# Caring For Persons Experiencing Homelessness During the COVID-19 Pandemic

COVID-19 IHS ECHO
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# Disclosures

- No financial relationships with commercial entities producing healthcare related products and/or services

# Objectives

- Discuss factors that increase risk of COVID-19 in those experiencing homelessness
- Describe key strategies to prevent the spread of COVID19 in shelter settings
- Identify isolation housing options
- Summarize steps in motel/hotel shelter set up
- Recognize challenges of balancing privacy and personal freedom versus public safety
- Evaluate case example of outbreak at Detox facility in Gallup, NM

# Background

- 1.4 million persons access emergency shelter each year in the US
- Those accessing shelters have a significantly increased risk of COVID-19 infection

**TABLE. SARS-CoV-2 testing among residents and staff members at 19 homeless shelters in four U.S. cities with community transmission of COVID-19, March 27–April 15, 2020**

| City | No. of shelters assessed | Date of testing | Residents | | Staff members | |
|---|---|---|---|---|---|---|
| | | | No. tested | No. (%) positive | No. tested | No. (%) positive |
| **Shelters reporting ≥2 cases in 2 weeks preceding testing** | | | | | | |
| Seattle | 3 | Mar 30–Apr 8 | 179 | 31 (17) | 35 | 6 (17) |
| Boston | 1 | Apr 2–3 | 408 | 147 (36) | 50 | 15 (30) |
| San Francisco | 1 | Apr 4–15 | 143 | 95 (66) | 63 | 10 (16) |
| Subtotal | 5 | March 30–Apr 15 | 730 | 273 (37) | 148 | 31 (21) |
| **Shelters reporting 1 case in 2 weeks preceding testing** | | | | | | |
| Seattle | 12 | Mar 27–Apr 15 | 213 | 10 (5) | 106 | 1 (1) |
| **Shelters reporting no cases in 2 weeks preceding testing** | | | | | | |
| Atlanta | 2 | Apr 8–9 | 249 | 10 (4) | 59 | 1 (2) |
| **Total** | **19** | **Mar 27–Apr 15** | **1,192** | **293 (25)** | **313** | **33 (11)** |

**Abbreviation:** COVID-19 = coronavirus disease 2019.

US Department of Housing and Urban Development. 2017 annual homeless assessment report to Congress. Part 1: point-in-time estimates of homelessness. Washington, DC: US Department of Housing and Urban Development; 2017

Mosites et al. Assessment of SARS-CoV-2 Infection Prevalence in Homeless Shelters — Four U.S. Cities, March 27–April 15, 2020. Center for Disease Control and Prevention, MMWR , April 2020.

# Background

- Persons experiencing homelessness at high risk for infection
  - Unable to “stay home”
  - Overcrowded conditions making “social distancing” impossible
  - Limited access to preventive measures like frequent hand-washing and cleaning or avoiding high-touch surfaces
  - More likely to have chronic health conditions, significant risk factor for coronavirus
  - Given transient and mobile population, difficult to track, test and prevent transmission

1. US Department of Housing and Urban Development. 2017 annual homeless assessment report to Congress. Part 1: point-in-time estimates of homelessness. Washington, DC: US Department of Housing and Urban Development; 2017

# Prevention - Encampments

- Encampments:
  - Encourage people to spread out as much as possible, ideally 12 feet x 12 feet of space per person
  - Ensure nearby restrooms have functional water, hand hygiene materials, and remain open 24 hours per day
  - If toilets or handwashing facilities not available, provide portable latrines with handwashing facilities if more then 10 people

# Prevention - Shelters

- Social Distancing Strategies
  - Beds 6 feet apart, head-to-toe or toe-to-toe configuration
  - Physical barrier between beds if possible (sheets, curtains)
  - Stagger schedules for shared common areas, bathrooms
  - Deliver meals to beds, staggering mealtime, eating outside
- Screen for symptoms: Fever (T > 38C), new/worsening cough or sob
  - Mask symptomatic guests (cloth if surgical masks not available)
  - Consider isolation strategies for symptomatic/COVID positive
    - Depending on number: designate separate isolation room, convert shared room (ie community room, smoking area), one end of floor or separate floor/section
  - Arrange separate isolation housing

# Isolation Housing

- Plan for where unsheltered individuals with suspected or confirmed COVID-19 can safely stay (assuming no need for hospitalization)
  - Designate one shelter for confirmed COVID+ only
  - Convert existing infrastructure to create a COVID+ shelter (ie school gymnasium, community recreation center, church, tents, mobile field units)
  - Partner with local hotels/motels

# Motel/Hotel Shelters in Gallup, NM

1. Call/send out request for motels to help house respiratory shelter patients, work with funding source (Tribal, City, County, State DOH funds) to set up contract
2. Arrange meals (ideal if hotel/motel is able to provide since they know how many meals needed at a given time)
3. Arrange security 24/7 to ensure no visitors, vandalism, early detection of patients attempting to leave
4. Secure transport driver to transport from hospital to motel/hotels
5. Collaborate with staff/volunteers (COPE) to be on call 24/7 for any needs (ie, patient asking for snacks, toiletries, feminine hygiene, puzzles, radio, medications, medical questions)

# Motel/Hotel Shelters in Gallup, NM

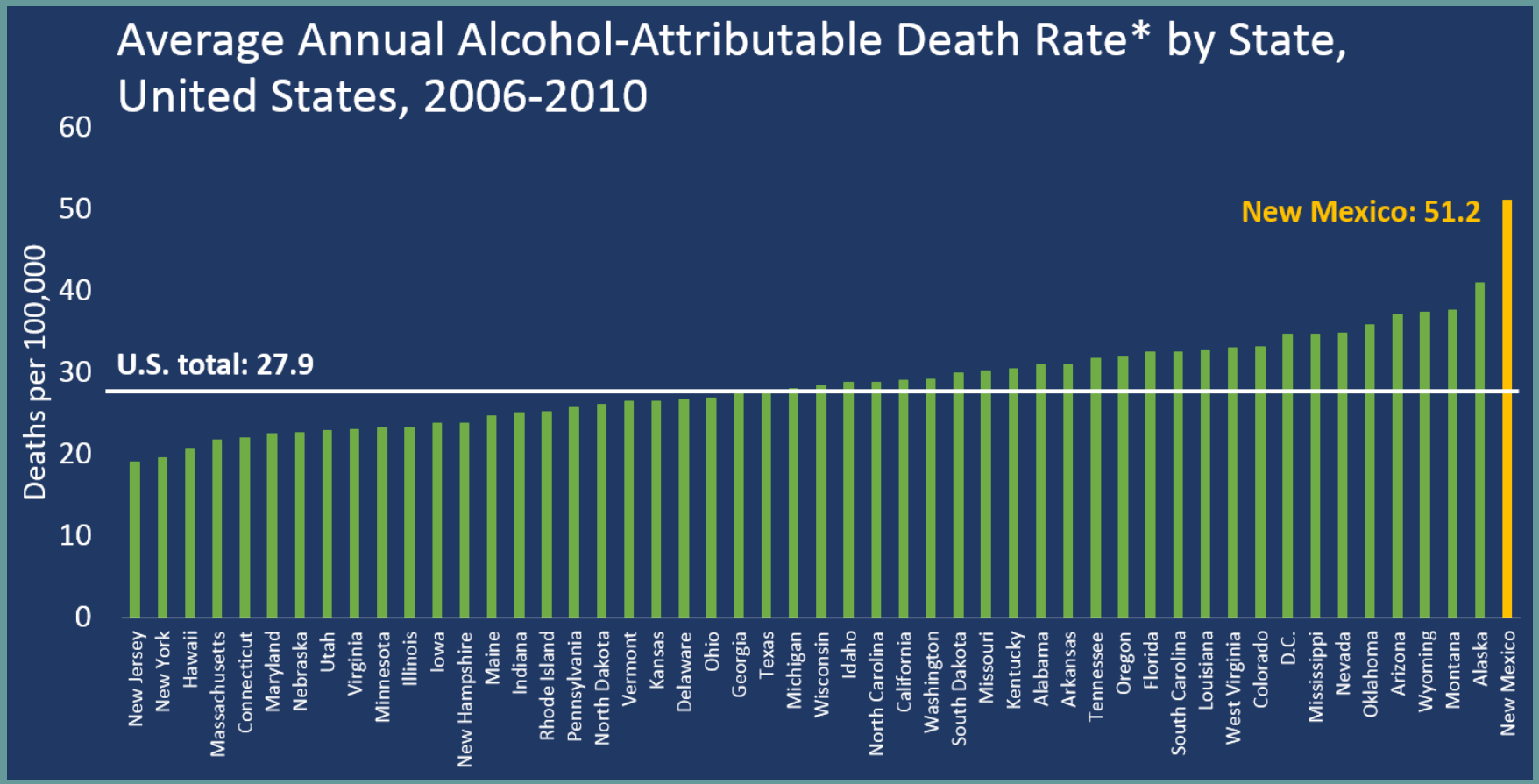
Continued…

6. Have RN/MD advice on call for any medical questions (ie COVID related symptoms, alcohol withdrawal, mental health)
7. Ideally have behavioral health staff, peer support available for phone check-ins
8. Arrange algorithm for when it's safe to discharge patients from motel (per CDC test-based or non-test based strategies)
9. Have MD/RN/SW/PHN/CHRs/case managers call patients every 1-2 days to check in on symptoms, provide testing results, arrange discharge

# Case Example of COVID-19 Outreak in Detox Facility in Gallup, NM

# Alcohol-Related Death Rates in the US

- New Mexico has had the highest alcohol-related death rate of any state in the US since 1997

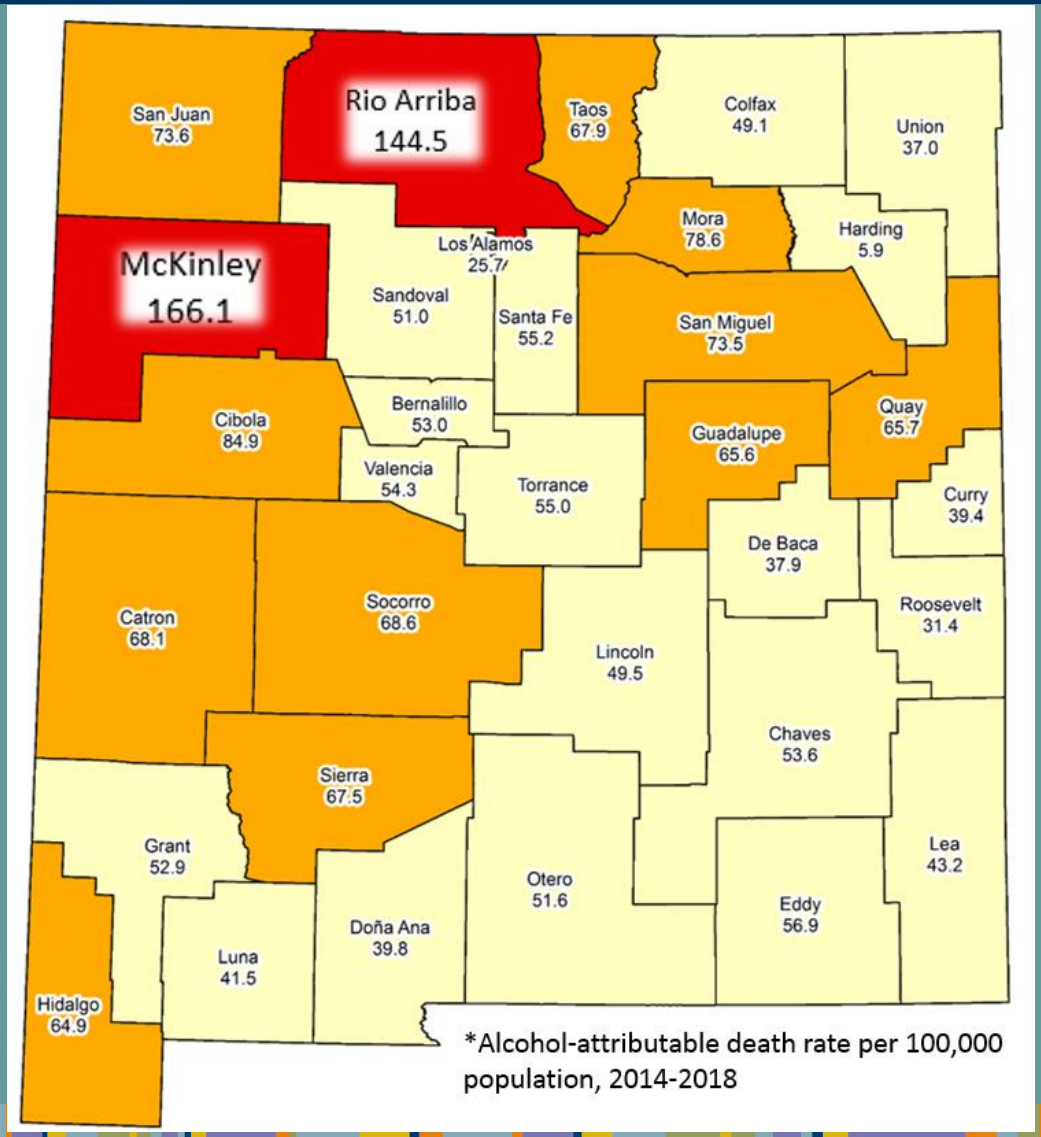



Stahre M., Prev Chronic Dis, 2014

# NM and McKinley County Alcohol-Related Death Rates

- McKinley County (where GSU is located) has had the highest death rates among all counties in NM (2014-2018)
- American Indians/Alaska Natives bore the highest burden of alcohol-related deaths with a death rate of 170/100,000 people (2014-2018)

https://nmhealth.org/news/information/2019/9/?view=799



# COVID-19 Detox Outbreak

- Pre-COVID-19 Pandemic
  - Detox holding 80-100 intoxicated people per night in protective custody up to 72 hours
  - Relatives placed in 40x40 foot locked containment area to be monitored
- COVID-19 Pandemic Planning
  - March 10: Detox started screening all patients for symptoms, taking temperature.  Decreased capacity to 50 relatives per night, released after 12 hours as long as they were no longer intoxicated
  - March 24: Arranged option to house unsheltered patients with respiratory symptoms at local motel
- NCI COVID-19 Outbreak
  - April 8: First case of COVID detected in relative who spent many previous nights in detox, closed for a week
  - List of 174 contacts provided to hospitals, public health nurses

# GSU vs Detox COVID Testing Data

- Gallup Service Unit
  - Total tested at GSU:1922
  - 352 Positive (21% of those tested)
  - 55% of positives are male
  - Average age: 56
- Of NCI List of Contacts: 174 patients
  - 98 (56.3%) tested
  - 73 positive (74.5% of those tested)
  - 78.4% positives are male
  - Average age: 46

# Detox COVID-19 Response

- Detox closed for a week
  - 37 staff members now down to 4 given COVID illness, exposure, fear
  - Unsafe for intoxicated patients to be placed all together given risk of exposure and COVID transmission
  - Overwhelming Emergency Departments
- Multiagency collaboration (IHS, Navajo Nation, City of Gallup Mayor and BHS, County Office of Emergency Management, NM State DOH, Governor's Office, National Guard)
- Detox reopened as a COVID (+) only detox/shelter
- Alcohol sales: Available alcohol leads to public intoxication but limiting alcohol sales leads to deadly alcohol withdrawal

# Privacy vs. Public Safety

- How to share information about positive COVID patients and close contacts to prevent further spread in congregate settings (ie shelters) and across Navajo Nation
- Per HIPAA Privacy Rule (45 CFR § 164.512)
  - Can disclose PHI for "the purpose of preventing or controlling disease… public health surveillance, public health investigations and public health interventions" if community partners are "public health authorities" (ie, agency of US, state, Indian tribe)
  - If community partners are not "public health authorities", like our detox facilities and shelters, we were able to share PHI if disclosure "is necessary to prevent or lessen a serious and imminent threat to health or safety of a person or the public"
    - Need to limit information disclosed to "minimum necessary"
    - Letter drafted to last known address of patient regarding disclosure

# Personal Freedom vs. Public Safety

- Isolation and quarantine authorized for certain communicable diseases to protect public health
  - Tuberculosis, Plague, Severe acute respiratory syndromes
- States/Tribes have laws to enforce use of isolation/quarantine to control spread of disease within borders
  - NM Department of Health able to issue “Public Health Order” if there is clear and convincing evidence that an individual is a threat to public safety
  - Public health authorities may seek help from police or law enforcement to enforce
  - NM Department of Health General Counsel is able to place a temporary hold, application filed to district court within 24 hours for approval

# Thank you for all the partnerships and collaboration!

- IHS (Navajo Area, GIMC/GSU Internal Medicine, Family Medicine, Emergency Department, Behavioral Health Services, Public Health Nurses, Pharmacy, Case Management, Social Workers, countless volunteers!)
- Community Outreach Patient Empowerment (COPE)
- Navajo Nation, Community Health Representatives
- Rehoboth McKinley Christian Hospital
- NCI Detox
- City of Gallup Mayor
- McKinley County Office of Emergency Management
- NM Governor's Office
- NM DOH
- NM Health Secretary
- NM National Guard
- Certified Peer Support Workers

# Resources/Work Cited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Thank you!

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