- Rate of infection is unknown.
- Assumed at 40% in a recent paper (Culhane et al).
- Infected homeless individuals twice as likely to be hospitalized, 2-4 times as likely to require critical care, & 2-3 as likely to die (Culhane et al).
- Testing at a Boston shelter revealed a 37% infection rate. All were asymptomatic.

Culhane, Treglia, & Steif (2020). Estimated Emergency Observational/Quarantine Capacity Need for the US Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations, Intensive Care Units and Mortality.



Outreach is More Critical than Ever





Harm Reduction During COVID-19

Increased Risks of Substance Use:

- Difficulty accessing alcohol, drugs, supplies
- Heightened withdrawal & overdose risk
- Some drugs worsen breathing problems
- Sharing and obtaining drugs increases COVID-19 risk

Harm Reduction During COVID-19 (2)

Resources to Reduce Risks:

Safer Drinking Tips: <https://www.ctbos.org/wp-content/uploads/2020/04/safer-drinking-covid-march-30.pdf>

Guidance for People Who Use Substances: <https://www.ctbos.org/wp-content/uploads/2020/04/COVID19-safer-drug-use-1.pdf>

King County Overdose Prevention and Harm Reduction Guidelines: https://www.ctbos.org/wp-content/uploads/2020/04/PHSKC-Overdose-prevention-interim-guidance-during-COVID-19-pandemic_4-1-2020-002.pdf

Harm Reduction Coalition Resources: <https://harmreduction.org/miscellaneous/covid-19-guidance-for-people-who-use-drugs-and-harm-reduction-programs/>

Keeping Safe During Outreach



Wash or sanitize hands before & after each encounter



Outreach outdoors in well-ventilated areas



Maintain at least 6 feet between you and client



Wear and encourage clients to wear masks when interacting with others



Screen for symptoms – communicate with health department

Keeping Safe During Outreach (2)



- Even if no clients are currently sick, establish protocols.
- Make safety plans with clients for if they do feel sick.
- Ensure staff who are interacting with sick clients have appropriate PPE. (See [CDC Infection Control Guidelines](#)).
- Instruct staff on [How to Use PPE](#); [PPE Training Video](#); [PPE Training Slides](#)
- Avoid touching personal belongings – if necessary, wear gloves, treat outside of gloves as contaminated, & wash hands immediately upon removal.
- Avoid transport without [vehicle adaptations, protocols, & training](#).



Keeping Safe During Outreach (3)

- Staff at high risk of severe COVID-19 should avoid face-to-face interactions.
- Discontinue the interaction and notify a supervisor if unable to maintain protocols.
- Cross-train staff - shortages due to illness, caretaking responsibilities, self-care.
- Continue usual safety practices.
- Make self care a priority.

Reducing Client Risks



- Provide accurate information ([Fliers](#))
- Separate well people from sick people
- Encourage tents/sleeping quarters with at least 12 feet x 12 feet per individual
- Discourage sharing items/sleeping quarters
- Work with partners to avoid encampment clearing
- Encourage frequent hand washing – set up stations ([DIY Handwashing Stations](#))
- Assist to access to toilet/shower facilities
- Assist to obtain Narcan and medications

Reducing Client Risks (2)

- Distribute hygiene and care kits
 - Water & Food
 - Pedialyte or powdered Gatorade
 - Tissues & plastic resealable bags for trash disposal
 - Hand sanitizer & alcohol wipes
 - Masks
 - Soap, shampoo, & feminine hygiene products
 - Trash bags
- Obtain client contact info & document in a shared system





Reducing Client Risks(3)

Coordinate discharges from correctional/health care settings

Facilitate access to cell phones and minutes: [Phone Carrier Information](#)

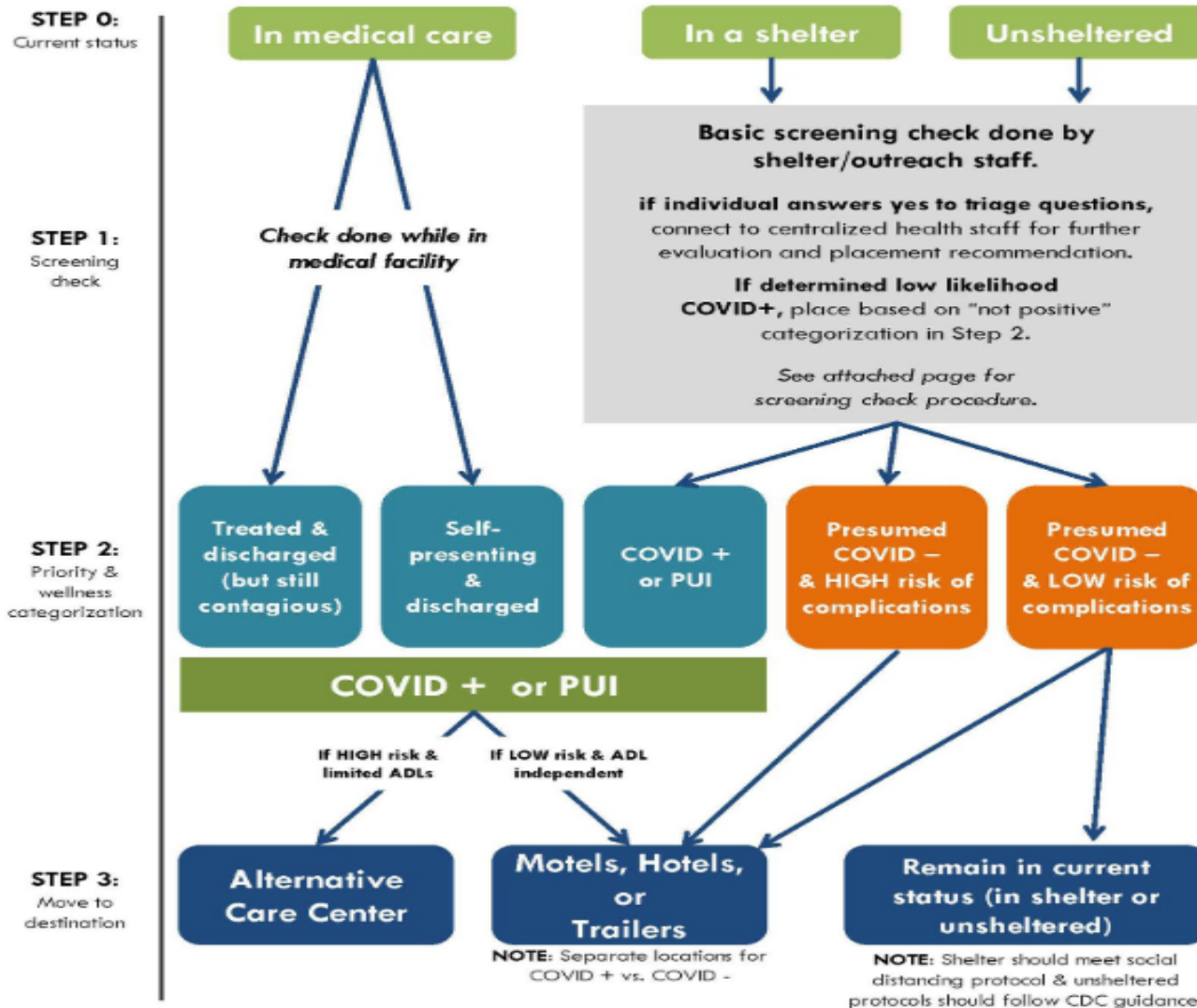
Consider using colored, laminated signs:

- Green = I'm okay & don't need help
- Yellow = Please check-in
- Red = I need assistance

Sample Protocol - State of California

COVID 19 Referral Protocol for People Experiencing Homelessness





Developed in partnership with Margot Kushel, MD and the UCSF Benioff Homelessness and Housing Initiative

Symptom Screening

Maintain distance of 6 feet and explain to the client why

Screening Questions:

- Do you have a cough that is new or worsening?
- Do you have a fever?
- Are you experiencing shortness of breath?

If yes to any, immediately provide client with mask, refer for testing, & isolate if possible.

Are you over 50, do you have diabetes, heart disease, high blood pressure, lung disease, obesity or any immunosuppressant illnesses? If yes, prioritize for isolation.

If urgent medical care is needed, use standard outreach protocols to facilitate access to healthcare

Communicate what you are seeing to local public health authorities

[CTDOH Screener and Triage Protocol](#)



Severe Symptoms

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

Steps to take:

- Arrange for the client to receive immediate medical care - 911 or call ahead

Symptom Screening (2)

Low risk – shelter in place

High risk – prioritize for housing in an isolated setting if possible*

Very serious symptoms – call 911 or facilitate other immediate access to medical care

*Work with your CANs to prioritize people experiencing unsheltered homelessness for hotel or motel rooms.

Facilitated Discussion



Resources & Next Steps

CoC Waiver – Disability Documentation for PSH



Beginning on 4/1/20 and until COVID restrictions are lifted

- A written self-certification from the individual seeking PSH assistance that they have a qualifying disability is acceptable (applies to individuals and families).
- **NOW AVAILABLE: CT Disability Self-certification Form**
<https://www.ctbos.org/covid-19-resources/>

HUD confirmed during a 4/3 webinar that:

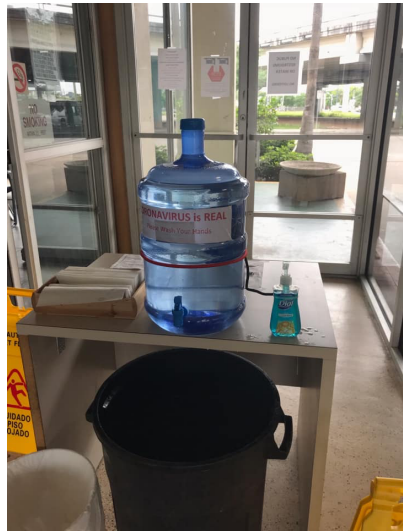
- Projects that admit a participant based on self-certification or worker observation are **NOT** required to obtain third-party disability verification once the crisis is over.

Link for Non-Filers to Receive Economic Impact Payment



Who should use?

- Eligible U.S. citizens or permanent residents who:
 - Had 2019 gross income that did not exceed \$12,200 (\$24,400 for married couples)
 - Were not required to file a federal income tax return for 2019, and didn't plan to
 - [Non-Filers: Enter Payment Info Here](#)
 - **COMING SOON FROM IRS: Web portal to provide banking information to enable quicker payment or to update your address.**
 - Most eligible taxpayers will [automatically receive](#) their payment including: 2018 or 2019 income tax filers & people who get Social Security benefits.



Homeless Hub COVID-19 Wiki

Curated site to share
resources, ideas, and
observations:

<https://sites.google.com/a/community.solutions/homeless-hub-covid-19-wiki/home>

Mental Health First Aid Resources

[How to Care for Yourself While Practicing Physical Distancing](#)

[How Do I Know Someone is Experiencing Anxiety or Depression?](#)

[How to Help Someone with Anxiety or Depression During COVID-19](#)

[How to Support a Loved One Going Through a Tough Time During COVID-19](#)



NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

Supportive practices for mental health professionals during pandemic-related social distancing

More NCBHR resources available at:

https://www.thenationalcouncil.org/wp-content/uploads/2020/03/MHTTC_Social_Distancing_2020_Product.pdf?daf=375ateTbd56

COVID-19 Resources



CT BOS - <http://www.ctbos.org/covid-19-resources/>

State of CT - www.ct.gov/coronavirus

CCEH/DOH - <https://cceh.org/2020/03/13/11330/>

DMHAS - <https://portal.ct.gov/DMHAS/Newsorthy/News-Items/DMHAS-Response-to-COVID-19>

HUD - <https://www.hudexchange.info/homelessness-assistance/diseases/#covid-19-community-planning-and-preparedness>

CDC – [homelessness landing page](#)

National Healthcare for the Homeless – <https://nhhc.org/clinical-practice/diseases-and-conditions/influenza/>

USICH - <https://www.usich.gov/tools-for-action/coronavirus-covid-19-resources>

CSH COVID-19 Supportive Housing Community Platform - <https://csh.csod.com/>

NEXT STEPS

Next zoom outreach meeting: Thursday, May 7th 11 – 12 am:

<https://zoom.us/j/282004569?pwd=UVFWbUFnYlV1Tm5zNTdNY1VFMVZhdz09>

Meeting ID: 282 004 569

Password: 444234

Call in numbers: 646-876-9923 or 253-215-8782



Contact Info

Brenda Earle

Brenda.Earle@ct.gov

Andrea White

swagner@housinginnovations.us

Lauren Pareti

lpareti@housinginnovations.us

Shannon Quinn-Sheeran

shannon@housinginnovations.us



PATH Updates from DMHAS