

# COVID-19 and Data Collection Resources for Your Community

April 21, 2020

# Housekeeping & Announcements

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- All attendees are on mute. The Zoom Chat function has been disabled. Please enter your questions in the Zoom Q&A box.
- Follow our COVID-19 Webinar Series here - NAEH COVID-19 Webinar Series - <https://endhomelessness.org/resource/covid-19-webinar-series/>
- Join the Ending Homelessness Forum - <https://forum.endhomelessness.org/login>

# Welcome to the COVID-19 Data Collection Webinar

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- On the Call Today:
  - Joy Moses, National Alliance to End Homelessness
  - Fran Ledger, US Department of Housing and Urban Development
  - Dan Treglia, Ph.D., University of Pennsylvania's School of Social Policy and Practice
  - Matt Simmonds, Simtech Solutions

# Agenda

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- Why COVID-19 Data Collection is important
- Federal Waivers and Data Sharing
- Data Collection and Usage
- Using Mobile Data Collection Tools

# Why Collecting Data on COVID-19 Is Important

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- Public health planning for both sheltered and unsheltered people experiencing homelessness
- Preparing for public and private funding opportunities
- Understanding racial disparities and advancing race equity goals
- Research—preparing for a possible next wave of COVID-19 or similar crisis, informing best practices on how to quickly house people



# Department of Housing and Urban Development Office of Special Needs Assistance Programs

April 21, 2020



# HUD Update

- CARES Act funding includes \$4 billion for the Emergency Solutions Grants (ESG) Program
- Certain regulatory waivers are available for the Continuum of Care (CoC) and ESG Programs
- Upcoming Office Hours:
  - 4/24 (2:30-4pm EDT) – Regular Weekly Q&A

# Mega Waiver & HMIS

## ESG Program

### *HMIS Lead Activities*

**Requirement:** the McKinney-Vento Homeless Assistance Act, 24 CFR 576.107(a)(2) authorizes the use of ESG funds for managing and operating the HMIS (e.g., hosting and maintaining HMIS software or data, upgrading, customizing, and enhancing the HMIS), only where the ESG recipient is the HMIS Lead, as designated by the CoC.

**Waiver:** The condition that the recipient must be the HMIS Lead to pay costs under is waived to the extent necessary to allow any recipient to use ESG funds to pay costs of upgrading or enhancing its local HMIS to incorporate data on ESG Program participants and ESG activities related to COVID-19.

**Potential HMIS Impact:** Additional enhancements or upgrades added by various recipients.





# Prioritize Your COVID-19 Response

- SNAPS understands your #1 priority right now is responding to COVID-19
- HUD will take into account the need for COVID response when considering performance metrics, subrecipient monitoring, governance, and future HUD monitoring and CoC Competitions;
- CoCs are encouraged to be as flexible as possible when thinking through their local competition metrics.

# Balancing Priorities During a Crisis Response

- National Data Collection Efforts
  - ESG-CV and other federal CARES Act funding
- Local Data Collection Efforts
  - Including FEMA funded Non-Congregate Shelter
- Data Sharing Considerations

# Data Sharing (disclosure) guidance

- HMIS Security & Privacy Standards have primary provisions to support data disclosure:
  - Disclosures required by law
  - 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.

# Data Sharing Limitations

- 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.

# Resources for CoCs and Homeless Assistance Providers on the HUD Exchange

- [Infectious Disease Prevention & Response page on HUD Exchange](#)
- [COVID-19 HMIS Resources](#)
- Submit a question on the [HUD Exchange Ask-A-Question \(AAQ\) Portal](#)
- Additional resources being developed on:
  - Making strategic investments with CARES Act ESG funding
  - Coordinated Entry in the context of COVID-19 response

**Check back regularly for new posts!**

# Homelessness & COVID-19 Data Collection & Usage

Dan Treglia, PhD

School of Social Policy & Practice  
University of Pennsylvania

April 21, 2020

# Understanding Data Collection across the U.S.



- Surveying of People Experiencing Homelessness: Symptoms and more
- Where is Everyone? Isolation Sites & HMIS
- Managing gaps in data exchanges between health & homelessness systems
- Community Responses



# Surveying: COVID-19 Symptoms

COVID-19 SCREENING QUESTIONNAIRE			
To be performed upon entrance to the shelter and daily			
Date		Time	
Name			
Birth Year			
Gender	male	female	other
In an effort to provide you the safest possible sleeping and living conditions, we want to screen you for symptoms of COVID-19. We will help you have a safe place to stay regardless of COVID-19 risk or not.			
A. Please perform hand hygiene with hand sanitizer (if supplies allow) and answer these questions			
B. MEASURED TEMPERATURE		C	F
C. Over the past 14 days, have you had ANY of these symptoms?			
	YES	NO	DID NOT ANSWER
1 Dry cough (change from baseline)			
2 Shortness of breath (change from baseline)			
3 Muscle aches (myalgias)			
4 Sore throat			
5 Headache (influenza like illness)			
6 Fatigue (influenza like illness)			
7 Have you had close contact with anyone who has COVID-19? (close contact is defined as <6ft for >10 minutes)			
If yes to 1-7 with T>37.8 please apply 3-layer mask and direct to isolation area; if yes to any questions 1-4 without T>37.8 (100F) or T>37.8 without symptoms please direct to health care on duty			

**Work flow:**  
A. Name collected by line monitor(s);  
B) 2-person team to collect info (one to ask questions, one as recorder; C. Third person taking temperature; D) Sticker given at conclusion

## COVID-19 Shelter Client Triage Screening Tool

Date of Interview \_\_\_\_\_

1. Do you have a fever? Yes \_\_\_ No \_\_\_

2. Do you have a cough? Yes \_\_\_ No \_\_\_

3. Are you experiencing shortness of breath? Yes \_\_\_ No \_\_\_

If client answers YES to Question 1-3, they should be masked and isolate.

4. Are you over 55 years of age? Yes \_\_\_ No \_\_\_

If client answers yes to Questions 1-4, they should be transported to the hospital for testing.

5. Do you have diabetes, heart disease, high blood pressure, lung disease or any immunosuppressant illnesses? Yes \_\_\_ No \_\_\_

If client answers YES to 1-3 and has a YES for 5, they should be transported to the hospital for testing.

# Surveying: COVID-19 Service Needs



## COVID19: Homeless Needs Form

Note to survey administrator: You do not need to ask the questions word-for-word, just let people talk and probe when necessary. If the person has been asked these questions before by someone else, please stop and refresh.

Source: Human.nyc

- Current sleeping conditions
- New (COVID-19 Related) Resource Gaps
- Access to hygiene supplies

# Surveying: Understanding Encampment Conditions

- Conditions of the Encampment
- Social Distancing
- Need for Additional Facilities & Resources

## ENCAMPMENT INFORMATION

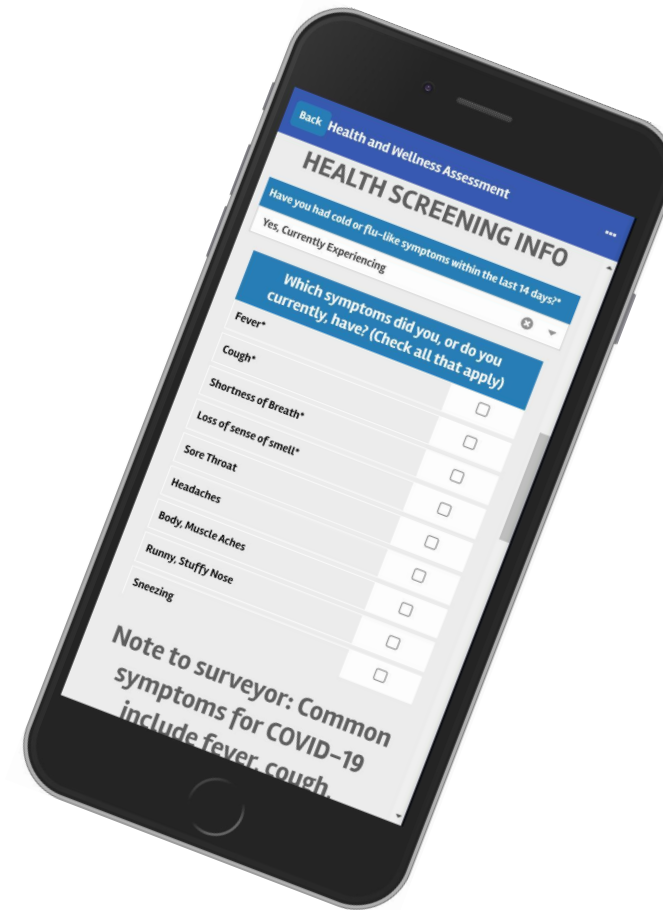
1. Approximately how many people live in this encampment? \_\_\_\_
2. How many sleep structures are in the encampment? \_\_\_\_
3. Provide an estimate of the number of individuals living in the encampment by age group:  
Under 5 \_\_\_\_ 5-12 \_\_\_\_ 13-17 \_\_\_\_ 18 \_\_\_\_ 18-24 \_\_\_\_ 25-34 \_\_\_\_ 35-44 \_\_\_\_ 45-64 \_\_\_\_ 65+ \_\_\_\_
4. Have residents been informed of COVID-19? ☐ Yes ☐ No
5. Is there information about COVID posted at the encampment? ☐ Yes ☐ No
6. Is anyone at the encampment experiencing symptoms of Coronavirus? ☐ Yes ☐ No
7. Are sleeping structures safely separated from one another? ☐ Yes ☐ No
8. Is there a current process to separate people that are sick from the rest of the camp? ☐ Yes ☐ No
9. Is there a current process to clean communal space? ☐ Yes ☐ No
10. Are there sanitation supplies available to residents (bleach, wipes, sanitizer, etc)? ☐ Yes ☐ No
11. Does this encampment receive regular outreach and engagement? ☐ Yes ☐ No  
11A. [If Yes] From which agency? \_\_\_\_\_
12. Does this encampment receive regular outreach from medical providers and harm reduction supplies? ☐ Yes ☐ No  
12A. [If Yes] From which provider? \_\_\_\_\_
13. Is there a place to safely dispose of sharps or other bio-medical paraphernalia? ☐ Yes ☐ No
14. What resources are needed to help residents shelter in place? (Check all that apply)  

<input type="checkbox"/> Food	<input type="checkbox"/> Water	<input type="checkbox"/> Shower	<input type="checkbox"/> Toilet	<input type="checkbox"/> Wash Station
<input type="checkbox"/> Phone Charging	<input type="checkbox"/> Trash Disposal	<input type="checkbox"/> Toiletries	<input type="checkbox"/> Pet Supplies	<input type="checkbox"/> Cleaning Supplies
<input type="checkbox"/> Laundry	<input type="checkbox"/> Face Masks	<input type="checkbox"/> Hand Sanitizer	<input type="checkbox"/> Other _____	

15. NOTES:

# A Role for Mobile Tech

- Surveys could be distributed through SMS
- Surveys could be administered through outreach handheld devices
  - When integrated with other systems, could allow for direct triage and entry into HMIS



<https://www.csh.org/resources/covid-19-resident-self-advocacy-form/>

# Collecting Data in HMIS

The screenshot shows a web-based survey form titled "COVID-19 Survey". At the top, there is a "Select an Assessment" dropdown menu with "COVID-19 Survey" selected and a "Submit" button. Below this, the form is divided into sections. The "COVID-19 Information" section contains several questions with corresponding input fields: "Are you experiencing symptoms consistent with COVID-19 (fever, cough, shortness of breath)?" with a dropdown menu; "When did your symptoms begin?", "When did you begin your isolation?", "When did you begin your quarantine?", and "If hospitalized, what date were you admitted to the hospital?" each with a date picker (MM/DD/YYYY); "If known, what is the COVID-19 test result or confirmed disease status?" with a dropdown menu; "If tested for COVID-19, when were you tested?" with a date picker; "If tested for COVID-19, what date were the test results provided to you?" with a date picker; "What is your current symptomatic disposition?" with a dropdown menu; and "What is the date of your current symptomatic disposition?" with a date picker. Each date picker has a small "G" icon next to it. At the bottom, there is a "Clinical Health Notes:" section with a large text area and a "G" icon.

- Data collection tools being provided by HMIS leads
- The extent to which fields are being populated is unclear
- Some level of discomfort given question types

# HMIS Data Collection -> Situational Awareness

- How are Pos. Cases & Use of Isolation Sites Changing on a Daily/Weekly Basis?
- Useful tools to put changes in front of policymakers and organizational executives

INF100 - Client COVID-19 Survey - v01

Expand for Filters

Report Start Date

Report End Date

Select Provider

Additional Information

Click to Expand

Client Details

Click to Expand

Total Entry Exits

5<sup>2</sup>  
Total Clients

Experiencing Sympto...

Entry Exit Counts

Non-Null Symptoms

5<sup>0</sup>  
Null Symptoms

Test Date DQ

Entry Exit Counts

Non-Null Test Date

5<sup>0</sup>  
Null Test Date

## Test Date to Test Results

Average LOT 2.6  
Min LOT 1<sup>3</sup>  
Max LOT

## Onset to Quarantine Date

Average LOT 0  
Min LOT 0<sup>0</sup>  
Max LOT

## Onset to Recovery

Average LOT 9  
Min LOT 9<sup>9</sup>  
Max LOT

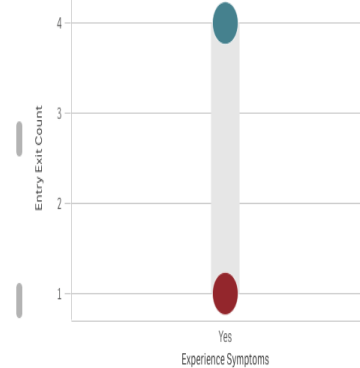
## Hospitalization to Recovery

Average LOT -  
Min LOT -  
Max LOT

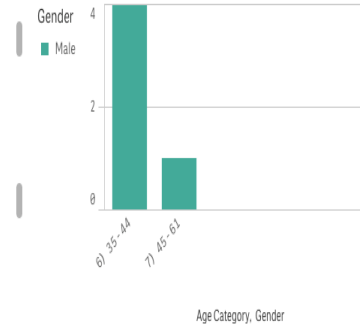
## Hospitalization to Deceased

Average LOT -  
Min LOT -  
Max LOT

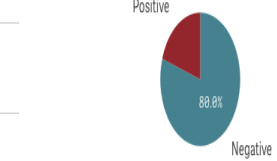
## Symptoms Compared to Results



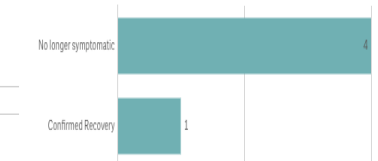
## Age and Gender



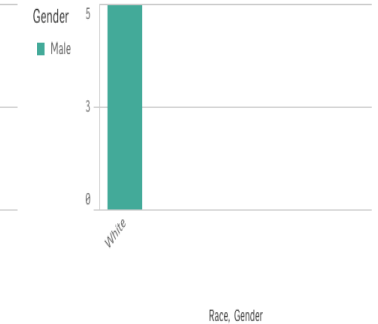
## Test Results



## Symptomatic Dispositions



## Race and Gender



Source: Wellsky

# Where Is Everyone?: Systemic Disconnects

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- Isolation Sites May Not Be Connected to HMIS
- Complete separation between HMIS & isolation beds
- Separation based on whether an individual entered through homeless services



# Homelessness & Healthcare Data Exchanges

- Understanding COVID-19 spread
- Coordinating services and medication
- CSH Resident Self-Advocacy

## COVID-19 Resident Self-Advocacy Form

The purpose of this form is to provide critical information to health care and hospital workers for residents in supportive housing who need care during the COVID-19 pandemic. It is recommended to provide the resident with several copies to bring to the hospital so that staff there know critical information about the individual's health and housing status.

**Date:** Click or tap to enter a date.

### Patient Information

<b>Last Name:</b> Click or tap here to enter text. <b>First Name:</b> Click or tap here to enter text. <b>Address:</b> Click or tap here to enter text.	<b>Date of Birth:</b> Click or tap to enter a date.
<b>Contact information for patient:</b> Phone: Click or tap here to enter text.	<b>Contact information for patient's case manager at:</b> Enter agency name
<b>Contact information for patient next of kin:</b> <b>Name:</b> Click or tap here to enter text. <b>Phone:</b> Click or tap here to enter text.	<b>Name:</b> Click or tap here to enter text. <b>Email:</b> Click or tap here to enter text. <b>Phone:</b> Click or tap here to enter text.

### COVID-19 Symptoms

Patient has experienced symptoms typical of COVID-19:	Check if Yes
Fever. If Yes, last temp?: Click or tap here to enter text.	<input type="checkbox"/>
Dry cough	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Tiredness	<input type="checkbox"/>
Date of first symptoms	Click or tap to enter a date.

### COVID-19 Tests

Has the patient been tested for coronavirus?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If Yes, where? Click or tap here to enter text. Date of test? Click or tap to enter a date.
Test Results	Confirmed coronavirus <input type="checkbox"/> Unknown/inconclusive <input type="checkbox"/>
Has the patient been in contact with COVID-	Confirmed <input type="checkbox"/> Unknown <input type="checkbox"/>

<https://www.csh.org/resources/covid-19-resident-self-advocacy-form/>



# Community Responses

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- Low Understanding of How Communities are Responding to this Crisis
- Reports are Local & Anecdotal
- Forthcoming Survey From NAEH: Be Prepared

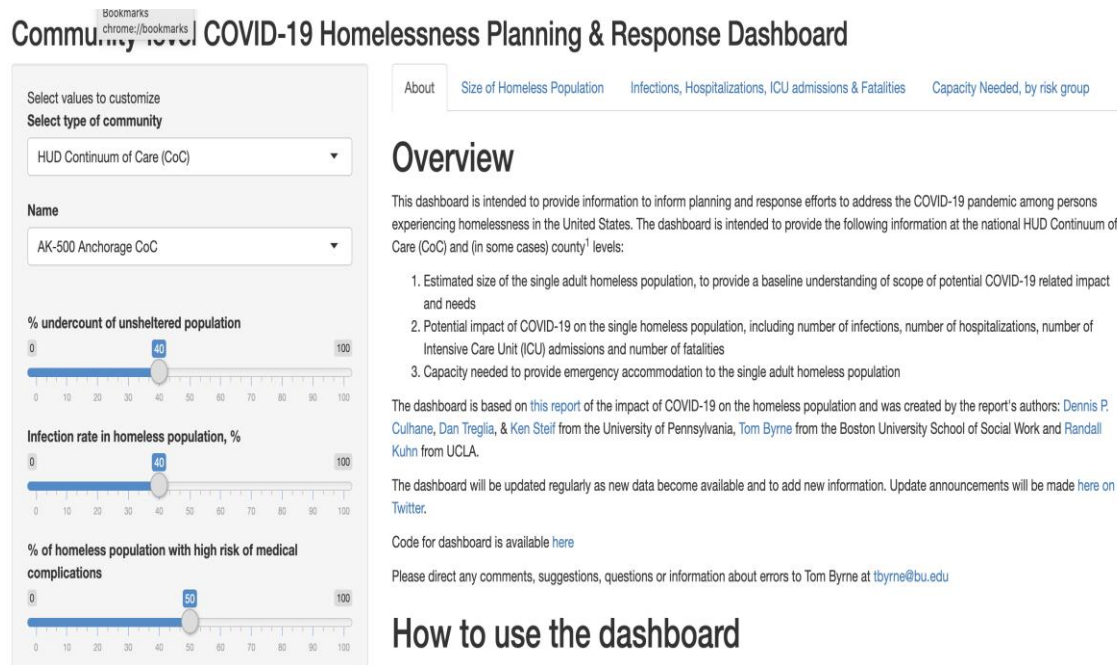
# Documenting the Strain on Your Organization

Enter Program Name							
Enter Current Budget Setup							
To hide comments go to the "Review" Tab, and click "Show All Comments" to unselect this option.		Age Hours ed per	Total Annual Budget (Yearly Salary)	Total Unallocated Costs Incurred Resulting from COVID- 19	% COVID-19 Expense to Budget		
					Jan-20	Feb-20	
<b>Operating Costs</b>			<b>Operating Costs</b>				
<b>Personnel Costs</b>			<b>Position</b>	<b>Hours</b>	<b>Costs</b>	<b>Hours</b>	<b>Costs</b>
Enter a Position Title		\$	Enter Total Annual Budget for this position here.	0%	\$	Record effort of employee re: COVID-19 for this month here.	\$ -
Enter a Position Title		\$		0%	\$		\$ -
Enter a Position Title		\$		0%	\$		\$ -
Enter a Position Title		\$		0%	\$		\$ -
Enter a Position Title		\$	Enter average worked here for this position.	0%	\$ -		\$ -
Enter a Position Title		\$		0%	\$ -		\$ -
Enter a Position Title		\$		0%	\$ -		\$ -
Enter a Position Title		\$		0%	\$ -		\$ -
Enter a Position Title		\$	Enter Personnel Fringe here.	0%	\$ -		\$ -
Enter a Position Title		\$		0%	\$ -		\$ -
Enter a Position Title		\$		0%	\$ -		\$ -
Enter Fringe %:		\$ -		0%	\$ -		\$ -
TOTAL PERSONNEL		\$ -		0%	0.0 \$	-	0.0 \$ -
<b>Non-Personnel Costs</b>			<b>Non-Personnel Costs</b>				
Enter a Non-Personnel Cost		\$	Enter non-personnel annual budget here.	0%			Record expense re: COVID- 19 for this line item for this month here.
Enter a Non-Personnel Cost		\$		0%			
Enter a Non-Personnel Cost		\$		0%			
Enter a Non-Personnel Cost		\$		0%			
Enter a Non-Personnel Cost		\$ -		0%			
Enter a Non-Personnel Cost		\$ -		0%			

- The Corporation for Supportive Housing (CSH)'s Budget & Expenses Tracker
- Track and manage resources that (a) document COVID-19's impact and (b) may be used for reimbursement

<https://www.csh.org/resources/covid-19-budget-expense-tracker/>

# Planning additional response: Estimating capacity need



- Can toggle:
  - Infection rates
  - Unsheltered undercount
  - % High Risk for COVID-19 complications
  - Annual turnover
- Will provide capacity needs by COVID-19 and risk status

[https://tomhbyrne.shinyapps.io/covid19\\_homeless\\_dashboard/](https://tomhbyrne.shinyapps.io/covid19_homeless_dashboard/)

# More Details & Contact Info

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## **Contact Info**

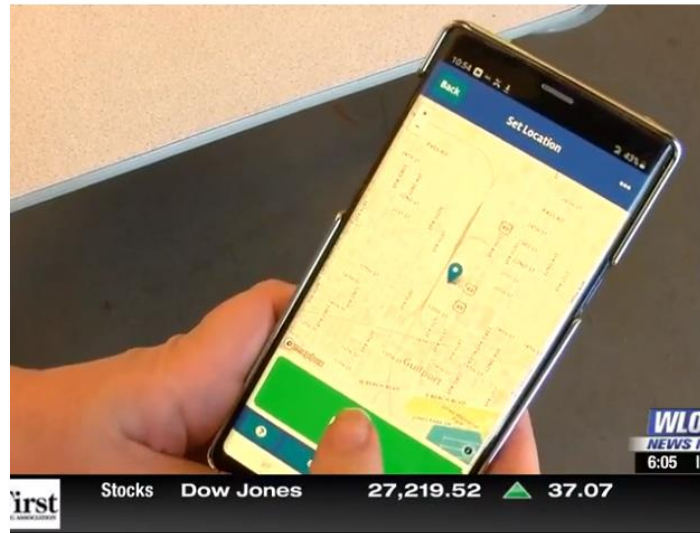
[dtreglia@upenn.edu](mailto:dtreglia@upenn.edu)

# Using Mobile Tech to Support the COVID-19 Response for the Unsheltered Homeless

Presented by Matt Simmonds  
Simtech Solutions Inc.

# Mobile Tech for Outreach & Point in Time Counts

## Police to begin Homeless to Housing Hub



By Name Lists managed through a coordinated “Housing Hub” in Gulfport, MS.



## Mobile apps deliver better data on homelessness

BY STEPHANIE KANOWITZ | MAR 05, 2020

GCN – Mobile Apps Deliver Better Data on Homelessness

## 560 County Employees Volunteer for Point-In-Time Count



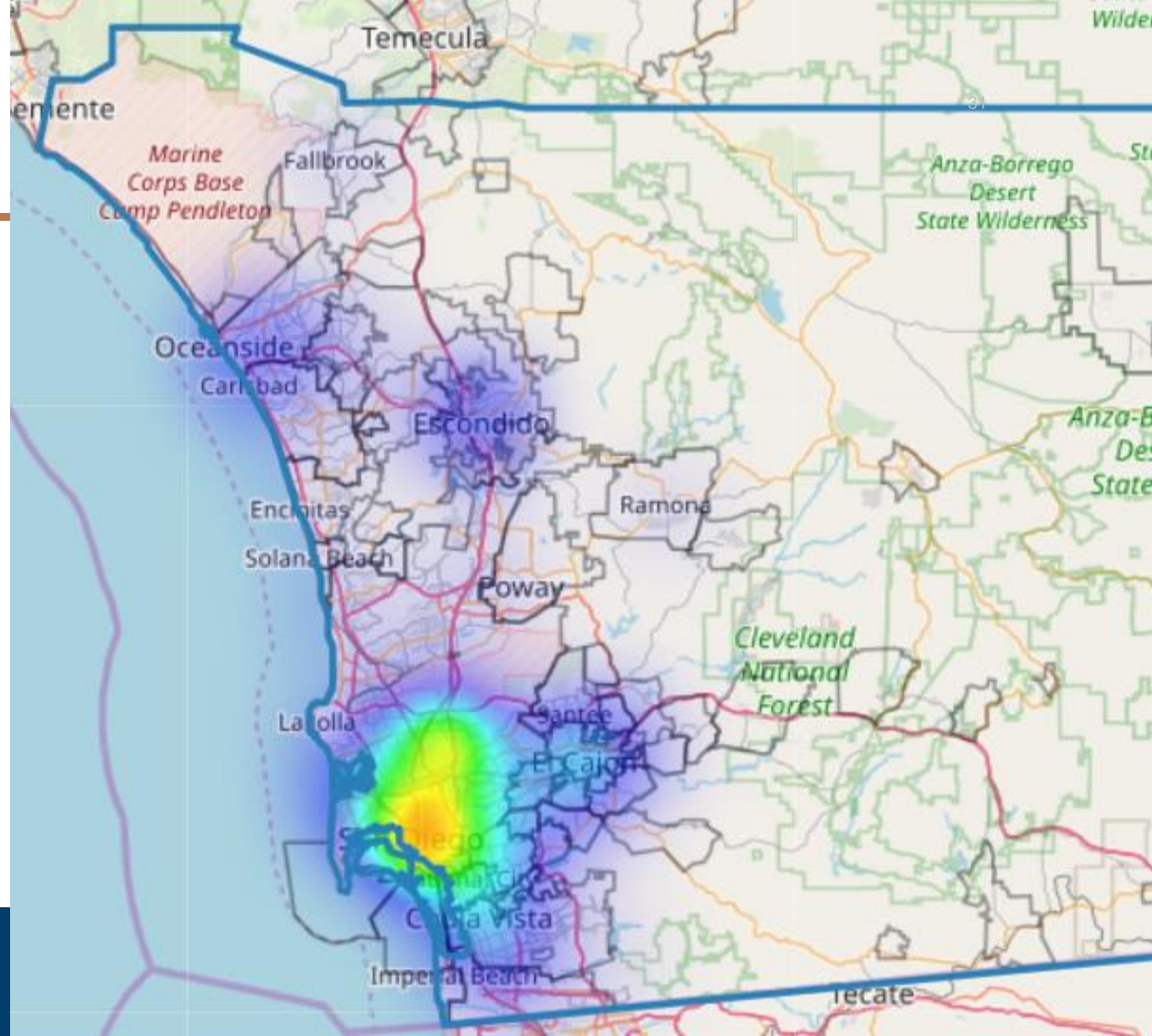
Video by José Eli Villanueva



# Regional Command Center

- Real-Time Data Collection
- Custom Surveys
- Conditional Logic
- Geo-Spatial Reporting
- Region Management
- Count Team Management
- Volunteer Registration
- Volunteer Quotas
- HUD-Compliant Reports

Source: [PointInTime.info](http://PointInTime.info)



# GPS-Enabled PIT Data Supports Shelter-in-Place

- The Counting Us mobile app was used by over 2100 volunteers to conduct surveys and gather observation tallies throughout San Diego county on 1/27/2020.
- The GPS coordinates of these surveys were provided to the County to support the placement of 66 handwashing stations in areas of high concentration.

Source: [County News Center](#), March 9, 2020

## County Places Handwashing Stations, Takes Other COVID-19 Prevention Steps

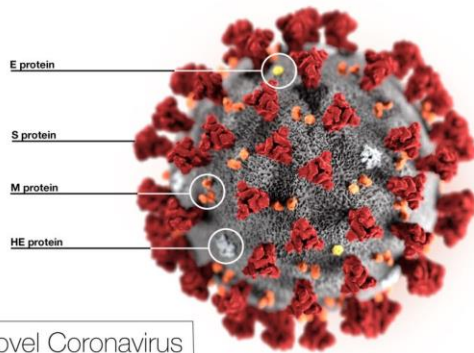


Video by [Suzanne Bartole](#)



# Using GIS and Geo-Spatial Reporting to Curb Outbreaks

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Capture Date, Time, and Location



“Patient Zero” Reporting to identify people who were in the same place at the same time



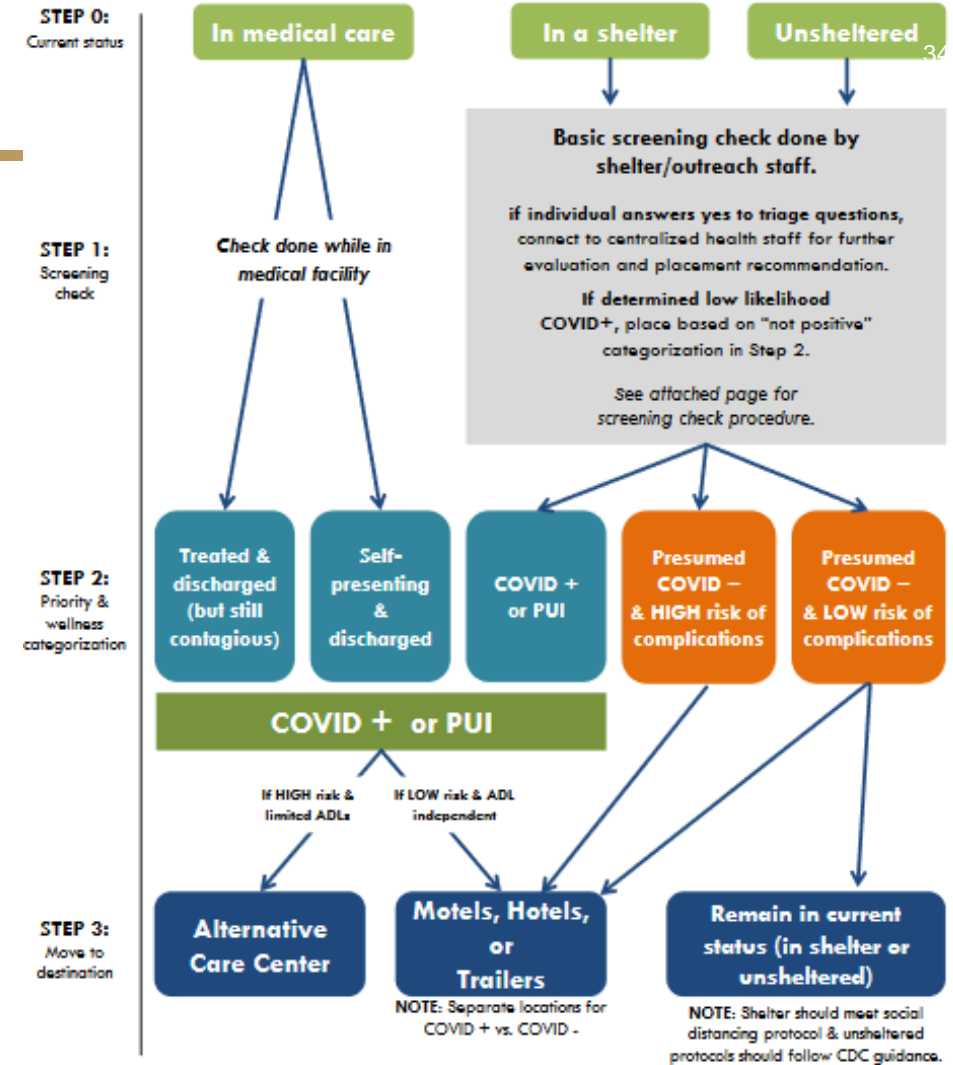
Follow up and monitor



Quarantine and treat as needed

# The Triage Process

- Requires housing/shelter options to separate people as needed
- Requires screening mechanism(s) to support the decision of who to send where



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

# Identify the Vulnerable / High Risk Populations

- Filters within prioritized “By Name Lists” within HMIS, a data warehouse, and/or a regional command center that receives data from the PIT counts can be used to identify highly vulnerable populations.

Basic Filters

Response Type: Person	Individual or Household:	Veteran:
Survey:	Age Range: 62 and over	Race:
User:	Gender:	Disability: Chronic Health

# Health and Wellness Screening

Survey questions were informed by the following:

- [Interim Guidance for People Experiencing Homelessness from the CDC](#),
- [COVID-19 HMIS Setup and Data Sharing Practices from HUD](#),
- [COVID-19 Client Triage Tool from Atlanta, GA](#)
- Healthcare professionals focused on caring for people experiencing homelessness
- [Feedback surveys](#)

Surveys can be field tested by downloading the Counting Us app, registering an account, and entering in the setup key of “StayHealthy”.

The tech is being offered, for FREE, for six months to regions who could benefit from a screening tool. Only ask in return is that the data be made available for research purposes so that we can improve our collective understanding of COVID-19 amongst the homeless population.

The image shows a smartphone screen displaying the 'Health and Wellness Assessment' app. The app has a blue header with a 'Back' button and the title 'Health and Wellness Assessment'. Below the header is a section titled 'HEALTH SCREENING INFO'. The first question is 'Have you had cold or flu-like symptoms within the last 14 days?\*' with a dropdown menu showing 'Yes, Currently Experiencing'. Below this is a section titled 'Which symptoms did you, or do you currently, have? (Check all that apply)'. This section contains a list of symptoms with checkboxes: Fever\*, Cough\*, Shortness of Breath\*, Loss of sense of smell\*, Sore Throat, Headaches, Body, Muscle Aches, Runny, Stuffy Nose, and Sneezing. At the bottom of the screen, there is a note to the surveyor: 'Note to surveyor: Common symptoms for COVID-19 include fever, cough, ...'.

# Health & Wellness Screening

- Health and Wellness Assessment
- Health and Wellness Assessment (Brief Version)



▲ HIDE CAPTION

Jim Traylor, a surveyor for the Point in Time count, asks Gerard Quinn about his living situation. [KATIE LANDECK/NEWS HERLAD]

1. Have you recently conducted a health and wellness assessment AND has your health condition and location remained the same? ☐ Yes, I had an assessment, and nothing has changed (END SURVEY) ☐ No, I have not been assessed. ☐ Yes, I have been assessed but my situation has changed.

2. Do you consent to participate in this short Health and Wellness assessment?  
☐ Yes ☐ No [If Yes, proceed. If No, "Thank you, I respect your privacy and wish you well."]

3. Please provide and spell your full name: \_\_\_\_\_  
First Middle Last

4. What is your date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ 5. [If no date of birth] What is your age? \_\_\_\_\_

6. [If no age] Surveyor's estimate of the individual's age range: ☐ Under 5 ☐ 5 to 12 ☐ 13 to 17  
☐ 18 to 24 ☐ 25 to 34 ☐ 35 to 44 ☐ 45 to 54 ☐ 55 to 64 ☐ 65+

7. What is your gender? ☐ Male ☐ Female ☐ Trans (M2F) ☐ Trans (F2M)  
☐ Gender Non-Conforming ☐ Don't Know ☐ Refused

8. Are you a veteran? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

9. Do you have a new or worsening cough today? ☐ Yes ☐ No

10. [If Yes] May I take your temperature? ☐ Yes ☐ No If Yes, what was the temp.? \_\_\_\_\_  
NOTE: Temp over 100.4 indicates a fever.

11. Do you have any chronic health conditions? ☐ Yes ☐ No ☐ Don't Know ☐ Refused  
Chronic Health conditions may include diabetes, HIV/AIDS, Heart or Lung disease, chronic kidney disease, and cancer.

12. Is there an email address where we can contact you? \_\_\_\_\_

13. If you have a phone number where you can be reached, what is it? \_\_\_\_\_

14. Would you be willing to accept a bed in a shelter or hotel/motel if one is available?  
☐ Yes, any bed ☐ Maybe, depends on what is available ☐ No, I prefer where I am

15. Do you have any specific needs or requirements? (Check all that apply)  
☐ Transportation ☐ Storage for Possessions ☐ Pet ☐ Location  
☐ Partner or Spouse ☐ Handicap Accessible ☐ Other \_\_\_\_\_

16. What resources, if any, would help you shelter in place? (Check all that apply) ☐ Food ☐ Water  
☐ Shower ☐ Toilet ☐ Sanitizer/Wash Station ☐ Phone Charging ☐ Trash Disposal  
☐ Toiletries ☐ Pet Supplies ☐ Cleaning Supplies ☐ Face Masks ☐ Other \_\_\_\_\_

17. Is further action needed with this individual? ☐ No ☐ Yes

NOTES: \_\_\_\_\_



# CDC Guidance on Encampments



Source: KERA News, Dallas

## Prevention measures

### *Encampments:*

- Unless individual housing units are available, do not clear encampments during community spread of COVID-19. Clearing encampments can cause people to disperse throughout the community and break connections with service providers. This increases the potential for infectious disease spread.
- Encourage people staying in encampments to set up their tents/sleeping quarters with at least 12 feet x 12 feet of space per individual.
- Ensure nearby restroom facilities have functional water taps, are stocked with hand hygiene materials (soap, drying materials) and bath tissue, and remain open to people experiencing homelessness 24 hours per day.
- If toilets or handwashing facilities are not available nearby, provide access to portable latrines with handwashing facilities for encampments of more than 10 people.

[Source: Responding to Coronavirus Disease 2019 \(COVID-19\) among People Experiencing Unsheltered Homelessness](#)

# Encampment Screening Tool

The [Encampment Screening Tool](#) helps ensure that basic human needs are being met for those who are sheltering in place.

This survey was shaped by:

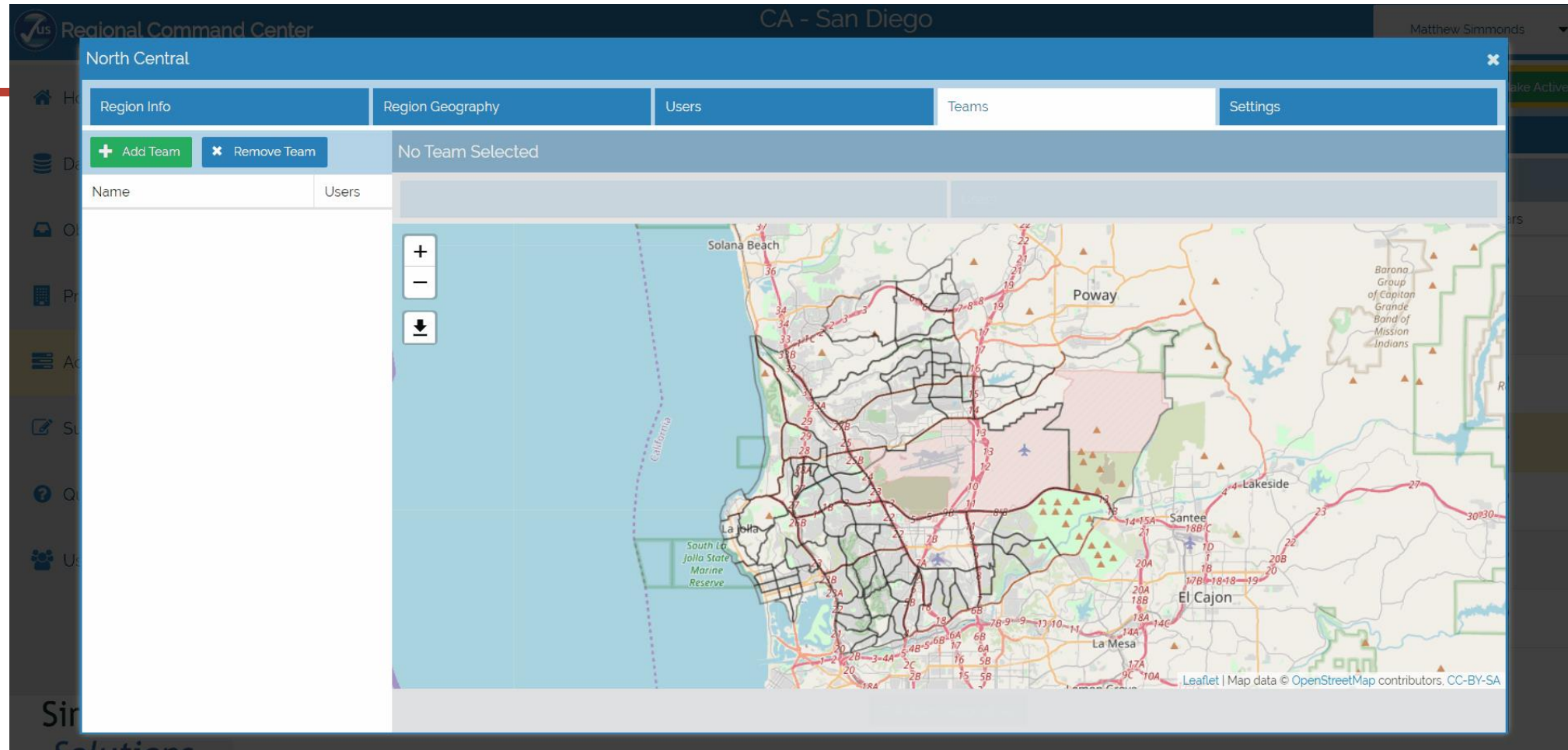
- [The CDC guidance](#);
- [This survey instrument from King County](#);
- HUD guidance on [Protecting the Health and Well-being of People in Encampments During and Infectious Disease Outbreak](#).

## ENCAMPMENT INFORMATION

1. Approximately how many people live in this encampment? \_\_\_\_\_
2. How many sleep structures are in the encampment? \_\_\_\_\_
3. Provide an estimate of the number of individuals living in the encampment by age group:  
Under 5 \_\_\_\_\_ 5-12 \_\_\_\_\_ 13-17 \_\_\_\_\_ 18 \_\_\_\_\_ 18-24 \_\_\_\_\_ 25-34 \_\_\_\_\_ 35-44 \_\_\_\_\_ 45-64 \_\_\_\_\_ 65+ \_\_\_\_\_
4. Have residents been informed of COVID-19? ☐ Yes ☐ No
5. Is there information about COVID posted at the encampment? ☐ Yes ☐ No
6. Is anyone at the encampment experiencing symptoms of Coronavirus? ☐ Yes ☐ No
7. Are sleeping structures safely separated from one another? ☐ Yes ☐ No
8. Is there a current process to separate people that are sick from the rest of the camp? ☐ Yes ☐ No
9. Is there a current process to clean communal space? ☐ Yes ☐ No
10. Are there sanitation supplies available to residents (bleach, wipes, sanitizer, etc)? ☐ Yes ☐ No
11. Does this encampment receive regular outreach and engagement? ☐ Yes ☐ No  
11A. [If Yes] From which agency? \_\_\_\_\_
12. Does this encampment receive regular outreach from medical providers and harm reduction supplies? ☐ Yes ☐ No  
12A. [If Yes] From which provider? \_\_\_\_\_
13. Is there a place to safely dispose of sharps or other bio-medical paraphernalia? ☐ Yes ☐ No
14. What resources are needed to help residents shelter in place? (Check all that apply)  

<input type="checkbox"/> Food	<input type="checkbox"/> Water	<input type="checkbox"/> Shower	<input type="checkbox"/> Toilet	<input type="checkbox"/> Wash Station
<input type="checkbox"/> Phone Charging	<input type="checkbox"/> Trash Disposal	<input type="checkbox"/> Toiletries	<input type="checkbox"/> Pet Supplies	<input type="checkbox"/> Cleaning Supplies
<input type="checkbox"/> Laundry	<input type="checkbox"/> Face Masks	<input type="checkbox"/> Hand Sanitizer	<input type="checkbox"/> Other _____	
15. NOTES: \_\_\_\_\_

# Outreach Team Mapping




- Regions and Teams can be established to help divide and conquer




# COVID-19 Specific Refinements

## Custom Filters for New Questions

- Supports the triage approach by filtering the list of active clients to identify those with symptoms, by COVID test results, by those who want to shelter in place, etc.
- Can be refined based on local circumstances. For example, if thermometers are not available then don't ask for a temp. Instead ask if the person is believed to have a fever.

 Custom Filters



Question:

Have you had cold or flu-like symptoms within the last 14 days? ▼

Response:

Yes, Currently Experiencing ✕ ▼

# COVID-19 Specific Enhancements

- Customizable tags can be applied to each incoming survey record to help manage the process.
- Surveys can then be filtered by these tags.
- Surveys can be archived once referral is made to shelter or hotel project set up in HMIS.

Assign tags to response 1606174213

Select Tags:

- Shelter in Place
- Presumed COVID-
- Alternative Care Ctr
- Hotel or Trailer
- COVID+
- High Risk
- Needs Follow Up
- Person Under Investigation

Buttons: +, Cancel, X

# COVID-19 Specific Enhancements

2 matching records						Confirm	Reject	
First Name	Last Name	Initials	Age	Ethnicity	Gender	Race	Veteran	Activity
			53	No	1	Native Hawaiian/P.I.	No	2020 WeAllCount
			45	No	1	Native Hawaiian/P.I.	No	2020 WeAllCount
2 matching records						Confirm	Reject	
First Name	Last Name	Initials	Age	Ethnicity	Gender	Race	Veteran	Activity
				Yes	1			2020 WeAllCount
				54	Yes	1	No	2020 WeAllCount

Amazon Glue is used to identify duplicate surveys. This enables multiple Health & Wellness checks to be conducted for the same person over time, and to link these surveys together to create a longitudinal picture.

# More Details & Contact Info

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## **More Details**

Sample surveys and details on the approach can be found at  
<http://pointintime.info/covid-19/>

Regions interested in using the tech can email  
[helpdesk@SimtechSolutions.com](mailto:helpdesk@SimtechSolutions.com)

## **Contact Info**

Matt Simmonds

[Matt@SimtechSolutions.com](mailto:Matt@SimtechSolutions.com)

# Thank You For Attending the Webinar

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- Follow our COVID-19 Webinar Series here - NAEH COVID-19 Webinar Series - <https://endhomelessness.org/resource/covid-19-webinar-series/>
- Join the Ending Homelessness Forum - <https://forum.endhomelessness.org/login>