

# Focusing on People Who Are Unsheltered

May 5, 2020

Michael Durham, Technical Assistance  
Manager  
National Healthcare for the Homeless Council

Kendall Cloeter, Housing Program Manager  
State of VA Dept. of Housing & Community  
Development

Rachel Biggs, Policy Director  
Albuquerque Health Care for the Homeless

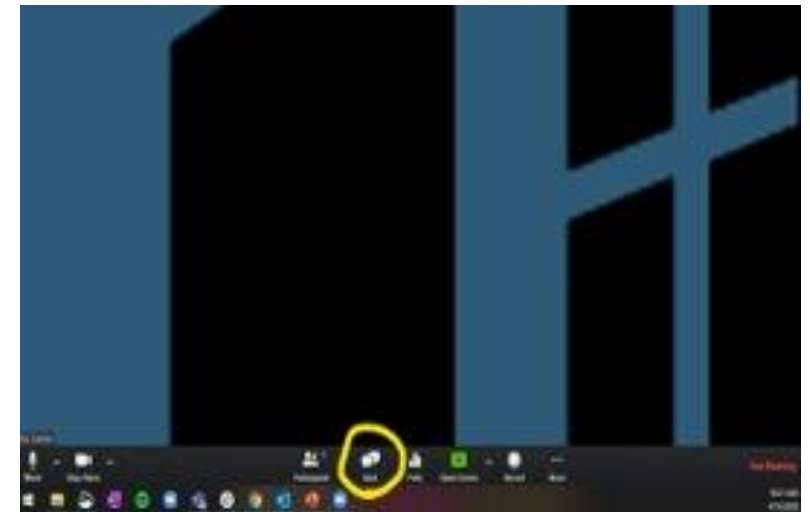
Marco Santana, Director of Engagement  
Los Angeles Family Housing



National Alliance to  
END HOMELESSNESS

# Housekeeping & Announcements

- All attendees are on mute, and video options are turned off.
- The Zoom chat function has been disabled. Please enter your questions in the **Zoom Q&A box**.
- Follow our COVID-19 Webinar Series here: <https://endhomelessness.org/resource/covid-19-webinar-series/>
- **Upcoming webinars:**
  - Using Your Data to Analyze Racial Disparities During the Pandemic – Thursday, May 7th, 3:00pm EST
  - Making Housing Happen In Difficult Times – Tuesday, May 12th, 3:00pm EST
  - Helping Survivors of Domestic Violence and Trafficking Stay Safe During the Pandemic – Thursday, May 14th, 3:00pm EST
- Join the Ending Homelessness Forum - <https://forum.endhomelessness.org/login>



# Housekeeping & Announcements

## COMING SOON!

NAEH & NHCHC launching self-paced online courses on:

- Understanding Homelessness
- COVID Overview/CDC Guidance
- Cultural Humility
- Case Management 101
- Trauma Informed Care
- Trauma Informed Supervision
- Harm Reduction

Audience: hotel/motel and congregate shelter staff, new hires w/o prior experience of working with individuals experiencing homelessness, health care, medical, mental and behavioral health staff working with hotel/motel guests and staff.

Stay tuned to the Alliance's webpages - [Coronavirus & Homelessness](#) or the [Center for Learning](#) to enroll early next week!



# OVERVIEW & FRAMEWORK

Michael Durham

National Healthcare for the Homeless Council



# About the National HCH Council

Grounded in human rights and social justice, the National Health Care for the Homeless Council mission is to build an equitable, high-quality health care system through training, research, and advocacy in the movement to end homelessness.

Get involved at [nhchc.org/join](https://nhchc.org/join)

# What we're seeing

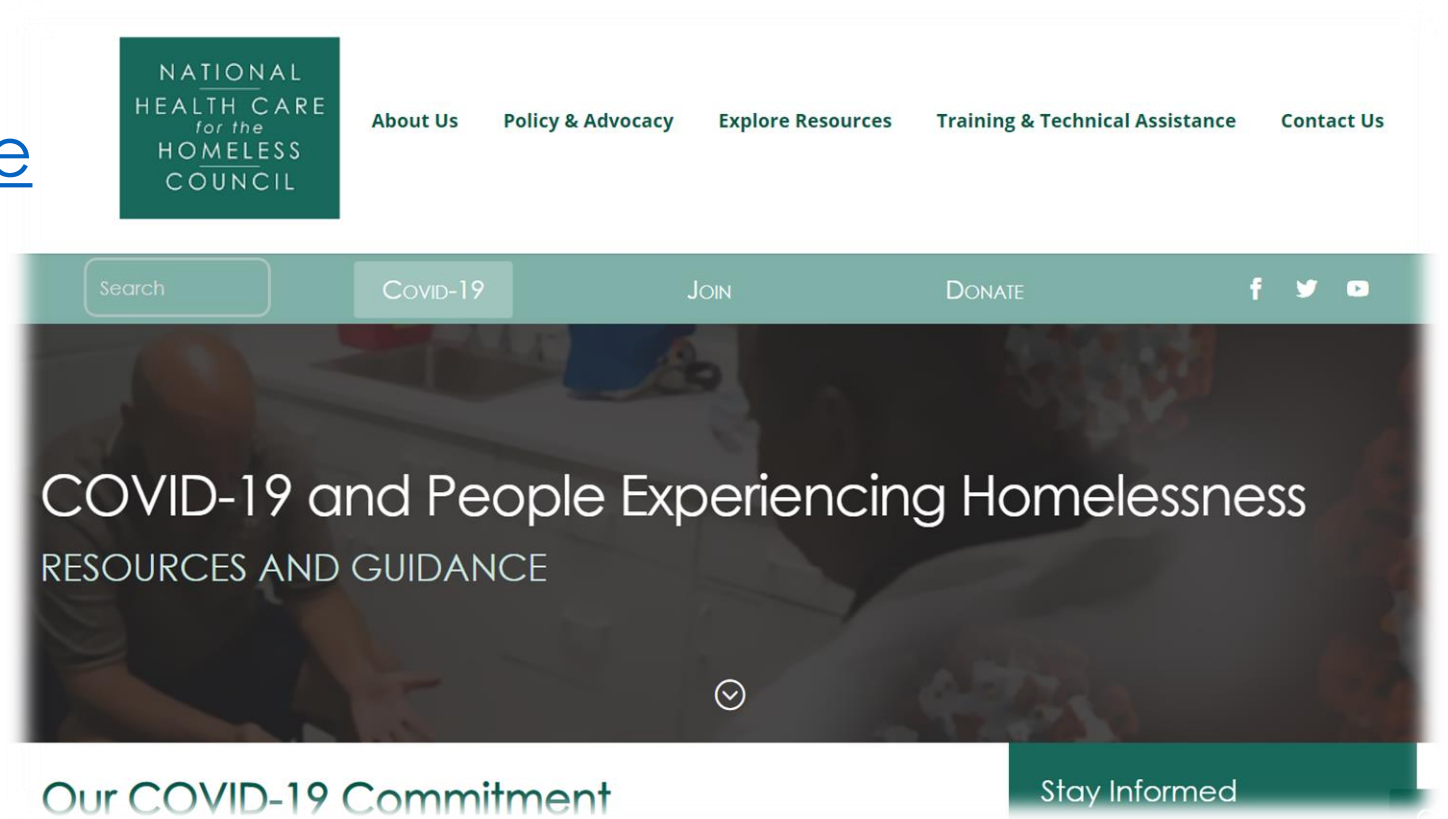
- Our mantra that Housing is Health Care has never been more obvious.
- While many communities are placing moratoria on sweeps of encampments and other policies that criminalize homelessness, too many others are doing the opposite.
- Libraries and day centers that can ordinarily shelter people during the day are closed, increasing the unsheltered population.
- Many night-time shelters are closing, too.
- Some folks are choosing to stay outside who might normally sleep in the shelters for fear of congregating.

# What we're seeing

- Housing placements and COVID-19 testing seem to focus on people in congregate settings, like shelters or Alternative Care Sites.
- Many health centers or other homeless health providers that had outreach services to unsheltered folks have reduced their rounds to minimum services, while others are pivoting to focus outside.
- In lieu of adequate shelter resources and/or political will, some communities are organizing camps in parking lots, open lots, etc.
- Providers are struggling to keep in touch with their clients who sleep outside.

# Emerging guidance

- [Street Medicine Institute](#)
- [Homebase](#)
- [CDC](#)
- [HUD](#)
- Local outreach guidance:
  - [Nashville](#)
  - [Oakland](#)
  - [Seattle](#)
  - [Los Angeles](#)







# Public Health and Economic Recovery

## Overview: Homeless System Planning for the Most Effective Use of COVID-19 Funding

## A Framework for COVID-19 Homelessness Response: Responding to the Intersecting Crises of Homelessness and COVID-19

### IMMEDIATE ACTIONS for Unsheltered People:

- Non-congregate, CDC-compliant shelter and no sweeps
- Robust outreach, screening, and testing protocols to assess needs
- Referrals and safe transportation to shelter and housing
- Hygiene resources
- Protective supplies for clients and staff and training for staff in social distancing, sanitation, hygiene, and harm reduction practices
- Access to appropriate health care
- Engage people with lived experience to inform response and improve practice



### IMMEDIATE ACTIONS Public Health Response: Emergency Protective Measures to Flatten the Curve

Create system-wide testing and/or screening protocol and route people to appropriate locations based on need (asymptomatic, symptomatic, high-risk, COVID positive)

- **Unsheltered People:** Increase outreach and create additional hygiene resources (handwashing stations, showers, laundry) for people in unsheltered locations.
- **Housing:**
  - Continue housing people through normal channels.
- **Prevention/Diversion:**
  - Implement jurisdiction-wide moratoria on evictions.
  - Support people in PSH and RRH.
  - Link to employment.
- **Other Key Activities:**
  - Collect data for planning.
  - Engage People with Lived Expertise in planning.



### SHORT-TERM ACTIONS Public Health and Economic Recovery Response: Effective and Equitable Re-Housing

Develop and implement strategies that support people in non-congregate or overflow shelters exiting to housing, not back to unsheltered locations.

- **Unsheltered People:**
  - Sustain and expand efforts to support, screen, test, and safely shelter people who are unsheltered.
  - Engage people with lived expertise and other partners to increase outreach, especially in rural areas.
- **Housing:**
  - Begin landlord engagement activities.
  - Begin re-engagement of coordinated entry.
  - Begin cross-system planning.
- **Prevention/Diversion:**
  - Scale up efforts to prevent loss of housing among people in PSH and RRH programs.
- **Other Key Activities:**
  - Implement equity-based decision making protocols.
  - Use data to project need for different interventions and inform equity-based decisions.



### MEDIUM-TERM ACTIONS Economic Recovery Response: Reduce New Entries into Homelessness

Continue to implement CDC/HR guidance in homeless programs and systems.

- **Unsheltered People:** Re-house people living in unsheltered locations and increase support for unsheltered persons.
- **Housing:**
  - Prevent evictions due to economic crisis for extremely low income and marginalized persons first. Plan for higher income (30-80% AMI) at-risk households.
- **Prevention/Diversion:**
  - Divert households from homeless systems when possible.
  - Engage partner systems (TANF, Child Welfare, Justice) for prevention activities.
- **Other Key Activities:**
  - Use data to refresh projections of need for different interventions and assess equity impact.



### LONGER-TERM ACTIONS Economic Recovery and Public Health Preparedness: Strengthen Systems to Advance Racial Equity and Prepare for Future Crises

Strengthen connection between homeless and public health/emergency management systems to prepare for future crises.

- **Unsheltered People:** Monitor re-housing efforts for people living in unsheltered locations.
- **Housing:**
  - Assess and plan additional activities/targeting for marginalized/highly impacted communities.
- **Prevention/Diversion:**
  - Prevent evictions due to economic crisis for higher income populations as appropriate (30-80% AMI).
- **Other Key Activities:**
  - Conduct review of COVID response to inform lessons learned for planning, including impact of equity-focused practices.



# FOCUSING ON PEOPLE WHO ARE UNSHELTERED AT THE STATE LEVEL

Kendall Cloeter

State of VA DCHD





**VIRGINIA DEPARTMENT OF HOUSING  
AND COMMUNITY DEVELOPMENT**

Partners for Better Communities

DHCD is committed to creating safe, affordable and prosperous communities to live, work and do business in Virginia.





## DHCD's Homeless and Special Needs Housing Unit:

- Ensuring homelessness is rare, brief, and non-recurring.
- Administers a continuum of state- and federally-funded homeless service programs to address housing and stabilization services for individuals and families at-risk of or experiencing homelessness.
- Works closely with communities and service to ensure comprehensive homeless services are provided effectively and efficiently in accordance with best-practice models to maximize limited resources.

# Commonwealth of Virginia's COVID-19 Homelessness Response

March 23: E.O. 53 (Closure of Non-essential businesses)

March 30: E.O. 55 (Stay at Home Order)

Adapting existing efforts



Creating a new response for a new time

# Commonwealth of Virginia's COVID-19 Homelessness Response

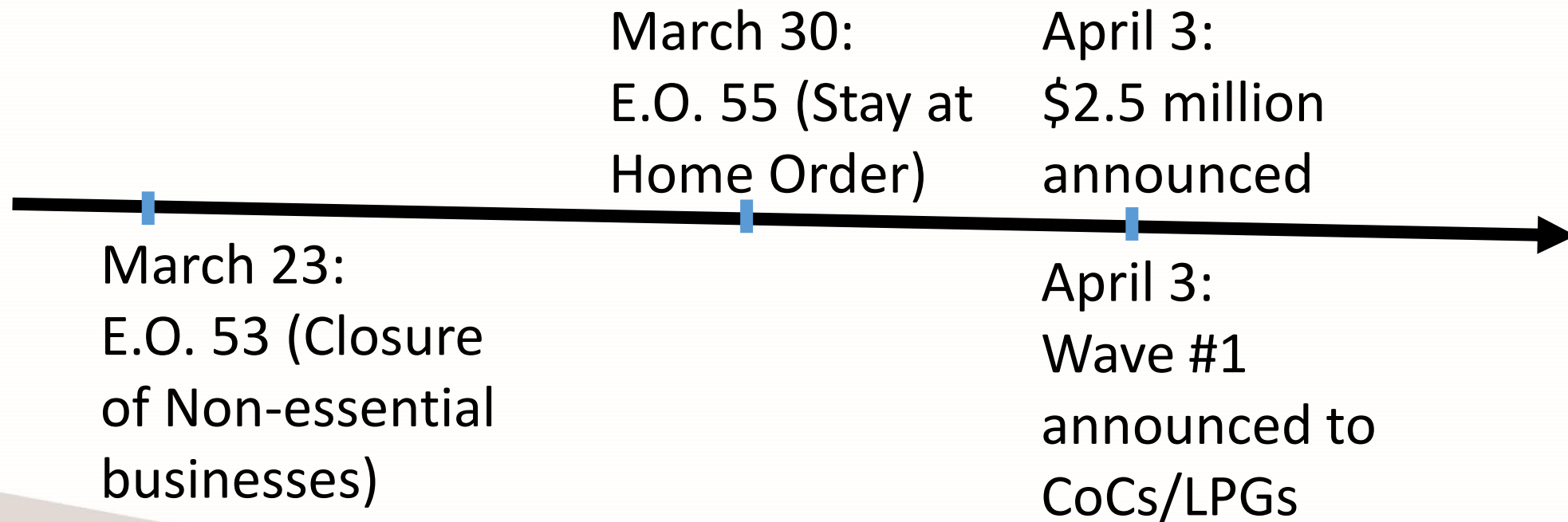
- Who is most at risk of complications due to COVID-19?
  - Focus #1: Persons experiencing unsheltered homelessness
- Other major areas of concern?
  - Focus #2: Guests of shelters that close during the day

## Commonwealth of Virginia's COVID-19 Homelessness Response

April 3: Governor Northam announces \$2.5 million in emergency response funds to provide emergency shelter for the appx. 1,500 Virginians who are currently unsheltered and guests of shelters that require them to leave during the day.



# Commonwealth of Virginia's COVID-19 Homelessness Response



- Wave #1: COVID-19 Emergency Response Funding
- Eligible uses: To support emergency shelter operations
  - Case Management and Supportive Services
  - Outreach
  - Transportation
  - Hotel or Motel vouchers – Non-congregate sheltering
  - Cleaning supplies
  - Food
  - Costs to secure additional congregate sheltering space if needed

# Commonwealth of Virginia's COVID-19 Homelessness Response

- Results
  - Informal, not statewide – yet
  - Decrease and functional end to unsheltered homelessness
  - Able to engage individuals who had been resistant
    - Emergency shelter and supportive services

# Commonwealth of Virginia's COVID-19 Homelessness Response

- Next steps / Planning for Wave #2 of funding
  - Continue emergency sheltering
  - Focus on exits to permanent housing: help newly engaged clients access PH with financial assistance and supportive services

# STREET MEDICINE & OUTREACH DURING THE PANDEMIC

Rachel Biggs

Albuquerque Health Care for the Homeless



# Albuquerque Health Care for the Homeless (AHCH)

- Albuquerque was one of the original 19 cities nationwide to participate in the pilot and develop the HCH model in 1985.
- AHCH is a freestanding FQHC and standalone 330(h) HCH project.
- Provides integrated primary medical and dental, behavioral health and social services through extensive outreach and at its central services campus.





# AHCH

- Over 100 staff
- Serves nearly 7,000 people without homes each year.
- Serves exclusively people without homes, 95-98% at or below 100% Federal Poverty Line.
- NM expanded Medicaid in 2014. Clients were traditionally 85-95% uninsured, now that is flipped.



# AHCH Street Medicine

- Field-based care is a hallmark of AHCH's model for delivery of integrated health services with the purpose of engagement and breaking down barriers and a two-pronged goal of taking services out to the field and/or linking people into AHCH or other site-based services.
- "...the provision of medical care directly to those living and sleeping on the streets through mobile services such as walking teams, medical vans and outdoor clinics." ([streetmedicine.org](http://streetmedicine.org))



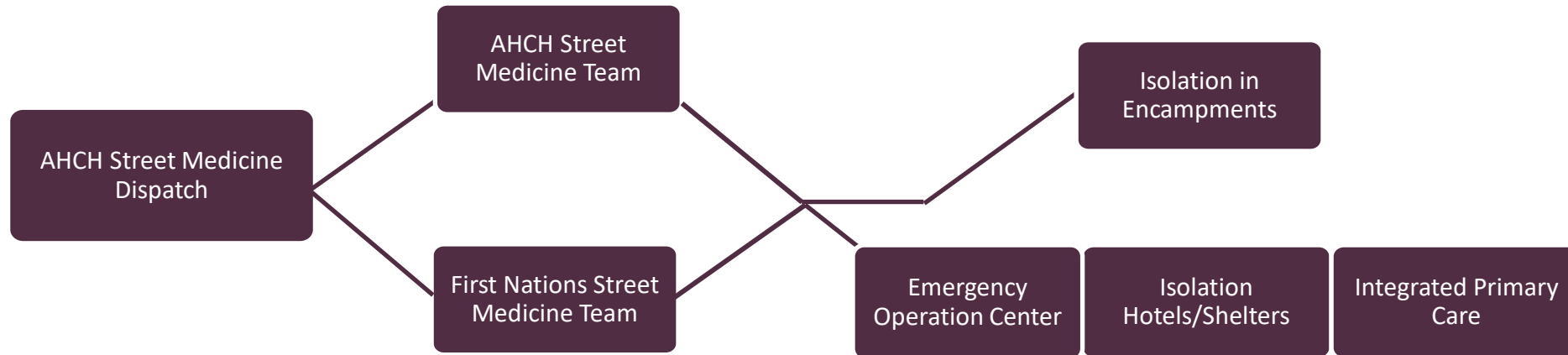


# AHCH COVID-19 Street Medicine

- COVID-specific street medicine outreach
- Outreach teams scout locations and report back to medical teams
- Emphasis on engagement, meeting people where they are, and COVID-19 education
- Integrated primary care at shelters and isolation hotels through extensive collaboration
- Mobile COVID-19 testing



# COVID-19 Street Medicine Response System



AHCH mobilized street medicine response team through increased coordination with City, shelters, and Emergency Departments, to respond to rough sleepers affected by this pandemic.

# AHCH COVID-19 3 Phase Response

## **Phase 1 Response**

- Setting up isolation/ quarantine areas for persons experiencing homelessness
- De-intensifying shelters
- Removing high-risk individuals for grave morbidity with COVID from large congregate settings
- Percent of AHCH staff time on outreach increased

## **Phase 2 Response – Scale Up of COVID-19 Operations**

- Focus on supporting individuals in time of COVID **and** on preventing further morbidity in other areas of health.

## **Phase 3 Response – Post-Event/New Normal**

- Individuals will present in a sicker state than when AHCH last saw them as many will have been out of care and medication for several months
- Potential increase in number of people seeking services

# Harm Reduction and COVID-19

- Increased need for Harm Reduction Services including:
  - Syringe Exchange
  - Narcan
- Extensive COVID-19 harm reduction specific education
- Leadership in coordinated street outreach response system with the City of Albuquerque



# COVID-19 Outreach Education Examples

## COVID-19 Guidance for Street Outreach Workers April 6, 2020

### What is COVID-19?

COVID-19, an illness caused by a newly identified type of coronavirus, can cause a respiratory infection and lead to health problems. It's usually mild and most people recover quickly if they have it, but it can be very serious for people with stressed immune systems or underlying conditions or older adults, so it's important to stay informed. COVID-19 is spread from person-to-person by coughing or sneezing and getting exposed to droplets that have the virus in them.

### What are the symptoms of COVID-19?

The main symptoms feel like the flu or a really bad cold:

- Fever
- Cough
- Pain when taking a deep breath
- Shortness of breath/difficulty breathing
- Fatigue
- Diarrhea
- Loss of sense of smell

### Who is at increased risk?

- People 60 years old and older
- People with certain medical conditions such as heart disease, lung disease, diabetes, kidney disease and weakened immune systems

### Prevention

- Wash your hands often with soap and water for at least 20 seconds. Using an alcohol-based hand sanitizer—it must have at least 60% alcohol in it—can also kill the virus.
- Avoid close contact with people who are sick.
- Cover your cough and sneeze with a tissue and throw it away in a lined trash can, or if you don't have a tissue, cough into the bend in your elbow. Wash hands with soap and water afterwards.
- Give a mask to anyone who is coughing and ask them to wear it.

## COVID-19 Guidance for People Living on the Street April 6, 2020

### What is COVID-19?

COVID-19 is spread from person-to-person by coughing or sneezing and getting exposed to droplets that have the virus in them.

### What are the symptoms of COVID-19?

The main symptoms feel like the flu or a really bad cold:

- Fever
- Cough
- Pain when taking a deep breath
- Shortness of breath/difficulty breathing
- Fatigue
- Diarrhea
- Loss of sense of smell

### Prevention

- Good hand washing is the most effective way to prevent yourself from getting sick. This means washing your hands often with soap and water and rubbing for at least 20 seconds.
- Make sure you know where restrooms and handwashing stations are. If you do not have access to water—use hand sanitizer.
- Social distancing is important to prevent spread – for example, stand 6 feet away from others, don't share utensils, and do not gather in groups larger than 5 people.
- The CDC recently updated recommendations that everyone wear a mask while in public. If you are sleeping in close quarters with others or must go out into crowded places, please consider covering your face.

### Tents

- Try not to share or hang out in tents with anyone else unless you share space with your partner.
- Set up your tents/sleeping quarters with at least 12 feet x 12 feet of space per individual.
- Do not hang out in large groups (more than 5 people) and try to limit your time in large groups and crowds.

### If You Are Sick

# HCHs Role in COVID-19 Response

**HCHs play essential role in bridging gap between homeless assistance providers and public health:**

- Hold crucial role in standing up a response across homeless service providers including training staff across systems with health care for the homeless lens, coordinating provision of services, and serving as resources for emergency shelter and outreach workflows.
- Assist in keeping homeless service programs operational by providing health care expertise.
- Through the National HCH Council and peer-to-peer, HCHs are continuously linked to a practice community within communities nationally. AHCH's strategic priority, intent, and practice/role in this crisis is to identify, synthesize, and share/recommend policy and practice locally.



# Contact Information

Rachel Biggs, MA

Policy Director

[RachelBiggs@abqhch.org](mailto:RachelBiggs@abqhch.org)

Albuquerque Health Care  
for the Homeless

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



# GETTING UNSHELTERED PEOPLE INTO NON-CONGREGATE SHELTER AND HOUSING

Marco Santana

LAFH







# LA Family Housing Engagement COVID Response

# LAFH Goals During COVID

1. Education & Prevention
2. Access to testing
3. Access to Shelter Options
4. PH Prioritization

# Education and Prevention

- The goal is to continue providing knowledge about what COVID-19 is, updated symptoms to look out for, and educational materials on COVID 19 and social distancing.
- With the support of LA County we have been able to focus on hygiene and set up hand wash stations in larger encampment settings to promote hygiene and reduction of spread.
- We have made an emphasis to regularly provide non-perishable snacks, waters, and have also begun providing meal deliveries. Something the rest of LA County is providing as well.
- We've partnered with partner agencies such as the YMCA who is focusing on providing showers to unsheltered folks during this time



# Access to testing

- Life Safety Teams in City of Los Angeles.
  - This is a full interdisciplinary and interagency endeavor where LAFH staff are joined with DMH, LAPD/SD, and including a medical component with the intent to increase field testing
  - Staff work to identify appropriate encampments/sites
  - The goal is make testing more available for encampment settings where people may be symptomatic
  - As we know, our homeless neighbors will likely be behind the curve so it's important to include testing and quarantining when appropriate
  - As of last Friday, this has accumulated to a total of 3,000 wellness checks, delivery of 4,000 meals, and more than 1,000 COVID-19 tests administered

# Access to Shelter Options

- LA County regularly operates a winter shelter program. First thing that occurred is the County extended it's winter shelter program to last throughout the remainder of 2020. Providing much needed access to safe haven.
- The City of LA turned its Parks and Rec Centers into socially distanced emergency shelters, repositioning City staff to operate the facilities during this time.
- For our neighbors not immediately accessing shelters sites, due to availability or other factors, we had provided tents for folks who might need the space to be more socially isolated from others.

# Access to Shelter Options cont.

- There also have been I/Q, Isolation and Quarantine, sites that have been set up to Isolate and Quarantine unsheltered participants that either have tested positive, are symptomatic and awaiting results, or have been exposed and need testing.
- The State of California has rolled out Project Room Key (PRK), also identified as Tier 1 sites. The State, County of LA, and City of LA have teamed up to identify motel and hotels to house our unsheltered clients
  - PRK is intended to prioritize our unsheltered neighbors who also are our most medically vulnerable. They identify as 65+, a chronic respiratory condition, or other underlying health condition – per CDC guidance.
  - These sites are staffed round the clock by RN's, Service Provider staff, and other supplemental staff.
  - In Los Angeles County, PRK has provided housing for more than 1,500 of LA's most vulnerable at the 22 contracted sites, also providing an economic bonus by bringing back motel staff.












# Project Room Key and Encampments

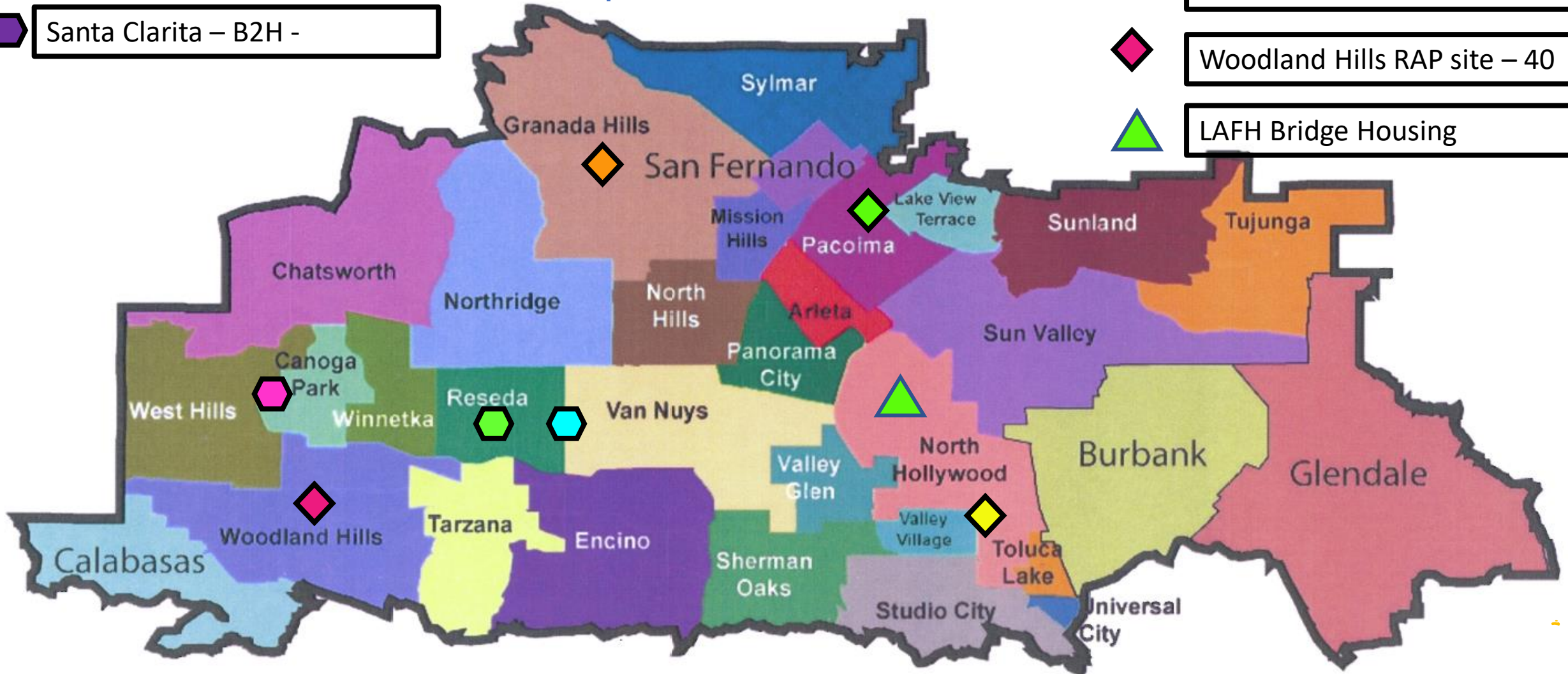
- LA Family Housing has been able to successfully move over 400 participants into PRK. We have made a focus to conduct this with group encampments. We specified our efforts to move 2 large and historic encampments into our newest site and have had huge successes.
- There was one encampment specifically, over in our Pacoima area which we called, Paxton and Bradley. This encampment consisted of over 40 residents who were 65+ and medically vulnerable, that had grown up and become displaced in that area of the San Fernando Valley, this being all they knew.
- There is some historic context to this as well, being that this encampment consisted of all People of Color, specifically African American's whereas now the makeup of the community is majority Latino.
- The group of 40+ felt comfortable in making this switch because of the efforts that were put in, and the resolve LAFH showed in moving them as a community.



# COVID RESPONSE SPA 2 RESOURCES

-  Airtel Hotel 260 Rooms
-  Canoga Park Hotel 50 Rooms
-  Reseda Hotel 70 Rooms
-  Santa Clarita – B2H -

-  NoHo RAP site – 40 Cots
-  Pacoima Winter shelter -
-  Granada Hills RAP site – 40
-  Woodland Hills RAP site – 40
-  LAFH Bridge Housing

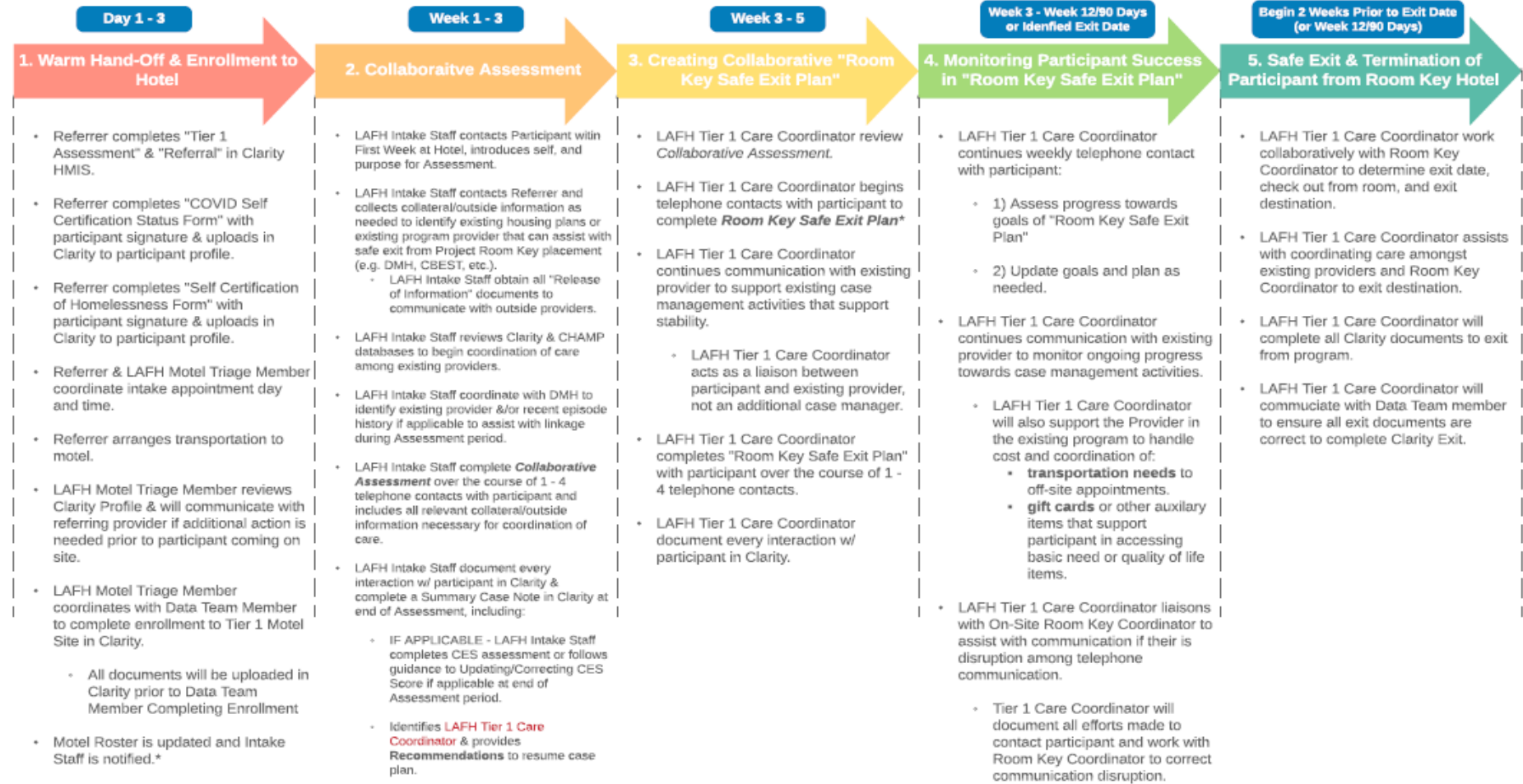




# Room Key Entry to Safe Exit Plan

LA Family housing is operating several Project Room Key sites, the below process is to set expectation, roles/responsibilities, and ensure continuity of care that results in positive participant safe exit outcomes. The suggested time line per stage is flexible and can be shorter or longer per stage based on participant need.

## Project Room Key Entry to Safe Exit Plan - Process Flow



\*Who updates the Motel Roster and how will intake be notified?

\*Tier 1 Care Coordinator is the person assigned based on Assessment (e.g. if participant is matched to PSH unit - a LAFH PSH staff can support coordination of activities remotely if participant was only assigned to a SPA 2 Outreach Team)

\*Room Key Safe Exit plan will be included in Assessment tool (final page) - the tool will identify who completes which section. It is a similar format as the HSP.

Need to make clear that existing providers - still provide the cost for transportation/gift cards if appropriate/etc. as LAFH Room Key budgets cannot provide this.

# Permanent Housing Prioritization



- The end game of all of these sites of course is to have an exit plan into Permanent Housing for our unsheltered neighbors. Here are some of the things we're doing at LAFH and the County to make this happen:
- LAHSA has given guidance that 80% of our PSH stock to be prioritized for participants in PRK.
- LAFH is assigning designated Housing Coordinators as well as the PRK staff to conduct a collaborate assessment and goals with our participants
- LAFH is also directing our Employment Services staff as well as our Location Services staff to prioritize all listings and job opportunities for PRK participants.

# Thank You!

- Thank you to my team, specifically my colleagues Elyssa Rosen and Alynn Gausvik.
- Thank you to our partner agencies for being able to assist us throughout this

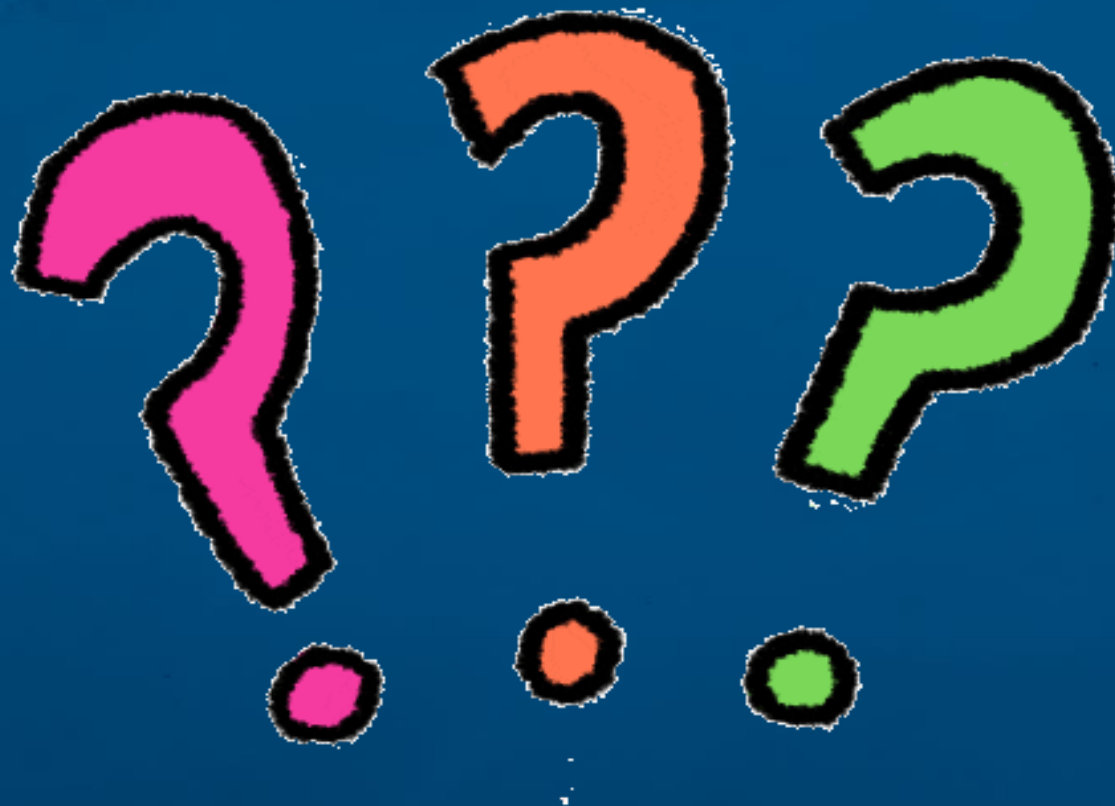
# Questions?

Michael Durham  
MDurham@nhchc.org

Kendall Cloeter  
kendall.cloeter@dhcd.virginia.gov

Rachel Biggs  
RachelBiggs@abqhch.org

Marco Santana  
MSantana@LAFH.org



# Take action on CARES 2 legislation now!

---

The next few weeks will determine how much Congress will invest in homelessness and housing during the pandemic.

New legislation called CARES 2 is now being written to expand the investments made by the CARES Act.

Contact your Senators and Representatives now:

<https://endhomelessness.org/actions/letter-cares-2-should-provide-more-homelessness-and-housing-funds/>