

COVID-19 & the HCH Community: Interim Lessons Learned from the Pandemic

September 2021

Responding to the COVID-19 pandemic is presenting many challenges to the Health Care for the Homeless (HCH) community. It is requiring service providers to rethink delivery methods and establish or strengthen vital collaborative relationships in order to continue providing needed care to people experiencing homelessness. However, the pandemic also is providing opportunities to transform systems of care because many of the restrictive policies and requirements often associated with barriers to care have been temporarily suspended.

COVID-19 continues to be an international pandemic and the experiences over the past 18 months have shown there are more effective ways to provide care to vulnerable people. The challenge now is to extend these improvements to all communities and make them permanent. **While the pandemic is not yet over, this issue brief outlines five “lessons learned” (and related strategies) that have improved systems of care and heightened public health interventions for people experiencing homelessness.**



Participate in Community Partnerships & Engage Trusted Messengers

Keeping strong relationships with community partners—such as public health authorities, Continuums of Care (CoCs), homeless services, public housing authorities, area hospitals, emergency response teams, and many elected officials—expanded the collective capacity to deliver services and make more efficient use of resources and expertise.

Engaging providers, community health workers, consumer leaders, and others who are trusted messengers to deliver health education messages is effective in engaging clients into services.

Successful Strategies	Quotes from the Field
<ul style="list-style-type: none"> • Hold regular “COVID Partnership coordination” calls with other service providers • Create partnerships with local organizations (e.g., soup kitchens/meal programs) to offer snacks during vaccine events • Share data across service providers/systems to facilitate more responsive, effective service delivery & use of limited resources • Include people with lived experience in systemic decision-making & leadership roles 	<p>“We worked with the county, local shelters, and other homeless service providers to open 130 hotel placements where we provide the medical services to those clients. The county has been key to our responses, so when it came time for the vaccine, they were already at the table to help us.” – Melissa Sandoval, MD, Chief Medical Officer, Circle the City, Phoenix, AZ</p>

<ul style="list-style-type: none"> • Schedule Town Hall meetings/listening sessions with consumers and staff to promote health education • Expand opportunities for staff & consumer leaders to be vaccine ambassadors • Identify trusted locations within communities to hold vaccine clinics (and other services) • Schedule regular outreach hours and consistently follow up with clients to boost vaccine acceptance as well as engage in wider range of care • Access and share data through Information Exchanges to improve individual client health and drive changes at the population health level • Build trust by being <u>trustworthy</u>; be persistent, consistent, and humble 	<p><i>“We found clients were hesitant about the vaccine, but when they talk to providers they know and trust, they felt they could ask questions, be frank, and say ‘we don’t trust the health system based on our history.’ For people we have an ongoing relationship with—that led to a number of patients agreeing to come in and get vaccinated.” – Pat DeShields, Chief Executive Officer, Project H.O.P.E., Inc., Camden, NJ</i></p> <p><i>“We’re getting more vaccines into arms just by being consistent. It’s the HCH culture to know our patients’ names and to follow up. We’re not a flash in the pan—we continue to go out and build trust.” - Mary Tornabene, MS, APRN, FNP-BC: Shelter Based Project Manager, Heartland Alliance Health in Chicago, IL</i></p> <p><i>“Medical providers taking the time to provide education in settings that are not just the exam room and talking in terms people can understand makes such a difference.” -David Peery, NCAB Co-Chair, Miami, FL</i></p>
<p>Resources:</p> <ul style="list-style-type: none"> • NHCHC: Increasing Access to COVID-19 Vaccines Among Homeless Populations: Successful Partnerships Series (webinars featuring DC, Hennepin County/Minneapolis & Chicago) • NHCHC Webinar Series: Trust or Trustworthiness: Which Comes First? • Framework for an Equitable COVID-19 Homelessness Response: Strengthening Partnerships for Better Health Outcomes During COVID-19 • HUD: COVID-19 Homeless System Response: Engaging Individuals with Lived Expertise 	



Integrate Health Care & Support Services

Incorporating low-barrier, trauma-informed health care and support services at congregate and non-congregate shelter programs and in permanent housing improves engagement in care and confirms the need for expansions of medical respite care programs.

Successful Strategies	Quotes from the Field
<ul style="list-style-type: none"> • Deliver primary care, behavioral health, and support services to clients staying in shelters, alternate care sites, housing programs, and unsheltered spaces • Staff mobile/street medicine teams with clinicians, peers, and outreach/case managers who can support clients wherever they live 	<p><i>“While shelters and clinics often operate in silos, COVID-19 has shown that a joint effort can truly save lives.” – Jeffrey Norris, MD, Chief Medical Officer, Father Joe’s Village, San Diego, CA</i></p>

<ul style="list-style-type: none"> • Establish formal partnerships (e.g., through MOUs) with shelters and other homeless service providers • Create standards for shelter health, including environmental cleaning and ventilation standards • Offer after-hours clinics within shelters using in-person or telehealth services • Adopt harm reduction approaches to engage/retain more vulnerable people in care and reduce overdoses, suicides, and other harmful outcomes. • Convert congregate shelters to non-congregate care sites by purchasing/leasing hotels/motels or other venues • Start/expand medical respite care programs to provide ongoing care • Create safer and healthier encampments by spacing tents, adding hygiene stations, and providing a wide range of onsite services 	<p><i>“We developed an inpatient hotel assessment and are asking everyone about substance use, alcohol, opioid use, and nicotine. We offer Suboxone to anyone who says yes to OUD.” – Catherine Crosland, MD, Director of Homeless Outreach Development, Unity Health Care, Washington, DC</i></p> <p><i>“‘Normal’ sucked for our clients, so we can’t go back to that. Being in hotels has been a game-changer and such a benefit for our clients. Losing access to hotels and going back to congregate settings would be a huge loss.” – Tyler Gray, MD, Senior Medical Director – Community Sites, Health Care for the Homeless, Baltimore, MD</i></p>
<p>Resources:</p> <ul style="list-style-type: none"> • NHCHC: COVID-19 & the HCH Community: Medical Respite Care & Alternate Care Sites • NHCHC: Reducing Harm for People Using Drugs & Alcohol During the COVID19 Pandemic: A Guide for Alternate Care Sites Programs • San Francisco Department of Public Health: Interim Guidance for Safe Sleeping for Unsheltered Persons Experiencing Homelessness to Reduce the Risk of COVID-19 • Chicago Homelessness and Health Response Group for Equity: Standards for Shelter-Based Health Care • HUD: Hotel/Motel Acquisitions for Permanent Housing • HUD: Infectious Disease Toolkit for CoCs 	<p><i>“Our protective action motels have been a prime way to vaccinate clients as they are staying long-term in individual motel rooms. As these resources start to go offline, or if shelters move away from a 24/7 model, it will definitely be more difficult to engage with folks.” – Jenna Salerno, RN, Nurse Manager, Colorado Coalition for the Homeless, Denver, CO</i></p> <p><i>“We get a call and meet them where they are on the streets. They can see that people care about them which breaks down walls and builds hope.” Keith Belton, Peer Support Advocacy, The Night Ministry, Chicago, IL</i></p>



Provide Virtual Care/Telehealth

Expanding virtual care/telehealth into shelters, housing programs, and encampments—as well as using technology in creative ways—lowers rates of missed appointments and improves access to care.

Successful Strategies	Quotes from the Field
<ul style="list-style-type: none"> • Create a “telehealth room” at the clinic or shelter with an iPad or other technology where clients can connect with providers • Locate health care staff on site to assist with telehealth connectivity and appointment setup to provide a warm hand off and ensure a successful tele-visit • Use audio-only visits to reach more vulnerable clients or those with limited phones/technology and decrease missed appointment rates • Maximize flexible originating/distant site policies to create more onsite service space and provide greater options for clients and staff offsite • Invest in portable technology that can be taken into encampments and other unsheltered spaces • Facilitate client access to free/low-cost phones through the FCC's Lifeline program 	<p>“For our behavioral health staff, the audio-only offers our more vulnerable clients a bit of privacy, reduces barriers and stigma, and creates new communication opportunities.” – Amber Price, Health Advocate, Partnership Community Health Center, Appleton, WI</p> <p>“Based on our telehealth needs assessment and using our COVID-19 funds, we are adding iPads to our outreach so we can offer video visits to our unsheltered clients as well as telehealth rooms in shelter-based clinics to better connect clients to primary and specialty care. We are also hiring a Director of Telehealth so we can bolster a full range of telehealth services that will increase access to care.” – Nelson Gonzalez, DHA, MPH, Grants Project Manager, Harris Health System, Health Care for the Homeless Program, Houston, TX</p> <p>“Virtual care has allowed me to stay connected with peers in support groups as well as seek second opinions from specialists more easily. It has made care far more accessible.” - Deidre Young, NCAB co-chair, Houston, TX</p>
<p>Resources:</p> <ul style="list-style-type: none"> • NHCHC: COVID-19 & the HCH Community: Ensuring Access to Care Through State Medicaid Telehealth Policies • NHCHC: Building the Plane While Flying It: Case Studies on COVID-19, Telehealth, and HCH Centers • NHCHC Webinar: Using Telehealth Services for Patient Care • NACHC: Telehealth During COVID-19 Ensured Patients Were Not Left Behind 	



Advance Racial Equity

Reversing pervasive racial disparities in access to care and health outcomes requires an intentional focus to examine data and advance anti-racist service approaches.

Successful Strategies	Quotes from the Field
<ul style="list-style-type: none"> • Establish baseline demographic data by race/ethnicity, language, gender identity, and other demographics to identify existing disparities • Implement an action plan that has specific strategies and goals for reducing existing disparities. Continually evaluate progress and re-assess needed actions • Hire and promote staff as diverse as the clients being served, creating opportunities for equitable advancement • Actively consider who is <u>not</u> being served (or geographic areas without access to services) and adjust partnerships or service provisions accordingly 	<p><i>“If equity is not tracked, we will revert to a system of oppression. We measure what we care about.” – Naomi Windham, FNP, Hennepin County, Minneapolis, MN</i></p> <p><i>“We have been looking at everyone we served in the past 12 months and whether they’ve been vaccinated. We recognized there was a disparity between Black and White patients so we started a peer ambassador program to do more targeted outreach. Just in the first few weeks we narrowed that gap, which is great.” – Denise De Las Nueces, MD, MPH, Medical Director, Boston Health Care for the Homeless Program, Boston, MA</i></p> <p><i>“We track the percentage of residents at the shelter who have been vaccinated and look for racial disparities. If one group is lower, we deploy staff to focus on education and outreach and answer questions. We publish all this data on a systems dashboard.” – Martha Trevey, DNP, APRN, Family Nurse Practitioner and Clinical Services Manager, Minnesota, MN</i></p>
<p>Resources:</p> <ul style="list-style-type: none"> • CSH/NHCHC: Addressing Health Equity through Health and Housing Partnerships • HUD: Homeless System Response: Equity Capacity Building: Hiring, Supervision, Training • Hennepin County HCH: Staff Training on Vaccines and Equity • National Law Center on Homelessness & Poverty: Racism, Homelessness, and COVID-19 • Advancing Equity and Impact: Harnessing the American Rescue Plan to Prevent and End Homelessness • HUD: COVID-19 Homeless System Response: Data & Equity: Using the Data You Have • Manatt: Strategies for States to Drive Equitable Vaccine Distribution and Administration • Association of Clinicians for the Underserved: Building an Inclusive Organization: A Toolkit for Health Centers 	



Advocate for Change

Elevating awareness of the individual and public health risks of homelessness is effective in leveraging policy change and significant federal, state, and local investments in health care and housing.

Successful Strategies	Quotes from the Field
<ul style="list-style-type: none"> • Treat homelessness as the public health and humanitarian crisis that it is • Dedicate significant levels of funding to expand capacity in housing, health care, and public health programs • Facilitate access to housing and health care for all low-income people • Enact policies that strengthen eviction protections for renters • Discontinue cumbersome policies that create barriers to care (e.g., prior authorizations, telehealth restrictions, etc.) 	<p><i>“Encampment sweeps need to be abolished. It is criminal that they take the few things people have. We need to have real housing options for people.”- Amy Grassetto, President-Elect of NHCHC Board of Directors, Family Health Center of Worcester, Inc., Worcester, MA</i></p>
<p>Resources:</p> <ul style="list-style-type: none"> • Urban Institute: Ending Homelessness, Reducing Poverty, Advancing Racial Equity and Economic Opportunity by Adopting Universal Housing Vouchers • Center on Budget and Policy Priorities: States That Have Expanded Medicaid Are Better Positioned to Address COVID-19 and Recession • NHCHC: COVID-19 & the HCH Community: Further Illustrating the Benefits of 'Medicare-for-All' • Trust for America's Health: The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks, and Recommendations, 2020 • NAEH: Hotel to Housing Case Studies 	

Conclusion

As a result of COVID-19, many communities demonstrated how quickly they could improve systems of care, mobilize crisis responses in partnership with others, and expand permanent housing opportunities. If policymakers adopted this level of urgency moving forward, the nation could end homelessness. However, achieving this goal will require strong advocacy to adopt the “lessons learned” outlined above and a broad commitment to macro-level systems changes in housing and health care.