

Office Hours: COVID-19 Planning and Response

September 18, 2020

Housekeeping

- A recording of today's session, along with the slide deck and a copy of the Chat and Q&A content will be posted to the HUD Exchange within 2-3 business days
- Event information for upcoming Office Hours, along with copies of all materials can be found here:

https://www.hudexchange.info/homelessness-assistance/diseases/#covid-19-webinars-and-office-hours

To join the webinar via the phone, please call in using:

1-855-797-9485 Access code: 610 976 677

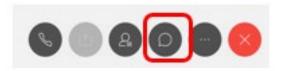


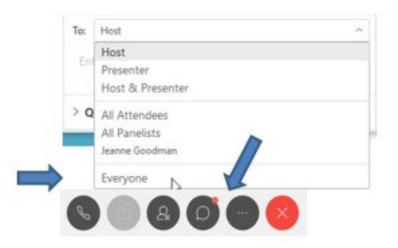
Chat Feature

Select the Chat icon to make a comment or ask a question.

Be certain the To field is set to **Everyone**

An orange dot on the Chat icon indicates that you have unread messages.







Speakers & Resource Advisors

Department of Housing and Urban Development

- Office of Special Needs Assistance Programs
 - Norm Suchar
 - Lisa Coffman
 - Karen DeBlasio

- Ebony Rankin
- William Snow

- Aaron Weaver, Senior CPD Representative, Chicago Field Office
- Brian Roccapriore, HUD TA, the Cloudburst Group

Centers for Disease Control and Prevention

Martha Montgomery, MD MHS CTropMed, Homelessness Unit



Speakers & Resource Advisors

National Healthcare for the Homeless Council

Courtney Pladsen, DNP, FNP-BC, Clinical Director

The Regional Taskforce on the Homless, San Diego, California

- Jegnaw Zeggeye, Director of Data Management
- Tyler Uhlig, Data Analyst II

Department of Veterans Affairs

- Dina Hooshyar, MD, MPH, Director, National Center on Homelessness Among Veterans (the Center), VHA Homeless Program Office
- Jillian Weber, PhD, RN, CNL, Homeless-PACT National Program Manager, VHA Homeless Program Office

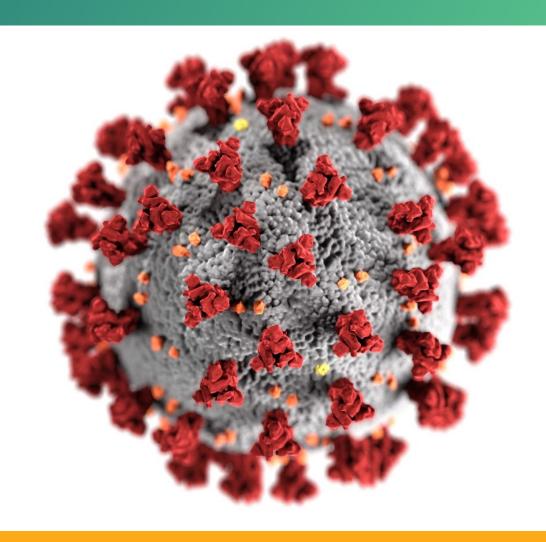




Martha Montgomery, MD MHS
COVID-19 Response
Centers for Disease Control and Prevention

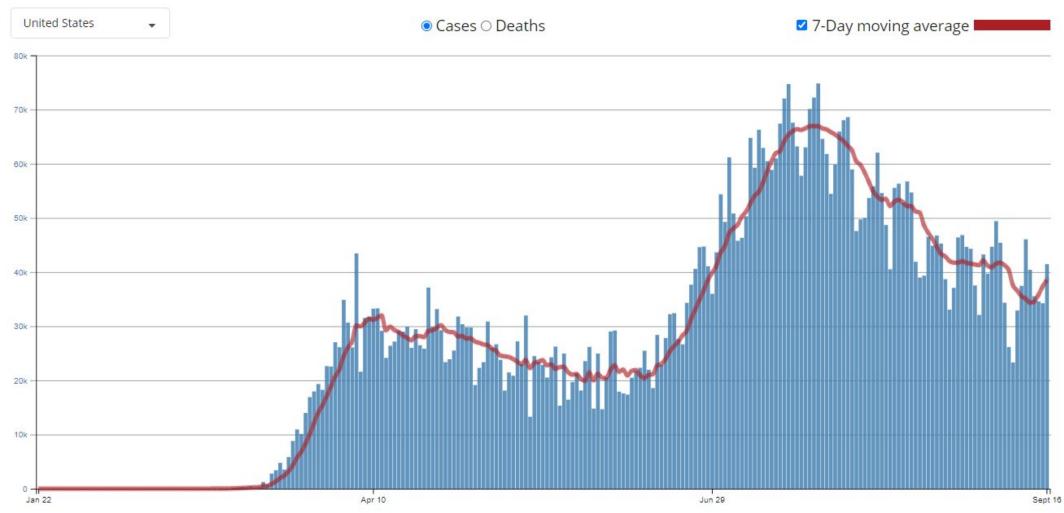
COVID-19 and Homelessness





For more information: www.cdc.gov/COVID19

Over 6.6 million cases reported in the United States*

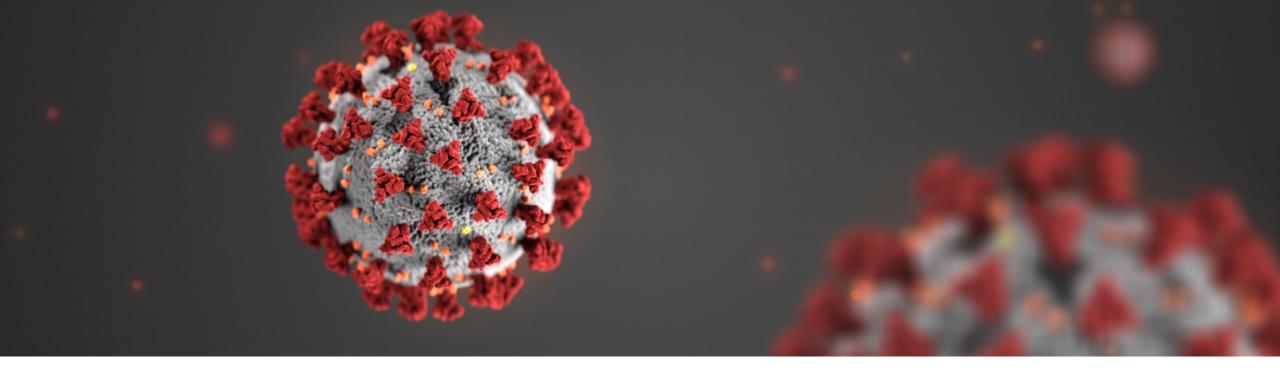




New FAQ on winter sheltering

Homelessness and COVID-19 FAQs page

https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/faqs.html



For more information, contact CDC 1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





Flu Vaccine Engagement Strategies for People Experiencing Homelessness

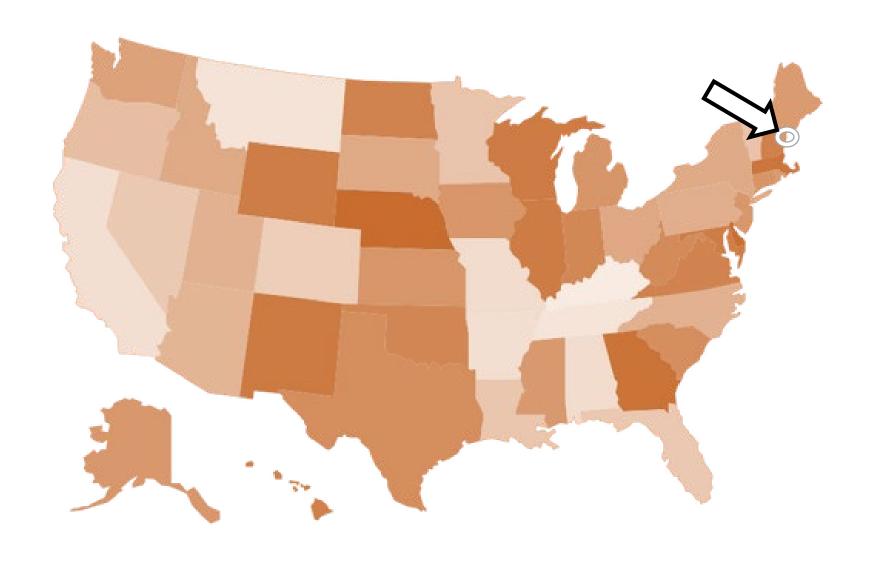
Courtney Pladsen DNP, FNP-BC
Clinical Director



"No year is a good year to get the flu, but this year — with COVID-19 also raging — it's especially bad," says Mark Thompson, an epidemiologist in the Influenza Division at the Centers for Disease Control and Prevention.

Background

- Congregate settings such as homeless shelters are higher risk for transmission of the flu
- People experiencing homelessness have a higher burden of comorbidities such as COPD, Liver Disease, and Heart Disease
- Historically low vaccination rates combined with increased risks for morbidity and mortality from influenza, and strained health systems, makes vaccination an imperative



Case Study

- Portland, Maine
- County Population: 295,003 (2019)
- 1,215 Maine people experienced homelessness on January 22, 2019
- >50% of people experiencing homelessness in Maine, live in the city of Portland

Community partnerships are





Each group of people require a different strategy

Unsheltered Locations

- Who: Street outreach team with established relationships
- When: Early mornings
- What: providing medical outreach as well as vaccines

Shelter Programs

- Who: Public health department, HCH, Retail Pharmacy
- When: Evenings when people check into the shelter
- What: Flu vaccine blitz campaign

Housed

- Who: CHC, HCH
- When: Day, night and evening clinics for broad reach
- What: Vaccine clinic for staff and clients

Covid-19 Considerations

- PPE
- Outdoors clinics when possible
- Flu vaccine strategies can be utilized and built upon for the Covid-19 vaccine
- Balancing need for vaccination for this high priority group with protecting a vulnerable population from research
- Racial equity





cpladsen@nhchc.org

Regional Task Force on the Homeless

Public Health Response within HMIS



Introduction

- Staff on call:
 - Tyler Uhlig
 - Data Analyst II
 - Jegnaw Zeggeye
 - Director of Data Management
- Regional Task Force on the Homeless
 - CoC and HMIS Lead
- CA-601 San Diego City and County CoC
 - 1 County
 - 18 Incorporated Cities



Agenda

- Hep A Experience
- Policies and Procedures
- Tuberculosis Response
- Declaration of Authority
- System for TB
 - Public Alerts, Contact Tracing
- System for COVID
- Future Thoughts



Hep A Experience

- Outbreak of Hep A across San Diego in 2018
 - Homeless individuals and homeless service workers identified as high-risk groups
- Response:
 - Hep A Vaccine data element on client profile in HMIS
 - "Vaccinated for Hep A" (Yes/No)
- Learned HMIS can be a powerful tool for outbreaks
 - Useful data held within HMIS
 - Has limitations
 - Supports Public Health efforts
 - Data not used nearly as much as expected. Public Health managed most of the health data. HMIS was a support.

Policies and Procedures - San Diego

- Notice of Privacy Practices
 - Allows for sharing of data without consent for specific purposes

USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Research: Under certain circumstances, we may use and disclose information about you for research purposes. For example, a research project may involve comparing your service levels and of all clients who received similar services. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of information, trying to balance the research needs with clients' need for privacy of their information. Before we use or disclose information for research, the project will have been approved through a research approval process, but we may, however, disclose information about you to people preparing to conduct a research project, for example, to help them look for clients with specific needs, so long as the information they review does not leave our agency.

As Required By Law: We will use and disclose information when required to do so by federal or state law or regulation.

To Avert a Serious Threat to Health or Safety: We may use and disclose your information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Tuberculosis Response

- In 2019 San Diego experienced cases of TB at one of the local shelters.
 - Hep A taught important lessons
 - Support Public Health Efforts
 - Collect Data Early
 - Anticipate Needs
 - Review existing data
 - Understand Limitations of Data
 - Self-report in most cases
 - Not the main health database
- Public Health efforts for TB
 - Public Health Workers were already present at shelters
 - Contract tracing
 - Screening, referrals, etc.
 - HMIS data supported their work



Declaration of Authority

- County of San Diego's TB Control Department issued a request based on a declaration of authority
 - Confirmed HMIS data was required to prevent a public health emergency
 - Confirmed the outbreak was a serious threat to public safety

Individuals exposed to an individual with active TB are at risk to acquire tuberculosis. These individuals need to be tested for TB. If an individual does become infected with TB after an exposure, they pose a risk to others they encounter. In response to the recent TB exposure, the County of San Diego Public Health Services is requesting your partnership with the following:

- Database reference check to ascertain locating information for contacts exposed to TB.
- Entry of a health alert notification to contacts exposed to TB. These clients will need a notice of referral for TB testing at the local public health department or with their medical provider.

Providing information to the health department on individuals who have been exposed to TB and need testing is necessary to prevent and control TB. Thank you for your cooperation on this important public health matter.

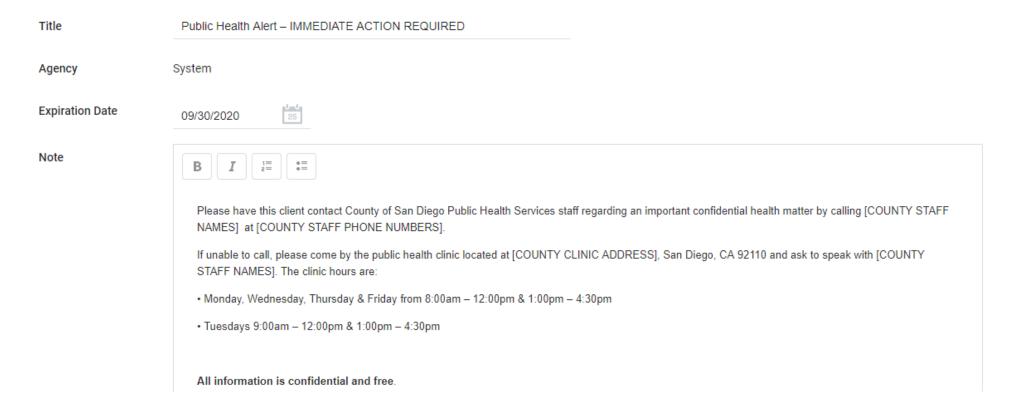
- HMIS Software allows for Public Alerts
 - Generic, but urgent alert placed on profiles
 - Alert's expiration date set for a future date
- Main purpose to drive clients to Public Health

CLIENT PROFILE

A Public Alert: This client has been issued system-wide alert. Please review notes for full details.

REVIEW NOTES







- Connected with Public Health
 - Identified clients that were in shelter with known positive TB (via County Public Health Data)
 - Pulled data from HMIS to begin contact tracing for those clients
- Final Process Solidified
 - Clients identified per known cases and possible contacts via HMIS data
 - Public Alert placed by RTFH staff on identified clients
 - Case Managers inform clients to visit/call Public Health
 - Clients connect with Clinic and are tested/screened
 - Clinic/Public Health report to RTFH when clients clear TB protocol
 - RTFH removes public alert status from client profile when cleared



- Ongoing support
 - Continued the process by managing Alerts as needed (adding and removing alerts as clients contracted or were cleared from TB)
- Recapping
 - The experience supported that the process in place was correct for this size of outbreak/emergency
 - Public Health and HMIS relationship strengthened by the process

System for COVID

- Data Elements
 - Entry Screen data elements added for every lodging program's enrollment/entry:
 - Bed Number
 - Unit Number (as applicable)
 - Floor Number (as applicable)
- County COVID Screener Made Available in HMIS
 - Built and made available the local screener data elements within HMIS
 - Based on national CDC Screener with some local additions



Future Thoughts

- COVID-19 Vaccine
 - Continue work with Public Health to identify the needs of their work with a homeless population
 - Continue considering limitations of data
 - Likely self report
 - Messaging needs to be clear if data is collected
- Other possible future emergencies
 - Lessons Learned:
 - Support Public Health as best as we can
 - Coordinate with Public Health to determine outbreak severity
 - Coordinate early to consider possible data to collect



Contact Info:

RTFH HMIS Support

support@rtfhsd.org

RTFH Website

www.rtfhsd.org



TA SPOTLIGHT DATA USES AND DISCLOSURES



Data Uses and Disclosures

HUD gives providers the authority for the following uses and disclosures without needing to obtain participant consent as long as they are clearly articulated in the Privacy Notice.

Providing or coordinating services to an individual

Creating de-identified client records from PII

Carrying out administrative functions (e.g., legal, audit, personnel, oversight and management functions)

Functions related to payment or reimbursement for services



Data Uses and Disclosures

Providers are also allowed (in some cases required) to disclose information in the following ways without participant consent, as long as they are clearly documented in the privacy notice.

Uses and disclosure required by law

Uses and disclosures to avert a serious threat to health or safety

Uses and disclosures about victims of abuse, neglect or domestic violence

Uses and disclosures for research purposes

Uses and disclosures for law enforcement purposes

Important: Uses and disclosures not listed in the privacy notice require the participant's consent.



HMIS Data Sharing & Privacy Guidance

- Find a balance locally
- Data Sharing / Disclosure Guidance
 - Disclosures to avert a serious threat to health or safety if
 - The CHO, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public;
 - AND
 - The use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat.



HMIS Data Sharing & Privacy Guidance

Authority to disclose is <u>NOT</u> unlimited

- If Public Health Agency does not seek or require participant PPI, then PPI should not be disclosed.
- If it is sufficient to give adequate notice to a Health Care Provider without disclosing PPI of one or more participants, then it would be appropriate not to disclose PPI.
- Do not send a list of all infected participants to a provider if only one person is being referred.

Privacy Notice Updates

- If you find your Privacy Notice isn't up-to-date, you may update it at any time.
- Any changes made to Privacy Notices can be retroactive.
- Privacy Notices can be more restrictive, but not less restrictive, than HUD Privacy Standards.
- The ability to change a privacy notice is not unlimited.
- The notice must still meet all the requirements of the HMIS Privacy and Security Standards.



HMIS Data Sharing & Privacy Guidance

- HMIS Privacy and Security Standards and COVID-19
- Coordinated Entry Management and Data Guide
- HMIS Privacy Notice Template
- COVID-19 HMIS Resources
- HUD Exchange: Ask A Question



New Resources Posted

- COVID-19 Homeless System Response: Staff Orientation to Racial Equity
- Notice CPD-20-08: Waivers and Alternative Requirements for the Emergency
- COVID-19 Homeless System Response: Maximizing Income for Rapid Rehousing Participants During COVID-19
- COVID-19 Homeless System Response: Strategies for Renter Protection
- COVID-19 Homeless System Response: Creating a Cultural Equity Plan: Organizational Policies and Procedures



Key Websites

HUD: https://www.hudexchange.info/homelessness-assistance/diseases/infectious-disease-prevention-response/

CDC: https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html

NHCHC: https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/

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

VA: https://www.publichealth.va.gov/n-coronavirus/index.asp

HRSA: https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html



Federal Partner Contacts

For additional information or assistance, contact:

- Centers for Disease Control and Prevention:
 www.cdc.gov/COVID19; 1-800-CDC-INFO (232-4636); TTY: 1-888-232-6348
- Department of Housing and Urban Development:
 HUD Exchange Ask-A-Question (AAQ) Portal



Q & A

