



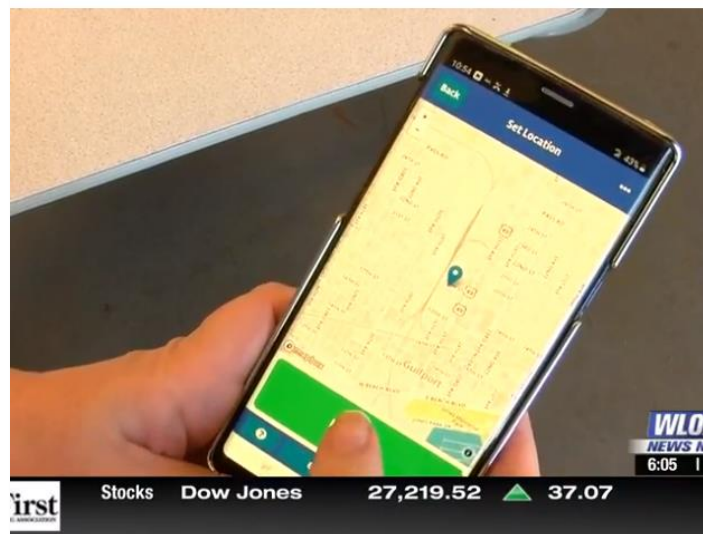
National Alliance to  
END HOMELESSNESS

# Uses of Data in Managing the COVID-19 Crisis for People Experiencing Homelessness

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# 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.

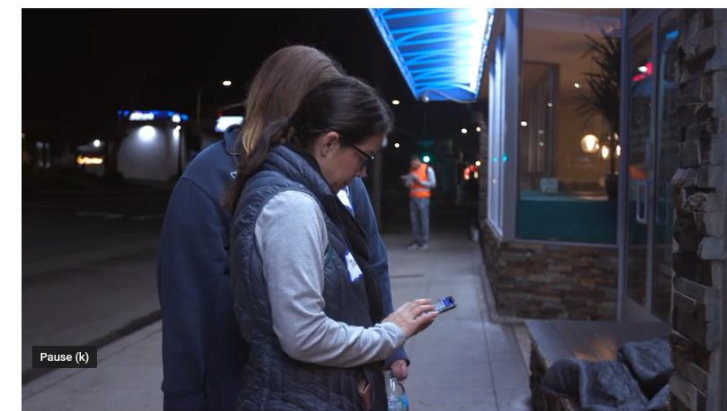


## Mobile apps deliver better data on homelessness

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





# 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

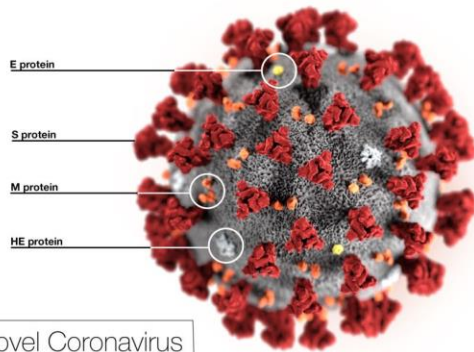
## County Places Handwashing Stations, Takes Other COVID-19 Prevention Steps



Video by [Suzanne Bartole](#)

# Using GIS and Geo-Spatial Reporting to Curb Outbreaks

5



Capture Date, Time, and Location



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



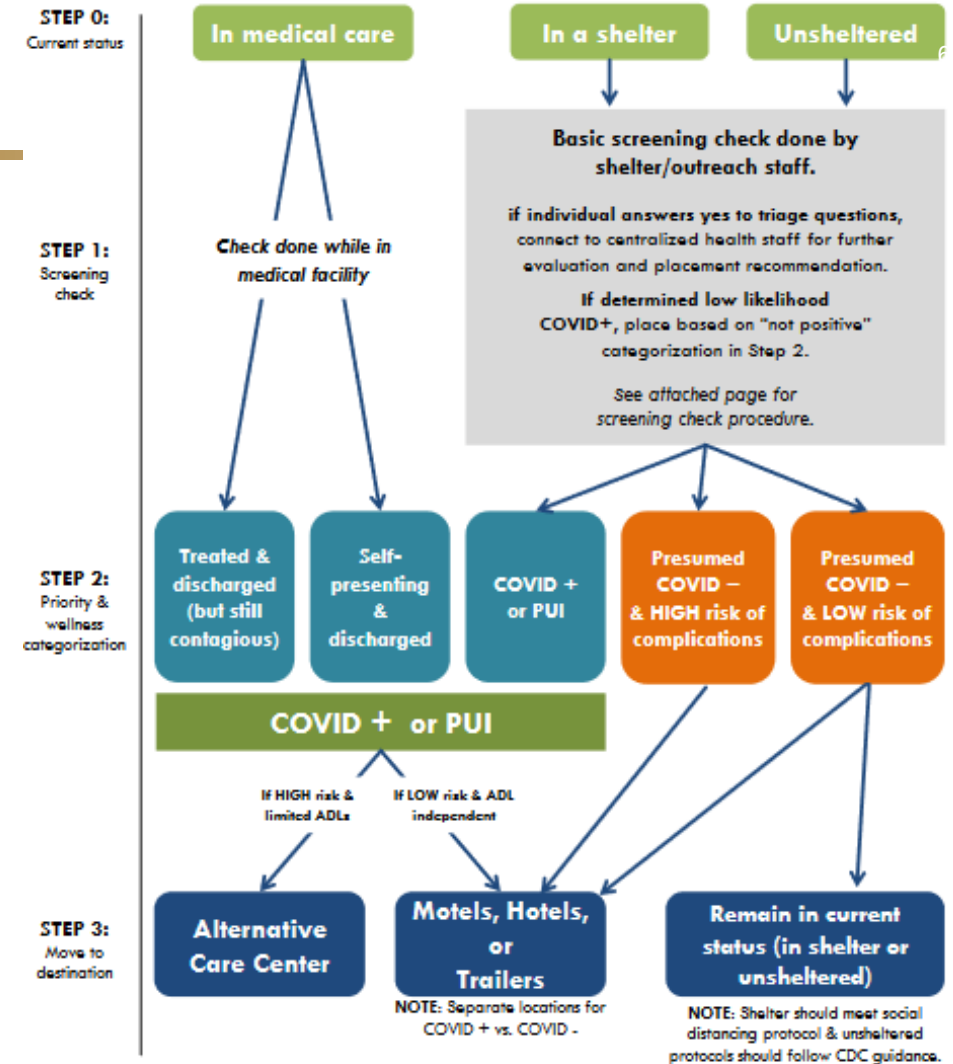
Follow up and monitor



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

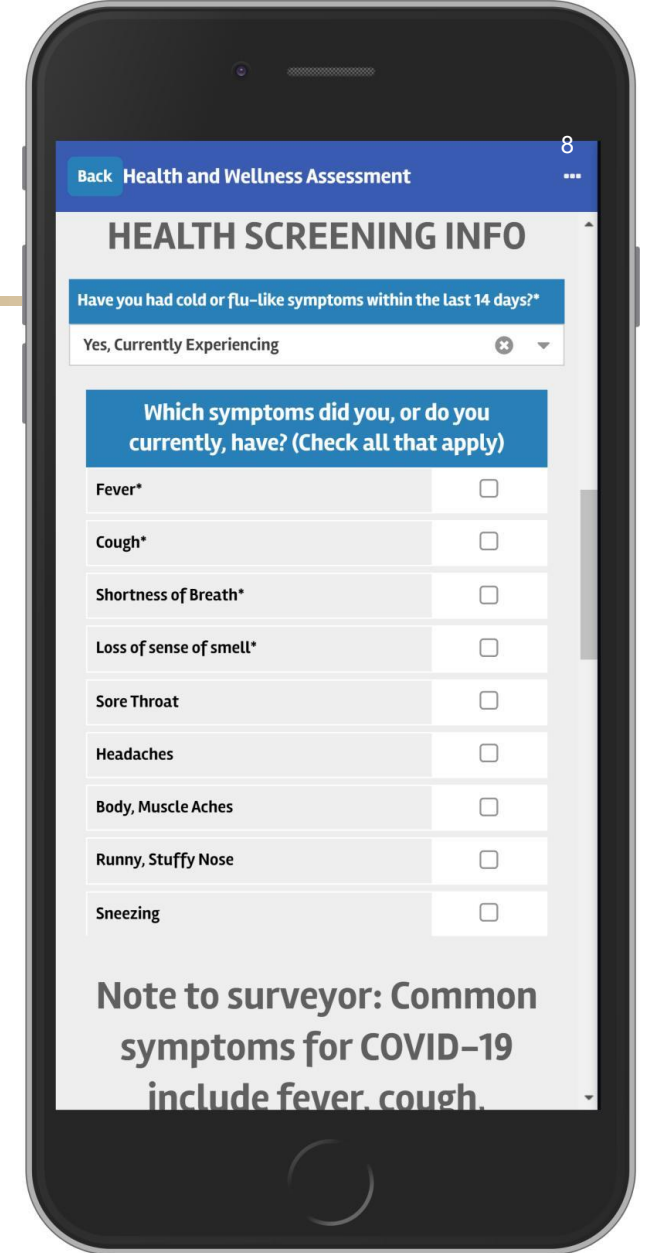
Response Type: Person	Individual or Household:	Veteran:
Survey:	Age Range: 62 and over	Race:
User:	Gender:	Disability: Chronic Health

# 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 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, there is a note to the surveyor: 'Note to surveyor: Common symptoms for COVID-19 include fever, cough, ...'.

Back Health and Wellness Assessment 8

HEALTH SCREENING INFO

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

Yes, Currently Experiencing

Which symptoms did you, or do you currently, have? (Check all that apply)

Fever*	<input type="checkbox"/>
Cough*	<input type="checkbox"/>
Shortness of Breath*	<input type="checkbox"/>
Loss of sense of smell*	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>
Headaches	<input type="checkbox"/>
Body, Muscle Aches	<input type="checkbox"/>
Runny, Stuffy Nose	<input type="checkbox"/>
Sneezing	<input type="checkbox"/>

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

## 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: KERA News, Dallas

[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](#).

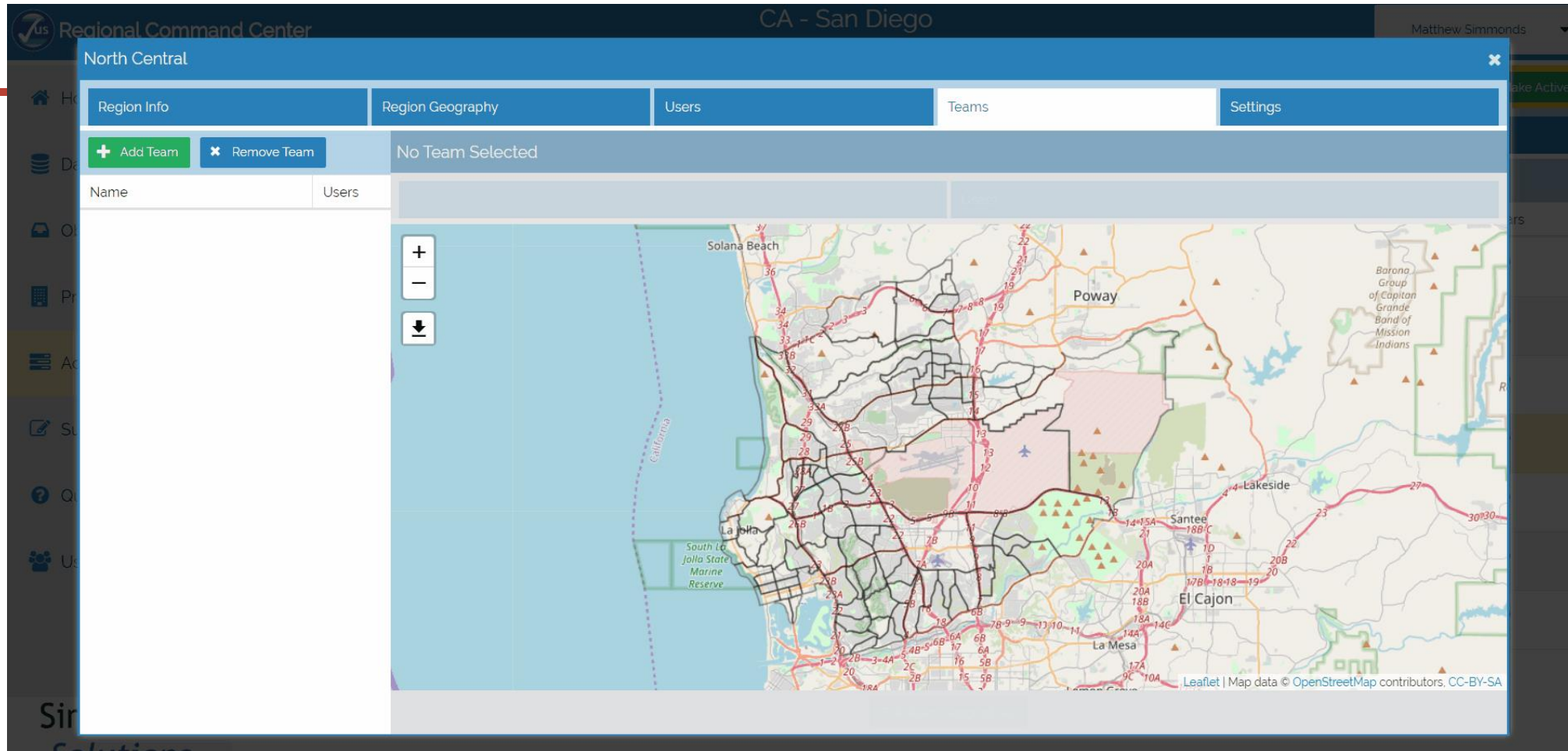
## ENCAMPMENT INFORMATION

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, Search icon

# 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/>

## **Contact Info**

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