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Housekeeping, upcoming webinars, and technology issues during pandemics

- NAEH COVID-19 Webinar Series:
 Links to register https://endhomelessness.org/events/
- Technical difficulties yesterday (and maybe today?)
- Shifting to a new platform!





Today's Webinar

- COVID-19 and Homelessness
 - Potential Impacts on Homelessness and Homeless System Capacity
- Recommended Protocols for COVID-19 Responses for Individuals Experiencing Homelessness
 - Partnership with State of CA, State team of experts in homelessness and health, State agencies, CDC guidance
- Critical Elements of Recommended Protocols
- Screening and Referral Protocols
- From the Front Lines: Standing Up Emergency Hotel Capacity and Adapting Existing Shelters
 - Vivian Wan, COO, Abode Services, the Bay Area



UCSF Benioff Homelessness and Housing Initiative (BHHI)

- New research and policy center focused on homelessness, health, and housing
- BHHI:
 - conducts rigorous and policy-oriented research
 - translates evidence into action
 - informs effective, scalable homelessness and housing policies, innovative strategies, and realistic solutions to prevent and end homelessness in the San Francisco Bay Area, California, and across the United States
- BHHI's ultimate purpose is to aid in the creation of healthier communities for everyone through:
 - Research
 - Policy
 - Communication
 - Education



COVID – 19: Potential Impact on Homelessness and Homeless System Capacity



Potential Impact of COVID-19 on People Experiencing Homelessness

- The COVID-19 pandemic is creating a severe and emergent health crisis for the homeless population across the United States
- In recent models of potential scenarios of COVID-19 severity, hospitalization and fatality among homeless populations, homeless individuals infected by COVID-19 would be:
 - Twice as likely to be hospitalized
 - Two to four times as likely to require critical care
 - Two to three times as likely to die than the general population

Source: "Estimated Emergency and Observational/Quarantine Capacity Need for the U.S. Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations, Intensive Care Units, and Mortality"

Dennis Culhane, Dan Treglia, Ken Steif, Randall Kuhn, & Thomas Byrne



Potential Impact of COVID-19 on People Experiencing Homelessness in Sheltered Settings

Homeless shelters and other temporary congregate settings present significant challenges for health and safety:

- close sleeping quarters
- communal meals
- shared bathroom and laundry facilities
- limited hours of operation
- depletion of supplies and lack of training for cleaning, infectious disease sanitization, health screening





Potential Impact of COVID-19 on People Experiencing Homelessness in Unsheltered Settings

- People living in unsheltered settings and places not meant for human habitation also face serious threats to their health and safety
 - People living on the streets by themselves
 - People living in various sized encampments
 - People living in places that are not visible or reachable by outreach or healthcare workers
- Often sleep in close quarters and share utensils and other personal items
- Lack access to basic safety necessities like space, soap and water for hand washing that can help prevent the spread of illness
- Have reduced or total loss of access to food because of community-wide "Stay at Home" restrictions



Creating More Capacity: Scenarios

- The ideal scenario:
 - Private accommodations for as many people as possible to dramatically reduce the likely transmission of disease (Hotel/motel rooms/trailers)
 - Abode Services
- Less ideal scenario:
 - New congregate settings
 - costly, slow to ramp-up, difficult to operate and site



Potential Impact of COVID-19 on the Homeless System Capacity and Front-line Providers

- Significantly diminished capacity
 - Funding
 - Staffing
 - Operations
 - Outreach
 - Volunteers
 - Resources for adequate cleaning, health and safety needs
 - Space for adequate social distancing
 - Health screening
 - Food



Operating in Challenging Circumstances

- The protocols recommended today are made in the context of evolving information and guidance with the understanding that your systems and providers are greatly compromised
- Implement what you are able to with the available resources you have as your community tries to adapt to the very challenging and quickly changing environment
- Direct federal, state, local, and philanthropy and private sector resources to what is most urgently needed to implement recommendations
- Coordinate with health departments and systems as best you can
- Recommended Action Steps: <u>https://endhomelessness.org/resource/homelessness-covid-</u> 19-considerations-and-action-steps/



Operating in Challenging Circumstances



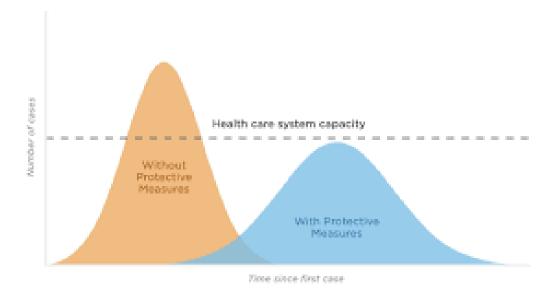


Guiding Principles for Protocols



Guiding Principles

- 1) Save lives
- 2) Protect people who are experiencing homelessness from becoming infected
- 3) Reduce hospitalizations/"flatten the curve"





Guiding Principles

- To reduce illness, hospitalization and mortality:
 - prioritize private spaces (highest degree protection) for:
 - Those with symptoms suggesting infection
 - Those with infection
 - Those with highest risk of severe complications were they to be infected
- Screen and therefore separate people who may be infected from others
- Use testing to determine who IS infected
- Having places where people with infection who do NOT require hospitalization can be (cohorted or in hotels) will:
 - Decrease stress on hospitals
 - Protect others in congregant settings
- Prioritizing those at highest risk for complications for hotels will
 - Decease likelihood of hospitalizations and mortality
- As resources expand, lower threshold to put in hotels



Recommended Protocols for People Experiencing Homelessness



Recommended Protocols

- Developed for the State of California with local, state, and federal experts in partnership with Margot Kushel, MD and the UCSF Benioff Homelessness and Housing Initiative
- Aligned with most recent CDC guidance and emerging lessons
- Informed by the experience and guidance of front-line service providers and homeless system leaders from across the state



Recommended Protocols

- Coordination is essential
- These recommendations will work best if managed and filtered through a centralized coordinated system with the local/county public health department, emergency services office and local Continuum of Care and homeless providers.





Recommended Protocols: Definitions

COVID +: Individual that has tested positive for COVID-19. This will include people who are confirmed COVID + but do not require hospitalization (at this point) AND people who have completed hospital stays and no longer require hospitalization but who are still potentially infectious.

Person Under Investigation (PUI): Medical term for an individual with positive symptom screen or, if possible, a positive secondary screen (meaning a Registered Nurse (RN) or other medical professional, as referred to by outreach or shelter staff, has screened the individual and considers the individual at high risk of infection).

Presumed COVID-19 negative (not COVID + or PUI): These individuals are currently not showing symptoms but may still be or could become COVID +.



- 1) Focus intensive infection prevention efforts on those most likely to develop severe complications from COVID-19, including both people who are currently in shelters and people who are currently unsheltered
 - Expand the category of those receiving intensive infection prevention efforts if resources permit
 - The primary strategy for intensive infection prevention efforts is providing single occupancy housing (hotels, motels, trailers)



2) Reduce risk for people in shelters and congregate settings through decreasing the density of people staying there

 May require creating additional or auxiliary spaces to sustain bed numbers, increasing cleaning, and screening guests for symptoms

3) Separate people with symptoms quickly and ensure they wear facemasks

 Create isolation units (i.e. hotels, motels, trailers) for people under investigation (PUI)



- 4) Cohort COVID + individuals in group settings with appropriate healthcare personnel or place COVID + in individual isolation units (i.e. hotel, motel, trailer) for duration of quarantine
- 5) Prioritize individual housing units (e.g. hotels, motels, and trailers) for unsheltered and sheltered individuals experiencing homelessness who are either
 - (1) people under investigation (PUI) or
 - (2) at high risk of medical complications (defined in written protocols)



NOTE: Communities should make every effort to bring people who are living outside indoors to either individual units or settings where recommended social distancing and cleaning and screening procedures are available

- 6)If these options are NOT available, the CDC has recommended that communities should not be clearing encampments and dispersing people throughout the community.
 - If people living outside are asymptomatic, **DO** provide outreach services (screening, food, hygiene) and **ENSURE** that recommended social distancing is maintained where the individual is located and **ATTEMPT** to bring people inside when appropriate spaces become available



Screening and Referral Protocols



Screening and Referral Protocols: Triage Questions

For shelter staff and outreach workers, below is the recommended triage screening steps to take with shelter clients and homeless outreach clients:

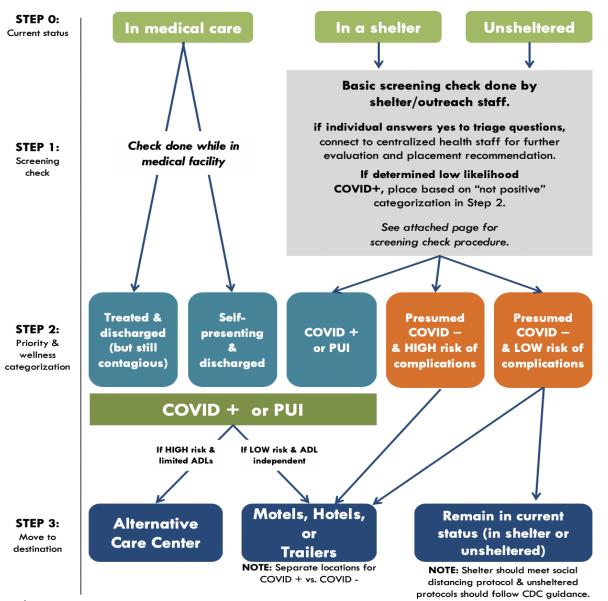
- 1. Ask the individual:
 - a. Do you have a cough?
 - b. Are you feeling feverish?
 - c. Do you have difficulty breathing (worse than usual)?
- 2. Take temperature—if higher than 100.4 degrees, client screens positive.

Note: In shelters, ask guests these questions *daily*.

In unsheltered settings, screening should be performed by outreach workers as feasible.



State of California COVID-19 Recommended Protocol for People Experiencing Homelessness





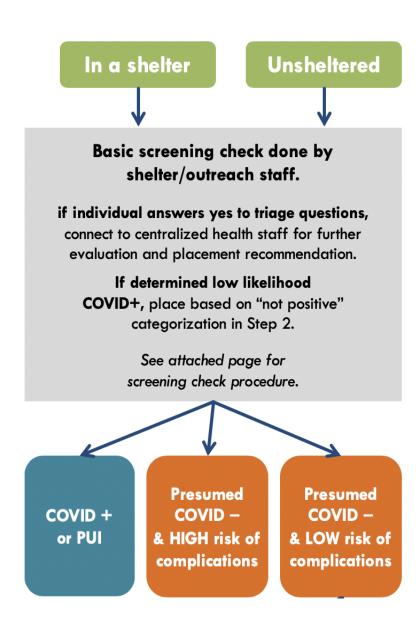
Screening and Referral Protocols: Shelter Staff



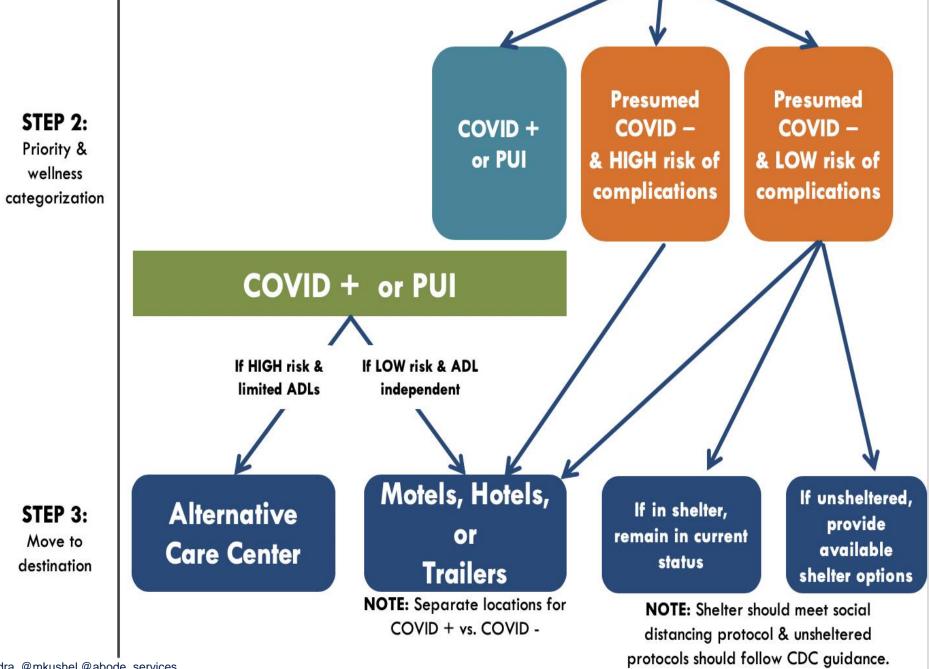
STEP 1: Screening check

STEP 2:

Priority & wellness categorization







STEP 3:

Move to

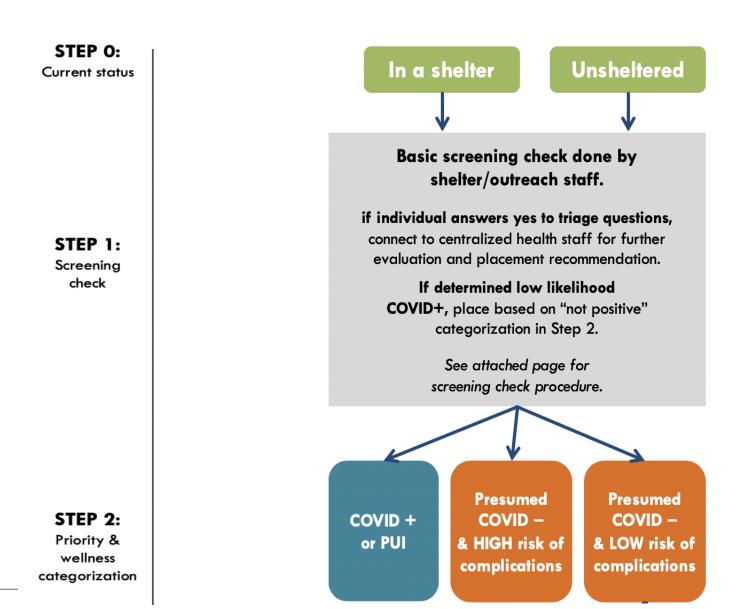
destination

STEP 2:

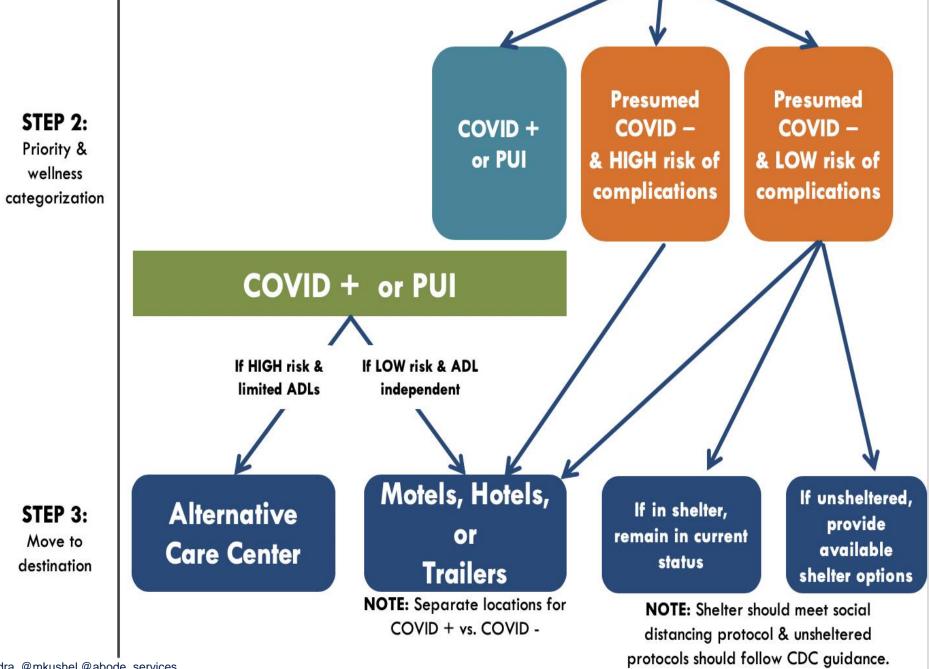
Priority &

wellness

Screening and Referral Protocols: Unsheltered Outreach Staff







STEP 3:

Move to

destination

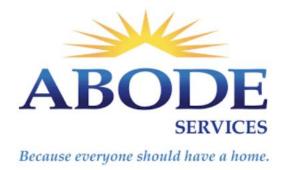
STEP 2:

Priority &

wellness

Standing Up Emergency Hotel Capacity and Adapting Existing Shelters

Vivian Wan
Chief Operating Officer







Because

everyone should have a home.



Abode's Mission



Our mission is to end homelessness by assisting low-income, un-housed people, including those with special needs, to secure stable, supportive housing, and to be advocates for the removal of the causes of homelessness.

Because

everyone

should have a home.

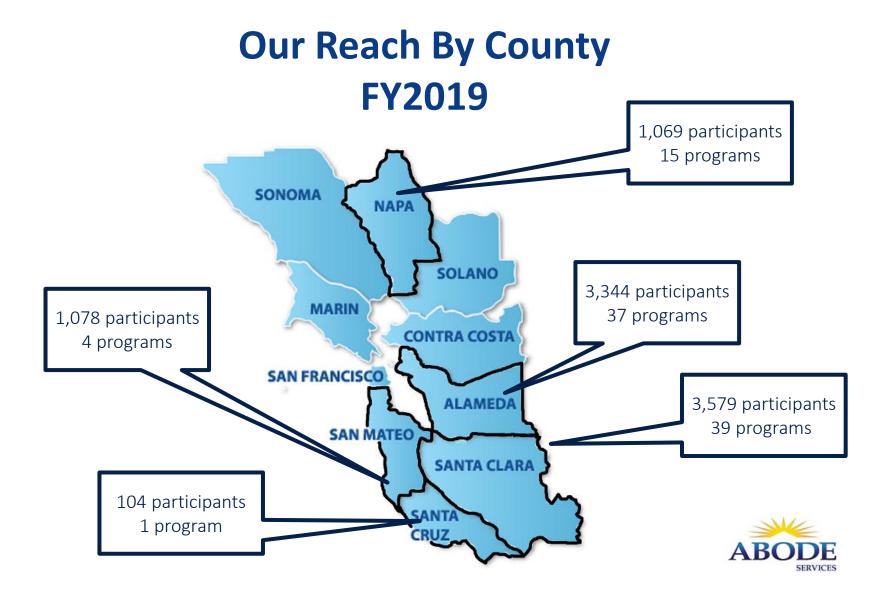




Because

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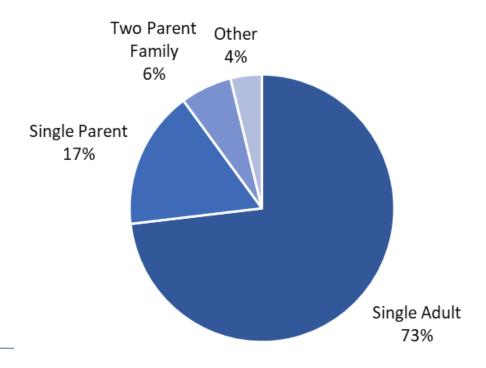


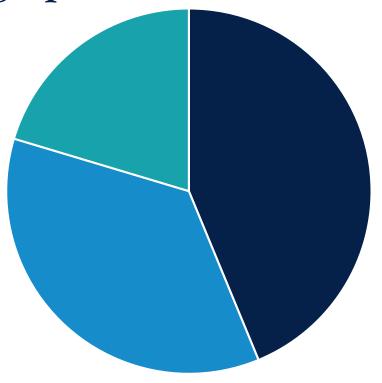




Agency Demographics

- **9,173** People
- 5,915 Households





- Rapid Rehousing
- Permanent Supportive Housing
- Outreach/ Shelter/ Services Only



Adapting Existing Shelter/ Outreach/ All-Programs

- Prioritizing "front door" and high need residential properties.
 - Hiring, staffing, crisis pay, supplies
- Social distancing
 - Thinning out bed capacity (Not Easy!)
- Medical screenings?
- Training staff— with evolving protocol/ supplies
- Increased Cleaning- \$\$ and WHO?
- Creative use of spaces
 - Geographic Challenges
 - Offices, conference rooms, family rooms



NEW—While Maintaining "Normal" Operations

Each County Different:

- Office of Emerg. Services
- Supplies
- Health Resources
- Our role!

"New" Sites/ Motels

- 1 Napa (55 rooms- basic)
- 2-5 Santa Clara- services only •
- 2- Oakland/AC- Full ops

Considerations

- Roles—Need Health Care
- Prioritization- COVID+ or PUI (people under investigation)
- Medical Screening at Entry
- Staffing levels- who, shifts, overnight/ weekends?
- PPE
- Harm reduction in isolation











Operation Comfort and Safer Ground

- PARTNERSHIP--State of CA, Alameda County (ALL PARTS)
- 2 hotels- 393 Rooms total
 - Operation Comfort: COVID+/ PUI
 - Safer Ground: Vulnerable (age/ health)
- Staffing- 36 FTE (Abode only- many more through county)
 - Hired most, but had amazing leadership/ mgmt.
 - Training Plan- videos, cheat sheets, online platform
 - Shelter Monitors (24/7), Community Health Workers/ Housing Navigators
- Other Supports
 - Food (by hotel, through state contract)
 - Transportation (through county)
 - Security (through state contract)



Operational Considerations

- Ramp-Up Plan needed to test P&P and adjust
 - Admitted 1st guest 3 days after contract execution, 6 days after initial conversation!
- "Movement" in hotels- pets, smoking, wandering, keys
- Addressing isolation challenges (social/ health)
- Expectations- collaboration with referral agencies
- Exits before medical clearance?
- Harm Reduction in "isolation" vs. shelter in place
- Medical Supports- Health and Behavioral
- Training for security/ transportation/hotel
- Media and other inquiries- what to share when?
- Safety for staff, agency, community



CONTACTS

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Q&A



Additional Resources

- NAEH COVID-19 Webinar Series: Links to register: https://endhomelessness.org/events/upcoming-events/
 - Serving & Supporting Unsheltered People During COVID-19
 - Tuesday, April 7th, 3:00-4:00pm EST
 - https://zoom.us/webinar/register/WN_8mVkzS1kQ4O_u11cv9KcyQ
 - Working with FEMA to Address Homelessness During the Pandemic
 - Thursday, April 9th, 3:00-4:00pm EST
 - https://zoom.us/webinar/register/WN_M2a8fCEGQ3WiGILHOUnS5Q
 - Ensuring Racial Equity During the COVID-19 Homelessness Response
 - Tuesday, April 14th, 3:00-4:30pm EST
 - https://zoom.us/webinar/register/WN_R-kvsLlsR9arIh6CinFxgw
 - Supporting People Remotely in Housing
 - Thursday, April 16th, 3:00-3:30pm EST
 - https://zoom.us/webinar/register/WN_57r11iYeTaqfjRxVubWqsg
- NAEH COVID-19 Resource Page:
 - https://endhomelessness.org/coronavirus-and-homelessness/

