

DELIVERING HEALTH CARE IN ISOLATION AND QUARANTINE FACILITIES FOR PEOPLE EXPERIENCING HOMELESSNESS

APRIL 28, 2020

1 P.M. EASTERN

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MEET YOUR HOSTS



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ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

Access to Care & Clinician Support

Recruitment & Retention

National
Health
Service Corps

Resources

Training

Networking

STAR² CENTER



STAR²CENTER
SOLUTIONS TRAINING AND ASSISTANCE
FOR RECRUITMENT & RETENTION

www.chcworkforce.org

EXAMPLES OF RESOURCES FOR HEALTH CENTERS

- Burnout Assessment Tool
- Recruitment and Retention Data Profile Dashboards
- Compensation Assessment Tool
- Lot's more!

WEBINAR HOUSEKEEPING

We are
Recording

Ask
Questions

Complete the
Evaluation



COVID-19

COFFEE CHATS

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.

Our work on COVID-19

Resources

- [Reducing Harm for People Using Drugs & Alcohol in ACSs](#)
- [Needed Actions from Public Health and Emergency Response Systems](#)
- Plus sample policies/procedures, guidance from partners, staff insights, and more at www.nhchc.org/coronavirus

Webinars twice a week

- Thursday, April 30: Safer at Home? COVID-19 and Domestic Violence
- Friday, May 1: Testing for COVID-19 in Homeless Shelters
- Subsequent topics:
 - Telemedicine
 - Rural Communities
 - Consumer Perspectives of I/Q

www.nhchc.org/webinars

What we're seeing

- People experiencing homelessness are especially at risk for contracting COVID-19 and have nowhere to isolate or recuperate without local action.
- Our perennial message that “housing is health care” is more obvious than ever. This outbreak is exacerbating the social injustices we were already tolerating.
- In the absence of a centralized national strategy and with piecemeal funding, each community’s response to mitigating the spread of the novel coronavirus in the homeless population differs. Many local governments are deferring responsibility to private organizations like health centers.

What we're seeing

- New federal resources create opportunity to establish alternative care sites that can be sustained as medical respite care.
- Communities are struggling to keep clients in isolation, but there are serious ethical and civil rights considerations with forced quarantine.
- New data suggests universal testing is warranted, but resources are lacking.
- Personnel deployed at new Alternative Care Sites may lack training in serving people experiencing homelessness.
- Many health centers are exploring new/temporary services sites for the first time.

PRESENTERS



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HEALTH RESOURCES AND SERVICES ADMINISTRATION: REQUESTING TEMPORARY EMERGENCY SERVICE SITES (PAL 2020-05)

Bureau of Primary Health Care Representatives

- Tasha Akitobi, Office Senior Advisor, Office of Sothern Health Services
- Debra Renee Bergen, Senior Advisor, North Midwest Division, Office of Northern Health Services
- Lauren Spears, Division Director, Policy Division, Office of Policy and Program Development
- Rebecca Braccia, Senior Advisor, Policy Division, Office of Policy and Program Development
- Jessica Melone, Public Health Analyst, Policy Division, Office of Policy and Program Development

Resources

- [PAL 2020-05: Requesting a Change in Scope to Add Temporary Sites in Response to Emergency Events](#)
- [COVID-19 Frequently Asked Questions](#)
- Health Center Program Support: [Online Portal Contact Form](#) or Call 1-877-464-4772



Valley Homeless Healthcare Program

Santa Clara County Health and Hospital System

Our core purpose is simple: we wish to promote human dignity, relieve suffering and provide hope so that people can achieve their full potential and improve their quality of life.



COVID Situation in SCC



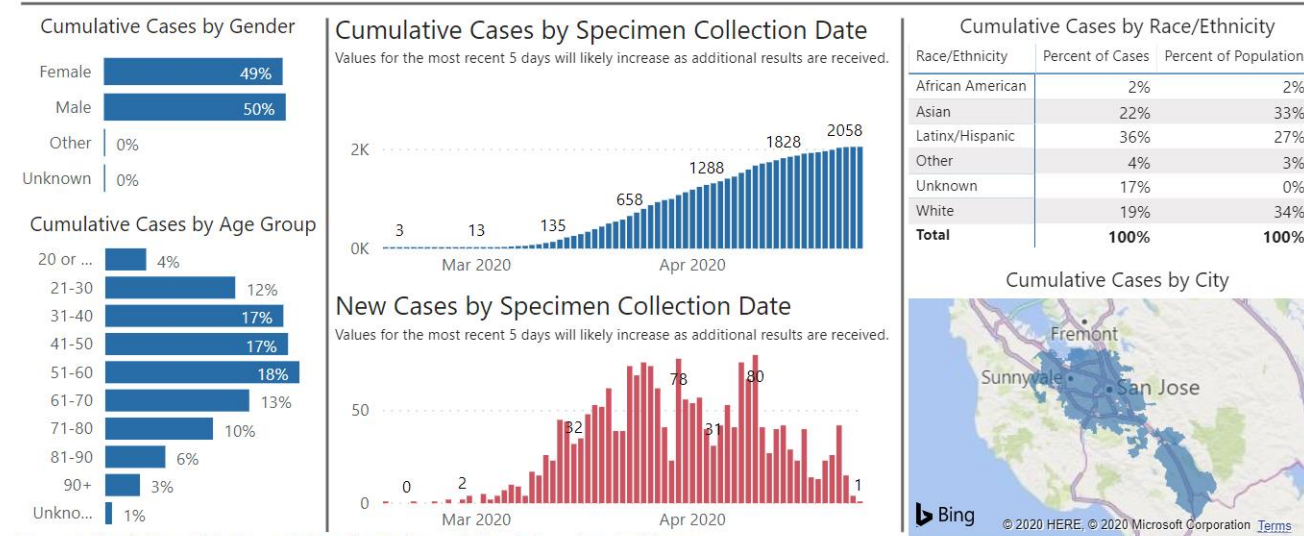
Santa Clara County COVID-19 Cases Dashboard



Data last updated April 26, 2020

This dashboard provides detailed data on cases of COVID-19 in Santa Clara County. Due to limited testing capacity, the information reported represents only a small sample of the likely total COVID-19 cases in Santa Clara County. Increased testing availability is expected to increase the number of confirmed COVID-19 cases reported.

| | | | | | |
|-------------|-----------|--------------|------------|------------------------|------------------------------|
| Total Cases | New Cases | Total Deaths | New Deaths | Currently Hospitalized | Page Navigation |
| 2084 | 48 | 100 | 1 | 163 | → Death Data |



Source: California Reportable Disease Information Exchange, California Department of Finance.
 Note: The graphs do not include 26 patients that did not have a valid date for when their specimen was collected. These patients are included in the total numbers presented above. Case counts for cities with less than 10 cases are not provided. Currently hospitalized includes suspected cases. New cases represent newly identified cases since last reporting. Specimen collection date may vary. *Other category on race/ethnicity graph includes American Indian and deaths without a known race/ethnicity.

COVID Response

- Establishing the Joint Department Operations Center- April 3
 - Partnership between OSH, VHHP, City of San Jose and Public Health
 - Establish non-congregate (motels/hotels/trailers) and congregate sites for isolation and quarantine- OSH/City
 - Set up ancillary services- Food/Laundry/Cleaning/Security- OSH/City
 - Provide triage into services and medical/mental health support- VHHP/Community clinics
 - Lives under the EOC for the County
- Early establishment of this allowed us to:
 - Bring in community clinics early and have them augment the clinical work we were doing.
 - Push for more resources from the county health system and partners
 - Providers/nurses/transportation/outreach workers
- 610 Placements as of 4/25 (1400 requests)

COVID Response Levels of Care

- JDOC Triage Workflow
- Level 1: not vulnerable, non PUI/COVID- placed in general shelters. All shelters are thinned down to social distance levels (goal of 10 feet apart) with expanded cleaning protocols. Mobile units visit sites on a weekly basis.
- Level 2: vulnerable, non PUI/COVID- placed in motels if available. Otherwise to general shelters until a motel is available.
- Level 3a: Person under investigation/test pending- placed in temporary motel and moved to new location once test result received
- Level 3b: COVID+: placed in either Field Med Center or COVID+ hotel

COVID Roles

- Medical Support on Policy/Procedures
- OSH Intake- triage people from general shelter placement vs medical assessment
- JDOC Triage nurses: assess clients for vulnerability status, covid status, and other medical issues to determine placement
- OSH Placement team: assigns hotels/motels
- Onsite Managers: contracted facility managers to run facilities, help coordinate food, cleaning, admission, discharge, security, etc...
- Medical TeleHealth- physicians and nurse practitioners call patient within 24 hours of them arriving to get a full health history and assign need for nursing check ins, behavioral health, addiction including MAT, in person visits, medication delivery, etc...
- Behavioral Health: provides referral based mental health support to clients as well as daily check-ins for people who are COVID+

COVID Roles

- Social Work: support social needs and discharge placement as people leave isolation or quarantine
- Pharmacy: coordinates delivery of medications by mail or outreach worker to each client
- Addiction team: coordinates MAT and other addiction treatment to all sites- new starts and maintenance
- Street Teams: two teams that have 3 goals:
 - Continue to check in on clients in encampments (as we did Pre-COVID, plus symptom screen and test)
 - Contain outbreaks at shelters and other congregate settings
 - Perform in-person check ups on people in motels who need something beyond what telehealth can offer
- Outreach Workers: mixture of checking in on clients who are not answering, transportation, med deliveries
- Nurse Wellness Checks: call COVID+ patients daily to assess symptoms and others PRN

COVID Response Levels of Care

| Level of Care | Description | Medical | Nurse Wellness Check | Referral Services | In Person Medical Check Ups |
|---------------|--|---|---|--|--|
| Level 1 | Non Vulnerable/ Congregate Setting | Mobile Unit weekly | none | Psych/SW/ Addiction Services on call | Mobile Unit weekly |
| Level 2 | Vulnerable | ~Weekly telehealth visits, Meds delivery | As referred- rage from none to daily | Psych/SW/ Addiction Services on call | Mobile unit monthly and backpack team on call |
| Level 3 | PUI/COVID+ | Weekly telehealth visits, Meds door dropped | Daily | Psych/SW/ Addiction Services on call | Backpack team on call |

COVID Other Activities

- Expansion of Respite to unload hospitals from 20 beds to up to 100
- Outbreak Response
- Testing of asymptomatic individuals
- Improvement of Transportation
- Key Partnerships:
 - Public Health
 - Office of Supportive Housing
 - Local city governments
 - Community Health Centers
 - Gardner
 - Peninsula Healthcare
- Contained Population Ideas

COVID Lessons Learned/Challenges

- Biggest Lesson Learned: group the key people together across departments
- Current Challenges:
 - Following Shelter In Place
 - Keeping up with changing guidelines
 - How to place people when you are unsure if they are infected?
 - Dealing with refusal
 - Serology testing
- Tracking people

Valley Homeless Healthcare Program

Mudit Gilotra- mudit.gilotra@hhs.sccgov.org

Overview

For nearly three decades, Harlem United has changed lives by helping marginalized communities improve their health and well-being through compassionate, client-centered care. From our roots, planted in the basement of a church in Harlem at the height of the AIDS crisis, we've grown into a full-fledged, community-based healthcare and housing provider.

Across the decades, our founding ethic has remained the same:

Harlem United is a family, and no matter what, we're here to help

HARLEM UNITED

Overview

We offer a range of services to provide exactly what you need to get and stay healthy:

- Primary care doctors
- Dentists
- Individual & family counseling
- HIV & STI testing and prevention education
- Sexual health counseling
- LGBT support groups
- Care coordination
- Various Types Housing -Scatter Sites: HRA, HOPWA, FROST'D, & WOMEN & CHILDREN; TRANSITIONAL: CONGREGATES: FHE, FHW, & Veterans Housing
- Tier 2 Family with Children Shelter

Delivering Health Care in Isolation and Quarantine Facilities for People Experiencing Homelessness

Overview COVID-19 situation (Impact of COVID 19 on the homeless patient with shelter) –

- High density population in Harlem
- Enclosed individual rooms where clients live and ensuring all children are safe
- Huge impact on remote learning for children with limited resources (no laptops, no WIFI etc.)

Delivering Health Care in Isolation and Quarantine Facilities for People Experiencing Homelessness

Isolation and Quarantine process – 50 families (127 children and 50 adults)

- If client tested positive and returns to the shelter the client will be quarantined in their room for 14 days
- Isolate tenant/minimize exposure and also to protect client confidentiality
- We will review the possibility of utilizing the COVID-19 hotel initiative for quarantine if applicable

Delivering Health Care in Isolation and Quarantine Facilities for People Experiencing Homelessness

Staffing & Important skill sets –

- 2 Residential Aids per shift around the clock (24 hours)
- 3 Client Care Coordinators (Social Workers) on-site once a week. There are telephonic visits being done daily with clients
- The staff are able to meet with clients one on one if needed regarding additional assistance needed.

Delivering Health Care in Isolation and Quarantine Facilities for People Experiencing Homelessness

Partnerships –

- Department of Education has partnered to delivery breakfast, lunch, and dinner to all clients in the shelter
- Department of Education has provided the children with iPads and WIFI
- Refer clients to local pantry facilities in the nearby community

Delivering Health Care in Isolation and Quarantine Facilities for People Experiencing Homelessness

Challenges and lesson learned -

- Families going in and out of the shelter multiple times of the day (not abiding by the Stay-In Place order)
- Clients leaving the building can put their family and staff at risk
- Biggest challenge is limiting /restricting clients from leaving the shelter

QUESTIONS?

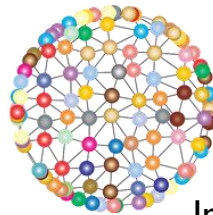


Image by GDJ on pixabay

STAY IN TOUCH



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THANK YOU!