

# COVID-19 Updates and Best Practices for Homeless Service Providers

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COVID-19 Outbreaks

# ***‘Not Out of the Woods’: C.D.C. Issues Warning to the Unvaccinated***

The renewed sense of urgency was aimed at millions of people who have not yet been vaccinated and therefore are most likely to be infected.

THE CORONAVIRUS CRISIS

## **The Delta Variant Will Drive A Steep Rise In U.S. COVID Deaths, A New Model Shows**

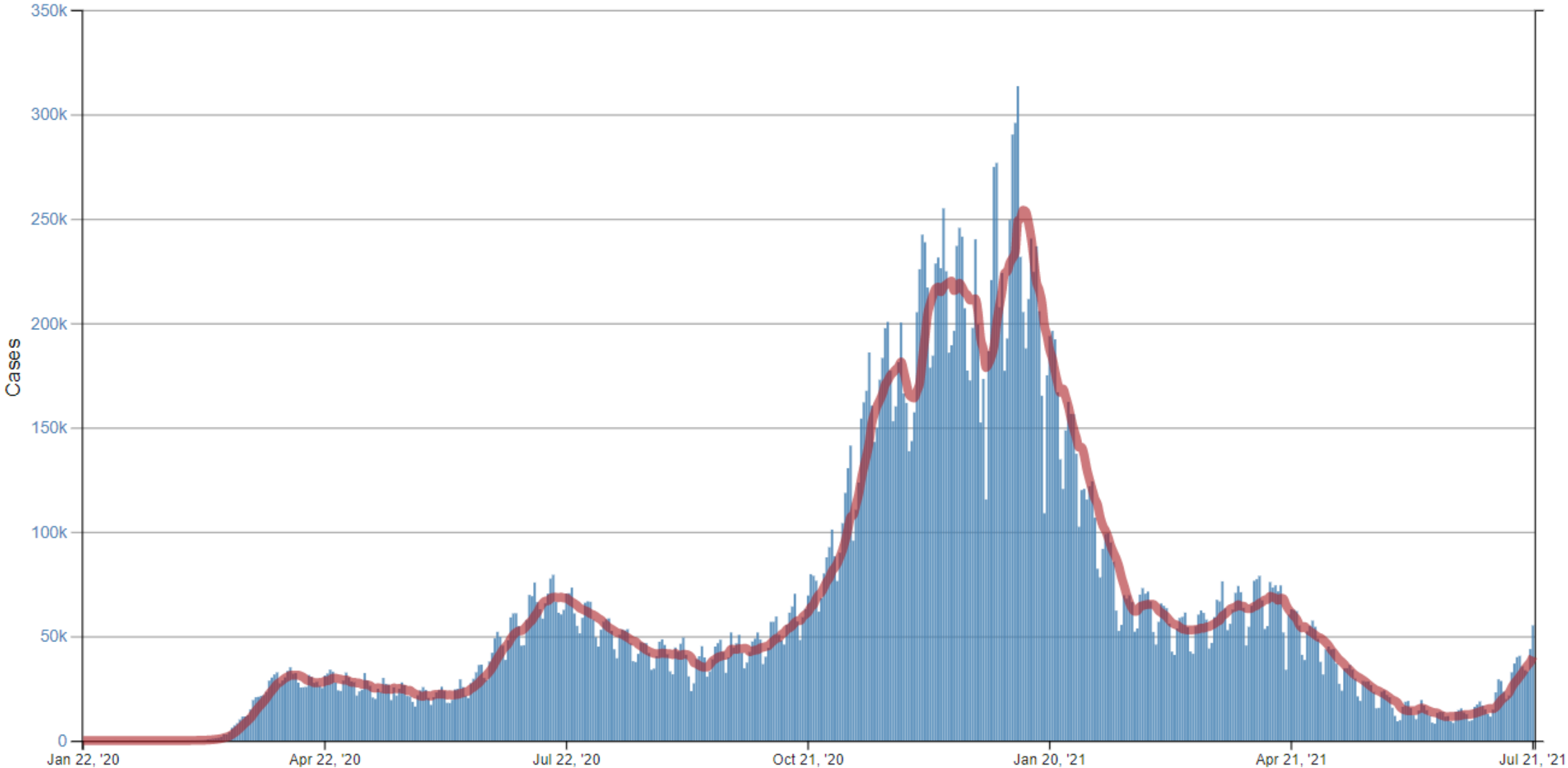
July 22, 2021 · 6:24 PM E

## **‘We are concerned’: State health officials warn of new COVID cases after Bucks crowds**

Posted: July 22, 2021 2:07 PM

Updated: July 22, 2021 5:46 PM by Naomi Kowles

# Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC



[https://covid.cdc.gov/covid-data-tracker/#trends\\_dailytrendscases](https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases)

**2,343,432**

Total Admissions

Aug 01, 2020 – Jul 20, 2021

**3,700.7**

Current 7-Day Average

Jul 14, 2021 – Jul 20, 2021

**2,805.1**

Prior 7-Day Average

Jul 07, 2021 – Jul 13, 2021

**16,491.9**

Peak 7-Day Average

Jan 03, 2021 – Jan 09, 2021

**+31.9%**

Percent change from prior 7-day avg. of Jul 07, 2021 – Jul 13, 2021

**-77.6%**

Percent change from peak 7-day avg. of Jan 03, 2021 – Jan 09, 2021

# New Admissions of Patients with Confirmed COVID-19 per 100,000 Population by Age Group, United States

August 01, 2020 – July 20, 2021

By Jurisdiction | **By Jurisdiction and Age Group**

Select a Jurisdiction

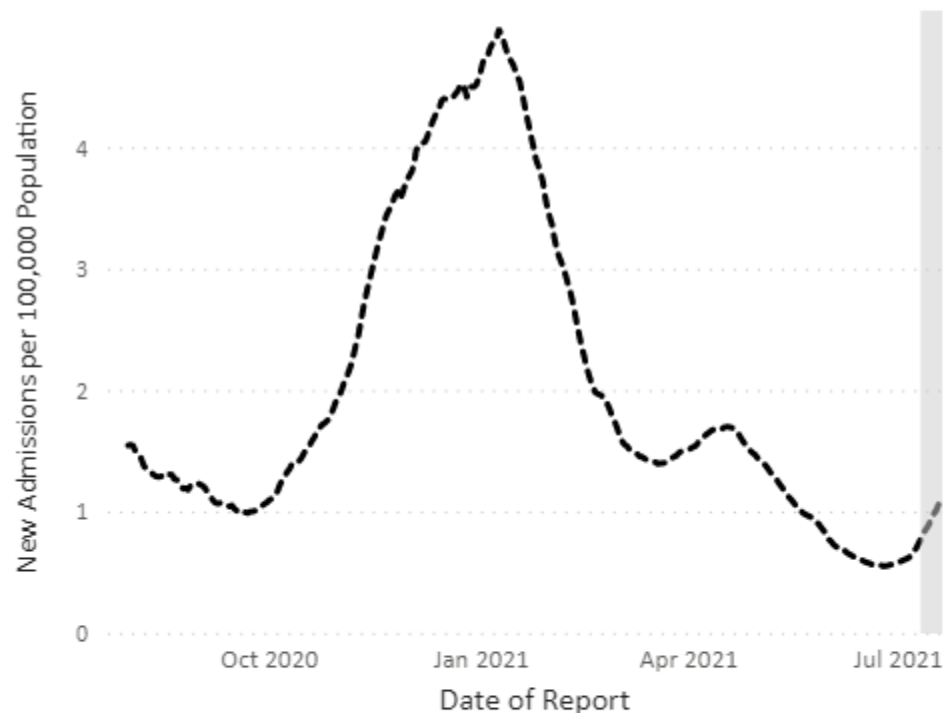
United States

Select an Age Group

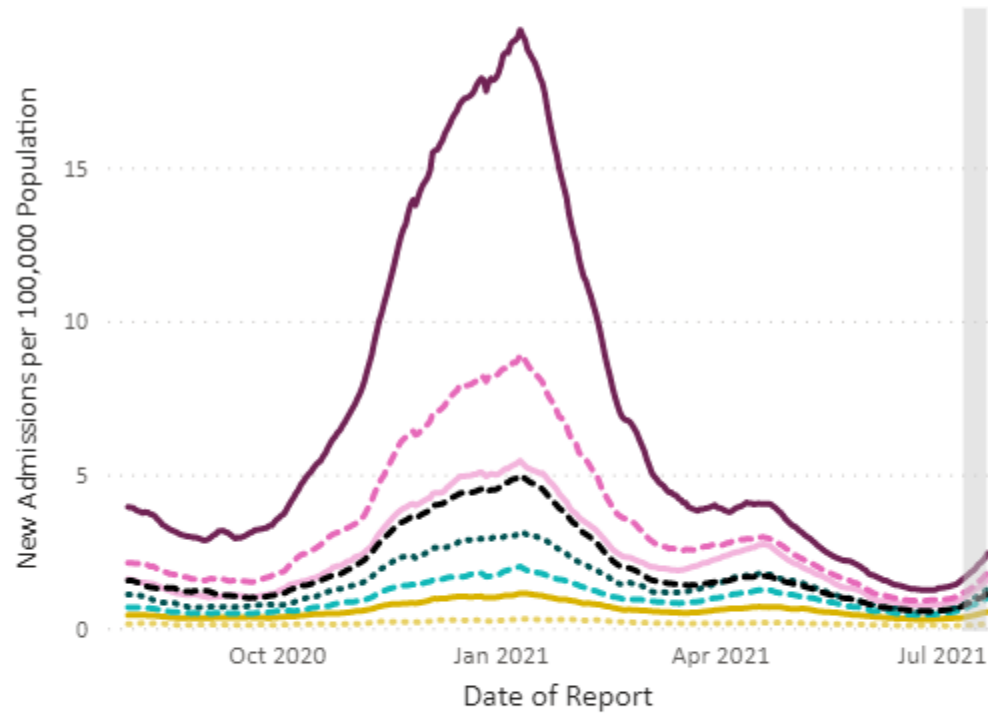
All Ages



United States | All Ages



United States | All Age Groups



..... 0-17 Years    — 18-29 Years    - - - 30-39 Years    ..... 40-49 Years    — 50-59 Years    - - - 60-69 Years    — 70+ Years    - - - All Ages

Based on reporting from all hospitals (N=5,255). Due to potential reporting delays, data reported in the most recent 7 days (as represented by the shaded bar) should be interpreted with caution.

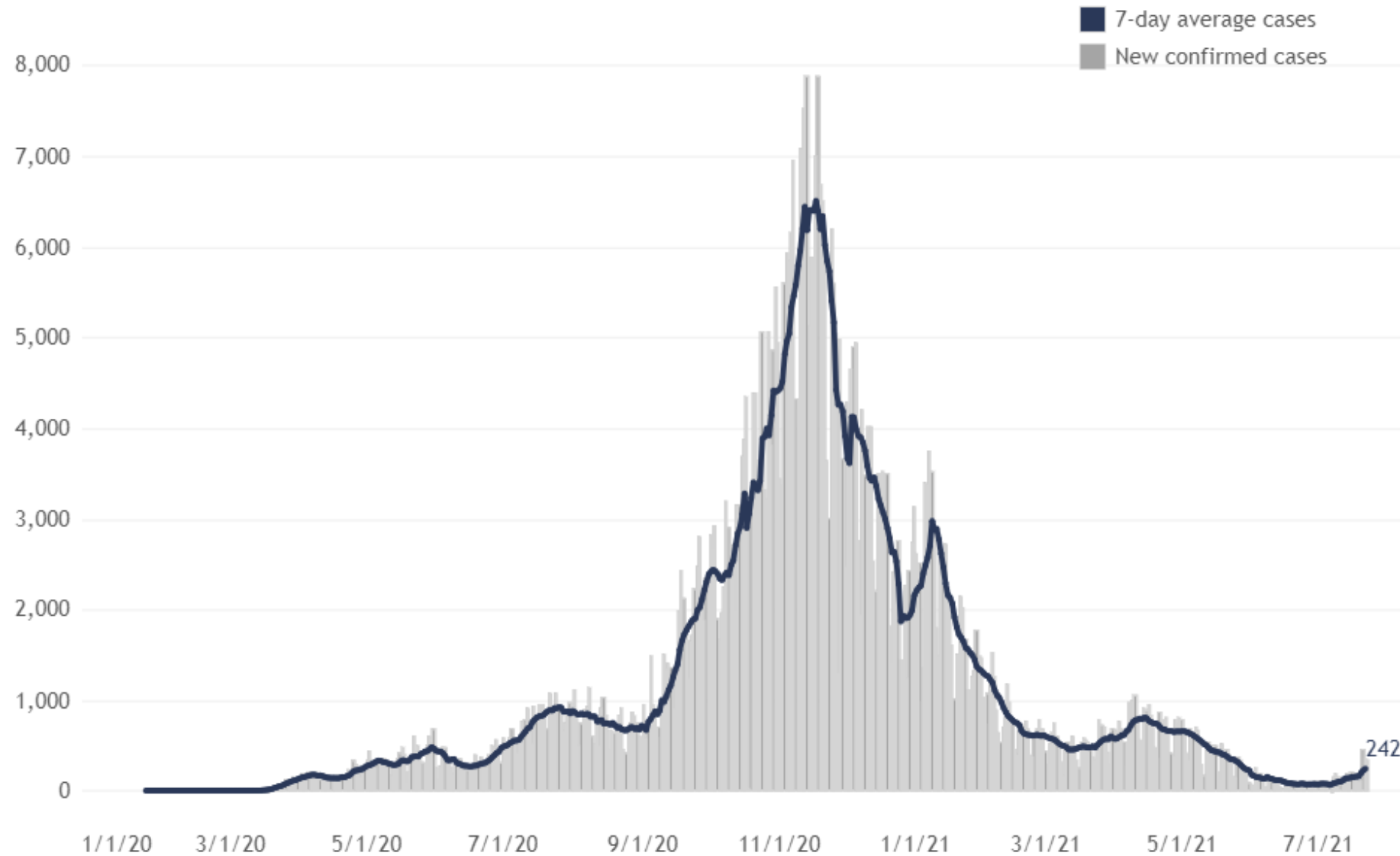
Small shifts in historic data may occur due to changes in the CMS Provider of Services file, which is used to identify the cohort of included hospitals. Data since December 1, 2020 have had error correction methodology applied. Data prior to this date may have anomalies that are still being resolved. Note that the above graphs are often shown on different scales. Data prior to August 1, 2020 are unavailable.

Last Updated: Jul 22, 2021

Unified Hospital Dataset, White House COVID-19 Team, Data Strategy and Execution Workgroup

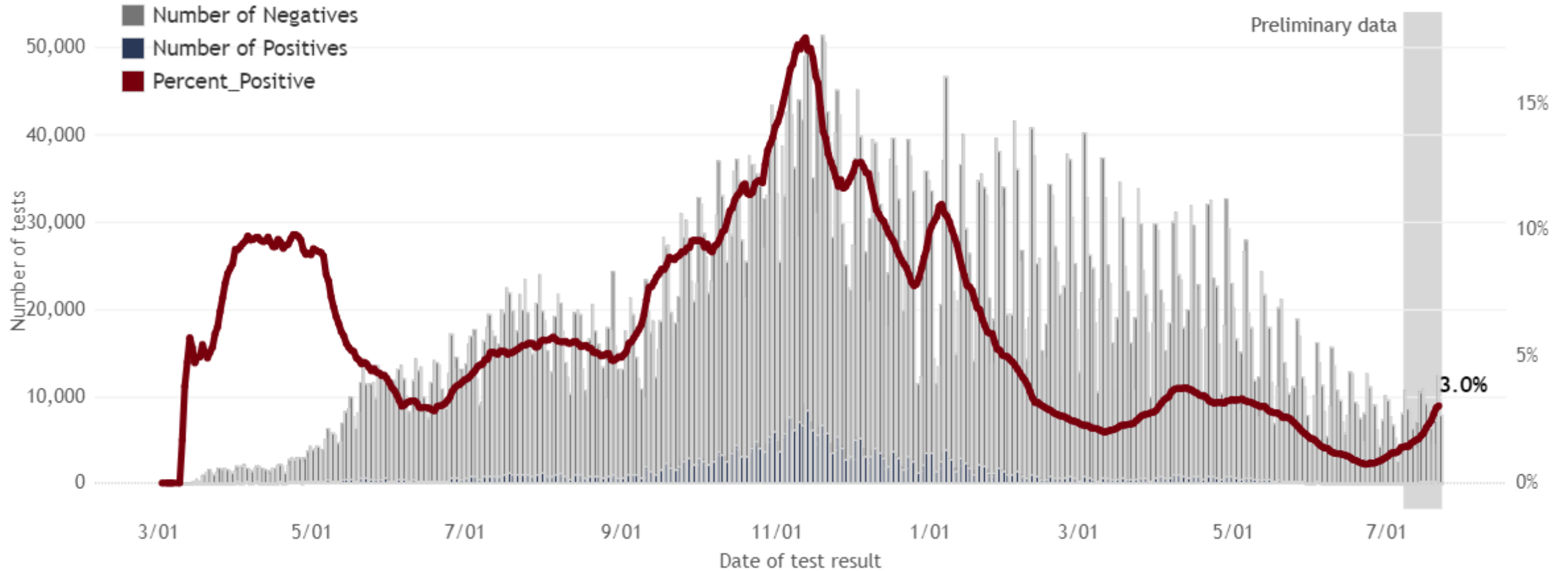
# New confirmed COVID-19 cases by date confirmed, and 7-day average

Updated: 7/22/2021

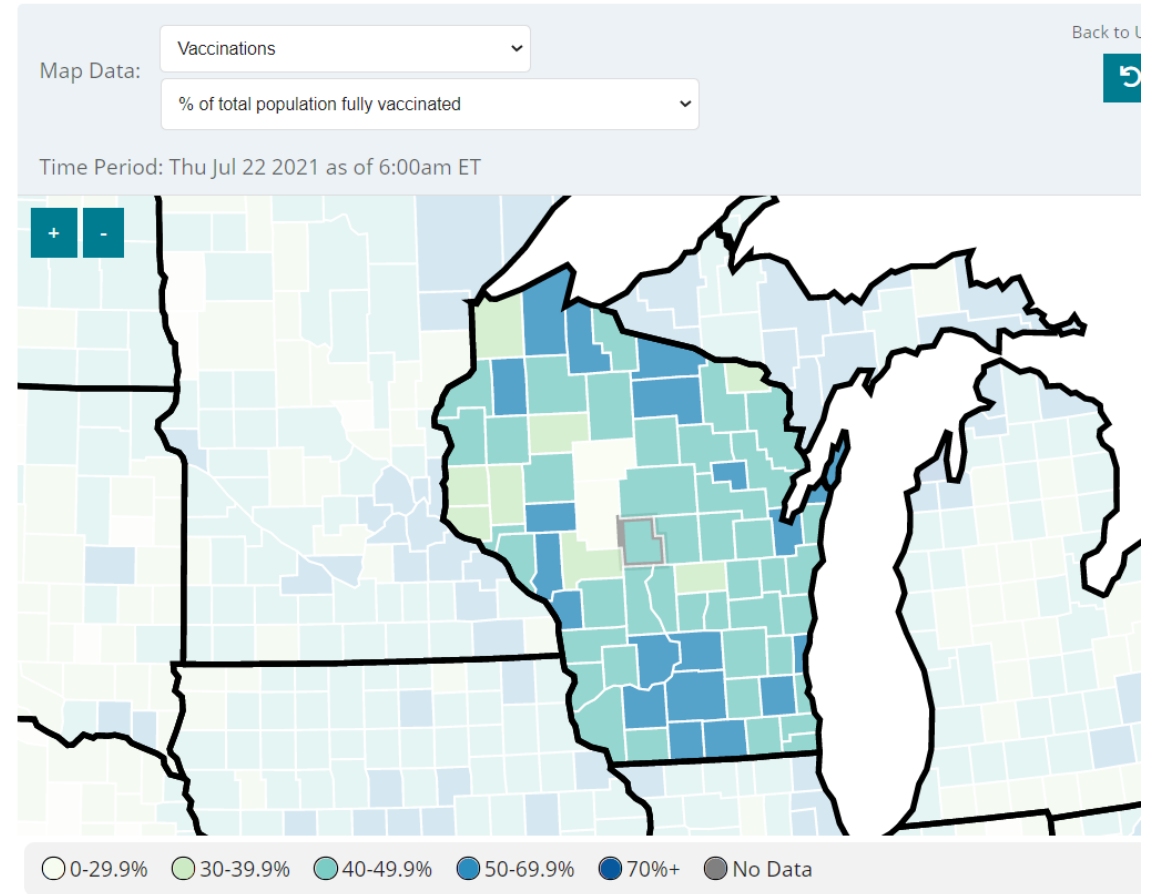
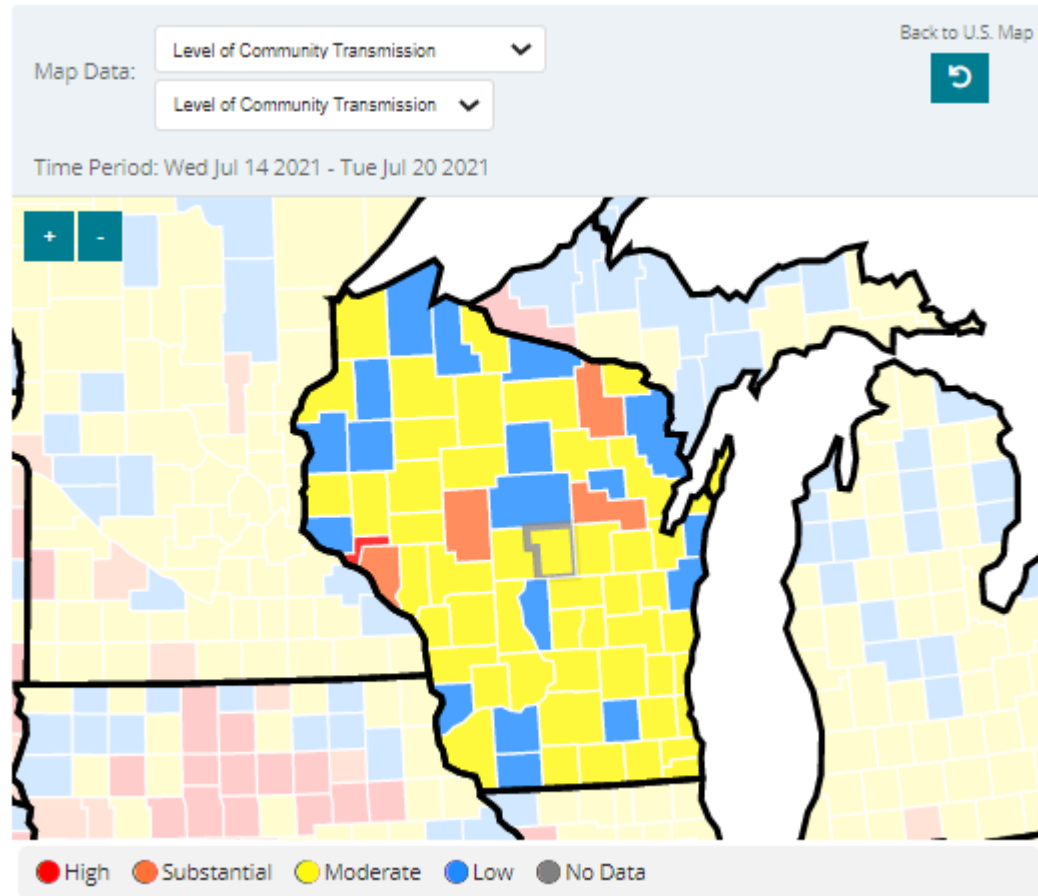


# 7-day percent positive by test, total tests by day

Updated: 7/22/2021



# Levels of Community Transmission and Vaccination Rates



<https://covid.cdc.gov/covid-data-tracker/#vaccinations-county-view>

# People experiencing homelessness are uniquely vulnerable to COVID-19 infection

- Turnover in shelters
- Difficulty avoiding crowded indoor spaces
- Underlying, undiagnosed or untreated medical conditions
- Challenges to vaccination and medical care access
- Vaccine coverage not uniform throughout the state



# Recommendations

- ‘Layered’ prevention strategy
- Vaccination access (12 and up)
- Universal masking
- Physical distancing
- Screening testing
  - Community transmission and vaccination rates
  - Cases/outbreaks
- Contact tracing, isolation and quarantine

Table 3. Potential Actions based on Community Indicator Level

Prevention Strategy	Low Transmission (Blue)	Moderate Transmission (Yellow)	Substantial Transmission (Orange)	High Transmission (Red)
Conduct standard case identification and investigation**				
Implement screening testing: Test subsets of individuals according to designated criteria***				
Implement screening testing: Increase frequency of testing subsets of individuals according to designated criteria***				
Screening testing: Continue testing subsets on regular basis; consider facility-wide testing at least weekly				
Implement facility-wide testing if: <ul style="list-style-type: none"> <li>• A positive test result is identified at the site,</li> <li>• A positive test result is identified in a sentinel site,****</li> <li>• A cluster of probable cases at the site exceeds a pre-determined threshold, or</li> <li>• A site is identified in <a href="#">location-based contact tracing</a>.</li> </ul>				
Implement facility-wide testing at least weekly with follow-up testing if cases are identified				

\*Levels of community transmission defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate, 10-49; substantial, 50-99; high, ≥100) and percentage of positive tests in the past 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high, ≥10%).

# Resources

- Testing supplies: <https://covid19supplies.wi.gov/testing>
- Local vaccination clinics and events: [https://211wisconsin.communityos.org/public-event-search?localHistory=h4hilRV\\_LGyLlaCnlbAn5Q](https://211wisconsin.communityos.org/public-event-search?localHistory=h4hilRV_LGyLlaCnlbAn5Q)
- Vaccine partner resources: <https://www.dhs.wisconsin.gov/covid-19/vaccine-resources.htm>
- Vaccination resources and questions: [dhscovidvaccinator@wi.gov](mailto:dhscovidvaccinator@wi.gov)

# WI Housing and SUD Recovery Services

Wisconsin's SUD Health Home Pilot Project

Leah Ramirez, Policy Initiatives Advisor

Vaughn Brandt, Behavioral Health Policy Specialist

Division of Medicaid Services

July 26, 2021



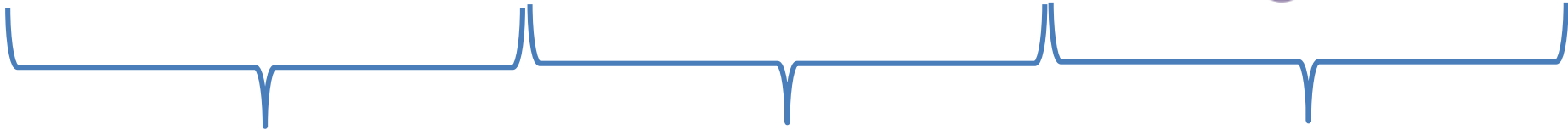
# Introduction

- Overview of DMS Housing Support Services
- The department is bolstering Medicaid funded benefits improve behavioral health integration and treatment for people with substance use disorders.
- RSUD
- Hub and Spoke Integrated Recovery Support Services (an SUD Health Home)
- Recovery Housing

# DMS Activities

- Matching Medicaid and Homeless Management Information System (HMIS) Data
- Represent DHS on the Wisconsin Interagency Council on Homelessness
- Conduct monthly meetings with CoC leads
- Selected to participate in a 10 state learning collaborative with CMS focusing on housing for members with substance use disorder (SUD)

# Housing Support Services



# CMS Guidance

- CMS released a State Health Official letter in January 2021 superseding and updating its previous guidance regarding housing supports.
- The letter reinforced that CMS will **not** allow federal match money to be used to pay for room and board, but highlighted different authorities and strategies for how states can reimburse providers for housing support services.
- Two authorities DMS will be seeking to provide housing support services to more members:
  1. Health Services Initiative (HSI)
  2. 1915(i) Home and Community Based Services State Plan Amendment (SPA)

# Housing Support Services HSI

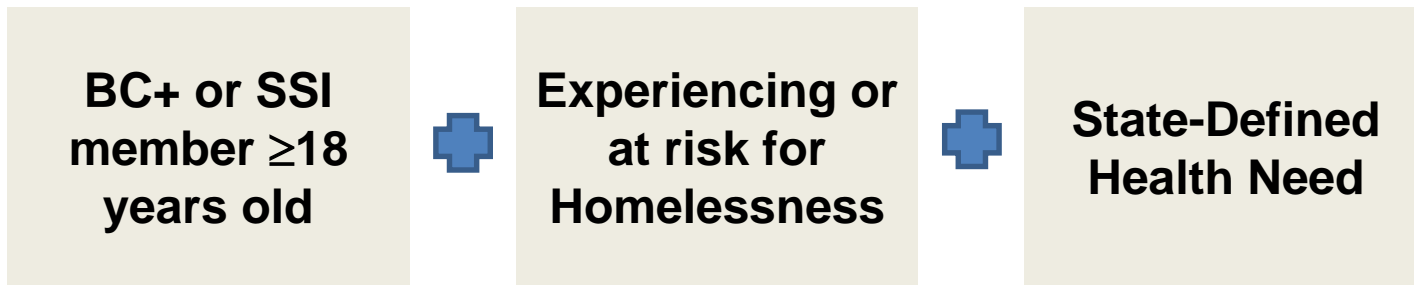
- **Goal:** Through a grant program, DHS will provide funding to homeless assistance providers to focus on **families and pregnant women under 200% FPL** at risk for or experiencing homelessness
- Based on HMIS data:
  - ◆ **2,000 children** enrolled in Medicaid alone, and **over 300 pregnant women** accessed homeless assistance services between 2018 and 2019



# 1915(i)

## Housing Support Services

- **Goal:** Create a new Medicaid benefit covering housing support services through reimbursing homeless assistance providers to deliver these services
- **Eligibility**



# SUPPORT Act

- Innovative State Initiatives and Strategies for Providing Housing-Related Services and Supports: Sections 1017 and 1018
- <https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/support-act-innovative-state-initiatives-and-strategies-for-providing-housing-related-services-and-supports-sections-1017-and-1018/index.html>

# New Residential Substance Use Treatment Benefit

- Brochure for members:

<https://www.dhs.wisconsin.gov/publications/p02615.pdf>

# Medicaid Health Homes

A Medicaid Health Home coordinates care for Medicaid members with **chronic conditions**.

Care is coordinated for all primary, acute, behavioral health, and long-term services related to the member's chronic condition.

Health Homes often target specific geographic regions rather than state-wide care.

# SUD Health Homes

- Some states have used the Medicaid Health Home benefit to create Substance Use Disorder (SUD) Health Homes.
- SUD Health Homes serve individuals whose addiction challenges are complex, chronic, or present significant health risks.

# Hub-and-Spoke Coordination

- Hubs provide regionally-based specialty addiction treatment to address complex care needs.
- Hubs support locally-based Spokes via consultation and training to care for less complex patients.
- Together, Hubs and Spokes expand the capacity to provide quality care for addiction.

# Wisconsin's Integrated Recovery Support Services for SUDs

- Harness the **expertise** of specialty addiction providers and build the **capacity** of local providers to increase access to quality care
- Provide specialized care for individuals with a **variety of addiction** challenges (such as opiates, alcohol, methamphetamines)

# Target Population

Medicaid-eligible youth and adults who have moderate or severe substance use disorders (SUD) and are experiencing or at a high risk for chronic physical and behavioral health conditions

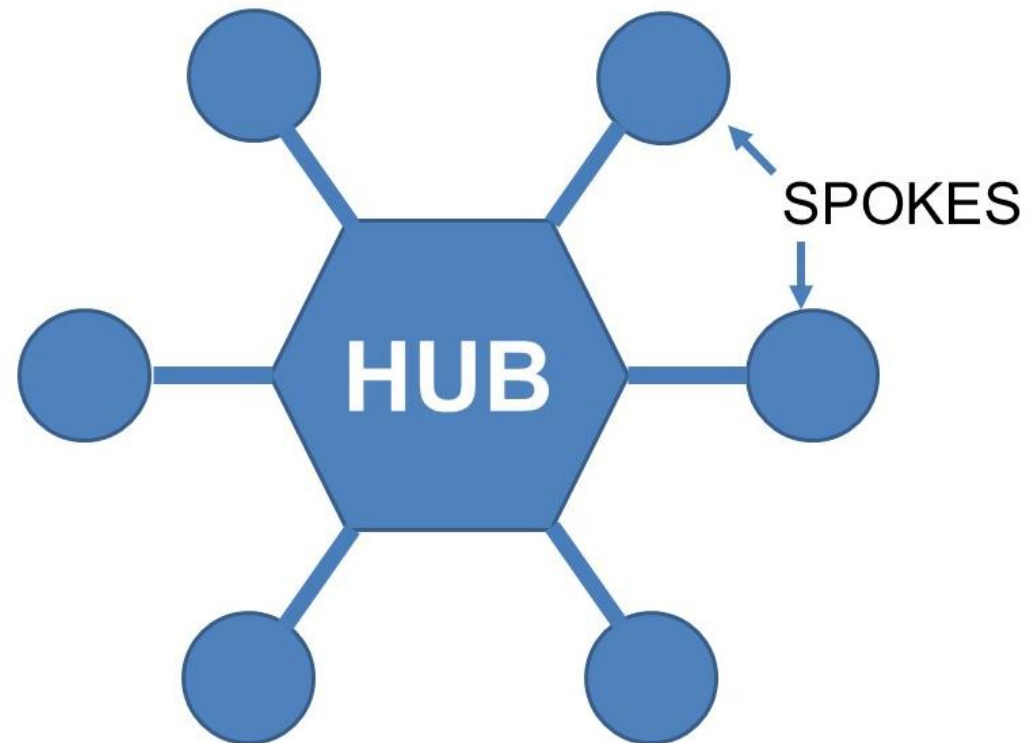


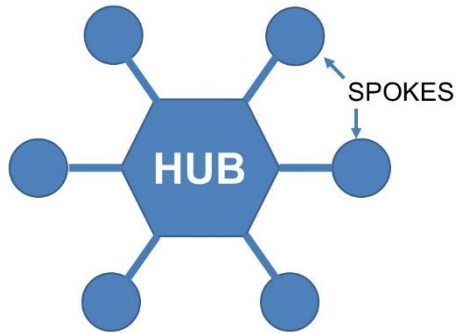
# Whole-Person Integrated Care

SUD Health Homes serve people with addiction issues, but team-based care should address whole-person needs, such as:

- HIV/TB/Hepatitis screening & treatment
- Chronic co-morbid conditions
- Smoking cessation
- Obesity reduction
- Family relations & re-engagement
- Personal recovery goals
- Community integration

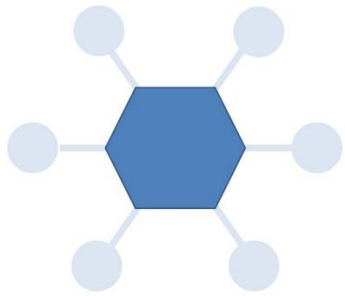
Beginning in July, 2021, Wisconsin Medicaid is piloting a hub-and-spoke health home benefit in three locations around the state for members with substance use disorders and co-occurring needs





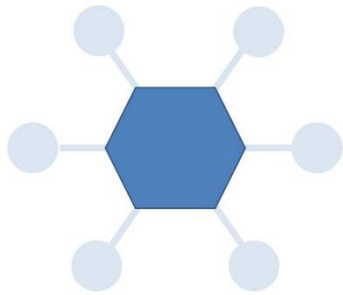
Hubs and Spokes will serve people who come to them via a wide range of referral sources.

Hub provider staff meet people outside the clinic walls, as a mobile community based service, or at Spoke sites to support follow up and coordinated service delivery.



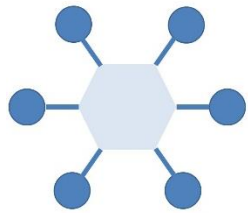
# Hub Services

- Offer variable service intensity to support individuals with significant needs throughout their recovery
- Emphasize rapid engagement and retention in treatment and other services
- Transfer primary care collaboration to or from a spoke when indicated by the patient's assessed level of care and patient choice



# Hub Staffing

- Program Director
- Multidisciplinary Assessment Team (SUD, physical health, mental health)
- Addiction psychiatrist or psychologist
- Nursing services
- **Care Coordinators**
- SUD Counselors
- Waived MAT providers
- Methadone dispensing providers
- **Certified Peer Specialists/Recovery Coaches**



# Spoke Services

- Monitor adherence to treatment and coordinate access to counseling, recovery supports, and local resources
- For primary care providers, integrate management of the patient's addiction care into general medical care
- For OUD, include professionals waived to prescribe buprenorphine

# Health Home Services

Comprehensive  
Care  
Management

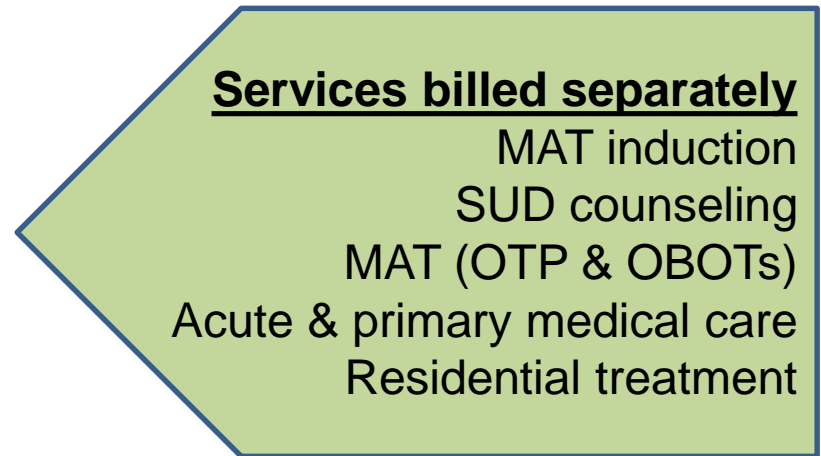
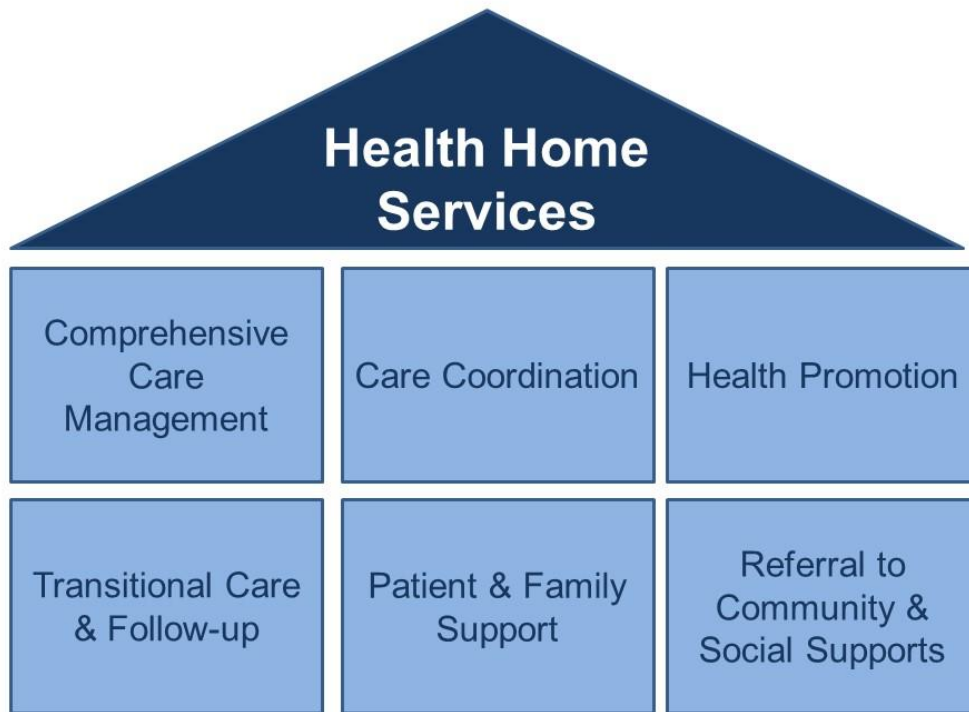
Care Coordination

Health Promotion

Transitional Care  
& Follow-up

Patient & Family  
Support

Referral to  
Community &  
Social Supports



Medicaid Health Home services focus on care coordination and management.

Other services coordinated by the Health Home are provided and reimbursed as usual.



# Telehealth as a Tool

- Comprehensive reform of telehealth policy will simplify and streamline consultation and communication between hubs and spokes, as well as other providers and housing supports.



# Thank you!

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**vivent**health

# Prevention Services at Vivent Health



# Removing Stigma: Changing Our Name

- AIDS Resource Center of Wisconsin
- Rocky Mountain Cares
- St. Louis Effort for AIDS
- AIDS Services of Austin
- Dan Scales Pharmacy
- Thrive Health Connection, Kansas City
- Additional expansion planned

# Thriving. Together.

- Viv: to live
- Ent: prevent



## **Vision:**

Vivent Health envisions a world without AIDS and strives to ensure everyone with HIV lives a long and healthy life.

## **Mission:**

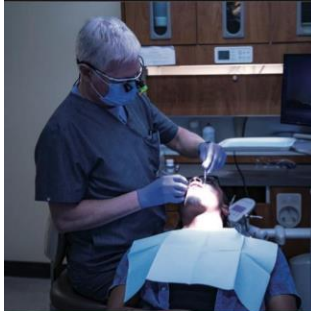
To be a relentless champion for people affected by HIV and do all we can to help them thrive, because we believe every person has value and should be treated with respect.



# VIVENT HEALTH HIV MEDICAL HOME



**PATIENT-  
CENTER-  
ED CARE**



**LEARN  
MORE AT**

[viventhealth.org](http://viventhealth.org)



The Vivent Health HIV Medical Home features our full-service pharmacies, and integrates medical, dental and mental health care with case management and social services provided by a team of professionals dedicated to patient care. We are pleased to provide all this care to you directly or in collaboration with our key partners.

## MEDICAL

High-quality, integrated primary care and HIV treatment customized to meet individual needs of people living with HIV to ensure the best clinical outcomes.

## BEHAVIORAL HEALTH

Inclusive individual and group therapy, psychiatry, drug treatment and neuropsychological testing to improve quality of life and overall wellness.

## PHARMACY

Full-service pharmacy where all prescriptions are filled, regardless of ability to pay, in addition to in-depth education, adherence counseling, home delivery and financial assistance.

## DENTAL

Full range of dentistry services to restore the health, smiles and confidence of people living with HIV.

## LEGAL

Dedicated representation to make sure people living with HIV are treated fairly and their rights are protected, including appeals of the denial of public and private benefits, cases of discrimination and advance directives.

## CASE MANAGEMENT

Assist people living with HIV with access to quality health care, affordable medications, enrollment in benefit programs, housing, food, legal and other community resources.

## HOUSING

Provide residential housing, rent and utility assistance to people living with HIV so they can have safe, stable and affordable options.

## FOOD

Access to healthy and delicious food to ensure good nutrition for people living with HIV so they can thrive.



# Aggressive Prevention Services

- 37 staff in Wisconsin
- Statewide services from 10 offices
  - Appleton
  - Beloit
  - Eau Claire
  - Green Bay
  - Kenosha
  - La Crosse
  - Madison
  - Milwaukee
  - Superior
  - Wausau



# Wisconsin Prevention Programs

- Counseling, testing and referral (CTR)
- Condom distribution
- LifePoint Program
- Opioid overdose training
- Outreach
- PrEP (pre-exposure propholaxis)
- Research



# Harm Reduction

- Reduce negative consequences of risky behaviors
- Minimize harmful effects rather than ignoring or condemning
- Meets people where they are at, but doesn't leave them there



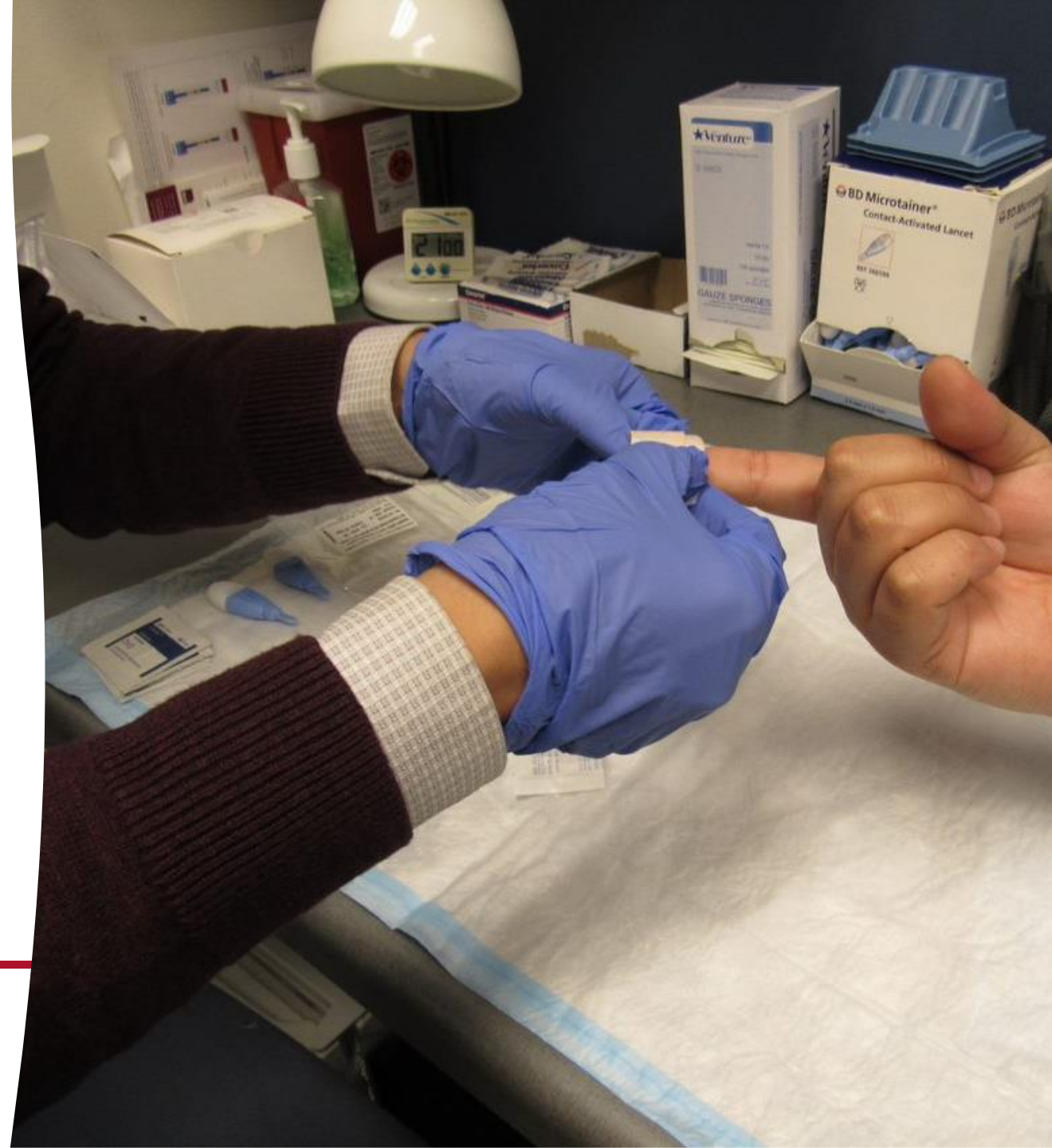
# Counseling, Testing and Referral

- Wisconsin's largest provider of HIV and HCV testing
- Statewide:
  - HIV
  - HCV
  - Syphilis
- In Milwaukee:
  - Chlamydia
  - Gonorrhea
- STI treatment for HIV- clients 18 years and older with insurance



# Counseling, Testing and Referral

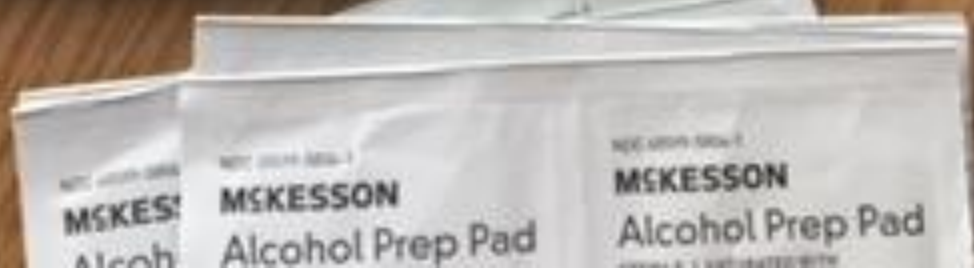
- Statewide 2019
  - 4,005 HIV tests
  - 2,110 HCV tests
  - 1,784 Syphilis tests



# Lifepoint Program

- Reduces risk of HIV and HCV transmission
- Conducted in the office, outreach sites and van outreach
- Distribution of sterile supplies, collection of used syringes
- Education, risk reduction counseling and testing
- Referrals for treatment
- Overdose prevention training & naloxone distribution





## Satellite Lifepoint Program sites 2020

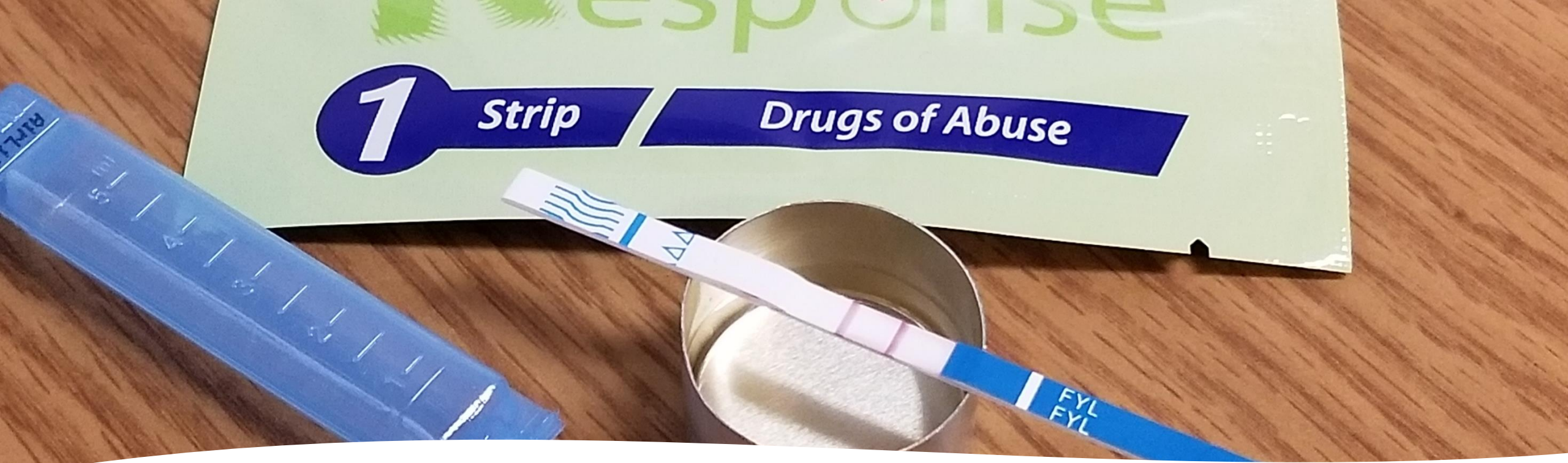
- Bad River Tribe
  - Buffalo County Health Department
  - Dunn County Health Department
  - Harm Reduction Sisters
- Lac du Flambeau Tribe
  - Racine County Health Department
  - Sokoagon Chippewa Community
  - Winnebago County Health Department



# Lifepoint Program

	Statewide 2020
Syringes distributed	5,497,947
Syringes disposed	1,947,483
Number of encounters	24,934
Drug treatment referrals	327



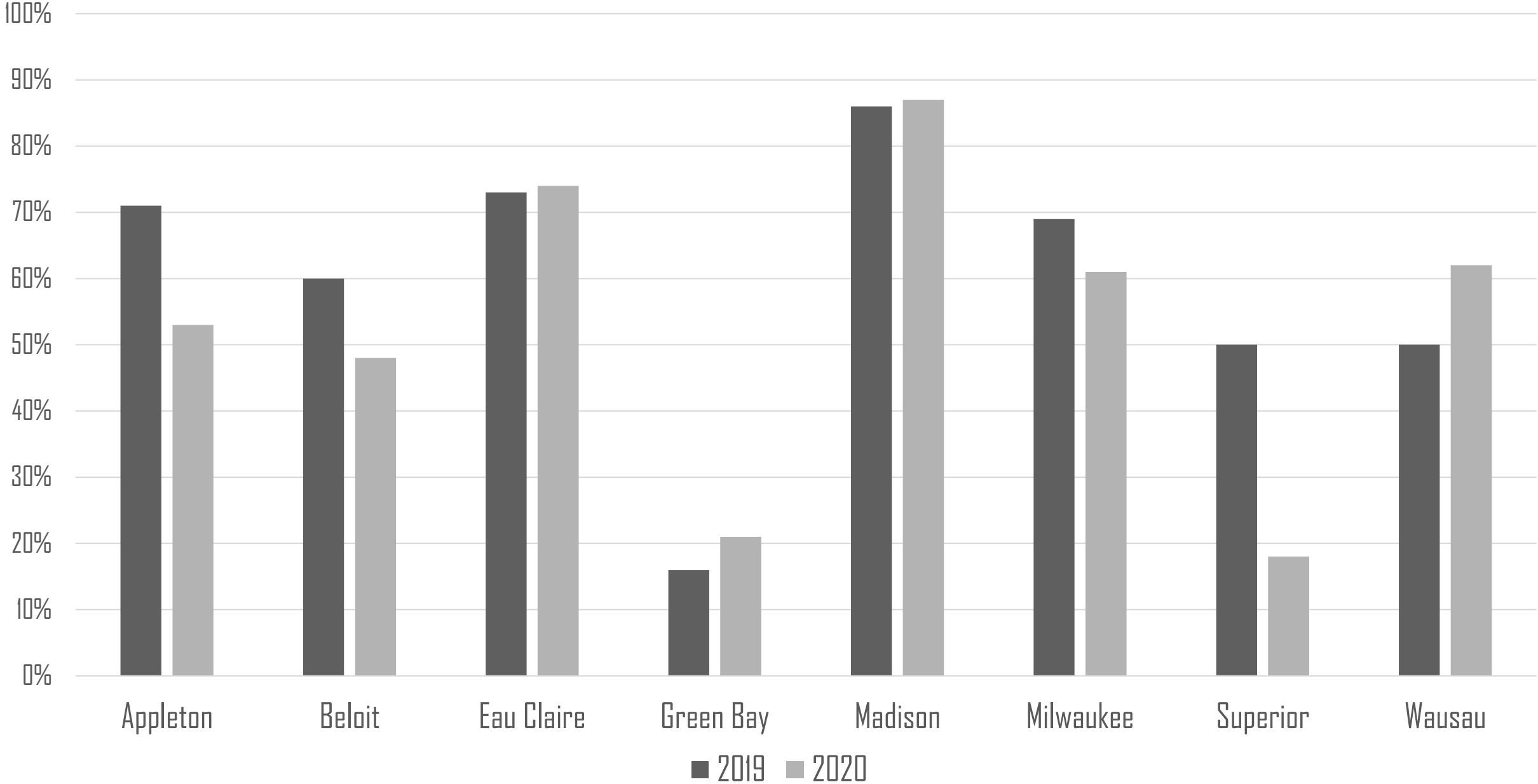


# Fentanyl Test Strips

2020

- Number of encounters: 5,661
- Fentanyl test strips distributed: 44,842

# CLIENT REPORTED POSITIVE FENTANYL TEST STRIP RESULTS



# TYPE OF DRUG TESTING POSITIVE FOR FENTANYL

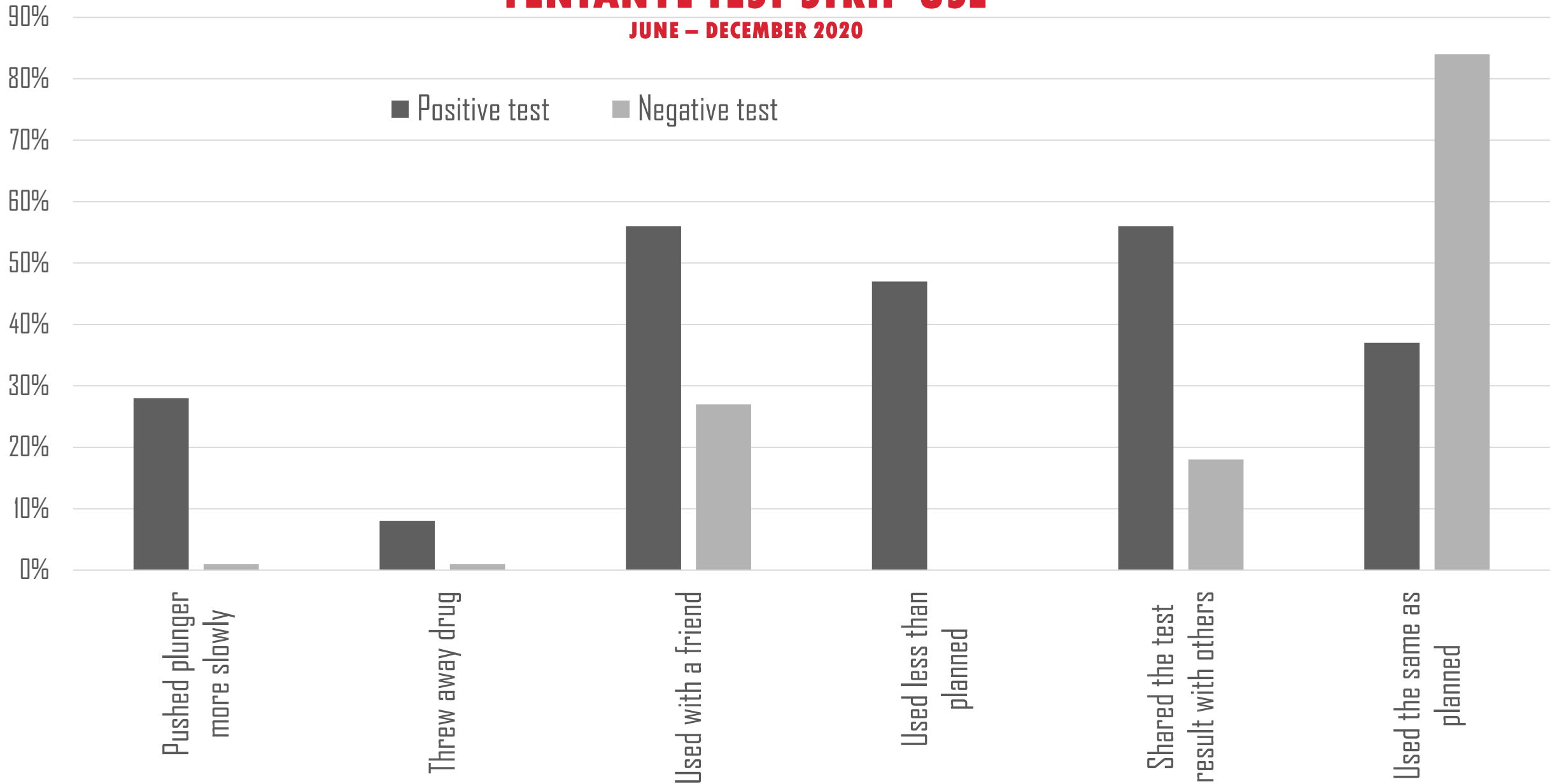
JUNE – DECEMBER 2020

■ Heroin ■ Methamphetamine ■ Cocaine ■ Combo/Other



# CLIENT-REPORTED BEHAVIORS ASSOCIATED WITH FENTANYL TEST STRIP USE

JUNE – DECEMBER 2020



# Naloxone

- Intramuscular and nasal distributed
- One-on-one trainings in the office
- Community-based trainings



# Naloxone

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- Statewide 2020
  - 49,269 doses distributed
  - 5,615 individuals received naloxone
  - 902 peer saves reported



# Partnership Opportunities

- Condom distribution
- Educational programming
- Opioid overdose prevention training and distribution
- HIV, HCV and syphilis testing
- Serve as a Lifepoint satellite site





# Thank you

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