Double Jeopardy

The Coronavirus & Homelessness in Ohio

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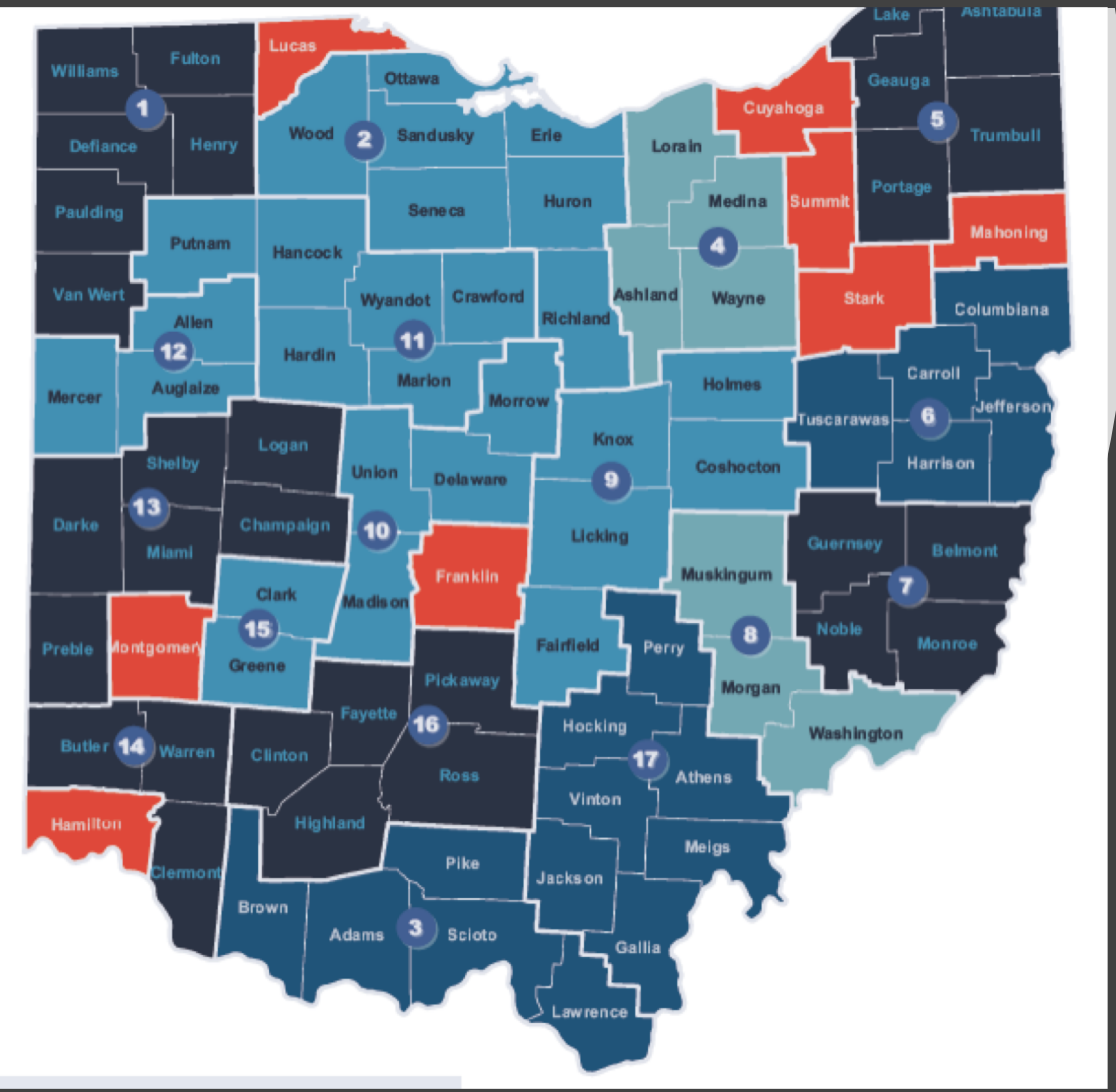
The Collective for Impact

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

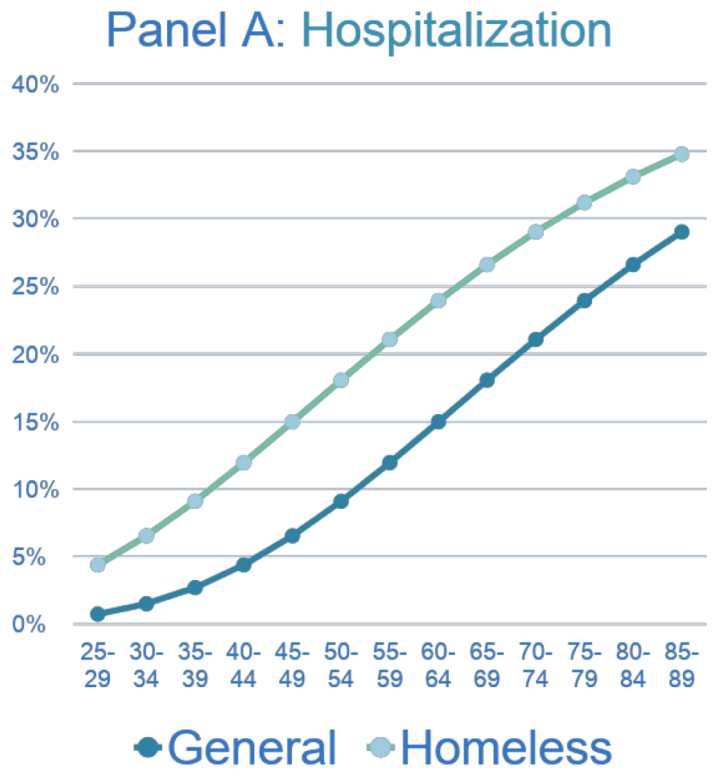


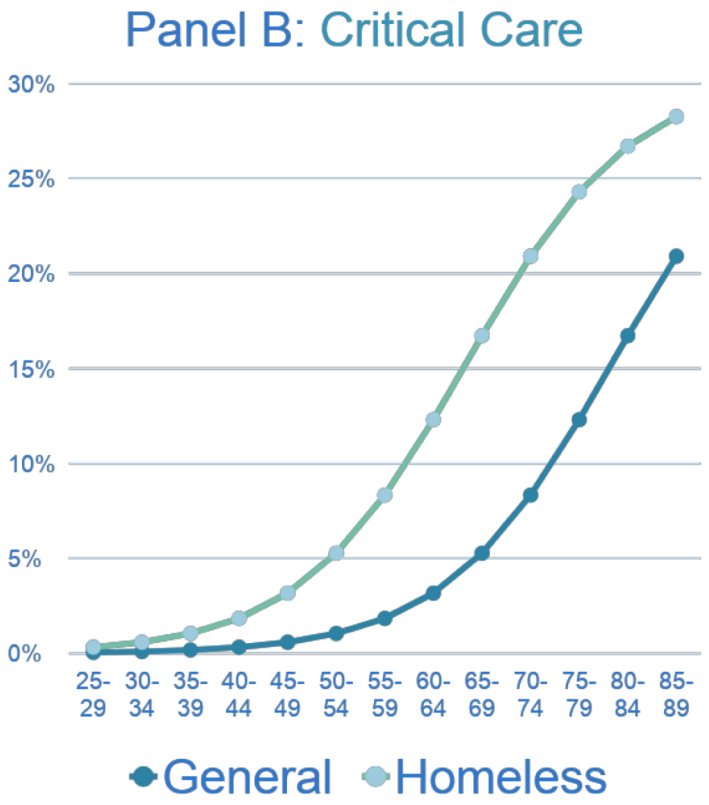
Continuum of Care

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





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 accomodate 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.

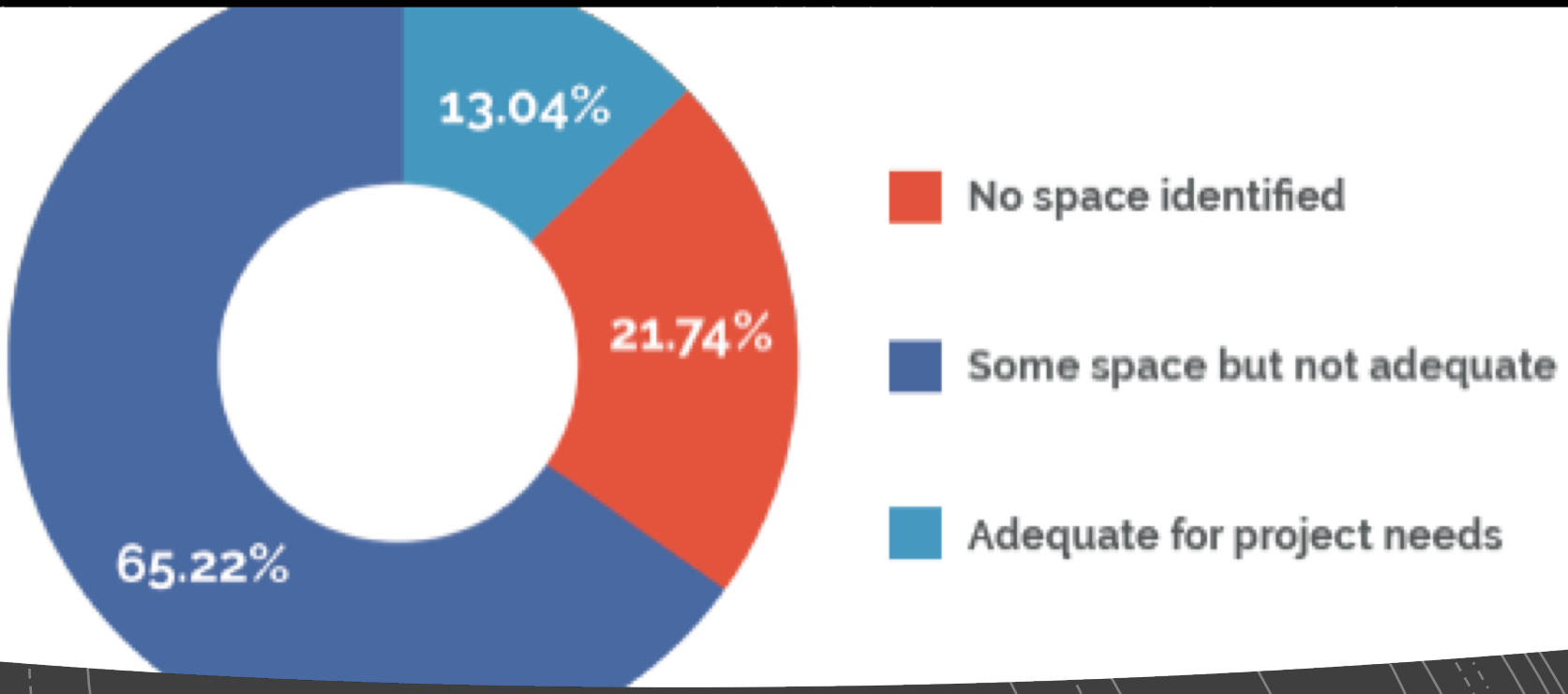
Existing studies of homeless populations have observed obstructive pulmonary disease prevalence between 20 and 30%, compared to 10% for the general adult population.

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

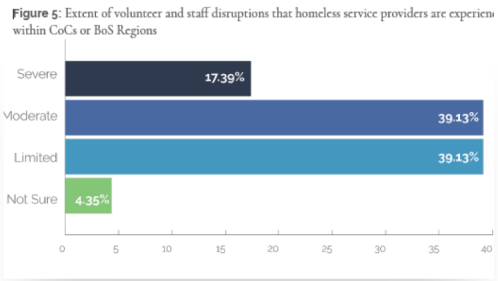


Isolation/quarantine space for people/families with mild COVID-19 symptoms

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."



"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

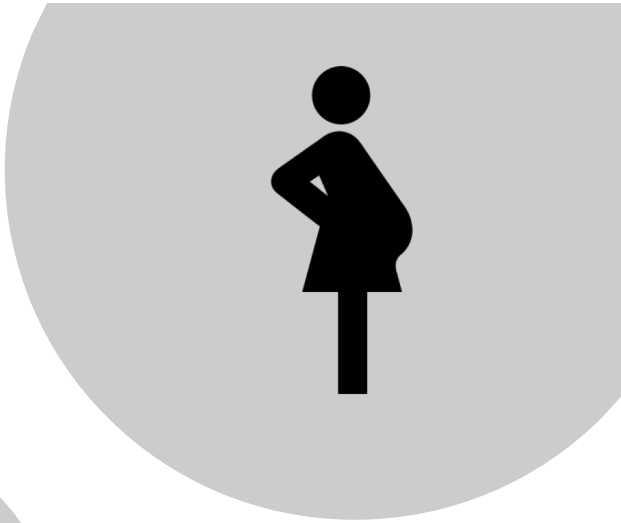
- Additional **shelter capacity** to deconcentrate existing facilities and expand shelter options to accommodate unsheltered individuals
- Identify and set up spaces and hotels for **isolation and quarantine**
- Provide **public health guidance and protocols** for establishing, equipping and staffing 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

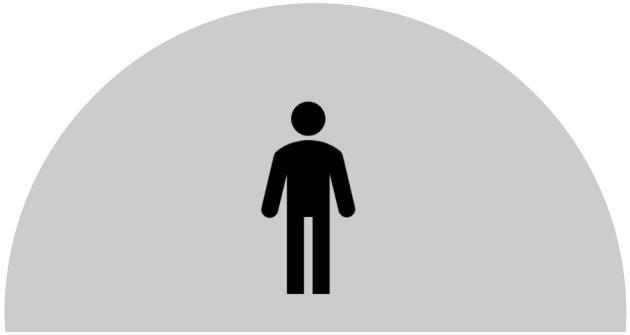
Modeling Cost Estimates for Addressing Acute Needs of Homeless Ohioans during COVID-19 Pandemic

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.

Thank You

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