

DIS Engagement with Communities Experiencing Homelessness

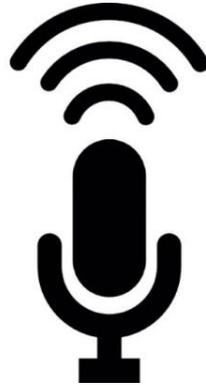
July 23, 2020



NCS D

National Coalition
of STD Directors

Logistics



This webinar is being recorded. The recording and presentation slides will be emailed to those that registered. These materials will also be placed on the NCSD website.

Objectives

This webinar aims to highlight:

- Strategies/initiatives for DIS reaching and engaging with people experiencing homelessness
- Successes, challenges, and lessons learned when reaching and engaging with people experiencing homelessness
- Local community partnerships for wraparound services

Agenda



1. **Miranda Ettinger** – Monroe County Health Department (Bloomington, Indiana)
2. **Nicki Holm** – Multnomah County Health Department (Portland, Oregon)
3. **Kenneth Nash** - Rapides Parish Health Unit (Alexandria, Louisiana)
4. **Q&A** – submit your question via the chat box

**Monroe County Health Department
Bloomington, Indiana**

Miranda Ettinger
Disease Intervention Specialist

Working with People Experiencing Homelessness

DIS experience in southern Indiana



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Introduction

- DIS for 5.5 years
- 6 years of experience working at a domestic violence shelter
- Work in District 7 in Indiana- includes 12 counties
- Based in Bloomington
- Three full time DIS



Introduction to Bloomington, Indiana

- Population of 85,000 people
- home of Indiana University with almost 50,000 students enrolled
- The 2019 Point in Time count shows that Bloomington has 133 families and 243 single adults experiencing homelessness
- Bloomington has several homeless shelters and services
- Bloomington also has several other housing programs for people formerly experiencing homelessness

Case Example

- In 2018 we had a patient in Bloomington test positive for HIV who had been homeless and sharing needles with many people
 - 9 new HIV+
 - Ended up testing at least 200 contacts
 - We found dozens of chlamydia, gonorrhea, and HCV infections (but no syphilis!)
 - Have had a few more related HIV+ in 2019/2020
 - The majority of the new positive were people who injected drugs and were experiencing homelessness

What We Learned

- Be conscious of location and surroundings
- Get to know your local homeless populations
- Use incentives that are useful for your clients
- Be flexible!
- Find alternative ways to contact people
- Safety
- Advocate for your patients
- Know your referrals

Working with Community Partners

- Needle Exchange
- Shelters- know their rules and how to contact residents
- ASO- Positive Link
- Local Jails
- Local health departments and PHNs

COVID-19 and Other Limitations

- We are currently unable to do field work, outreach testing, and in-office testing is limited
- At-home OraQuick HIV tests, limited to people who have an address
- Lack of affordable healthcare options

Next Steps

- Once the pandemic is over, we will begin outreach testing again
- Quality improvement project that will target patients who use drugs and who are justice involved

Contact Information

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- Monroe County Health Department, Indiana
- mettinger@co.monroe.in.us

Multnomah County Health Department Portland, Oregon



Nicki Holm
Disease Intervention Specialist

Introduction

Nicki Holm

- Disease Intervention Specialist
- Multnomah County Health Department
- Email: nicole.holm@multco.us



Multnomah County

- Northwest Oregon
- Ancestral land of Indigenous nations
- Six cities including Portland
- 800,000 residents
- 465 sq. miles

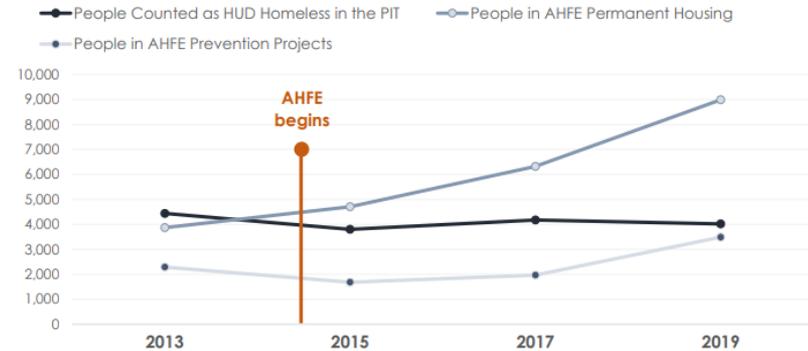


People Experiencing Homelessness in MultCo

Table 2: People Counted as HUD Homeless, PIT Counts 2013-19

Living Situation	2013	2015	2017	2019	% Change, 2017 to 2019
Unsheltered	1,895 (42.7%)	1,887 (49.6%)	1,668 (39.9%)	2,037 (50.7%)	22.1%
Emergency Shelter	974 (21.9%)	872 (22.9%)	1,752 (41.9%)	1,459 (36.3%)	-16.7%
Transitional Housing	1,572 (35.4%)	1,042 (27.4%)	757 (18.1%)	519 (12.9%)	-31.4%
Total	4,441	3,801	4,177	4,015	-3.9%

Figure 2: While the number of people counted as HUD homeless has remained stable since 2015, the number of people active in permanent housing and prevention projects has increased



STIs: MultCo, Oregon, & Nationally

Rates of STIs per 100,000 residents in 2018

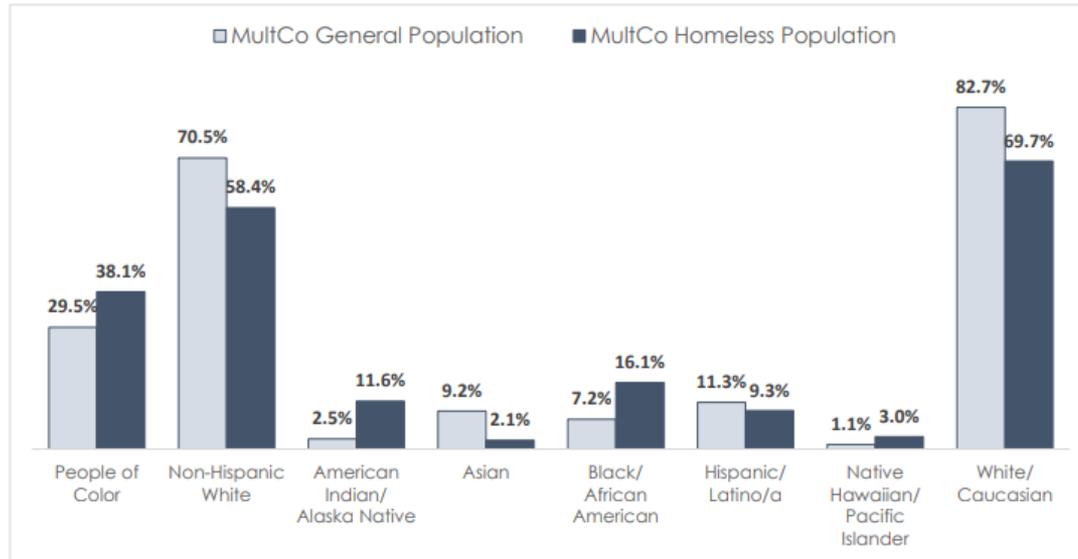
	Chlamydia	Gonorrhea	Syphilis (all stages)	Congenital Syphilis*	New HIV Infections
Oregon	455.5	140.7	24.9	22	5.5
National	539.9	179.1	35.3	33.1	11.6
MultCo	671.2	304.3	57.7 (469)	55.1 (5)	12.2 (99)

*Congenital Syphilis rate per 100,000 live births

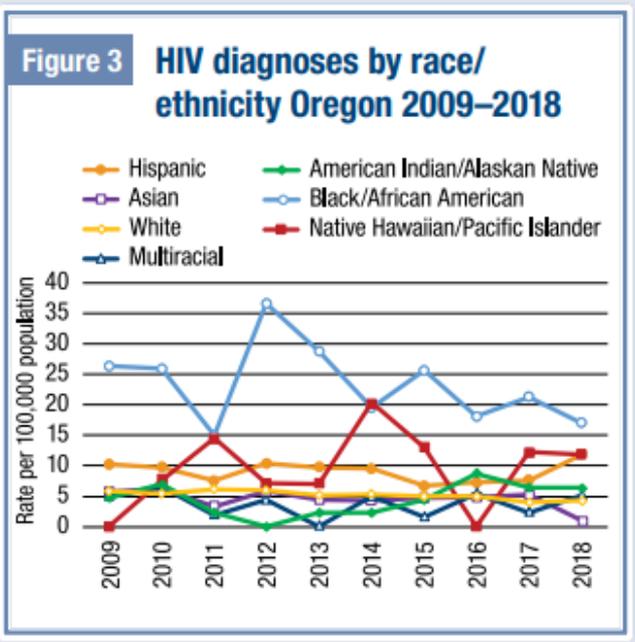
() = Number of new cases

Overrepresentation of Communities of Color

Figure 3: Multiple communities of color continue to be overrepresented in the HUD homeless population in Multnomah County



Note: Percentages for the Multnomah County general population were obtained from US Census Bureau's American Community Survey (ACS) 5-Year Estimates (2013-2017).



Local Trends in HIV

New HIV Diagnoses in Multnomah County

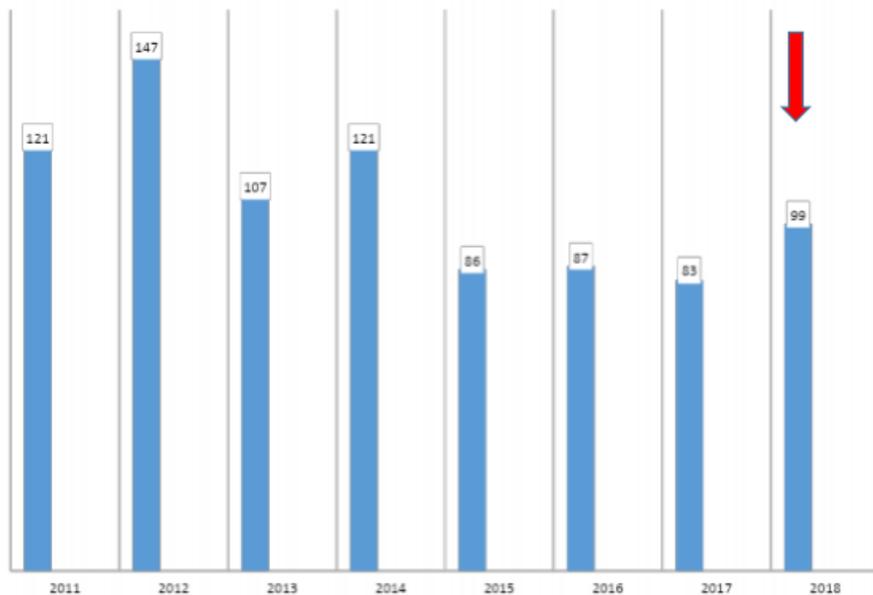


Table 24: Change over Time, Unsheltered Population by Disabling Condition

Disabling Condition	2017	2019	% Change
One or more disabling conditions	1,195 (71.6%)	1,604 (78.7%)	34.2%
Chronic health condition	439 (26.3%)	614 (30.1%)	39.9%
Developmental disability	130 (7.8%)	198 (9.7%)	52.3%
HIV/AIDS	24 (1.4%)	53 (2.6%)	120.8%
Mental illness	747 (44.8%)	839 (41.2%)	12.3%
Physical disability	634 (38%)	608 (29.8%)	-4.1%
Substance abuse (alcohol and/or drug)	626 (37.5%)	929 (45.6%)	48.4%
Total	1,668	2,037	22.1%

Strategies & Initiatives Supporting Our Work

- Increased partnership with Harm Reduction Program
 - Weekly testing at Needle Exchange
- DIS testing van & Enterprise car share
- Scheduled weekly outreach
- DIS positioned in a clinic setting



Successes

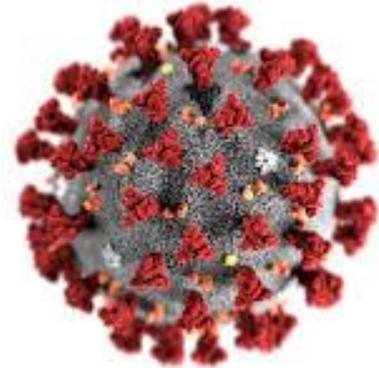
- Variety of testing options
- Hotel vouchers
- Developing partnerships
- Supplies: fruit snacks, water, naloxone, syringes, hygiene products, etc.
- Variety of communication strategies

Challenges

- Consistent communication
- Mobility & movement
- Hierarchy of needs
- Relationships and power dynamics
- Timing of outreach

Impact of COVID-19

- 3 DIS, 2 support staff, and several supervisors and managers pulled away to support COVID response
- Outreach van being utilized for drive-thru testing
- Very limited clinic capacity
- Outreach on case-by-case basis
- Distributed OraQuick HIV tests to community partners



Lessons Learned

- Consistency is critical to building trust
- Identify “gatekeepers” in the community
- Be patient

Key Partnerships: Joint Office of Homeless Services, MC Harm Reduction Program, MC HIV Health Services Center, Cascade AIDS Project, Blanchet House, Transition Projects (TPI), JOIN, & countless others.

Rapides Parish Health Unit Alexandria, Louisiana



Kenneth Nash
Disease Intervention Specialist Supervisor

Central Louisiana Region 6 ---
Programs and Services for People
Experiencing Homelessness



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Central Louisiana Homeless Coalition



About The Cenla Homeless Coalition

- **The Central Louisiana Coalition to Prevent Homelessness, Inc. began in 1994.**
- The Central Louisiana Coalition to Prevent Homelessness, Inc. was first formed by a group of volunteers who wanted to streamline all homelessness services in Central Louisiana and seek federal funding for homelessness programs. In 1994, the Coalition obtained its 501(c)3 nonprofit status and began operating under the umbrella of Shepherd Ministries/Hope House. In 2006, to more successfully help streamline homelessness services and programs, the coalition became its own entity with a Board of Directors and an Executive Director. Since then, the Coalition has developed into what is now known as the Central Louisiana Homeless Coalition (CLHC). CLHC has grown tremendously to include supportive housing programs, street outreach, regionwide management of the homelessness services database, and the start of a resource drop-in center for the homeless. The Coalition's Continuum of Care membership has evolved to include over 30 members including nonprofit service providers, local law enforcement agencies, faith-based organizations, and individuals who share the mission of ending homelessness in Central Louisiana.

Continuum of Care

- **A Continuum of Care (CoC) is the community collaboration program of which CLHC is the lead agency.**
- Central Louisiana Homeless Coalition serves as the Continuum of Care (CoC) Collaborative Applicant for the Central Louisiana region, a designation by the U.S. Department of Housing and Urban Development (HUD). A CoC is a federally-recognized designation for organizations leading the charge to provide the local community with housing and services for the homeless population. CLHC collaborates with other funded agencies and interested stakeholders to coordinate and develop a community wide plan to achieve the goal of ending homelessness in our region. The Central Louisiana CoC covers eight parishes including Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn.

Homeless Management System

- **The Homeless Management Information System (HMIS) is a client and service data management tool assisting homeless service organizations.**
- The Homeless Management Information System is a web-based database used to track homelessness services within a community in an effort to reduce service duplications, observe program success, and easily report community statistics. HMIS can track and report on services such as rental and utility assistance payments, use of laundry or hygiene facilities, food boxes, shelter stays, or any other services provided to the homeless. HMIS is currently used by CoC-funded service providers, local shelters, and even faith-based organizations that provide financial assistance to families.

“

Balance
WHO ARE WE?

The Balance team is made up of counselors, prevention specialists, volunteers, and consultants of CLASS. We come to balance from different backgrounds, for a variety of personal reasons, all with a common goal. We want to improve the quality of life for people in Cenla, with special emphasis on reducing the negative impact of substance and alcohol misuse. We want to give people the tools and skills needed to move them toward their values and to live more purposefully. Many participants' lives have been touched by drugs or alcohol, though they may not struggle with alcohol or substances themselves. Facilitators are community members trained in the Acceptance and Commitment Training model. Both participants and facilitators commit to respecting one another's process and privacy.

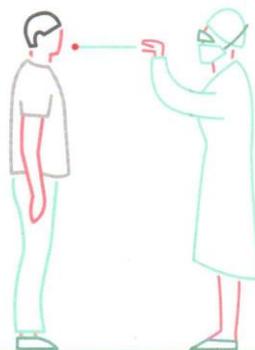
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How Has COVID Impacted People Experiencing Homelessness?

- According to the Personnel here at the Rapides Parish Health Unit, they have seen a significant number of people experiencing homelessness present for testing. Even though, with people that are tested, it is recommended that they have a physical address however it is not required. Some people that have presented for testing have stated that they are experiencing homelessness at the moment but are still able to access other means of communications through email and cell phone numbers which means, in some instances, the results will go directly to the patient and not here at the Rapides Health Unit.
- Here at the Rapides Parish Health Unit we have implemented “Fast Track”, which is basically little to no waiting during the registration process and allows people to get through much more expeditiously in line and there is also “Surge Testing”, which is where testing will continue to be done on a daily basis with extended hours to include Saturdays.

GEAUX GET TESTED!

No cost to the individual



COVID-19 QUESTIONS?

- <http://ldh.la.gov/Coronavirus>
- <https://coronavirus.la.gov>



WHAT YOU NEED TO DO

- In order to be tested at this site, you must provide:
 - Telephone number
 - Email address
- Scan this QR code to access the eTrueNorth portal (where you can find your test results).
- An ID is NOT required.

HOW TO GET YOUR RESULTS

- You will be contacted with your test results at the email address you provided today.
- If you test positive for COVID-19, we will also contact you by phone.
- Your test results will also be posted in the eTrueNorth patient portal. Register here:
www.DoINeedaCOVID19test.com
- There is not a phone number to call for results. You will get your results by email and in the portal.

IF YOU HAVE SYMPTOMS

If you have symptoms of COVID-19 or have been exposed to someone with COVID-19, you should:

- Stay home except to get medical care, and
- Separate yourself from other people as much as possible to prevent spreading the disease to others.

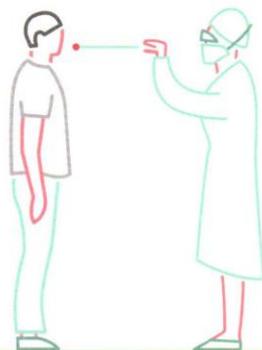
IF YOU GET A POSITIVE TEST RESULT

If you test positive for COVID-19, or if you were in close contact with someone who has tested positive for COVID-19, you will be contacted by contact tracers calling from **877-766-2130** – save this number in your phone. During that call, you can be connected to resources that are available to help you safely quarantine or self-isolate.

*Depending on the number of tests, it may take longer for results.

VE A HACERTE LA PREUBA!

Sin costo para el individuo



¿PARA PREGUNTAS
DEL COVID-19?

+ <http://ldh.la.gov/Coronavirus>
+ <https://coronavirus.la.gov>



Lo que debe hacer

Para que le hagan la prueba en este sitio, Ud. debe indicar:

- Número de teléfono
- Correo electrónico
- Debe escanear este código QR para obtener acceso al portal del paciente de eTrueNorth (aquí podrá encontrar sus resultados)
- NO necesita ningún tipo de identificación.

Como obtener sus resultados

Sus resultados deben estar disponibles entre 3 y 5 días.

- Alguien se comunicará con Ud. para darle los resultados por medio del correo electrónico que nos indicó hoy.
- Si su resultado sale positivo para COVID-19, también nos comunicaremos con Ud. por medio del número de teléfono que nos indicó hoy.
- Sus resultados también estarán disponibles en el portal del paciente de eTrueNorth. Inscríbese aquí: www.DaIfreesdaCOVID19test.com
- NO hay un número de teléfono donde debe llamar para obtener sus resultados. Recibirá sus resultados por medio de su correo electrónico y en el portal del paciente.

Si Ud. presenta con síntomas de COVID-19

Si Ud. presenta con síntomas de COVID-19 mientras espera sus resultados o si ha sido expuesta a alguien con COVID-19 debe:

- Quedarse en casa excepto para buscar atención médica.
- Mantenerse alejada de otras personas lo máximo posible para prevenir el contagio de la enfermedad a ellos.

Si su prueba sale positiva para COVID-19

Si su prueba sale positiva para COVID-19 o si Ud. ha estado en contacto con alguien que tiene una prueba positiva para COVID-19, un rastreador de contactos se comunicará con Ud. desde el número **877-766-2130**. Por favor guarde este número en su teléfono. Durante esa llamada, le conectaremos a recursos disponibles que le pueden ayudar a cumplir con una cuarentena segura o aislamiento.

Take Action

- **How Can You Volunteer to Help the Homeless?**
- **We couldn't do what we do without our team of dedicated volunteers who are always ready to go above and beyond!**
- Volunteers help us reach beyond our limits as service providers by bridging the gap of services and resources. Volunteers can help out with things such as the homeless street count, advocacy events, fundraisers, office work, building maintenance, helping homeless clients move into their new apartments, and outreach activities that provide food, clothing, blankets, and other necessities. Be sure to let us know about your outreach activity!

Outreach activities are our most popular form of volunteering. Our staff and volunteers walk the streets of central Louisiana, going under bridges, in abandoned buildings, over levees, etc. to find the homeless where they are and provide them with basic essentials and refer them to community resources. If you have any questions about outreach, please email Joseph at JosephB@cenlahomeless.org. To protect both our volunteers and program participants, all volunteers must complete a safety orientation prior to participating in CLHC sponsored street outreach events. All volunteers are paired out with a CLHC staff member during CLHC sponsored outreach events.







Questions

Submit your question in the chat box!

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Leandra Lacy

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- If you are a DIS and want to connect with peers around the country and share tips and resources, you can join NCSD's DIS Slack workspace at the link below. It is also in the chat box. <http://bit.ly/ncsd-dis>
- Please complete the webinar evaluation once the webinar ends.
- The webinar recording and presentation slides will be emailed to those that registered. These materials will also be placed on the NCSD website.