



# COVID-19 & the HCH Community:

## Needed Actions from Public Health and Emergency Response Systems

Issue Brief | April 2020

The worldwide COVID-19 pandemic is requiring an unprecedented infectious disease disaster response in every community in the U.S. To ensure an effective response effort, public health and emergency response systems must plan for the needs of those experiencing homelessness.

On any given night, [about 568,000 people](#) are sleeping on the street and in shelters, transitional housing programs, or other congregate settings. Every jurisdiction has people experiencing homelessness. This population is [disproportionately older](#); has high levels of chronic medical and behavioral health conditions; and has very limited ability to “stay home,” “wash hands,” and “practice social distancing.” These factors combine to put this population at very high-risk for severe illness according to [CDC guidelines](#). People experiencing homelessness must be recognized as a priority group for public health response.

Health Care for the Homeless (HCH) programs and other local homeless services providers are implementing numerous infectious disease prevention strategies, but *individual providers have neither the capacity nor the legal authority to take the significant steps needed to mitigate the spread of COVID-19 in this vulnerable population.* **This issue brief outlines the critical actions that public health authorities and emergency response systems must take to protect homeless populations from COVID-19, as well as some strategies being implemented and the federal guidance that is currently available to assist the effort.**

Table 1. Needed Actions With Related Strategies and Guidance

Needed Actions	Strategies & Guidance
<p><b>Establish Isolation &amp; Quarantine Space:</b> Need appropriate accommodations for four groups:</p> <ul style="list-style-type: none"> <li>Asymptomatic, but exposed</li> <li>Symptomatic, awaiting testing/results</li> <li>Confirmed positive</li> <li>High-risk older individuals/chronically ill/frail remaining in congregate settings</li> </ul>	<ul style="list-style-type: none"> <li>Use motels/hotels, convention/recreation centers, community centers, schools, unused hospital space, FEMA trailers, mobile single room occupancy units, or other community spaces</li> <li>Expedite permanent housing placements</li> <li>Expand medical respite programs</li> <li>CDC: <a href="#">Guidance for Alternate Care Sites and Isolation Sites</a></li> </ul>
<p><b>Deliver Services While in Isolation/Quarantine:</b> Placing vulnerable, high-need individuals into extended “solitary confinement” may be traumatizing and disconnect people from necessary services, raising chances of clients decompensating and/or leaving against medical advice</p>	<ul style="list-style-type: none"> <li>Understand this population has high rates of mental health and substance use disorders, trauma, and lack of trust in institutionalized systems</li> <li>Ensure clients' service providers are able to access I&amp;Q spaces to bring health care, case management, and support services as needed</li> <li>Ensure people have entertainment and are not disconnected from support systems</li> <li>Ensure staff adopt a “Housing First,” trauma-informed approach to those in I&amp;Q spaces—do not expect/require abstinence from substance use</li> </ul>

Needed Actions	Strategies & Guidance
	<ul style="list-style-type: none"> <li>Assess risks of poor outcomes (e.g., suicide or overdose) and support clients accordingly</li> <li>Use Community Health Workers, case managers, outreach workers, peer specialists, and others who have experience working with homeless populations</li> <li>CDC: <a href="#">Stress and Coping</a></li> </ul>
<p><b>Assist Shelters with Screening &amp; Preparations:</b>                  Many shelters are not prepared to implement rigorous infectious disease protocols. Many also have received inconsistent direction about how/whether to screen clients, and how to respond to clients who exhibit symptoms. Many shelters rely on volunteers, are not open year-round or during the day, and/or do not have sufficient space to implement social distancing protocols.</p>	<ul style="list-style-type: none"> <li>Shelters should attempt to <b>stay open</b> and <b>not turn away</b> clients who present with symptoms.</li> <li>Train shelter staff to screen clients effectively and implement infectious disease protocols</li> <li>Space beds at least 3 feet apart (organized head-to-foot or using barriers) in areas where clients are not sick, and use individual rooms or have beds at least 6 feet apart in areas where clients are experiencing symptoms</li> <li>Create overflow shelter space to accommodate reduced capacity at traditional sites</li> <li>Use HMIS to track clients</li> <li>Assign clients to the same bed each night</li> <li>HUD: <a href="#">Shelter Management During an Infectious Disease Outbreak</a></li> <li>HUD: <a href="#">How to Screen Clients upon Entry to Shelter or Opportunity Centers</a></li> <li>HUD: <a href="#">Preventing &amp; Managing the Spread of Infectious Disease Within Shelters</a></li> <li>HUD: <a href="#">COVID-19 HMIS Resources</a></li> <li>CDC: <a href="#">Interim guidance for homeless service providers to plan and respond to coronavirus disease 2019</a></li> <li>CDC: <a href="#">Cleaning and Disinfection for Community Facilities</a></li> <li>CDC: <a href="#">Screening clients for respiratory infection symptoms at entry to homeless shelters</a></li> </ul>
<p><b>Provide Services to Encampments &amp; Other Unsheltered Homeless:</b> Encampment clearings only destabilize especially vulnerable people, separate them from service providers, and contribute to the dispersal of possible contamination throughout the community.</p>	<ul style="list-style-type: none"> <li>Expedite permanent housing placements</li> <li><b>Ban encampment clearings</b> and RV/car tow-aways</li> <li>Deploy mobile services and outreach teams to known spaces where people live outside</li> <li>Use a harm reduction approach to conduct COVID-19 screening &amp; health education as well as provide health care and support services as needed</li> <li>Provide handwashing stations, bathrooms, trash removal, and phone charging stations</li> <li>Space tents 12 feet apart and encourage social distancing/risk reduction to the extent possible</li> <li><a href="#">CDC Interim Guidance for Unsheltered Homelessness</a></li> </ul>

Needed Actions	Strategies & Guidance
	<ul style="list-style-type: none"> <li>• HUD: <a href="#">Preventing &amp; Managing the Spread of Infectious Disease within Encampments</a></li> <li>• <a href="#">Street Medicine Institute COVID-19 Guidance</a></li> </ul>
<p><b>Establish Protocol for Transportation to Testing and/or Higher Level of Care:</b> Ensure all hospitals, homeless health care providers, and shelters have a clear referral and transportation protocol in place when they identify individuals in need of isolation or quarantine.</p>	<ul style="list-style-type: none"> <li>• Establish hotline for providers to call when they have patients needing transport</li> <li>• Use school buses, unused state/local vehicles, dedicated public buses, EMTs, etc.</li> <li>• Install a physical divider between the driver and passengers</li> <li>• CDC: <a href="#">Interim Guidance for Emergency Medical Services (EMS) Systems</a></li> </ul>
<p><b>Coordinate PPE &amp; Supplies:</b> There is a critical need for PPE and supplies at health care clinical sites, shelters, and other locations delivering homeless services. Staff concerns over protection and safety are driving program closures, which exacerbates lack of access to vital community services.</p>	<ul style="list-style-type: none"> <li>• Prioritize homeless provider needs, pool requests, and equitably distribute based on need</li> <li>• Train shelter staff on use of PPE and how to extend PPE use</li> <li>• Pool community donations</li> <li>• Consider community volunteers to manufacture PPE using readily available materials (such as <a href="https://linktr.ee/masks4medicine">https://linktr.ee/masks4medicine</a> or <a href="https://budmen.com/">https://budmen.com/</a>)</li> <li>• CDC: <a href="#">Strategies to Optimize the Supply of PPE and Equipment</a></li> </ul>
<p><b>Ensure Continuity of Usual Care for Entire Population:</b> Avoid negative health outcomes by ensuring patients are able to continue accessing health care treatment and medications that are important to maintaining health status</p>	<ul style="list-style-type: none"> <li>• Apart from COVID-19 responses, ensure patients can still access care &amp; medications for chronic health conditions (e.g., diabetes, heart disease, hypertension, asthma, etc.), mental health conditions, and opioid/substance use disorders</li> <li>• Greatly expand telemedicine so health care providers can continue services and conduct routine "check-in's" as often as possible (ensure "audio only" visits are billable services) without incurring unsustainable financial losses</li> <li>• Help providers locate very vulnerable patients who do not have telephones (to the extent possible)</li> <li>• Expand Medicaid (in states that have not) and adopt 1135 waivers to allow for greater flexibilities to deliver care</li> </ul>
<p><b>Continue Access to Food Programs:</b> Avoid widespread hunger by supporting soup kitchens, food pantries, and other food programs, which are often dependent on volunteers to operate</p>	<ul style="list-style-type: none"> <li>• <b>Ensure food programs stay open</b></li> <li>• Establish smaller groups to eat in shifts, space tables, issue take-out containers, conduct curb-side distribution</li> <li>• Distribute gift cards for food at local establishments that may still be operating (e.g., McDonald's, etc.)</li> </ul>

Find additional COVID-19 resources (federal guidance and local protocols) at [nhhc.org/coronavirus](http://nhhc.org/coronavirus)