



## **NAEH COVID-19 Webinar Series: Serving & Supporting Unsheltered Homeless Persons During COVID-19.**

### Key Takeaways: Effective COVID-19-Related Street Outreach Requires Planning, Protocols, and Partnerships

1. The potential impacts of COVID-19 on persons experiencing unsheltered homelessness potentially compromise wellness and seriously restrict resources:
  - a. Researchers at University of Pennsylvania, UCLA and Boston University believe the homeless population generally is 2x as likely to be hospitalized, 2-4x more likely to need critical care, and 2-3x more likely to die.
  - b. Analysis of thousands of VI-SPDAT records show that 50% of the unsheltered population is tri-morbid.
  - c. Access to restrooms, showers and/or laundry is gone, restricted or reduced in many communities, as is access to harm reduction supplies or substance use recovery systems.
2. It is paramount that communities promote the health and safety of persons experiencing unsheltered homelessness. Most importantly:
  - a. Outreach workers should symptom screen but be mindful of disclosing private health information.
  - b. Communities should not sweep encampments during this time as doing so may increase COVID-19 transmission and/or increase risk of exposure.
  - c. Communities should ensure access to hygiene, such as keeping public facilities open and stocked when possible. When not possible, hand sanitizer, hand washing stations, toilets, garbage removal, showers and laundry, should be made available to people living in encampments.
  - d. Communities should restructure encampments to come into compliance with CDC guidance social distancing, precautionary efforts to avoid acquire and transmit the virus. Moreover, communities should map encampments to know all locations and people by location to prioritize for services and for contact tracing efforts.
  - e. Outreach staff should have an overdose prevention and response plan, including Naloxone administration and the required safety precautions in place.
3. Ensuring there is a pathway to indoor options and permanent housing is critical to a community's COVID-19 response to persons experiencing unsheltered homelessness. Most importantly:
  - a. Create a workflow for patient triage – how to serve persons experiencing unsheltered homelessness from screening to assisted self-isolation.
  - b. Working with local public health officials, understand factors for responding to COVID-19 and use data to identify and locate people experiencing unsheltered homelessness using (i.e. older, pre-existing health conditions or both).
  - c. Identify options for persons experiencing unsheltered homelessness to consider when engaged by street outreach, including: stay in place, move to new encampment spot,

motel/hotel for isolation, existing/expanded shelter space, doubled-up or permanent reunification. Be prepared for some who refuse shelter or have moved from shelter to being unsheltered.

- d. Use coordinated entry to help those persons experiencing unsheltered homelessness who previously didn't engage to consider housing, expand diversion efforts, and prioritize housing stock for those closer to being document ready to lease up.
4. It's important that outreach staff ensure their safety in responding to persons experiencing unsheltered homelessness during COVID-19 and make the space to debrief and remember those who have died.
    - a. Outreach staff must put into place protocols and practices that ensure their safety, including: regular hand washing/sanitizing, wearing a mask, maintaining 6 foot distance (and explaining why), avoid unsafe transportation, utilize full PPE when needed, especially administering Naloxone, following the local workflow for COVID-19 response, and calling 911 when a person is in distress.
    - b. Outreach staff should take care to debrief their experiences and workflow and most importantly, if or when outreach staff encounters someone who has died of COVID-19, to take time to remember the dead.
  5. Outreach staff cannot serve and support persons experiencing unsheltered homelessness alone. Communication and coordination with other community partners is critical. Most importantly:
    - a. Outreach staff, through relationship building at various levels, should establish the key point of contact within public health, mental health, harm reduction/addiction supports, and paramedics, to ensure seamless coordination of established workflows to best serve persons experiencing unsheltered homelessness.
    - b. It is critical for outreach staff to understand the workflows and availability of both pre-COVID-19 existing shelters and new or expanded shelter options, as well as domestic violence shelters, for clear and quick referrals and transport for persons experiencing unsheltered homelessness.
    - c. Outreach staff can serve as a critical partner in training and coordination of law enforcement staff and community policing efforts to ensure they are aware of CDC guidance on encampments and the COVID-19 approach to persons experiencing unsheltered homelessness.