

# Remote Service Delivery During the COVID-19 Outbreak

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The COVID-19 outbreak has changed many of the operational elements of homeless response programs, including the way we interact with and provide services to clients. To protect the health and safety of staff and clients and adhere to social distancing guidelines and shelter-in-place orders, providers are encouraged to move to remote service delivery as much as possible while continuing to provide supportive services to clients. This memo provides guidance on key considerations for remote service delivery for providers of homeless services, including case management, home visits, and apartment search.

## Key Considerations for Remote Service Delivery

The following are key considerations for remote service delivery and client communication during COVID-19.

### Technology

- Identify the right technology to support remote service delivery for **both staff and clients**.
  - Options may include **phone, videoconferencing, or other web-based technologies**.
  - Factors for determining the right technology to use may include **privacy restrictions**, the **length/complexity** of client communication, and **technological limitations** of clients (e.g., lack of internet).
  - Consider the varying **costs and benefits** of available options. For example, videoconferencing can be more expensive and difficult to set up, but it also allows for staff to get a visual assessment of a client's health and safety.
- Ensure staff have access to adequate **devices** (such as phones, computers, or tablets) and **internet** service to provide remote service delivery.
- Work with clients to identify the preferred and best technology to communicate with them remotely. For clients with no current telephone access, **cell phones with pre-paid plans** can be a cost-effective option. Please see HUD's [FAQ](#) on the use of CoC Program funds to purchase cell phones and wireless service plans for participants.

### Security and Privacy

- Ensure that clients **consent** to virtual case management and the use of third-party remote technologies.
- Where possible, provide **agency-issued computers** to staff to maintain use of firewalls and other security measures for protection of emails and data.
- Encourage use of a **Virtual Private Network (VPN)** and advise staff to avoid using public or shared networks.
- Remind staff to keep their devices and email secure, including **logging off** at the end of the workday, password protecting devices (**two-factor authentication** is recommended) and **encrypting** sensitive client information being sent via email (if possible).

- For information on protecting the privacy of **survivors of domestic violence**, please refer to the following resources from the National Network to End Domestic Violence (NNEDV) on [Using Technology to Communicate with Survivors During a Public Health Crisis](#) and [How to Operate a Remote Workplace During a Public Health Crisis](#).

### Training and Staff Support

- Provide training for staff and clients on **how to use** new technologies.
- Provide trainings for staff on **updated practices, policies and protocols** for remote service delivery, including ways to adhere to best practices such as Motivational Interviewing and Trauma-Informed Care in remote service delivery models.
- Provide opportunities for **regular (daily or weekly) check-ins** with staff to address challenges and maintain staff morale.

For more information, please see CSH's [COVID-19 Guidance for Supportive Housing Providers](#), Catholic Charities USA's [Guidelines for Providing Case Management and Disaster Case Management During the COVID-19 Pandemic](#), and [Virtual Case Management Considerations and Resources for Human Services Programs](#) from the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary from Planning and Evaluation (ASPE).

## Remote Case Management and Home Visit

Home visits and case management should be conducted remotely as much as possible to protect staff and their clients. Some recommendations for conducting remote case management and home visits include:

- Treat virtual case management with the **same importance** as in-person case management. Schedule **enough time** to check in and have a full conversation with your client.
- Explain the **change in procedure** to clients, including why the change in service delivery is happening, when changes take effect, and how this keeps clients and staff safe.
  - Provide **contact information** for the client's case management as well as emergency contact numbers for both medical and non-medical emergencies.
  - Include **information on COVID-19 and ways to minimize their risk of infection** through physical distancing, hand washing, cleaning and good hygiene practices. (Sample resources to share with clients: [LADPH flyer](#); [NHCHC flyer](#); [NYC flyer](#); and [CDC posters](#) in English, Spanish, and Chinese).
- Work with local health professionals to develop a **screening tool or script** for COVID-19 symptoms at the beginning of every call and connect clients experiencing symptoms to appropriate care.
- Ensure that clients' needs are being addressed during this time, including access to **food, hygiene products, and necessary medication**.
  - Consider the **mental health needs** of clients, including anxiety or concerns that may result from the pandemic and any mental health challenges that may re-emerge or be exacerbated by isolation. Please see the National Alliance on Mental Illness (NAMI) [COVID-19 Resource and Information Guide](#) for more information.
  - Provide special consideration for the **substance use treatment needs** of clients. See [Homebase's Memo: Providing Care and Reducing Harm for Persons Using Substances During COVID-19](#) for more information.
  - Discuss **financial and budgetary needs**, particularly for clients who may be experiencing reduced income due to loss of formal or informal income.
- Work with clients to **establish routines**, including a schedule for case management sessions if possible.

- Develop a **safety plan** with the client, including:
  - What to do if the client begins exhibiting symptoms of COVID-19;
  - An emergency contact; and
  - An emergency plan for care of other household members, a child, or a pet in case the client becomes sick.
- If necessary due to limited staff capacity, **prioritize caseloads of the most vulnerable clients**, including those at higher risk for serious illness from COVID-19, those who may find it difficult to self-isolate, those who are food insecure, those with ongoing guest management issues, and those at higher risk of losing their housing.

In situations where a client does not have access to a remote technology, consider conducting home visits at or through the client's apartment door to minimize contact. If face-to-face communication is necessary, explain to the client the COVID-19 pandemic and the safety precautions you will be taking to protect yourself and the client (such as social distancing) and keep face-to-face visits as short as possible.

Please see Pathways Vermont's [Recommendations for Telephonic Support to Clients in Housing Services During the Confinement During the COVID-19 Pandemic](#), Pathways to Housing DC's [Client Visit/Phone Script & Guidelines for the COVID-19 State of Emergency](#), NAEH's [webinar on Supporting People Remotely in Housing Programs During COVID-19](#) and CSH's [COVID-19 Guidance for Supportive Housing Providers](#) for more information on remote case management.

## Remote Apartment Search

The Centers for Disease Control and Prevention (CDC) and the U.S. Department of Housing and Urban Development (HUD) have emphasized the importance of continuing to house people experiencing homelessness during the COVID-19 pandemic. Recommendations for remote methodologies for continuing housing search activities during the public health crisis include:

- Work to streamline the housing process and develop **remote options for housing applications and approval**.
- Request a **virtual apartment tour** using a video-conferencing technology that is accessible and preferred by the client.
- Work with landlords to accept **digital lease signing** options.
- HUD has released a waiver for the Continuum of Care (CoC) Program to allow for the **visual inspection of a unit using technology** (e.g., video) to ensure the unit meets Housing Quality Standards (HQS). For more information on HUD's waivers, please see the [Homebase memo: CPD Waivers for CoC, ESG, HOPWA and Con Plan Regulatory Requirements](#).
- **Habitability inspections** for the Emergency Solutions Grant (ESG) can be **conducted virtually** using a video connection; no waiver is required.

Please see the State of Connecticut's Department of Housing memorandum on [Rapid Re-Housing Apartment Search & Inspection Request Protocols](#) and CSH's [COVID-19 Guidance for Supportive Housing Providers](#) for more information on remote apartment search strategies.

*Please visit the Homebase [COVID-19 response webpage](#) for more information.*