Serving and Supporting Unsheltered Homeless Persons During COVID-19

Considerations for practice NAEH Webinar April 7, 2020

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Housekeeping & Upcoming Alliance Webinars

- NAEH COVID-19 Webinar Series https://endhomelessness.org/resource/covid

 -19-webinar-series/
- Follow-Along via #COVIDWebinar
- Ending Homelessness Forum https://forum.endhomelessness.org/login

Welcome!



About OrgCode

OrgCode Consulting, Inc. are North American leaders in homeless system transformations, leadership development in homeless services, and technical assistance. OrgCode are merry misfits that disrupt the status quo to be catalysts for better outcomes. Thought leaders in ending homelessness, we advance ideas, create and share resources, and offer training that doesn't suck.



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About Me

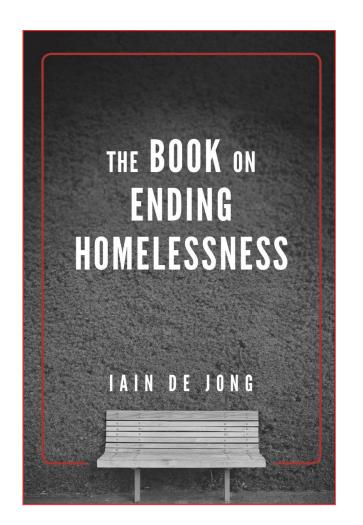


Iain De Jong (he/him) is the President & CEO of OrgCode and the author of *The Book on Ending Homelessness*.

A fair to middling leader, lain is known for his thought provoking insights, ideas and data related to his unwavering commitment to end homelessness, and his work on leadership development in the sector.

He is a frequent keynote and conference speaker and a media commentator and contributor on matters related to homelessness.





Preamble



The materials presented are a combination of guidance provided by reputable health agencies and seasoned practitioners. This session does not constitute health advice. Please follow the directions of your local public health officials as appropriate. Use the information from this webinar at your own discretion.



Potential impacts of COVID19 on unsheltered persons



Potentially Compromised Wellness

- 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.
- Analysis of thousands of VI-SPDAT records show that 50% of the unsheltered population is tri-morbid.
- Early detection and navigation to health resources is necessary.



Restricted Resources

- Many day services are closed or operating in a changed, reduced capacity.
- Food security is increasingly difficult.
- Access to restrooms, showers and/or laundry is gone, restricted or reduced in many communities.
- Potential decreased access to harm reduction supplies or substance use recovery services.
- Access to information is potentially limited.
- Access to money through many sources are decreasing or stopped.



Promoting health & safety of unsheltered homeless persons



Symptom Screening

Do not transport yourself unless you are equipped to do so safely.

Example Screening Questions (from Atlanta, GA)	
Do you have a fever? Yes No	
Do you have a cough? Yes No	
Are you experiencing shortness of breath? Yes No	
If client answers yes to Questions 1-3, they should be masked and isolated.	
What is your age?	
If client answers yes to Question 1-3 and are over 55, they should be transported to the hospital for testing.	
Do you have diabetes, heart disease, high blood pressure, lung disease or any immunosuppressant illnesses? Please specify.	
If client answers yes to 1-3 and has any illness listed for 5, they should be transported to the hospital for testing.	



Avoiding Sweeps

- No sweeps of encampments should occur at this time.
- Sweeps of encampments may increase virus transmission and/or increase risk of exposure to the virus.



Access to Hygiene

- Public facilities open and stocked whenever possible.
- Hand sanitizer and water with soap if public facilities not open.
- Hand washing stations, toilets, garbage removal, showers and laundry for encampments of 10+ people.



Restructuring Encampments

- 12x12 space for each tent in encampment.
- Larger encampments may be encouraged to break into small clusters of 10 or fewer people.
- Some communities are experimenting with a different type of sanctioned encampment.
- Encourage people not to share items within the encampment.



Map Encampments

- Need to know all locations and people by location.
- Important for prioritization and potentially for health services and contact tracing.



Overdose Prevention & Response

- Naloxone administration
- Use with a buddy while maintaining physical distancing
- Planning the in-tox



Pathway to indoor options and permanent housing



Create a Workflow

Work Flow for Patient Triage from Screening to Assisted Self-Isolation (For Individuals with No Fixed Address)

Patient Presentation **Entry Point**

F2F Screening & Triage

- Sign on door directing clients to hand washing/hand sanitizer.
- OR Greeter meets client at entry to direct patient to hand washing/hand sanitizer.
- Client directed to assessment & triage area where s/he is asked the questions below.
- Staff ensure PPE is available & utilized. PPE includes: gloves, medical masks, goggles or a face shield, gowns, aprons, emergency kit & physical barrier that helps start the 6' distance in case the client says yes to the questions below.
- Ensure entry way is cleaned after client arrival.

Hours

Phone Intake:

8:30 am - 10:30 pm **Shelter Screening Onsite** 7:00 am - 9:00 am (TBD)

8:00 pm - 10:00 pm

Entry Point Screening Questions & Triage

COVID-19 Assessment

Q1. Do you have any of the following

- Fever, or new dry cough (early symptoms)
- Shortness of breath &/or extreme
- exhaustion & body aches (later symptoms) - Anyone who has symptoms MUST go immediately to the assisted self-isolation site for 10-14 days & monitor for symptoms.
- Place mask on client & practice social

COVID-19 Assessment

Q2. Have you had close contact with a confirmed or probable case of COVID-19? OR have you been told by public health that you have?

- Anyone who has been exposed to someone known to be COVID-19 positive MUST go immediately to the assisted self-isolation site for 10-14 days & monitor for symptoms.
- Place mask on client & practice social

On-site Intake

- Initiate patient documentation, test & assess for fever ≥37.6 degrees outdoors, 38 degrees indoors, fever noted in history, sore throat, joint pain, muscle aches, severe exhaustion/ weakness. Conduct brief history regarding shortness of breath
- Record basic patient demographics, name, DOB, PHN, address, phone number (if available), where the client is coming from (e.g., shelter, hospital or community agency).
- Continue with any relevant additional assessments & triage to hospital OR the assisted self-isolation site.
- Track & report number of clients came to site, number of clients with clinical symptoms, number of clients referred to hospital or the assisted self-isolation site.

If Positive Screen Call the Intake Line to Initiate

Telephone **Screening & Triage** At point of call, introduce vourself & continue with

the questions to the left. Call AHS Nurse: 1-825-221-2038

Phone Intake Only

- Initiate patient documentation & assessment.
- Record basic patient demographics, name, DOB, PHN, address, phone number (if available), where the client is coming from (e.g., shelter, hospital or community agency).
- Continue with the assessment & triage process to
- hospital OR the assisted self-isolation site. - Track & report number of clients, number of clients with clinical symptoms, number of clients referred to hospital or the assisted self-isolation

Clinical Assessment

COVID - 19 AMH, Detox, Physical & Social Health

NO for Q1 & Q2

Negative Screen: Encourage hand hygiene & continue with usual practice at site, no further assessment at this time. Admitted to

YES to Q1 & Q2

Positive Screen: If onsite, immediately mask client, keep 6 feet (2 arms lengths) distance from other clients/staff. Continue on with further assessment &/or triage to the hospital or the assisted self-isolation site.

Patient Intake & Triage:

- Complete intake/triage forms. Conduct COVID-19 assessment & additional assessments (AMH needs, behavioral concerns, risk of flight, suicidal ideation, detox needs, physical & social health needs, history of aggression/violence, weapons on them or illicit drugs or alcohol on them). Get a consent form signed (e.g., consent WIN has so that all pertinent agencies can be included).
- Arrange transport to the assisted self-isolation site. Document results of assessments & transfer file/information about their level of support needs & how the staff can support the client at the assisted self-isolation site. This will help staff know the client "triggers" & best way to manage their needs.

SICK Patients - Severe Symptoms Unstable vitals, appear unwell, significant comorbidities, & requires high support

Initiate Transfer to Hospital

Well Patients - Mild to Moderate Severity of Symptoms

Stable vitals, look well, & minimal comorbidities

Initiate Transfer to the Assisted Self-isolation Site

- Site Manager informed of patient arrival with relevant information from previous shelter/residence.
- Assess & triage client to appropriate site for ongoing care.
- Register client at site, confirm patient demographics & review prior assessments. Determine any additional supports that are required & initiate/manage casework for clients (e.g., COVID-19, behavioral concerns, risk of flight, AMH, suicidal ideation, detox, physical & social health needs).
- Stock meds that can be accessed based on physician order.
- If COVID-19 symptom severity increases, arrange transport & triage to next level of care (e.g., home care or hospital site).
- At a minimum, track, record & report number of clients that came to the site, number of clients with clinical symptoms, number of clients referred to the assisted self-isolation site.

- 12-24 hours before discharge contact shelter to discuss expected discharge date & notify staff of any changes to clients health (e.g., clinical, cognitive, behavioral, MH, etc. during the time at the assisted self-isolation site).
- For symptomatic or COVID-19 positive 10 days post symptom onset.
- For asymptomatic COVID-19 positive or post-potential COVID-19 exposure (close contact) 14 days.
- Clients will be transferred to shelter without specific PPE requirements for people involved in the transfer
- Track, record & report number of clients released from isolation site. Complete patient discharge documentation in patient health record

Patient Transfer to Hospital or the Assisted Self-isolation Site

Patient Release from the Assisted Self-isolation Site

At the Assisted Self-isolation Site

Prioritize Using Data

- Older
- Pre-existing health conditions
- Both



Prepare for Some Who Refuse Shelter or Have Moved from Shelter to being Unsheltered

- Voluntary nature of existing resources.
- Don't duplicate existing work.
- Redirect if safe and appropriate to do so.



Options

- Stay in place
- Move to new encampment spot
- Hotel/motel for all who are homeless
- Hotel/motel for those who are homeless who need social isolation
- Existing shelter space
- Expanded shelter space (e.g., converted convention center)
- Couch surf
- Permanent reunification



Coordinated Entry

- Opportunity to help those who previously did not engage regarding housing
- Expand diversion
- Maximize resiliency
- Prioritize existing housing stock
- Expand new housing options



Role of outreach staff and safety measures to take



Practices to Increase Safety of Outreach Workers

- Wash hands & hand sanitizer
- Masks
- Maintain 6 foot distance
- Avoid unsafe transportation
- Prepare good communication materials
- Avoid contact with belongings
- Full PPE in rare instances
- Verbal consent may be appropriate
- Continue working on housing solutions



Protocols for III or Deceased Unsheltered Persons

- Follow local workflow
- 911 if necessary
- Debrief
- Remember the dead



Community partnerships



Health Services

- Public Health
- Mental Health
- Harm Reduction/Addiction Supports
- Paramedics



Shelter Services

- Pre-existing permanent shelters
- New or expanded shelter options
- DV shelters



Law Enforcement

- HOT
- Enforcement
- Community policing



Closing thoughts





Q&A



Deeper Dive

 Recorded 1.5 hour webinar on unsheltered homelessness and street outreach: https://www.youtube.com/watch?v=QgJDOrPTRZs&feature=youtu.be



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