



San Joaquin County Continuum of Care 'Public Alert' Protocol for COVID-19

Approved Date: April 20, 2020

Effective Date: April 20, 2020

Background

The San Joaquin Continuum of Care (SJCoC) acts as the backbone agency for San Joaquin County and its communities in planning and coordinating a local response to homelessness. In relation to the COVID-19 public health crisis declared in California on March 4, 2020, the SJCoC seeks to mitigate the impacts of COVID-19 on the homeless population and the community at large.

Part of this effort involves establishing protocols to protect the health and safety of the community, including persons without permanent housing and persons at agencies that provide shelter, housing, and services to those persons. This Protocol is adopted to utilize the Homeless Management Information System (HMIS) to provide vital information needed to prevent or lessen potential serious or imminent threat presented to the community by those who are likely to test positive for COVID-19 or those who have tested positive for COVID-19. This Protocol was developed with the expertise and leadership of the HMIS Lead Agency, Central Valley Low Income Housing Corp. (CVLIHC).

The SJCoC Homeless Management Information System Policies and Procedures handbook section titled "How We May Use and Disclose Client Information" states in part: "We do not use or reveal client information without client written consent, except in certain situations. ... An agency may give client information if it believes it is necessary to prevent or lessen a serious or imminent threat to the health and safety of an individual or public, and if that information is given to a person reasonably able to prevent or reduce that threat."

Furthermore, authorized use of the HMIS can assist service providers in preventing and controlling disease as set forth in the HIPAA exception to a public health authority.

Given this authority and the pressing need presented by the COVID-19 public health emergency, the SJCoC Board of Directors adopts the following Protocol:

Tracking of COVID-19 among homeless population

The HMIS shall be used to help service providers and individuals assess persons who are homeless and direct them to appropriate shelter and services, including but not limited to congregate shelters, non-congregate shelters, and medical care facilities. This data-tracking effort is important to help persons who are homeless receive the proper care and be directed to the proper care, isolation, quarantine, or convalescent environment. It is also necessary to protect other individuals residing in encampments, shelters, and other housing systems from potential infection with COVID-19.

1. Homeless individuals should be screened for COVID-19 risks and symptoms by a standardized tool and referred to services according to the California Department of Public Health flowchart for individuals experiencing homelessness¹. These screenings may be conducted by emergency shelter staff, health care staff, homeless outreach teams, or other individuals trained in administering the screening. The HMIS Lead Agency will provide any requested training to individuals on how to enter results of screenings/assessments into the HMIS.
2. The HMIS has COVID-19 “Assessment” tool that can be used to screen/assess homeless individuals. The HMIS COVID-19 Assessment Tool conforms to Housing and Urban Development guidelines. The Assessment Tool should be used by HMIS member agencies as a full screening/assessment tool to help determine who is a priority for placement in non-congregate shelter, isolation, or quarantine, and to accurately track data regarding COVID-19 among the homeless population.
3. An on-paper COVID-19 assessment tool that has been developed in partnership with Public Health may also be used to screen/assess homeless individuals by agencies that do not participate in the HMIS or that do not have the capacity to directly use the HMIS Assessment Tool in the field.
4. Providers using an on-paper tool that do not have access to the HMIS or that do not have staff capacity to enter the information into the HMIS can forward electronic scans of the paper tool to the HMIS Lead Agency at bmendelson@cvihc.org or jmendelson@cvihc.org.
5. Results of all screened/assessed individuals should be recorded in the HMIS as a “Service.” This recording of results does not represent a medical diagnosis. Results shall be recorded according to a risk assessment for morbidity/mortality from COVID-19, and if a person is presenting symptoms of COVID-19. These results conform to guidance from FEMA.
6. A person who has tested positive for COVID-19 shall have that information recorded in the HMIS as a “Service.”
7. A person who has had contact with someone who has tested positive for COVID-19 shall have that information recorded in the HMIS as a “Service.”
8. A symptomatic “person under investigation” who is awaiting COVID-19 test results shall have that information recorded in the HMIS as a “Service.”
9. A “person under investigation” who has tested negative for COVID-19 shall have that information recorded in the HMIS.

¹ State of California: COVID-19 Recommended Protocol for People Experiencing Homelessness
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/flowchart-COVID19-homelessness.pdf>

10. Results recorded as a “Service” in the HMIS should be reviewed by the HMIS Lead Agency in partnership with health care providers to ensure data is as accurate as possible.

Public Alerts and reporting of possible vectors

Individuals who have been infected with COVID-19 present a risk to others in the community who are at risk of morbidity/mortality from COVID-19. A high percentage of homeless individuals are among those at risk because of age, underlying health conditions, and general living conditions. Individuals who have tested positive for COVID-19 or who are suspected to test positive for COVID-19 but awaiting test results can pose a danger to other persons. There is special risk for those who live in encampments that lack sanitation and in emergency shelters that are unable to practice sufficient social distancing.

Individuals experiencing homelessness may also not stay in non-congregate shelter or other care environments, even if they receive extensive support services while in those shelter/housing/care environments.

For these reasons, the HMIS may be used to issue a Public Alert to outreach workers and service providers regarding individuals who leave shelter/housing/care environments who may also pose a danger to other persons. A Public Alert is a standard function of the HMIS. While it is not the intention for a Public Alert to result in a denial of services, this protocol is in place to promote proper isolation and distancing of individuals who present a risk to other individuals in the community.

1. When a person who has been identified in the HMIS as positive for COVID-19 or as a “person under investigation” leaves a shelter, housing, or other facility used for care, isolation, quarantine, or convalescence for homeless individuals, the operator of that facility shall contact the HMIS Lead Agency.
2. The HMIS Lead Agency will place a Public Alert in the client’s HMIS record that will allow other service providers using the HMIS to know the individual may pose a danger to other individuals. The Public Alert will be set to expire automatically 6 weeks (42 days) after the alert is created.
3. Persons under investigation who have a negative test for COVID-19 will have that result recorded in the HMIS and shall have any related Public Alert expired.
4. The HMIS Lead Agency will produce upon request a Public Alert Report that can be shared with service providers utilizing the HMIS, including emergency shelters and outreach teams, to help those providers properly assess the potential danger of individuals who present for service and/or care.

Contact info of HMIS Lead Agency CVLIHC

to report individuals for Public Alert or to request Public Alert Report:

Bill Mendelson, bmendelson@cvlihc.org, 209-472-7200 ext. 105

Jon Mendelson, jmendelson@cvlihc.org, 209-470-8425