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

- Follow-Along via #COVIDWebinar
- Ending Homelessness Forum - [https://forum.endhomelessness.org/login](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, Iain 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

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

### Patient Presentation Entry Point

<table>
<thead>
<tr>
<th><strong>F2F Screening &amp; Triage</strong></th>
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<tr>
<td>- Ask if patient had fever, cold symptoms, or recent travel from outside of the local community.</td>
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<tr>
<td>- Screen for risk factors of COVID-19: fever, cough, shortness of breath, or other respiratory symptoms.</td>
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<td>- Provide a mask to the patient.</td>
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<td>- If patient has positive COVID-19 symptoms, instruct patient to go directly to the nearest hospital.</td>
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<tr>
<td>- If patient has negative COVID-19 symptoms, instruct patient to continue with the next step.</td>
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### COVID-19 Assessment Questions

**Q1.** Have you had any of the following symptoms in the past 14 days?
- Fever, cough, shortness of breath, or other respiratory symptoms
- Loss of taste or smell

**Q2.** Have you had close contact with a confirmed case of COVID-19?
- Yes
- No

### Clinical Assessment

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<td>- No for Q1 &amp; Q2</td>
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<tr>
<td>- YES to Q1 &amp; Q2</td>
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**Positive Screen:** If positive, immediately evacuate. Maintain 6 feet (2 arm lengths) distance from other clients/staff. Continue with further assessment & triage to the hospital or the assisted self-isolation site.

### On-site Intake

- Complete triage forms. Conduct COVID-19 assessment & additional assessments (MMH needs, behavioral concerns, risk of flight, social stability, medical needs, physical & social health needs, history of aggression/abuse, weapons on premises). |
- Check if client is stable & well, & if support is needed. |
- If necessary, provide a list of support needs & how the staff can support the client at the assisted self-isolation site. |

### Phone Intake Only

- Complete triage forms. Conduct COVID-19 assessment & additional assessments (MMH needs, behavioral concerns, risk of flight, social stability, medical needs, physical & social health needs, history of aggression/abuse, weapons on premises). |
- Check if client is stable & well, & if support is needed. |
- If necessary, provide a list of support needs & how the staff can support the client at the assisted self-isolation site. |

### Patient Release from the Assisted Self-Isolation Site

- Complete discharge documentation. |
- Ensure discharge is done following all protocols & guidelines. |
- Provide a list of support needs & how the staff can support the client at the assisted self-isolation site. |
- Ensure discharge is done following all protocols & guidelines.
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 Ill 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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