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

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# Disclosures

- No financial disclosures

# 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
- Evaluate case example of outbreak at Detox facility in Gallup, NM

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# 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.

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# 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

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# 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

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## 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)

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## Motel/Hotel Shelters in Gallup, NM

Continued…

6. Arrange medical oversight: MD/RN/SW/PHN/CHRs/case managers vital signs check-ins or daily phone check ins, 24/7 on call provider for any medical questions (ie COVID related symptoms, alcohol withdrawal, mental health, arranging discharge)
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)
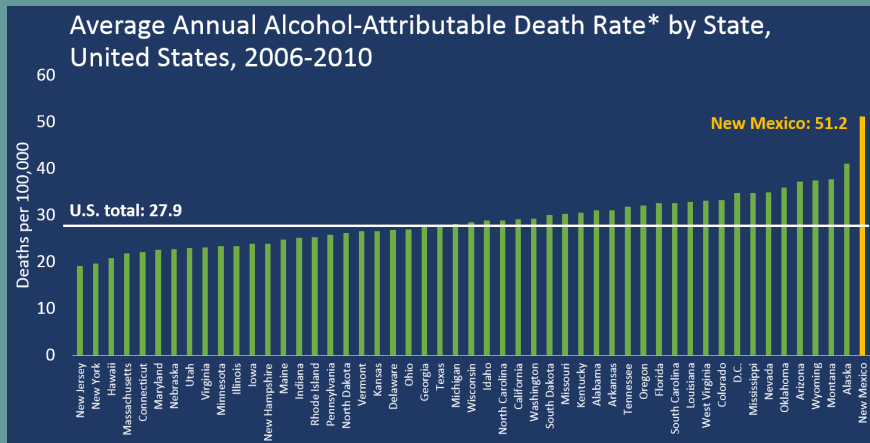
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# Case Example of COVID-19 Outreak in Detox Facility in Gallup, NM

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# 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
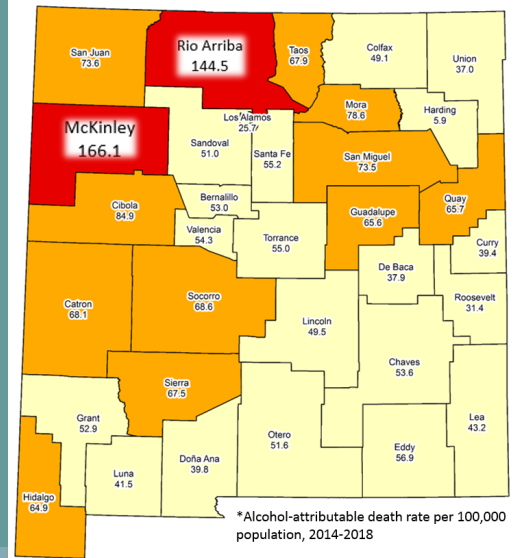
Average Annual Alcohol-Attributable Death Rate* by State, United States, 2006-2010



New Mexico: 51.2

U.S. total: 27.9

Deaths per 100,000

States (left to right): New Jersey, New York, Hawaii, Massachusetts, Connecticut, Maryland, Nebraska, Utah, Virginia, Minnesota, Illinois, Iowa, New Hampshire, Maine, Indiana, Rhode Island, Pennsylvania, North Dakota, Vermont, Kansas, Delaware, Ohio, Georgia, Texas, Michigan, Wisconsin, Idaho, North Carolina, California, Washington, South Dakota, Missouri, Kentucky, Alabama, Arkansas, Tennessee, Oregon, Florida, South Carolina, Louisiana, West Virginia, Colorado, D.C., Mississippi, Nevada, Oklahoma, Arizona, Wyoming, Montana, Alaska, New Mexico

Stahre M., Prev Chronic Dis, 2014

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# 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



Map of New Mexico counties with alcohol-attributable death rates:
San Juan 73.6; Rio Arriba 144.5; Taos 67.9; Colfax 49.1; Union 37.0; McKinley 166.1; Los Alamos 25.7; Mora 78.6; Harding 5.9; Sandoval 51.0; Santa Fe 55.2; San Miguel 73.5; Cibola 84.9; Bernalillo 53.0; Guadalupe 65.6; Quay 65.7; Valencia 54.3; Torrance 55.0; De Baca 37.9; Curry 39.4; Catron 68.1; Socorro 68.6; Lincoln 49.5; Roosevelt 31.4; Chaves 53.6; Sierra 67.5; Grant 52.9; Otero 51.6; Eddy 56.9; Lea 43.2; Luna 41.5; Doña Ana 39.8; Hidalgo 64.9

*Alcohol-attributable death rate per 100,000 population, 2014-2018

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# 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

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## Detox COVID-19 Response

- Detox reopened as a COVID (+) only detox/shelter
- Expanded hotel/motel shelters to 4 hotels, now with over 140 people housed there daily
- Direct link to medication assisted treatment, rehab, substance abuse counsellor, primary care
- Continued collaboration to concurrently seek longer term housing
- Alcohol sales: Available alcohol leads to public intoxication but limiting alcohol sales leads to deadly alcohol withdrawal

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## 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
- McKinley County Office of Emergency Management
- NM Governor's Office
- NM DOH
- NM Health Secretary
- NM National Guard
- Certified Peer Support Workers

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# Resources/Work Cited

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# Thank you!

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