

Double Jeopardy +

Wednesday, April 1, 2020

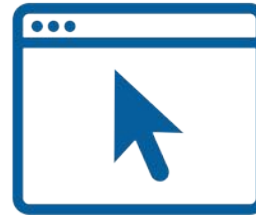
Webinar Information



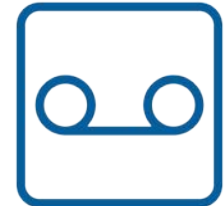
All participants
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Use the
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This webinar
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website.



This webinar is
being recorded.



Agenda

- Double Jeopardy
- Provider Preparedness for COVID-19
- Local Coordination
- Addressing Symptoms
- Notifying Staff and Residents
- Establishing Non-Congregate Options
- Special Populations
- Self Care
- Q/A



Double Jeopardy

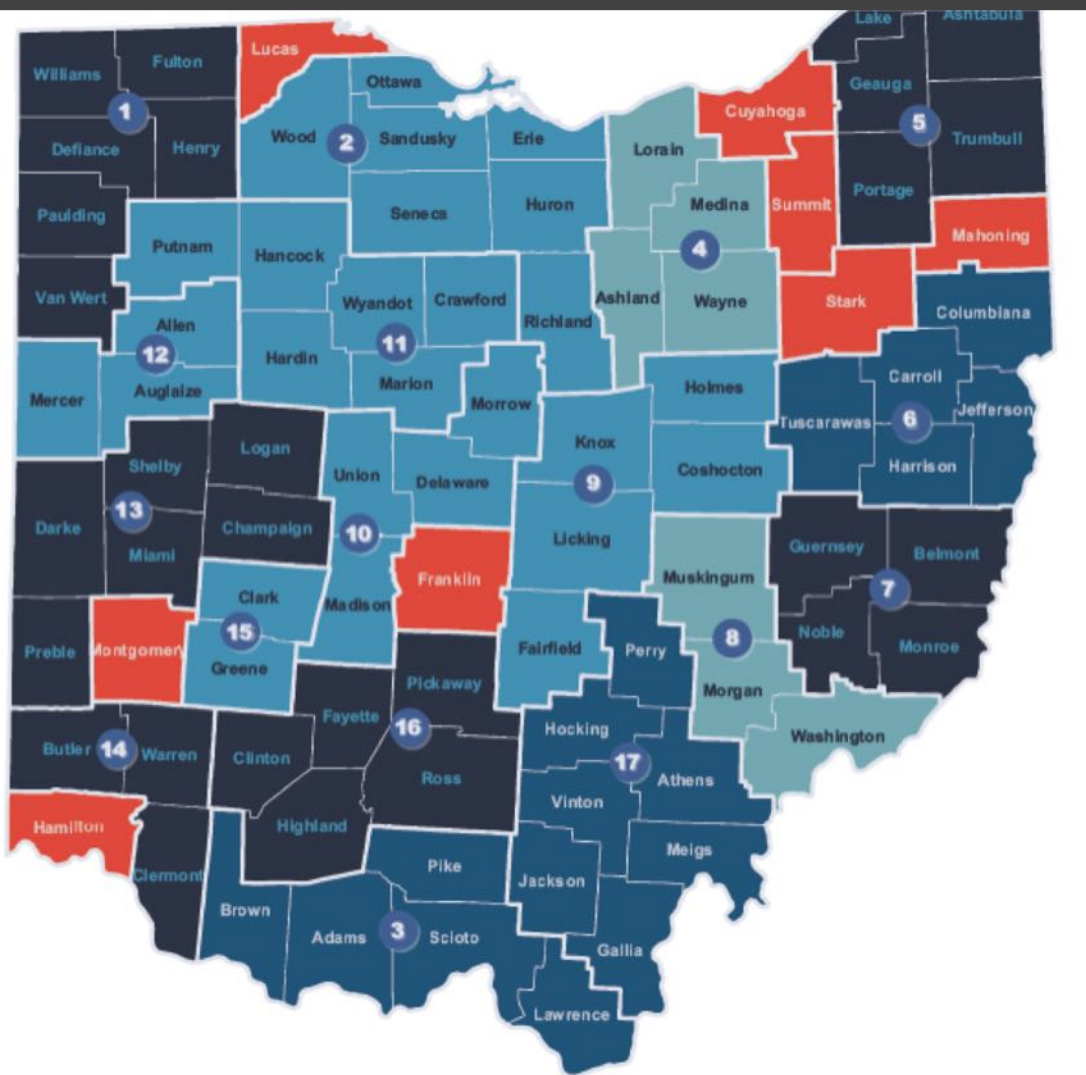
The Coronavirus & Homelessness in Ohio

Barbara Poppe and Associates

The Collective for Impact

Purpose

- Understand the status of preparedness to address COVID-19 pandemic response in the context of homelessness
- Highlight newly published research by a team of national experts
- Advance ways to better respond to the pandemic
- Call to action for philanthropy, business and government at all levels



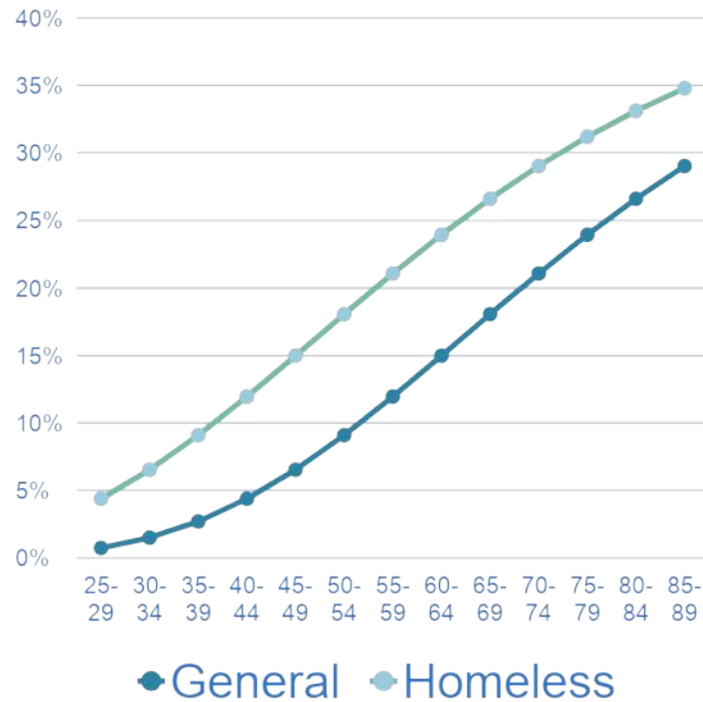
Continuum of Care

Scope of Homelessness in Ohio

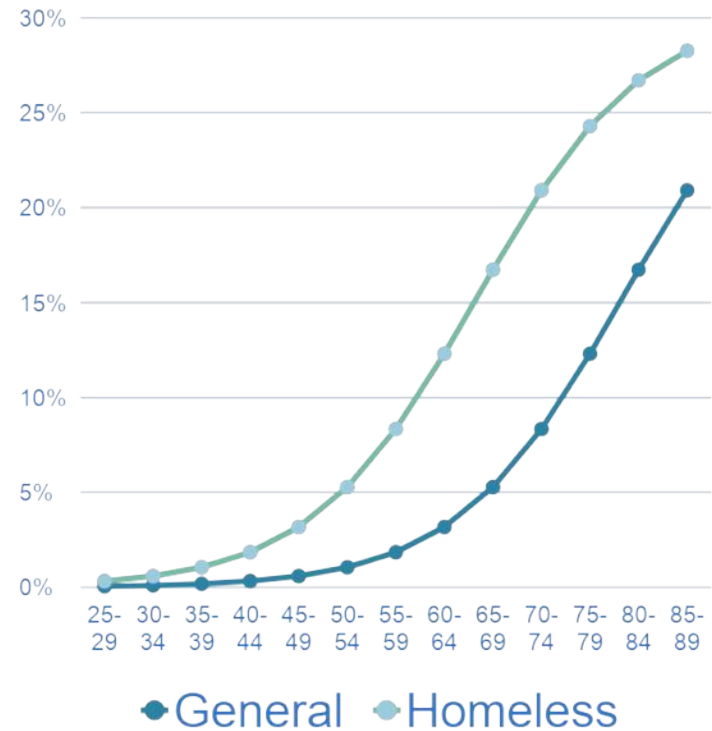
- Point In Time estimates (2019)
 - **10,000** people are homeless and residing in temporary quarters, predominately congregate facilities
 - **2,100** people are homeless and unsheltered
- Annual estimates (2017)
 - **70,123** Ohioans accessed homelessness services during year
 - 20% higher in 2017 v. 2012
 - Largest increases in population served have been among young children and older adults
- **300+** facilities statewide

Age-specific risk for homelessness-adjusted scenarios in comparison to general population

Panel A: Hospitalization



Panel B: Critical Care



Dennis Culhane, Daniel Treglia, Ken Steif, Randall Kuhn, Thomas Byrne. (2020). *Estimated Emergency and Observational/Quarantine Bed Need for the US Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations, Intensive Care Units and Mortality*. Retrieved from Washington, DC: https://endhomelessness.org/wp-content/uploads/2020/03/COVID-paper_clean-636pm.pdf

Public Health Imperatives

Reduce Spread



Reality for Homeless Ohioans:

Shelters are not set up to accommodate social distancing

Lack of access to proper hygiene and sanitation and dependence on congregate settings to meet basic needs

People who are homeless must go out into community to get basic needs met and will come in frequent contact with other people.

Reduce Excess Hospitalization & ER Contacts



Reality for Homeless Ohioans:

Extraordinarily high susceptibility to symptomatic infection, hospitalization, and fatality among the homeless population due not only to advanced age, but also the accelerated physical decline and mental weathering that frequently results from repeated exposure to harsh elements

Homeless patients stayed 36% longer per admission on average than the other patients, even after adjustments were made for differences in the rates of substance abuse and mental illness and other clinical and demographic characteristics.

Reduce morbidity and mortality



Reality for Homeless Ohioans:

Individuals who are homeless are admitted to the hospital with medical-surgical conditions 10-15 years earlier than comparable, housed individuals, and with age-related impairments typical of stably housed individuals 20 years older.

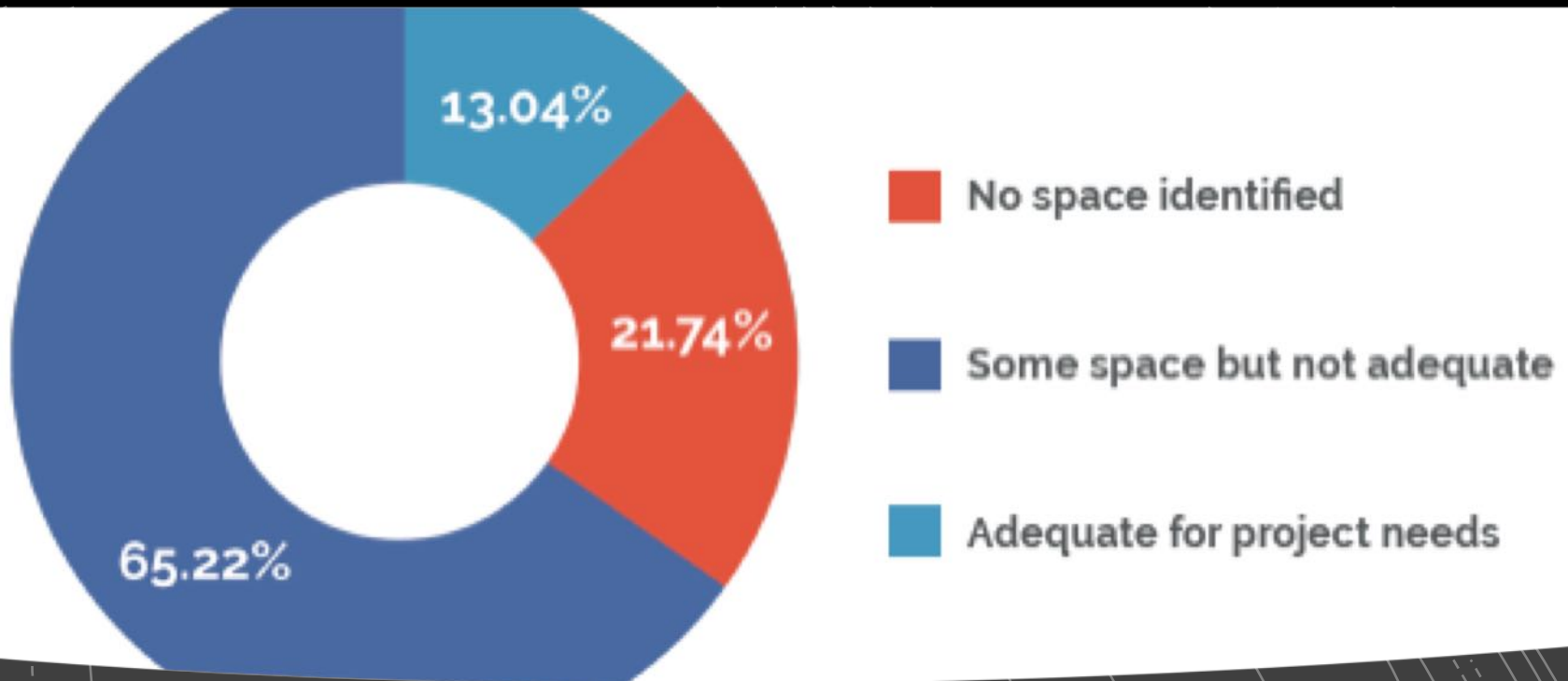
Existing studies of homeless populations have observed obstructive pulmonary disease prevalence between 20 and 30%, compared to 10% for the general adult population.

CDC Recommendations

- Appropriate plans in place with protocols about connecting healthcare facilities to assess and treat symptomatic and suspected cases
- All homeless assistance providers trained, equipped and prepared to follow CDC guidelines
- Existing shelter programs have deconcentrated to enable social distancing and have begun screening
- Safe shelter options available people who are unsheltered and outreach trained and equipped
- Quarantine and isolation capacity for those who are symptomatic or have been confirmed

Gaps in Planning and Preparation

- 46% of CoCs have established a joint response plan to COVID-19 with their local health department
- 46% reported that most or all of their homeless service providers had received training and education on COVID-19
- 49% are unaware of how to proceed when a possible COVID-19 case is identified
- 75% report that emergency shelter capacity within their region has not been reconfigured to accommodate recommendations
- 71% do not have sufficient sanitation and hygiene supplies on hand to prevent transmission of COVID-19



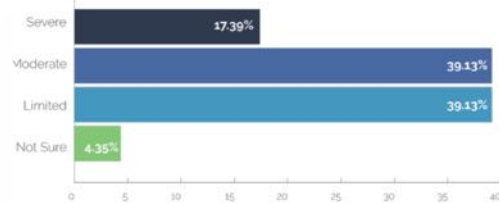
Isolation/quarantine space for people/families with mild
COVID-19 symptoms

Real questions, no easy answers

"Major problem is the configuration of the shelters themselves - there is no place to isolate or quarantine. The hope is to identify a sick person before they enter a shelter, but even though some trying to take temperatures, what to do if discovered? Health department says if 100.4, don't allow person into the shelter. Then **what is the person to do?**"

"At this time, shelters anticipate they will have to quarantine in place, as **it's likely someone will be identified with COVID-19 after entry, not before**. None of our local shelters has the capacity to isolate or quarantine a space within the shelter. The entire shelter would need to be quarantined. If the health department identifies a COVID-19 case in a homeless person, the Department indicated they can pay for a motel stay but there is no immediate plan in place."

Figure 5: Extent of volunteer and staff disruptions that homeless service providers are experiencing within CoCs or BoS Regions



“Donations are down and expenses up. Need to be able to request an advanced draw in funding in lieu of waiting for all reimbursements since payrolls are going to be higher because volunteer numbers are down, and more staff are being utilized.”

“We have clients who have been approved for permanent supportive housing, but we can't move forward with moving into an apartment since our housing authority is not processing vouchers.”

Dealing with harsh realities

Immediate Needs

- Additional **shelter capacity** to deconcentrate existing facilities and expand shelter options to accommodate unsheltered individuals
- Identify and set up spaces and hotels for **isolation and quarantine**
- Provide **public health guidance and protocols** for establishing, equipping and staffing shelter, quarantine, and isolation spaces for people enduring homelessness
- Provide guidance on how to connect the homeless assistance system with the **medical response to COVID-19**
- Expand efforts to provide **emergency assistance** to divert from shelter and rapidly exit people from homelessness – funding will be required
- Ensure every facility and program has adequate **staff, supplies, and food**
- Improved **coordination** and **communication** about homeless-specific responses to COVID-19 across state agencies and with local public health districts, emergency management agencies, and healthcare systems

Modeling Cost Estimates for Addressing Acute Needs of Homeless Ohioans during COVID-19 Pandemic

Expanding Shelter Opportunities During COVID-19 Crisis	Need	Costs 3 months	Costs 6 months
Additional Emergency Beds in Hotel Settings for Currently Unsheltered Homeless Individuals	2,110	\$ 9,494,100	\$ 19,304,670
Additional Emergency Beds in Hotel Settings to Reduce Density at Existing Shelters and Support Social Distancing	2,953	\$ 13,287,600	\$ 37,285,006
Quarantine/Isolation Beds Needed, at Additional Cost	4,772	\$ 8,947,350	\$ 17,894,700
		\$ 31,729,050	\$ 74,484,376
Other activities to meet acute needs			
Diversion assistance to reduce shelter admissions or shorten stays	1,476	\$ 6,643,800	\$ 13,287,600
Rapid Exits from Emergency System	844	\$ 3,375,680	\$ 20,254,080
Total Estimated Cost		\$ 41,748,530	\$ 108,026,056

People who are enduring homelessness are diverse – yet all share a **lack of a safe, stable place to call home** and are trying to get by depending on the charity of emergency shelters or sleeping in abandoned buildings

- Pregnant women with young children fleeing domestic violence
- Middle aged workers who lost their jobs due to injury
- Older women with histories of depression and mental illness
- Young people struggling to free themselves from opioid addiction
- Vietnam-era Veterans who lost their homes in a recent divorce



Dr. Amy
Acton,
Director of
the Ohio
Department
of Health

"This is a war on a silent enemy, I don't want you to be afraid. I am not afraid. I am determined, but I need you to do everything. I want you to think about the fact this is our one shot in this country. All of us are going to have to sacrifice, and I know someday we will be looking back and wondering what it was we did in this moment. There will be so many heroes."

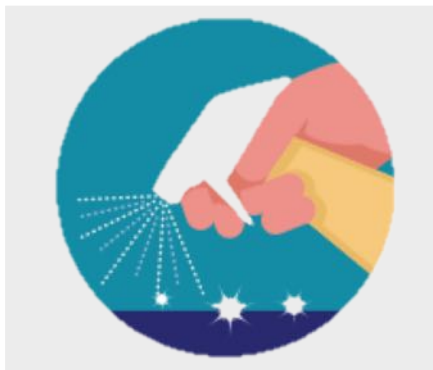
"Everyone is being heroic right now, and I can tell you that every action you take is mattering, but this is that moment. It is our one shot."

Call to Action

- We can defeat this silent enemy by pulling together across sectors – business, philanthropy, government, faith-based, civic, and nonprofit organizations – and across disciplines – public health, disaster response, healthcare, social services, housing, and public service.
- An all hands-on deck approach is essential as we set aside our other priorities and focus on ways to reduce the spread of the virus, save lives, and make Ohio healthier for everyone.

Agenda

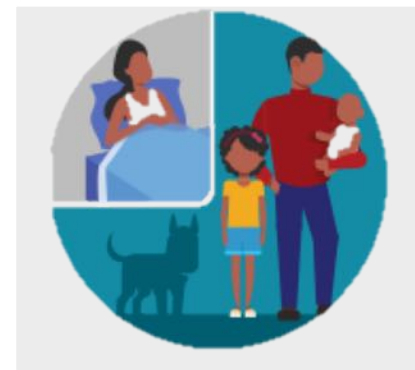
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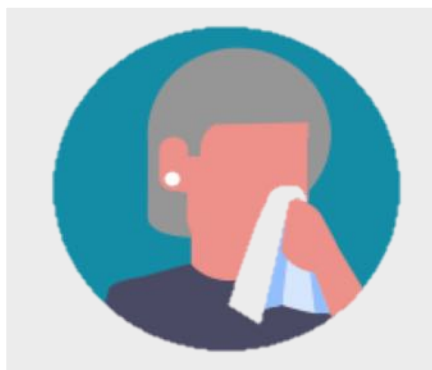
Hygiene +
Sanitation



Screening +
Temperatures



Distancing
+ Configurations



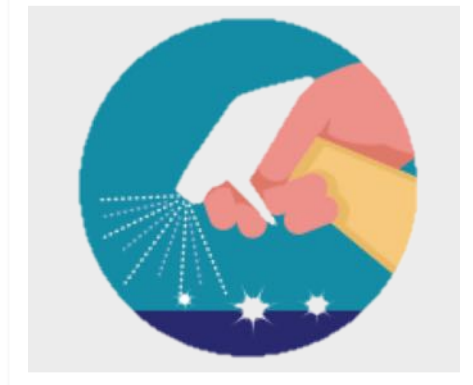
High-Risk
Populations



Sheltered vs.
Unsheltered

Hygiene and Sanitation

- Consistently provide hand washing supplies in bathrooms kitchens, and common areas
- Disinfect surfaces routinely
- Communicate and implement prevention strategies
- Instruct staff to use disposable gloves if handling resident/client property



Screening + Temperatures



Do you have a
new or worsening
cough?



Have you felt like
you had a fever in
the past day?



Are you
experiencing any
shortness of
breath?

Screening + Temperatures

If the client has a fever or reports a new/worsening cough:

1. Provide a facemask
2. Notify management and appropriate healthcare providers
3. Direct them to an isolation room, if available
4. Discuss how they can protect themselves and others

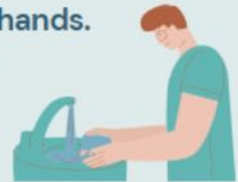
Stay put.

Limit all your non-essential travels.



Wash your hands.

Practice good hand hygiene by washing your hands with soap and water or using alcohol or hand sanitizer.



Check your temperature.

Check your temperature at least two times a day.



Watch for other symptoms.

Aside from fever, Covid-19 symptoms include cough, difficulty breathing, and fatigue.



Practice social distancing.

If you need to go out, maintain at least a 6 feet distance from others.



Stay in a specific room.

If you're sick or suspect yourself to be sick, it's best to stay in a designated room or area away from others.




Call your doctor or hospital before visiting.

If you need to seek medical attention whether for viral symptoms or other medical care reasons, contact your doctor or hospital ahead of time so they can prepare and take precautions for your arrival.



Source • Centers for Disease Control and Prevention (cdc.gov)

Screening Tool



Coronavirus (COVID-19) Screening Tool

Coronavirus (COVID-19) Screening Tool

INSTRUCTIONS

Use this document to screen entering clients. This information is not required to be entered in HMIS.

DATE

/	/
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CLIENT NAME	HMIS CLIENT ID

SYMPTOMS

Does the client have the following signs and symptoms? Check all that apply. If client is not symptomatic, continue to *Screener Name*.

<input type="checkbox"/> Fever
<input type="checkbox"/> Cough
<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Shortness of Breath

SYMPTOM ONSET

If the client is symptomatic, answer the *Symptom Onset* questions below. If client is not symptomatic, continue to *Screener Name*.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Has the client had close contact with a person who is under investigation for COVID-19 while that person was ill?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Has the client had close contact with a laboratory-confirmed COVID-19 patient while that case was ill?

<https://cohhio.org/boscoc/covid19/>

Screening + Temperatures

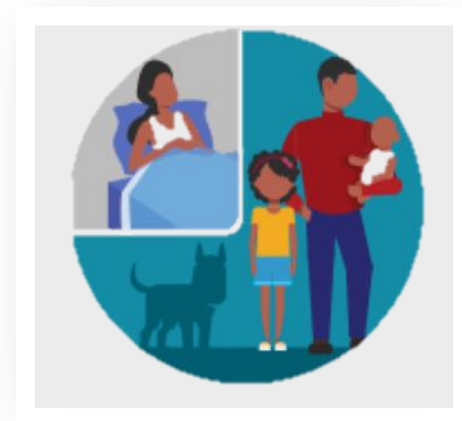
Screening Employees for COVID-19

- All employees who are able to work from home should
- Employees that must report to work should have their temperature taken each day



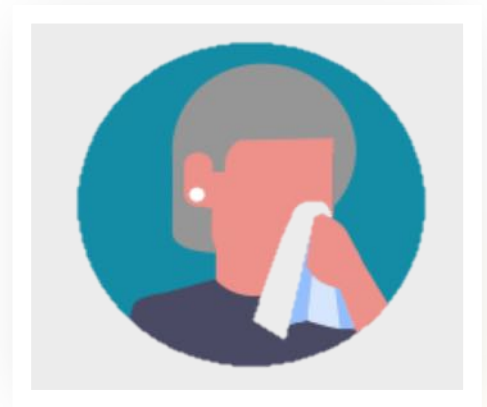
Distancing + Configurations

- Beds in sleeping areas should be at least 6 feet apart
- Head-to-toe sleeping arrangements
- Maintain day-time operations
- Ensure that high-traffic common areas are regularly sanitized



High Risk Populations

- Older adults, 65 years and older
- Underlying and pre-existing medical conditions
- Pregnant/expecting mothers



Sheltered vs. Unsheltered

- Guidance for Shelter Providers:
 - Establish contact with your local public health office and Emergency Management Agency (EMA)
 - Adjust emergency shelter operations
 - Screen for symptoms at intake
 - Implement extensive cleaning schedules (with checklists)
 - Identify alternate sites, off-site of congregate shelter facilities, for isolation and quarantine for those either COVID+ or symptomatic
 - Ideally this occurs at a community level so that I/Q options may be used by multiple shelter providers as needed
 - Set up space to keep recommended 6 feet space
 - Minimize use of congregate areas
 - Lunch/Activities



Sheltered vs Unsheltered

- Guidance for Unsheltered Providers:
 - Provide straightforward communication
 - Do not clear encampments during community spread of COVID-19, unless housing options identified
 - Greet clients from a distance of 6 ft
 - Screen clients for symptoms consistent with COVID-19
 - Have safety kits available for staff use
 - Provide mobile hand washing stations and portable latrines



Sheltered vs. Unsheltered

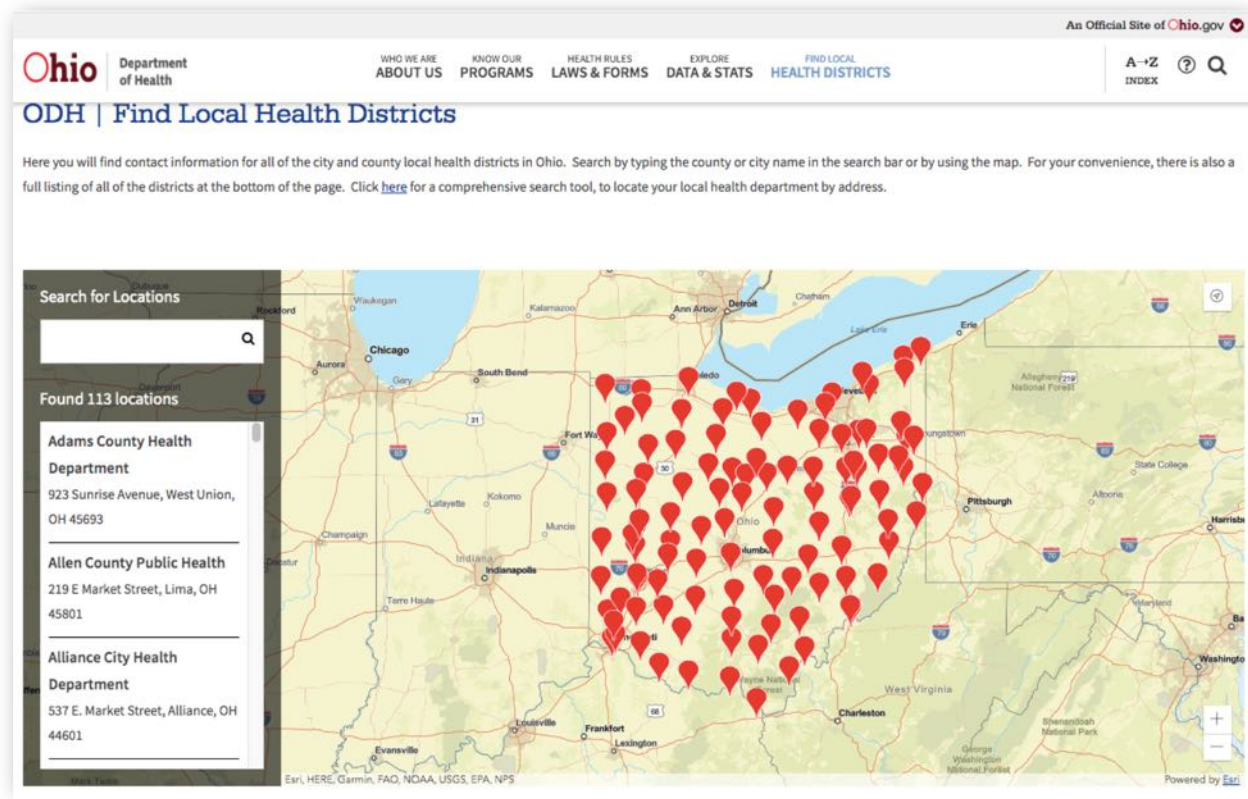
- Guidance for Unsheltered Providers:
 - Rely on local plan for I/Q
 - Wear gloves if you need to handle client belongings
 - Provide all clients with hygiene products
 - Ensure your vehicle, work materials, and clothing are cleaned every day
 - 12 feet x 12 feet of space per individual



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Local Health Department Coordination



<https://odh.ohio.gov/wps/portal/gov/odh/find-local-health-districts>

Ohio EMA Coordination



https://webeoctraining.dps.ohio.gov/ohiocountyEMADirectorList/countyemalist_web.aspx



Healthcare System

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Addressing Symptoms

- If no plan with LHD and local healthcare system has been established

SYMPTOMS? (New or worsening fever, cough, shortness of breath in the past 14 days)	EXPOSURE/RISK FACTOR? A. Confirmed to have COVID-19 B. Close contact* (see below) C. Traveled to high risk areas D. People at higher risk***	COUNSELING RECOMMENDATIONS (Isolation precautions, monitoring, self-care, etc.)	SARS-CoV-2 (COVID-19) TESTING**?
Asymptomatic	A, B, C, D	<ul style="list-style-type: none"> Avoid public places and stay home or at other designated space, away from other people, for 14 days Monitor symptoms during the <u>14 days after the last day of close contact with the sick person with COVID-19 or from the time of last exposure</u> Wear a facemask when around other people Follow hygiene and sanitation guidance Contact health care provider if symptoms develop 	No
Symptomatic (Mild or Moderate) <i>Not Requiring Hospitalization</i>	None	<ul style="list-style-type: none"> Avoid public places and stay home or at other designated space, away from other people, until <u>3 days after the fever ends and symptoms improve</u> Wear a facemask when around other people Follow hygiene and sanitation guidance Contact health care provider if symptoms worsen 	Clinical Judgment AND
	A, B, C, D	<ul style="list-style-type: none"> Avoid public places and stay home or at other designated space, away from other people, for <u>7 days OR until 3 days after the fever ends and symptoms improve, whichever is longer</u> Wear a facemask when around other people Follow hygiene and sanitation guidance Contact health care provider if symptoms worsen <u>People at higher risk*** should contact their healthcare provider early even for mild illness</u> 	Consider Public Health Priority Groups for COVID-19 Testing **
Symptomatic (Severe)	None or Any	<ul style="list-style-type: none"> Seek emergency care immediately Notify the dispatch personnel that the patient has or may have COVID-19 	Yes

Addressing Symptoms Employer Responsibilities

Ohio Department of Health

- COVID-19 Information for Businesses and Employers Screening Employees for COVID-19 <https://www.nfib.com/assets/Guidance-Screening-Employees-for-COVID-19.pdf>

CDC

- Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19) ([link](#))

If an employee is confirmed to have COVID-19, you should inform fellow employees of their possible exposure to COVID-19 in the workplace but **maintain confidentiality** as required by the Americans with Disabilities Act (ADA).

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Notifying Staff & Residents of COVID-19 Exposure



What we're hearing on the ground:

- All clients
 - temperature and symptom checks
 - record and track both with Excel
- Symptomatic
 - immediate isolation
 - provide masks to sleep in
 - follow-up with medical professional within 24 hours
- Severe symptoms
 - dial 911/contact EMS

Notifying Staff & Residents of COVID-19 Exposure



Ideal Guidance: Work with your LHD to develop a notification and response plan

Seattle Clinical Decision Guidance, contact health care providers (HCP) for

- vulnerable populations with mild symptoms
- high risk/exposed persons with mild symptoms
- persons with severe symptoms

CDC Guidance

- Does the client have a fever?
- Does the client have a new or worsening cough?
- If yes to either notify management and healthcare providers as available
- Use standard shelter protocols for medical emergencies
- <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-symptoms.html>

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Establishing Non-Congregate Options

<https://www.youtube.com/watch?v=mleu9H6b-Ds&feature=youtu.be>

Establishing Non-Congregate Options

- Definitions
 - Isolation/Quarantine
 - Quarantine
 - For people or groups who don't have symptoms but were exposed
 - Quarantine keeps these people away from others so they don't unknowingly infect others
 - Isolation
 - For those who are already sick, but do not require hospitalization
 - Isolation keeps infected people away from healthy people to prevent spreading
 - Specialized
 - For people who have high risk of poor outcomes if they become COVID+
 - For people who require assistance with ADL's or have high behavioral health needs that cannot be accommodated in a congregate shelter
 - Shelter Overflow
 - For people who are asymptomatic and not exposed
 - To increase shelter capacity or deconcentrate shelters

Establishing Non-Congregate Options

- Identify Units
 - Hotel/motel units
 - Empty apartments
 - College/university dormitories or student housing
 - Community centers
 - Offices
 - Isolation/Quarantine considerations
 - Units should be off-site of congregate shelter/transitional facilities
 - Exterior entry/exit

Establishing Non-Congregate Options

- Population Served
 - Isolation/Quarantine
 - COVID+ but do not require hospitalization
 - Person Under Investigation - positive symptom screen
 - Specialized
 - High risk of medical complication
 - Higher need individuals
 - Shelter Overflow
 - Presumed COVID-

Establishing Non-Congregate Options

- Staffing
 - 24/7 staff presence
 - mix of hotel staff and provider staff
 - Designate onsite service provider
 - Train staff on all COVID-19 protocols
 - Medical personnel should advise on protocols

Establishing Non-Congregate Options

- Equipment and Supplies
 - Access to Personal Protective Equipment (PPE)
 - Post signs and informational posters for staff, volunteer, and client awareness about COVID-19, cough etiquette, and appropriate handwashing
 - Personal cleaning supplies for each room, including tissues, paper towels, cleaners and EPA-registered disinfectants.
 - Access to fluids, tissues, plastic bags for the proper disposal of used tissues, and a means to wash their hands or alcohol-based hand sanitizers
 - Weekly cleaning and disinfecting of rooms plus at turnover
 - Laundry services for client's personal laundry and bedding provided by hotel/motel operator
 - Use CDC guidelines [Cleaning and Disinfecting Your Facility](#) or [Cleaning and Disinfection for Community Facilities.](#)

Establishing Non-Congregate Options

- Facility Operations
 - Provide individual meals with disposable utensils (knock/drop off)
 - If refrigerators provided in rooms, can provide food for meal prep
 - Provide designated smoking areas and enforce social distancing
 - Enforce no visitors onsite
 - Provide for safe needle disposal
 - Processes for notifying coordinating entity of new room vacancies, accepting referrals, and orienting new clients to facility, protocols, and services

Establishing Non-Congregate Options

- Support Services
 - Identify and address potential language, cultural, and disability barriers
 - Monitor all clients at least daily and proactively support clients to support social distancing
 - Facilitate access to telehealth (medical and behavioral health)
 - Develop protocols for people who may be experiencing mental health crises or complications related to substance use disorders, including symptoms and complications of withdrawal

Establishing Non-Congregate Options

- Support Services
 - Arrange for and assist with refilling prescriptions, including how to support individuals who need access to daily medications such as methadone/suboxone/vivitrol
 - Provide dedicated case management (onsite or offsite) to ensure human services and healthcare needs are met as well as plan for exit from the hotel/motel setting to stable housing or return to congregate shelter
 - Track services in HMIS, if able

Establishing Non-Congregate Options

- Additional Considerations
 - Transportation
 - How will people be transported to I/Q units?
 - Is there a medical transportation option?
 - Will only those testing positive for COVID-19 qualify for medical transport?

Establishing Non-Congregate Options

- Funding Sources
 - State funding
 - HCRP shelter grant funding
 - OHFA COVID-19 Emergency Housing Assistance Program
 - Federal funding
 - FEMA
 - ESG
 - Private funding
 - local foundations
 - local governments
 - churches

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Special Populations

- Substance use disorders
- Mental health disorders
- Pregnant women
- Families with children

Substance Use Disorders

SAMHSA

- FAQs: Provision of methadone and buprenorphine for the treatment of Opioid Use Disorder in the COVID-19 emergency
- Quarantine, Opioid Treatment Programs (OTP) and Door Delivery for MAT
- all resources available: <https://www.samhsa.gov/coronavirus>

Other Resources

- Guidance for People Who Use Substances on COVID-19
https://law.yale.edu/sites/default/files/area/center/ghjp/documents/covid-19_guidance_harmreduction_317203.pdf
- AATOD Guidance for OTP <http://www.aatod.org/advocacy/policy-statements/covid-19-aatods-guidance-for-otps/>
- NIDA <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>

Mental Health Disorders

SAMHSA

- Coping With Stress During Infectious Disease Outbreaks
<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4885.pdf>
- Taking Care of Your Behavioral Health: Tips for social distancing, quarantine, and isolation during an infectious disease outbreak
<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4894.pdf>

Other Resources

- Mental Health America, Living with mental illness during COVID-19, medication access, financial support, resources for immediate response <https://mhanational.org/covid19>
- Mental Health First Aid, How to help someone with anxiety or depression during COVID-19 ([link](#))
- OMHAS ([link](#)) (covid19housing@mha.ohio.gov)

Pregnant Women

CDC

- FAQ for healthcare providers <https://www.cdc.gov/coronavirus/2019-ncov/hcp/pregnant-women-faq.html>
- Pregnancy and breastfeeding https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fpregnancy-breastfeeding.html#anchor_1584169262

Other Resources

- WHO, Q&A on COVID-19, pregnancy, childbirth and breastfeeding <https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-childbirth-and-breastfeeding>
- Public Health Emergency, Support for pregnant survivors of abuse or rape during disasters <https://www.phe.gov/Preparedness/planning/abc/Documents/first-responder-factsheet.pdf>

Families with Children

USICH

Supporting children and youth experiencing homelessness during COVID-19

<https://www.usich.gov/tools-for-action/supporting-children-and-youth-experiencing-homelessness-during-the-covid-19-outbreak-questions-to-consider/>

Ohio Department of Education

McKinney-Vento Homeless Resources for Awareness

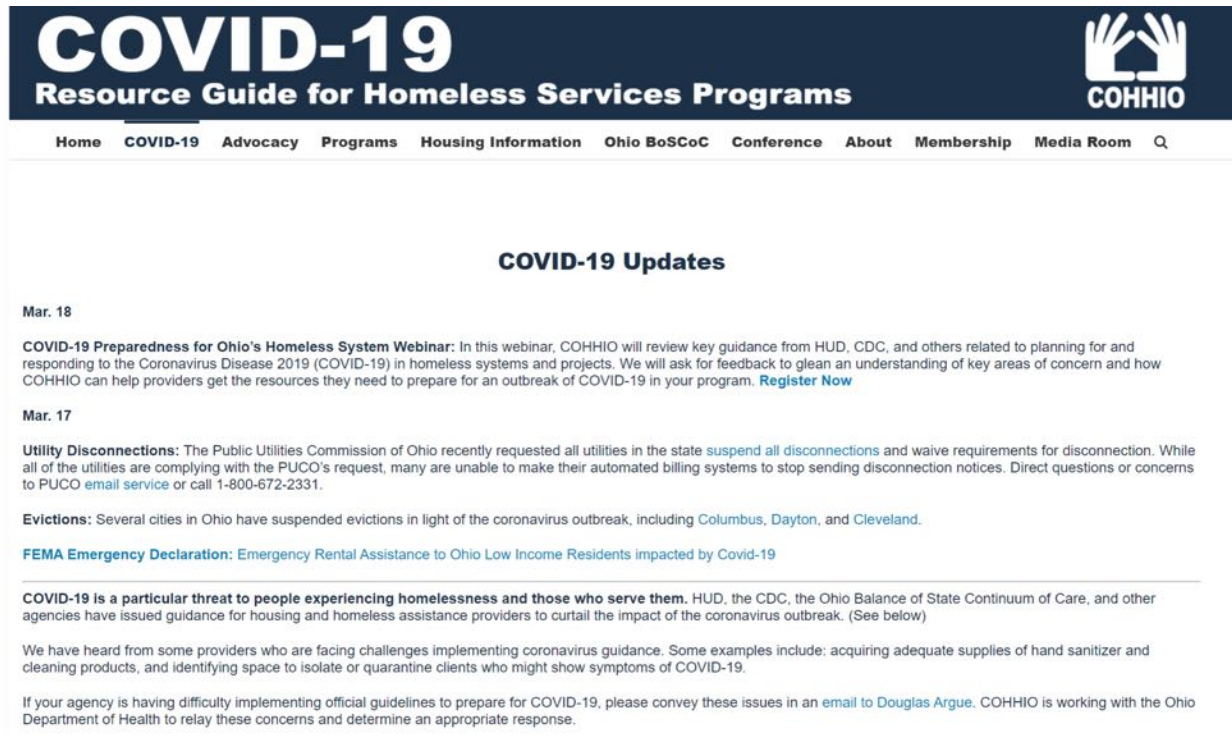
<http://education.ohio.gov/Topics/District-and-School-Continuous-Improvement/Federal-Programs/Elementary-and-Secondary-Education-Act/Programs-Administered-Under-ESEA/McKinney-Vento-Resources-for-Awareness>

DHHS

Questions and answers about TANF and COVID-19

<https://www.acf.hhs.gov/ofa/resource/tanf-acf-pi-2020-01>

For More Information Visit:



www.cohhio.org/covid-19

Agenda

- Double Jeopardy
- Provider Preparedness for COVID-19
- Local Coordination
- Addressing Symptoms
- Notifying Staff and Residents
- Establishing Non-Congregate Options
- Special Populations
- **Self Care**
- Q/A

Self Care

Self-care is the most important thing right now if we are going to make it through this time of crisis. We must be strong and healthy to do the things we need to do to fight this virus.

- Acknowledge that trauma can impact anyone
- Try to stay positive and calm -- take a break when you need it
- Create a menu of personal self-care activities
 - Eat regular, healthy meals
 - Get enough sleep
 - Take a walk
- Support each other
- Learn the symptoms
- Allow time for you and your family to recover
- Take a break from media coverage of COVID-19
- Ask for help

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html>

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Thank You