The Framework for an Equitable COVID-19 Homelessness Response

#HousingEquity

Strengthening Partnerships for Better Health Outcomes During COVID-19

A brief to improve health care quality and outcomes for people experiencing homelessness during the COVID-19 response by strengthening partnerships between homelessness assistance systems and health care providers. This brief features community profiles highlighting strong partnerships in Atlanta, Chicago, and the State of Connecticut.

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January 27, 2021

CONTENTS

OVERVIEW

The Framework for an Equitable COVID-19 Homelessness Response provides guidance to communities on how to use a wide range of federal funding sources, including CARES Act programs, strategically across key public health and economic recovery strategies to meet public health goals, increase housing stability, and prevent future increases in homelessness – all with a racial justice and equity lens. People experiencing homelessness have unique vulnerabilities and are impacted by the COVID-19 pandemic in different ways. Particular attention must be paid to adapting responses based on specific risk factors, which are greater for Black, Indigenous, and Latinx people.

Meeting the health care needs of people experiencing homelessness has never been more important. According to the CDC:

- People experiencing homelessness, including those sleeping outside or in places not meant for human habitation, are at risk for infection during community spread of COVID-19.
- Many people who experience homelessness are older adults or have underlying medical conditions, so are at increased risk for severe illness.
- Long-standing systemic health and social inequities have put many people from racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19. These same groups are also more likely to experience homelessness.
- Lack of housing contributes to poor physical and mental health outcomes, and linkages to permanent housing for people experiencing homelessness should continue to be a priority.

This brief is intended to improve health care quality and outcomes for people experiencing homelessness during the COVID-19 response by strengthening partnerships between homelessness assistance systems and health care providers. We selected three "bright spot" communities that a developed strong Continuum of Care and Health Care for the Homeless partnerships that address the needs of people experiencing homeless during COVID-19. Detailed descriptions of these collaborations, their strategies, and their successes are included later in this brief.

- Atlanta, GA
- Chicago, IL
- State of Connecticut

We asked each site to describe the keys to their successful partnerships and the advice they'd offer to other communities. Not surprisingly, their reflections were aligned.

KEYS TO SUCCESS

1. Work together

During this emergency, no one could do everything—we needed each other—and working together ended up being faster and more efficient.

2. Broaden the understanding of healthcare

Housing is health care and housing providers need health care partners – working together improves both health and housing outcomes

3. Engage willing partners

Identifying health care partners at the scale needed may mean engaging additional health care providers who were willing to prioritize services to people enduring homelessness

4. Communicate

Regular check-in meetings to identify what everyone is doing and whether additional partners are needed. Communications must be clear about who is responsible for specific tasks - many health, emergency response, and housing issues fall between traditional roles.

5. Rely on the expertise

Health care expertise helped the homelessness provider network feel more comfortable with what was happening and what to expect next.

6. Create local standards of care

Standards for infection control within shelters and a consistent set of services to be provided by health care providers (e.g., how to go into a shelter and provide care, engagement strategies for both staff and clients, outreach strategies, supplies needed, etc.).

7. Coordinate outreach teams

Organizing outreach teams to reach unsheltered locations, distribute hand sanitizer, educate clients about the pandemic, help space tents to reduce the likelihood of infection, and link people to safe sheltering options.

8. Engage community partners and political leadership

Expanding resources is essential so let everyone know gaps and provide ways they can support the work.

ADVICE TO OTHERS LOOKING TO CREATE PARTNERSHIPS

1. Lay the foundation before a crisis

Create partnerships now and don't wait for the next disaster. Relationships are everything, especially when you are in a chaotic situation like the COVID-19 pandemic. Those relationships will allow everyone to remain positive under pressure and give each other grace when tensions flare. Don't be afraid to reach out to other communities to ask questions and learn from each other.

2. Prioritize people experiencing homelessness

Hotel-based programs and other non-congregate temporary solutions create opportunities through which all systems can truly respond to the needs of people experiencing homelessness.

3. Cultivate leadership buy-in

More than front-line staff are needed to shift resources, policies and practices. CEO's and executive leadership will need to be fully behind this work.

4. Create a systems-level response

Statewide and/or community-wide partnerships can offer more comprehensive oversight; match partners in smaller areas where there are more limited providers and allow for more regional solutions.

5. Communicate and coordinate

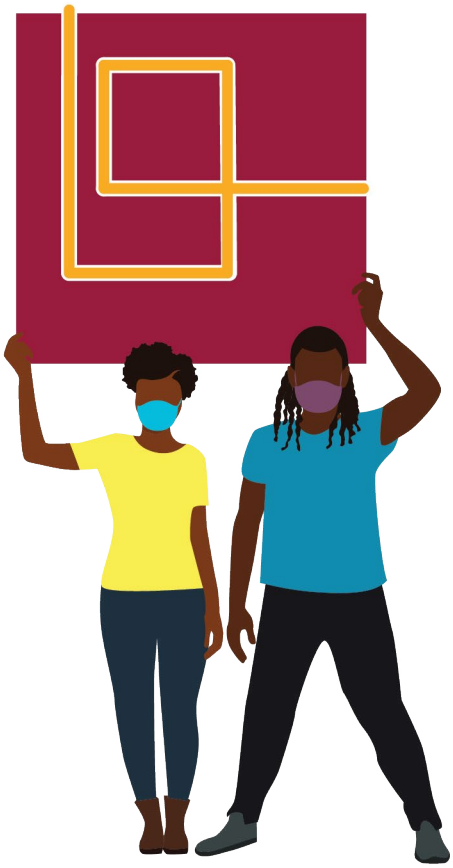
Linking stakeholders to the right information, explaining what was going on, and how their help would be most effective is essential to managing all those who want to help. Work in a coordinated way, rather than have people going in different directions and diverting valuable resources.

6. Adopt a humble attitude

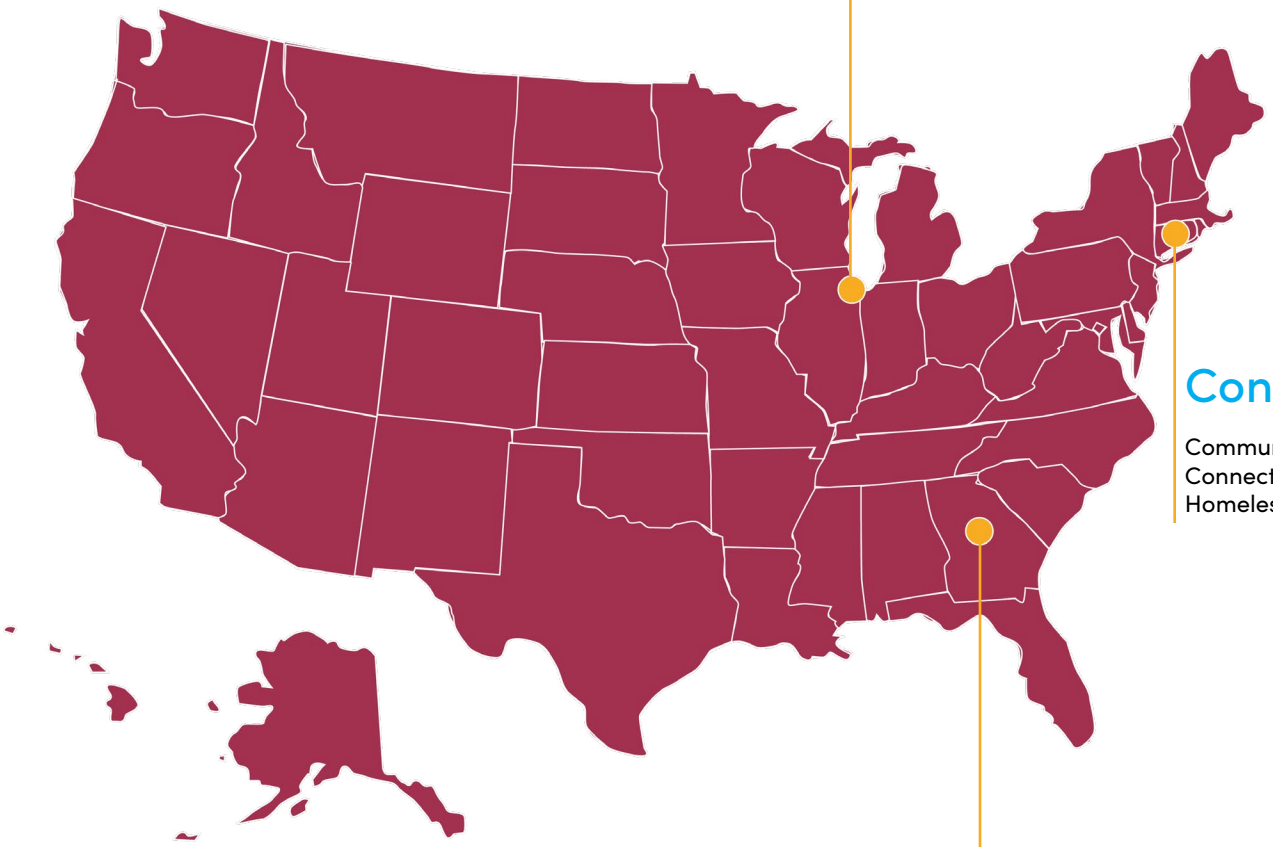
Come to partnerships with an attitude of learning first and listening to others, understanding that you only know some of the necessary information and other people know their information. Learn from others and adopt what works well; build on what others have done.

7. Move at the speed of trust

Urgency is needed, but the goal is also to build enduring relationships and to strengthen your collaborative muscles.



COMMUNITY PARTNERSHIP PROFILES



Chicago, Illinois

Heartland Alliance Health
All Chicago

Connecticut

Community Health Center, Inc
Connecticut Coalition to End Homelessness

Atlanta, Georgia

Mercy Care
Partners for Home

ATLANTA, GEORGIA

Healthcare Lead: Mercy Care
Homelessness System Lead: Partners for Home

Mercy Care and Partners for Home (Atlanta CoC) have had a very strong ongoing partnership to deliver health care services at a wide range of homeless service sites for many years. This relationship has proven to be invaluable during the past year.

The onset of COVID-19 accelerated existing plans to more strongly align health and CoC resources, especially as new emergency funding became available. At the same time, Georgia Governor Kemp launched a statewide task force to respond to COVID-19 and created a subcommittee on homelessness (chaired by Atlanta's Mayor Bottoms) to provide a high-profile framework for a comprehensive response. The political will established by the subcommittee elevated the issue of homelessness, brought additional stakeholders to the table (such as the CDC—which is headquartered in Atlanta—and other health care systems), and generated broad cooperation to help align public resources.

Protective non-congregate housing (age 55+ and/or those with medical issues) and an isolation space (recovering from COVID-19) were established by Partners for Home using hotel rooms and supported by telemedicine, an onsite mobile coach, and licensed paramedics. The result - more clients received non-congregate care and re-connection to care (medications, behavioral health care, etc.). In addition, Mercy Care with other clinical providers from CDC, Emory University, and Morehouse School of Medicine, provided 23 COVID-19 testing events at over twenty homeless service provider locations in five weeks. This allowed Atlanta to get ahead of the COVID-19 curve, contain the spread of the virus, and keep infection rates low. Testing continues on a weekly basis at many of these same locations.

Reducing disparities has been a priority for the Atlanta CoC. They examined their contracting agreements and put a greater focus on working with smaller/minority-owned organizations. Now, 80% of subcontracts are with Black-led organizations. A client advisory council and consumer survey was established to get feedback from clients to improve quality of service and care at the hotel program (see below). Testing events included flu shots and consumer-led voter registration activities. Finally, moving more people into housing is a continued focus.

Atlanta Client Advisory Council

To improve services at their non-congregate COVID-19 hotel program using direct resident feedback, Atlanta's CoC, Partners for Home, created a Client Advisory Council led by two peer specialists with lived homelessness experience. The most immediate feedback involved the quality of case management services, and staff subsequently made changes in their team's communication and accountability to clients. On a broader scale, however, clients described the lack of dignity when accessing homeless services. This highlighted the need to improve customer services across the system so people have a better experience when seeking assistance. The group struggled to establish long-term membership after the initial participating clients were housed or moved to other housing placements, but leadership is still focused on establishing a more consistent CAC and making systemic improvements to improve care.

Successes

- **Assertive, proactive testing has kept COVID-19 infection rates low.** Atlanta planned for over 1,000 people needing isolation but had not yet exceeded 250 (as of early January 2021). Positive rates are in the 1.5 – 2.0% range which is much lower than the state and national averages.
- **The collaborations needed for testing events have tangible value.** Fulton County and HHS/HRSA funded most of the testing events, and the CDC helped educate clients during the screening.
- **More people have moved into permanent housing.** Everyone placed in non-congregate hotel has been assigned a housing case manager, assessed for service needs, and provided wrap-around services. About 200 housing vouchers have been prioritized for this population (identifying resources from ESG-CV, the State Department of Behavioral Health, and other funding sources such as HOPWA, SSVF, VASH, CoC-PSH, etc.). The goal is to scale this to 800 additional people in the coming months.

Three Keys

- **Engaging community partners and political leadership:** The partnerships with the CDC, Emory, and Morehouse increased the capacity needed to do many testing events at homeless service sites. Similarly, partnering with hospitals on the need for a safe post-acute venue for those needing isolation has yielded a better discharge process and a better understanding among hospital staff about the resources needed to better serve this population. In addition, the Mayor allocated a total of $2.5 million to the CoC for COVID-19 supplies, which was then matched by a private donor. Together with resources from the Georgia Department of Public Health, the CoC was able to open the hotel-based non-congregate protective housing and isolation programs.
- **Regularly communicating:** The CoC conducted twice-weekly calls with services providers and their website to share information and get everyone on the same page.
- **Coordinating outreach teams:** The CoC organized the many different outreach teams to develop a targeted, coordinated approach to reach unsheltered locations, distribute hand sanitizer, educate clients about the pandemic, and help space tents to reduce the likelihood of infection.

Advice to others looking to create partnerships:

- **Lay the foundation before a crisis:** Create partnerships now and don't wait for the next disaster. Relationships are everything, especially when you are in a chaotic situation like COVID-19. Those relationships, including good communication channels, allowed for quick coordination of resources and action.
- **Communicate and coordinate:** So many people wanted to help but did not know what role they needed to play or how to get relevant information. The CoC spent a lot of time linking elected officials and other stakeholders to the right information, explaining what was going on, and how their help would be most effective. This allowed more people to work in a coordinated way, rather than have people going in different directions and diverting valuable resources.

CHICAGO, ILLINOIS

Healthcare Lead: Heartland Alliance Health
Homelessness System Lead: All Chicago

Area hospitals and shelter providers, together with All Chicago, Heartland Alliance Health (HA), the Chicago CoC, Chicago Departments of Public Health and Family and Supportive Services, and other health care providers, formed the Chicago Homelessness and Health Response Group for Equity (CHHRGE). This coalition pulls together a wide range of stakeholders to respond to COVID-19 and create the catalyst for broader change in ending homelessness. Quality of care throughout the shelter system was improved by developing standards of care (which outline how to provide primary care and behavioral health services in a shelter-based setting as well as infection control and client engagement/outreach strategies) and ensuring every shelter has an FQHC partner who provides a consistent set of services.

The focus on equity is two-fold. First, the CoC, with input from CHHRGE, re-examined the coordinated entry process to ensure it is equitable for everyone and actually reduces racial disparities. The CHHRGE collaborative is centered on social determinants of health, hence one measure of success is whether someone has gained permanent housing, which is not a traditional health care outcome measure. Second, the CoC ensured better services delivery at unsheltered encampment sites (which have expanded due to shelters decompressing) and set a goal that at least 10% of housing placements come directly from unsheltered locations.

HA is a strong, long-time partner with All Chicago, and has brought FQHC expertise in public health, infectious diseases, and health care service delivery. Having HAH in a leadership role improved services and helped the homeless provider network feel more comfortable with all the fast-paced changes happening during the COVID-19 response. HA has stretched its capacity across many different shelters to meet the needs when other federally qualified health centers were not available. While CDPH had not previously been involved in the shelter system, the CHHRGE collaborative served as a ready-made platform for CDPH to respond to the impact of the pandemic on the homeless community. CDPH quickly became a key partner - dedicating additional funding to expand shelter-based health care services.

Successes

- **More people have gained housing:** CARES Act funding housed 170 people straight from shelter. The City allocated $35 million in ESG-CV funds toward rental subsidies and services that will allow the CoC to ultimately house 2,500 households.

- **People experiencing homelessness have a safe place to recuperate from COVID-19:** A comprehensive isolation center for COVID-19-involved clients was established and many providers brought services into this space so that those recuperating from the illness could access a broad range of services. Nurse practitioners from Rush University College of Nursing Faculty Practice staff this program.

- **Every shelter now has a health care partner:** Through the efforts of the CHHRGE coalition, not only have greater partnerships been established to ensure higher quality shelter-based care, but the city also provided an additional $400,000 toward the supplies and physical barriers needed to conduct infection control in the shelters. This is the first time that the city has

provided its own funding to homeless services with the goal of not just addressing COVID-19, but also ensuring the success of long-term partnerships between shelters and health care providers.

Three Keys

- **Broaden the understanding of health care:** Before this partnership, shelter staff only thought of health care as a doctor going into a shelter, but as their view of health care expanded, more services and venues have opened—such as housing, medication-assisted treatment, crisis intervention, benefit enrollment, etc.

- **Rely on the expertise:** HA brought expertise and ability to leverage national best practices in providing health care to people enduring homelessness. This foundation helped with engaging other medical providers and made the homeless provider network feel more comfortable with what was happening and what to expect next.

- **Create local standards of care:** Working with the health department, HAH established standards for infection control within shelters and a consistent set of services to be provided by health care providers (e.g., how to go into a shelter and provide care, engagement strategies for both staff and clients, outreach strategies, supplies needed, etc.).

Advice to others looking to create partnerships:

- **Adopt a humble attitude:** Come to partnerships with an attitude of learning first and listening to others, understanding that you only know some of the necessary information and other people know their information. Learn from others and adopt what works well; build on what others have done.

- **Move at the speed of trust:** Urgency is needed, but the goal is also to build enduring relationships and to strengthen your collaborative muscles.

- **Learn from others:** Adopt what works well; build on what others have done. Don't be afraid to reach out to other communities to ask questions and learn from each other.

CONNECTICUT

Healthcare Lead: Community Health Center, Inc.
Homelessness System Lead: Connecticut Coalition to End Homelessness

Prior to COVID-19, the Connecticut Coalition to End Homelessness (CCEH) had intentions of strengthening partnerships between its homeless services provider members and health care providers, particularly federally qualified health centers. Formal relationships between homeless services providers and health centers tended to be "ad hoc" and the effort to strengthen these relationships were often sidelined amidst other day-to-day priorities. However, as COVID-19 rapidly expanded, CCEH quickly realized every shelter in the state needed health care provider partners in order to implement infectious disease protocols, symptom monitoring guidelines, and training to better understand how to mitigate the spread of the disease.

Community Health Center, Inc. (CHC), which had pre-existing formal partnerships with a few homeless services providers, stepped in to help create these materials on behalf of their partners. CCEH disseminated these to homeless services providers throughout the state, which filled a critical gap in knowledge at a pivotal time. This collaboration completely changed the view of health care within CCEH and prompted a new goal that every shelter would have a strong health care partner.

As shelter-based health care partnerships grew, more clients received regular health care, to include services like vaccinations, medications, nutrition education, and help with chronic disease management. After Connecticut relocated about half of its shelter residents into non-congregate shelters (hotels) to prevent COVID-19 outbreaks, CHC adopted telehealth and behavioral health supports for shelter clients staying at the hotels, which helped better meet their needs while in these alternative shelter sites. COVID-19 elevated attention to the importance of regular health care access and yielded a more consistent expectation for what a shelter-based health care partnership should include.

CHC developed higher expectations for shelter-health partnerships and protocols for isolation and quarantine programs. New flexibilities in the ability to deliver care via telehealth enabled a targeted outreach to clients who had previously been engaged in substance use treatment support groups but had gotten disconnected during the shut-down. Now, shelters are helping provide access to telehealth and care is better coordinated.

CCEH focused on reducing racial disparities after it found that People of Color were coming back into homelessness faster and more frequently. Motel and housing placements as well as access to services are being closely monitored to ensure more equitable access to benefits. Prior to COVID-19, 75% of clients in substance use disorder groups were white, which did not reflect overall patient demographics. After intentionally engaging a broader range of clients, now 60% of current SUD clients are Black.

Next steps in this collaboration include developing standards of care and a toolkit for shelter-FQHC partnerships, conducting deeper data analysis to assess health care needs and document disparities, and delivering more services to those who are unsheltered.

Successes

- **COVID-19 guidance:** Immediately developed COVID-19 response guidance, symptom monitoring checklists, protocols for isolation/quarantine, and health care monitoring. All were approved by the state public health department and shared

throughout the state. These resources can be found here.

- **Telehealth:** The switch to telehealth was a big success, especially for mental health and substance use disorders. Substance use increased as many clients who used to be in groups or outpatient treatment still needed support. The state did a great job by allowing audio-only telehealth visits. Retaining the telehealth option will be vitally important—coordinated care is much easier when clients move. Before, it was always a bit disconnected.

- **Shelter healthcare partnerships:** Now if a shelter is identified without a health care partner, connecting them with a partner is prioritized. It's no longer an afterthought, but integral to all the goals. The shelter directors, the state, the Department of Public Health—everyone is being creative to allow greater access.

- **COVID-19 testing:** As the state began making widespread COVID-19 testing available to congregate settings including homeless shelters (and hotels), federally qualified health centers were contracted to provide testing services. CCEH worked with CHC and other health care providers to determine how to record COVID-19 test data in HMIS to track overall COVID-19 positivity rates statewide, identify potential clusters/outbreaks, and facilitate isolation and contact tracing.

Three Keys

- **Willing partners:** Identifying a health care partner for every shelter often meant engaging additional health care providers who were willing to prioritize homelessness and team up with shelters.

- **Working together:** During this emergency, everyone set aside egos and worked together to address everything that needed to be done. No one could do everything—we needed each other—and it ended up being faster and more efficient.

- **Regularly communicating:** Regular check-in meetings identify what everyone is doing and whether additional partners are needed. These meetings are vital touchstones, especially for issues that fall between traditional agencies—as many health and housing issues do. Everyone has a specific expertise and communications are clear about who is responsible for specific tasks.

Advice to others looking to create partnerships:

- **Create a systems-level response:** Statewide partnerships can offer more comprehensive oversight; match partners in smaller areas where there are more limited providers and allow for more regional solutions.

- **Prioritize people experiencing homelessness:** Hotel-based programs and other solutions are needed and can provide opportunities for engaging all systems into truly responding to the needs of people experiencing homelessness.

- **Cultivate leadership buy-in:** The CEO's and leadership of both organizations have been completely invested in this new work which has been vital to our success.

CLOSING

The public health and economic crises resulting from the COVID-19 pandemic have inequitable impacts and are worsening racial disparities in our country. Despite these challenges, we were inspired by the results achieved by these three communities to meet the health and housing needs of people who are enduring homelessness during this global pandemic. We hope you will be too.

ADDITIONAL TOOLS AND RESOURCES

Check out a comprehensive set of Tools and Resources that can aid efforts to implement the Framework available at housingequityframework.org. We encourage you to check there regularly for guidance regarding federal funding sources, for planning and operational guidance from federal and national organizations, and for state and local examples, tools, and resources.

Please also see these helpful materials from the National Health Care for the Homeless Council:

- COVID-19 & the HCH Community: Needed Policy Responses for a High-Risk Group
- COVID-19 & the HCH Community: Needed Actions from Public Health and Emergency Response Systems
- COVID-19 & the HCH Community: Medical Respite Care & Alternate Care Sites
- COVID-19 & the HCH Community: Strategies for Proactive Universal Testing
- COVID-19 & the HCH Community: Ensuring Access to Care Through State Medicaid Telehealth Policies
- COVID-19 & the HCH Community: Vaccines for Patients and Staff

ACKNOWLEDGEMENTS

Thank you to these individuals for participating in the interviews.

Atlanta:

- Tom Andrews, CEO, Mercy Care/Saint Joseph's Health System
- Cathryn Marchman, Executive Director, Partners for Home
- Jon Keen, Chief Operating Officer, Mayor's Office

Chicago

- Ed Stellon, Executive Director, Heartland Alliance Health
- Mary Tornabene, Family Nurse Practitioner, Heartland Alliance Health
- Beth Horwitz, Vice President of Strategy and Innovation at All Chicago

Connecticut

- Kasey Harding, Director of the Center for Key Populations, Community Health Center, Inc., Middleton, CT
- Richard Cho, CEO, Connecticut Coalition to End Homelessness (CCEH)