National Alliance to End Homelessness

NAEH COVID-19 Webinar Series: Supporting People Remotely in Housing Programs During COVID-19.

Key Takeaways: Effective remote support to people in housing requires addressing current tenant needs, maximizing safety for all, and still keeping an eye on future goals.

1. Effective remote supports to people in housing programs requires defining what remote support entail:
    a. Remote supports are an interim response, but we may gain lessons learned to inform practice when the world returns to normal.
    b. Remote supports include: working over the phone, using technology, an even meeting through open windows or hallways while ensuring social distancing.
2. In providing remote supports, organizations but take into consideration risks to staff wellness. Most importantly:
    a. Older staff and those with underlying conditions are at greater of death if they acquire COVID-19 and considerable interaction with people in the community increase the likelihood of virus transmission.
3. It is important that provider organization overcommunicate to program participants about COVID-19 and changes to how support must now be provided. Most importantly:
    a. Send a letter to all program participants explaining what COVID-19 is, why it requires a change in how support will be provided to them, that this change is effective immediately. Include why this change is in everyone's best interest and the ways you will communicate with them in the future (i.e. phone/text/FaceTime, etc.)
4. Provider organizations should consider the following prioritization process for whom to engage first:
    a. Those at higher risk for death from COVID-19 using local jurisdictions guidance but likely includes age and pre-existing health conditions.
    b. Those at higher risk for acquiring COVID-19 due to difficulty in self-isolating due to job or roommates, housed but remain heavily street involved, very food insecure (i.e. rely on food pantry/dumpster diving).
    c. Those at greatest risk of losing their housing due to possible eviction, ongoing guest management issues, or higher acuity.
    d. Those closest to program exit due to demonstrated success in setting and achieving goals.
5. Provider organizations, through support services may be the only persons program participants engage with so it's paramount that engagement includes screening for wellness.
6. Provider organizations should engage technology to stay connected. Most importantly,
    a. Ensure all staff have a company phone, leverage FaceTime, Skype, What'sApp, etc.

7. Although provider organizations are focused on the immediate public health crisis of COVID-19, it may be important to focus on other areas that may be of concern that are a result of the COVID-19 response, such as: food security, financial matters, apartment cleanliness and personal hygiene, harm reduction practices, and guest management.
8. Balancing what case management focused on prior to the pandemic with what case management demands during the pandemic requires making amendments to case plans. Most importantly:
    a. Review the files, examine latest goal sheet, and review what's possible to still do, what needs to be delayed, and what's no longer possible now and needs to revisiting at a later date.
    b. With and in agreement with the program participants create an interim case plan framed around the context of COVID-19. Determine what among their goals can continue now and how to accomplish them, and let people demonstrate their resiliency.
9. Don't forget about the landlords! Most importantly:
    a. Reach out to them proactively, don't wait for them to call you. Explain how you are supporting some of their tenants during this pandemic, and pay the rent on time,
10. Ensure continuation of connectivity and staffing continuity through virtual meetings and case review. Most importantly:
    a. Case management teams of three or more should meet virtually, same time each week. Use the time to strengthen mission commitment and information sharing.
11. Remote support during COVID-19 may require modifications to policies and procedures, especially: staff safety, verbal consents, staff back-up and continuity planning, as well a responding to participant death.