

How Local Government, HCH, Shelter, and Housing Providers can collaborate during a pandemic: Chicago's Experience

May 12, 2022

Mary L. Tornabene, MS, APRN, FNP-BC, Shelter Based Project Manager, Heartland Alliance Health

Thomas D. Huggett, MD, MPH, Medical Director - Mobile Health, Lawndale Christian Health Center

Mary Kate Schroeter, MSW, Project Manager – Special Populations, Chicago Department of Public Health



LAWNDALE CHRISTIAN
HEALTH CENTER
Loving God. Loving People.



Mary L. Tornabene, MS, APRN, FNP-BC, Shelter Based Project Manager, Heartland Alliance Health

Mary earned her Bachelor of Science in Nursing from St. Xavier College, and her Masters of Science in Nursing from the University of Illinois at Chicago. Mary has been working with Heartland Alliance Health since 1990, serving persons who experience homelessness in their Northside health center and shelters throughout the city and suburbs. As a Family Nurse Practitioner, she provides care to persons throughout the life cycle, those living with HIV, and through Heartland Alliance's Marjorie Kovler Center she provides care and collaborative rehabilitation services to survivors of torture. In addition to patient care Mary is the project manager for shelter-based care, coordinating care at over 40 shelters in Chicago. In 2007 Mary was honored with the Outstanding Service Award from the National Health Care for the Homeless Council (NHCHC). Mary served on the Health Care for the Homeless -Clinician's Network Steering Committee from 2016-2021, and as chair during the coronavirus pandemic 2020-2021. She was on the Board of Directors for NHCHC 2019-2021.

Thomas D. Huggett, MD, MPH, Medical Director - Mobile Health, Lawndale Christian Health Center

Dr. Huggett earned his Bachelor of Science with Distinction in Biochemistry from the University of Wisconsin; Doctor of Medicine from the University of Chicago Pritzker School of Medicine; and Master of Public Health from Johns Hopkins University School of Hygiene and Public Health. Working on the West Side of Chicago since 1995 where he also lives, he now serves as Family Physician and Medical Director of Mobile Health at Lawndale Christian Health Center. Dr. Huggett sees patients of all ages in clinic and as part of team serving 12 homeless shelters on the West Side, providing primary care and care to patients living with HIV, serious mental illness, and recovery care to those with opioid use disorder. In 2003, Dr. Huggett received the Award for Outstanding Service from National Health Care for the Homeless Clinicians' Network. He has worked as Volunteer Health Adviser for Illinois State Representative La Shawn K. Ford since 2006, working on health policy issues such as expanding HIV screening, increasing the use of food stamps in farmers' markets, preventing childhood obesity, responding to the heroin/opioid overdose epidemic, and improving pharmacy access. He served on the Illinois Department of Healthcare and Human Services Medicaid Advisory Committee from 2015-2021, with one term as Vice Chair. Since 2016, he has started medications for more than 100 patients with opioid use disorder, most of them experiencing homelessness on the West Side of Chicago. He is a certified Medication Assisted Treatment Independent Waiver Training Instructor, training more than 48 providers. Dr. Huggett was named the 2018 Illinois Family Physician of the Year. In 2020 during the coronavirus pandemic, Dr. Huggett was Medical Director of the Hotel 166 Project, shielding 259 high-risk persons experiencing homelessness in a hotel and assisting in housing efforts. After the hotel project, he helped to lead Lawndale's Shelter-Based Service Team in infection control and coronavirus vaccination efforts at 22 West Side sites that serve persons experiencing homelessness. The theme of his work is to provide primary health care and to work to advance community-based public health initiatives to improve the health of residents of underserved communities, especially those experiencing homelessness.

Mary Kate Schroeter, MSW, Project Manager – Special Populations, Chicago Department of Public Health

Mary Kate earned her Bachelor's in Social Work from the University of Vermont and her Master of Social Work from the University of Michigan. Mary Kate lead formation of CDPH's Special Populations Bureau which focuses on health in homeless and correctional settings, as well as quarantine/isolation for City of Chicago during COVID. Prior to that, Mary Kate was a Fellow with the Government Performance Lab working the City of Chicago's Department of Family and Support Services to increase exits to permanent housing for homeless families by strengthening connections to employment programs. She also led product management for Chicago's Rental Assistance Platform application during COVID. Prior to GPL, Mary Kate served as a Global Health Corps Fellow in Uganda providing monitoring & evaluation support to country programs in East Africa. Mary Kate has also worked in tech startups,, including an app called Providers which provides resources for people on SNAP, and direct social services in residential care.



Objectives

- Why and how did we come together in March 2020?
- What were the strategies to overcome the silos of health care, shelter services, and housing in serving persons experiencing homelessness (PEH)?
- What were the public health approaches to enhance clinical care in shelters and on the streets, including standards of care?
- How did we learn how to elevate the voices of PEH, using antiracist approaches in collaboration and implementation?



Spring 2020: Pandemic Response and Evolution of Care in Shelters

- Chicago Homelessness and Health Response Group for Equity (CHHRGE) (chhrge.org)
 - Early Disparities in COVID-19 deaths – 70% of deaths were Black
 - Academic Medical Centers
 - City’s Response with Resources—City formed Emergency Operations Center at United Center
- Housing prioritization by CoC—prioritize people most at risk of death/hospitalization from COVID-19
- Isolation and then transition to Protective Housing for high-risk PEH at Hotel 166 – Lawndale Christian Health Center
- South Side YMCA was repurposed by Cook County Health, CDPH, and DFSS to serve as a second COVID-19 isolation unit run by DFSS.
- Isolation Facility at A Safe Haven – collaboration with Rush University
- Decompression of shelters and opening of additional shelter facilities at Armory, CPS schools, YMCAs
- Testing by UIC/Rush in shelters, hotel, streets, mobile testing of persons under investigation
- Continued in-person primary care, behavioral health care, SUD care in shelters and encampments – Heartland Alliance Health, Lawndale Christian Health Center, and others
- Infection control education and improvements in shelters, medical students distributed 25,000 masks to area shelters in partnership with CDPH



Bringing assistance to shelters during the early days of COVID led to ongoing collaboration

- The City (public health and homeless services) worked together to try and bring technical assistance to implement new COVID guidance in the shelters.
- CHHRGE worked to map shelters across the City, something that did not exist pre-COVID perfectly since not all shelters are City-funded.
- During the early days of COVID, the City had set up a field hospital in McCormick Place and we were able to leverage nurses deployed there because patients were not being transferred from the hospitals.
- We worked with the nurses on how to engage in the shelters and deployed them for in-person visits throughout the system to help implement guidance on the ground in the specific sites and ensure infection prevention measures were in place.
- The City quickly realized we needed to build infrastructure to continue this collaboration in a more meaningful way, and together with feedback from CHHRGE devised an RFP to award two health partners that would continue this work AND add even more services on-site.



Hotel 166: Urgent Action at the Beginning of the COVID-19 Pandemic in Chicago



- Protective housing at Hotel 166 gave some of the highest risk Chicagoans experiencing homelessness - those **60+, or younger with serious underlying conditions** - the **opportunity to stay in a private space** to protect them from the risk of COVID-19 in a congregate shelter system.
- In total, the shielding facility served **259 high risk Chicagoans, drawn from 16 shelters across the city.**
 - 70% of guests were Black
 - 70% were people over 60
 - 56% had diagnosed mental health conditions
 - 54% had hypertension
 - 49% smoked tobacco
 - 34% had a substance use disorder
 - 22% had diabetes
 - Others had HIV/AIDS, Hepatitis C, leg ulcers, mobility challenges

Less Congregate Settings Had Fewer SARS-CoV-2 Infections

Open Forum Infectious Diseases

MAJOR ARTICLE



IDSA
Infectious Diseases Society of America



hivma
hiv medicine association



OXFORD

Risk Factors for Severe Acute Respiratory Syndrome Coronavirus 2 Infection in Homeless Shelters in Chicago, Illinois—March–May, 2020

Isaac Ghinai,^{1,2} Elizabeth S. Davis,³ Stockton Mayer,⁴ Karrie-Ann Toews,^{1,2} Thomas D. Huggett,⁵ Nyssa Snow-Hill,⁶ Omar Perez,⁴ Mary K. Hayden,³ Seena Tehrani,³ A. Justine Landi,³ Stephanie Crane,³ Elizabeth Bell,³ Joy-Marie Hermes,³ Kush Desai,³ Michelle Godbee,³ Naman Jhaveri,⁴ Brian Borah,⁴ Tracy Cable,⁴ Sofia Sami,⁴ Laura Nozicka,⁴ Yi-Shin Chang,⁴ Aditi Jagadish,^{1,4} Mark Chee,^{1,6} Brynna Thigpen,¹ Christopher Llerena,^{1,4} Minh Tran,^{1,4} Divya Meher Surabhi,^{1,4} Emilia D. Smith,^{1,4} Rosemary G. Remus,¹ Rowaine Staszczuk,¹ Evelyn Figueroa,⁴ Paul Leo,⁴ Wayne M. Detmer,⁵ Evan Lyon,⁷ Sarah Carreon,⁸ Stacey Hoferka,³ Kathleen A. Ritger,¹ Wilnise Jasmin,¹ Prathima Nagireddy,¹ Jennifer Y. Seo,¹ Marielle J. Fricchione,¹ Janna L. Kerins,¹ Stephanie R. Black,¹ Lisa Morrison Butler,¹⁰ Kimberly Howard,¹⁰ Maura McCauley,¹⁰ Todd Fraley,¹ M. Allison Arwady,¹ Stephanie Gretsck,¹ Megan Cunningham,¹ Massimo Pacilli,^{1,9} Peter S. Ruestow,¹ Emily Mosites,² Elizabeth Avery,³ Joshua Longcoy,³ Elizabeth B. Lynch,³ and Jennifer E. Layden¹

¹Chicago Department of Public Health, Chicago, Illinois, USA, ²Centers for Disease Control and Prevention, Atlanta, Georgia, USA, ³Rush University Medical Center, Chicago, Illinois, USA, ⁴University of Illinois at Chicago, Chicago, Illinois, USA, ⁵Lawndale Christian Health Center, Chicago, Illinois, USA, ⁶University of Chicago, Chicago, Illinois, USA, ⁷Heartland Alliance Health, Chicago, Illinois, USA, ⁸PCC Wellness, Chicago, Illinois, USA, ⁹Illinois Department of Public Health, Springfield, Illinois, USA, ¹⁰Chicago Department of Family & Support Services, Chicago, Illinois, USA

- Among residents, sharing a room with a large number of people was associated with increased likelihood of infection (aPR for sharing with >20 people compared with single rooms = 1.76; 95% CI, 1.11–2.80) (<https://academic.oup.com/ofid/article/7/11/ofaa477/5921124>)



Multi-Sector Collaboration to Implement Change, Publicize Results, and Create Policy Changes

Original Investigation | Diversity, Equity, and Inclusion

Assessment of a Hotel-Based Protective Housing Program for Incidence of SARS-CoV-2 Infection and Management of Chronic Illness Among Persons Experiencing Homelessness

Thomas D. Huggett, MD, MPH; Elizabeth L. Tung, MD, MS; Megan Cunningham, JD; Isaac Ghinai, MBBS, MSc; Heather L. Duncan, PhD, MSN; Maura E. McCauley, MSW; Wayne M. Detmer, MD

Abstract

IMPORTANCE Persons experiencing homelessness (PEH) are at higher risk for SARS-CoV-2 infection and severe illness due to COVID-19 because of a limited ability to physically distance and a higher burden of underlying health conditions.

OBJECTIVE To describe and assess a hotel-based protective housing intervention to reduce incidence of SARS-CoV-2 infection among PEH in Chicago, Illinois, with increased risk of severe illness due to COVID-19.

DESIGN, SETTING, AND PARTICIPANTS This retrospective cohort study analyzed PEH who were provided protective housing in individual hotel rooms in downtown Chicago during the COVID-19 pandemic from April 2 through September 3, 2020. Participants were PEH at increased risk for severe COVID-19, defined as (1) aged at least 60 years regardless of health conditions, (2) aged at least 55 years with any underlying health condition posing increased risk, or (3) aged less than 55 years with any underlying health condition posing substantially increased risk (eg, HIV/AIDS).

EXPOSURES Participants were housed in individual hotel rooms to reduce the risk of SARS-CoV-2 infection; on-site health care workers provided daily symptom monitoring, regular SARS-CoV-2 testing, and care for chronic health conditions. Additional on-site services included treatment of mental health and substance use disorders and social services.

MAIN OUTCOMES AND MEASURES The main outcome measured was SARS-CoV-2 incidence, with SARS-CoV-2 infection defined as a positive upper respiratory specimen using any polymerase chain reaction diagnostic assay authorized for emergency use by the Food and Drug Administration. Secondary outcomes were blood pressure control, glycemic control as measured by hemoglobin A_{1c}, and housing placements at departure.

RESULTS Of 259 participants from 16 homeless shelters in Chicago, 104 (40.2%) were aged at least 65 years, 190 (73.4%) were male, 185 (71.4%) were non-Hispanic Black, and 49 (18.9%) were non-Hispanic White. There was an observed reduction in SARS-CoV-2 incidence during the study period among the protective housing cohort (54.7 per 1000 people [95% CI, 22.4-87.1 per 1000 people]) compared with citywide rates for PEH residing in shelters (137.1 per 1000 people [95% CI, 125.1-149.1 per 1000 people]; $P = .001$). There was also an adjusted change in systolic blood pressure at a rate of -5.7 mm Hg (95% CI, -9.3 to -2.1 mm Hg) and hemoglobin A_{1c} at a rate of -1.4% (95% CI, -2.4% to -0.4%) compared with baseline. More than half of participants (57% [n = 132]) departed from the intervention to housing of some kind (eg, supportive housing).

Key Points

Question Was a hotel-based protective housing intervention associated with reduced incidence of SARS-CoV-2 infection among persons experiencing homelessness (PEH) in Chicago, Illinois?

Findings In this cohort study of 259 PEH, a significant reduction in SARS-CoV-2 incidence was observed during the study period among PEH provided with protective housing compared with PEH in shelters citywide. Improvements in hypertension and glycemic control were also observed. 57% were successfully housed at departure.

Meaning These findings suggest that protective housing interventions may reduce SARS-CoV-2 incidence among PEH at increased risk for severe COVID-19.

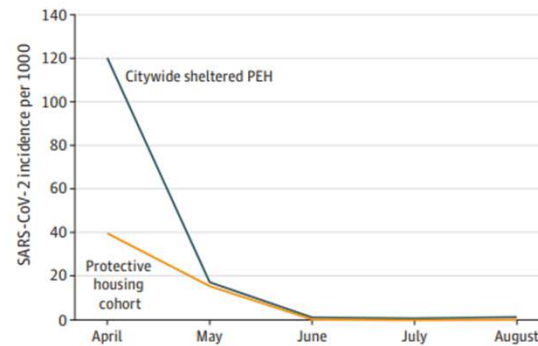
+ Supplemental content

Author affiliations and article information are listed at the end of this article.

Conclusions

This cohort study found that a hotel-based protective housing intervention was associated with marked reduction in the incidence of SARS-CoV-2 infection among study participants. A large proportion of PEH who received integrated medical and social services also appeared to achieve improvements in their chronic health conditions, received treatment for mental health conditions and SUDs, and departed the intervention to permanent housing. This model is not only relevant for the pandemic era, but is a critical piece to addressing the heterogeneous needs of PEH across the US.

Figure. Monthly Incidence of SARS-CoV-2 Infection Among Intervention Participants Compared With Citywide People Experiencing Homelessness (PEH), Chicago, Illinois, 2020



<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2787067>



Outcomes of Protective Housing at Hotel 166

April 2 – September 3, 2020

- We saw a **2.5-fold reduction in the incidence of SARS-CoV-2 infection** compared to city-wide rates for PEH.
- Access to health care **improved overall health outcomes**:
 - Statistically significant **reduction in systolic blood pressure** (-5.7 mm Hg) – blood pressure control improved
 - Statistically significant **reduction in HbA1C** (-1.4%) – diabetes control improved
 - 56% of those who smoked received meds to slow down or stop, and **29% decreased or stopped smoking**
 - **41 (28%) started on meds for serious mental illness**, including long-acting injectables; **62% reported they improved**
 - 55% were already on medications
 - **9** received daily delivered doses of **methadone**; **14** received **buprenorphine/naloxone** (9 started at the hotel)
 - 7 had **HIV/AIDS**: 3 with initial CD-4<200; 2 left with CD-4>200 with meds
- **Collaboration with housing partners** led to Accelerated Moving Events, where people could choose their apartment and furniture virtually. **132 (51%) went to housing of some type**. Others went to recovery programs, a hospital, or to isolation. Only 44 (17%) exited to a shelter or unknown place.

An Opportunity During COVID-19

- The COVID-19 pandemic has shed a brighter light on the inequities in health resources for people experiencing homelessness, though these inequities predated COVID-19 and contributed to unacceptably disparate health outcomes.
- In October 2020, CDPH awarded 2 FQHCs to provide healthcare on-site in every shelter in Chicago: Lawndale Christian Health Center and Heartland Alliance Health.
- Over the past year and a half, this partnership has grown to serve over 93 sites serving PEH.
- City of Chicago prioritized PEH for immunization, starting January 26, 2021 – fully vaccinated in 76% of sheltered, 25-50% of unsheltered.





Creating Standards of Care for Shelters



Authors:

Mary L. Tornabene, MS, APRN, FNP-BC, Heartland Alliance Health

Thomas Huggett, MD, MPH, Lawndale Christian Health Center

<https://nhchc.org/wp-content/uploads/2021/11/Chicago-Shelter-Standards-Sept2020.pdf>; www.chhrge.org

Our Approach to Providing Care

Infection Control

- Working with shelters to operationalize local and national guidance; advising on how to improve social distancing / masking
- Identifying high risk clients for housing/shielding
- Rapid testing
- Vaccine!
- During surge, identifying ways to isolate on-site

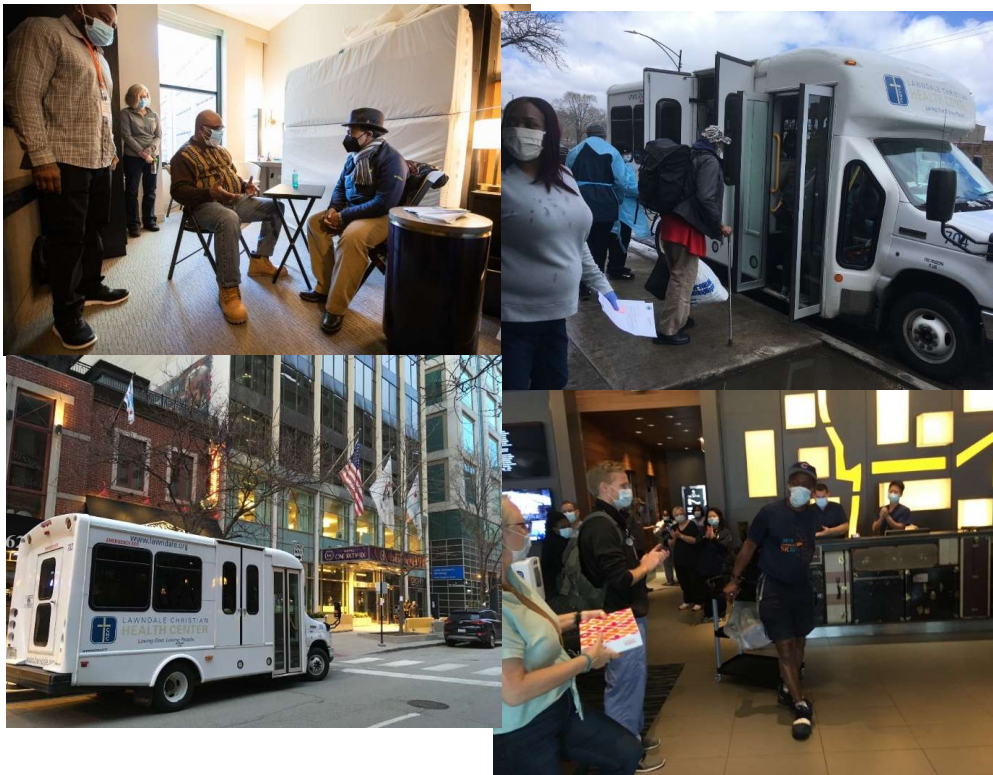
Primary Care

- Providing every shelter resident, the opportunity to have a face-to-face primary care visit with a provider
- Primarily tx for hypertension, diabetes, asthma, seizure, foot care, skincare/infestation
- Referrals to dental, eye exams and glasses, podiatry

Behavioral Health

- Providing psychiatric assessments, initiating medication management of psychiatric conditions; medication-assisted treatment (MAT), including opioid treatment programs
- Provide brief intervention services, including but not limited to solution-focused therapy, motivational interviewing and cognitive behavioral therapy.

Challenges in Implementation



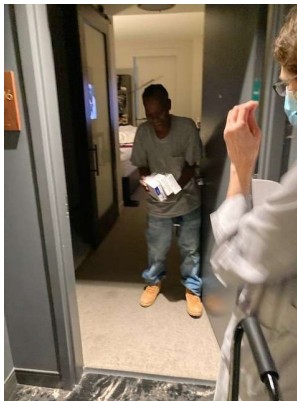
- Silos of government and health vs. homelessness
- Housing and homeless systems—getting health as a factor in housing prioritization
 - Consider other housing options that support more social settings – single apartments aren't for everyone – “I'm terrified I'll be forgotten”
 - SUD, SMI supports
- Ever-changing public health guidance
- Staffing constraints, made worse by COVID



Success: Funding Experienced FQHCs

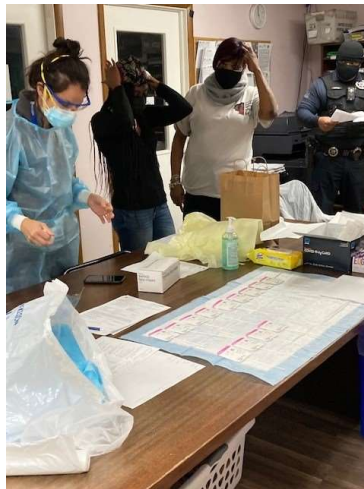
- Prior contracts with City of Chicago—getting through the bureaucratic process!
- LCHC and HAH have cumulative decades of experience in providing healthcare to PEH in shelters and street medicine
- Shelter intake assessment tool—opportunity through TB to make sure everyone is seen
- Hotel 166 leading to Hotel Julian, protective housing Christmas Eve and New Years Eve during Omicron wave
- Implementing infection control assessments and materials—FQHCs can help shelters purchase/install, provide appropriate guidance on what to buy and where to place, what PPE to buy

Success: Weekly calls with City and its partners



- Intergovernmental collaboration—City agencies had little communication pre-COVID, CDPH did not fund shelter care before COVID
- Feedback loop for infection control guidance, testing, and vaccination, AND mental health, substance use, primary care needs of shelter guests
- Creating a brain-trust for future policy recommendations
- Engagement with the shelters—persistence and having City’s backing is key

Success: Pipeline to Housing from Shelter



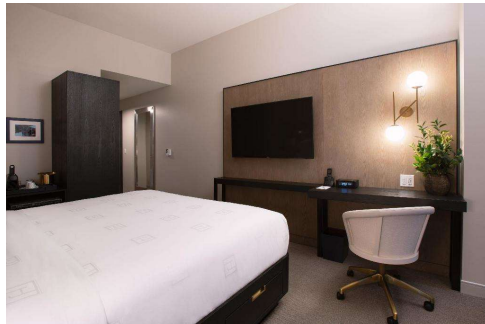
- Housing Prioritization by Continuum of Care—
CoC prioritized people most at risk for death
from COVID-19 – Hotel Julian during Omicron
surge in December 2021
- Expedited Housing Initiative
 - Pre-Accelerated Moving Events (AME)
Assessments
 - Hotel 166 AMEs led to 59 AMEs at shelters
which led to 1640 households housed
through Rapid Rehousing Initiative (20%
unsheltered)
- Demonstrated need for housing as healthcare
and establishing relationship to medical provider
as key in making housing recommendations
- Illinois Public Health Institute Collaboration—
convening a table of housing, homeless, and
health stakeholders to discuss optimal and
appropriate housing and health models

Success: Elevating the voices of PEH and Antiracist approaches to providing care



- Acknowledge past and present experience of systemic racism in health care
- Ask what have you heard; acknowledge the confusing information in social media
- Ask permission to share scientific information and provider's own experience
- Affirm person's strengths and interest in their own care
- Emphasize messengers from the same racial/ethnic background, but ALL must be involved
- Work with person to develop their own plan and respect that plan
- No matter what their decision, emphasize that we will always be happy to see you in the future

Success: OMICRON Surge Shielding



- In December 2022, City rapidly needed to expand shielding for 85 open hotel beds to protect PEH from surge. LCHC and HAH provided assessments to their shelters to admit most vulnerable and unvaccinated or under-vaccinated between Christmas Eve and New Year's Eve.
- Through contract with State, City was able to rapidly deploy staff to provide care for:
 - 165 persons, including 130 intake assessments
 - 5 new diagnoses of NIDDM
 - 32 with elevated Blood Pressure, mostly treated, 22 with BP under 140/90 consistently within 6 weeks
 - Connected all to care teams, some did not follow through
 - BH assistance: 130 assessed, 64 had a source, 27 requested and received assistance.
- Warm hand-offs during closing of hotel

Success: Systems-Level Change, balancing urgent COVID-19 response and long-term policy change

Chicago Tribune

BREAKING NEWS NEWS

During pandemic, swanky Gold Coast hotel has become a haven for people living on the street and others at risk. 'Housing is health care.'

By ALICE YIN and CECILIA REYES
CHICAGO TRIBUNE | MAY 11, 2020 AT 9:33 AM



Joel Hamlin on May 4, 2020, at Hotel One Sixty-Six Magnificent Mile. He was offered a ninth-story room inside the pricey hotel where the Lawndale Christian Health Center oversees a makeshift isolation facility for people who are homeless. (Brian Cassella / Chicago Tribune)

- CHHRGE
- Illinois Public Health Institute Collaborative
- Housing Advocacy Work—example: Bring Chicago Home
- Funding more work in encampments
- Balance between more shelter vs. more supportive housing
- Behavioral Health Road Map -- > Diversion Housing with more supports
- Accelerated moving events through expedited housing initiative
- County and City partnerships
- Interoperability through HIE and HMIS
- Dealing with crisis of opioid overdose deaths



Mary Tornabene:

MTornabene@heartlandalliance.org

Thomas Huggett:

thomashuggett@lawndale.org

Mary Kate Schroeter:

Mary.Schroeter@cityofchicago.org