



Office Hours: COVID-19 Planning and Response

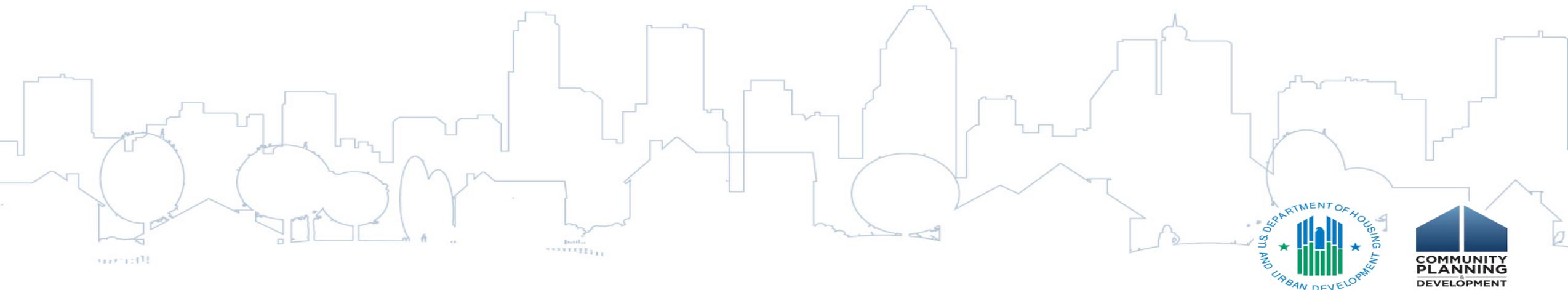
May 8, 2020



Reminders

- A recording of today's session, along with the slide deck and a copy of the Chat and Q&A content will be posted to the HUD Exchange within 2-3 business days
- Event information for upcoming Office Hours, along with copies of all materials can be found here:

<https://www.hudexchange.info/homelessness-assistance/diseases/#covid-19-webinars-and-office-hours>

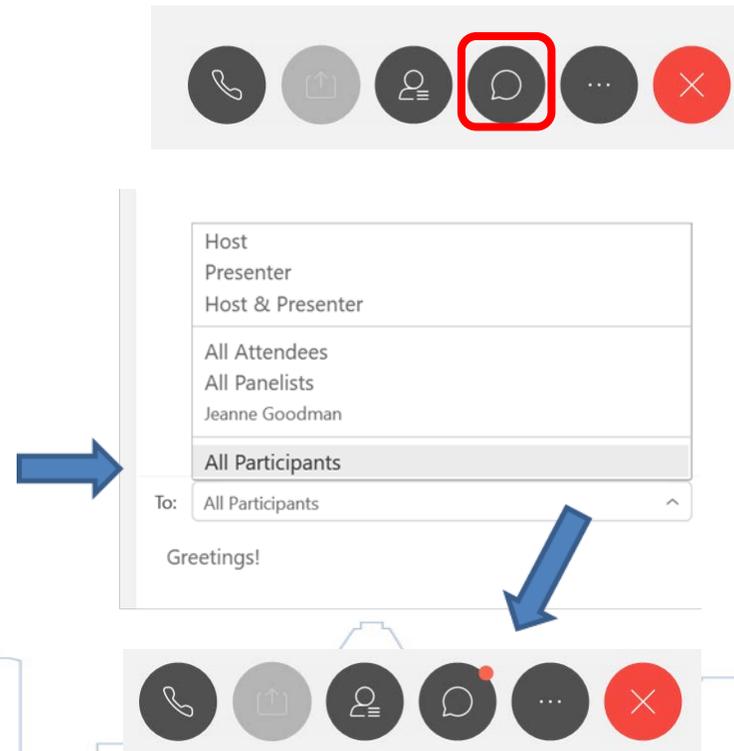


Chat Feature

Select the Chat icon to make a comment or ask a question.

Be certain the To field is set to **All Participants**

An orange dot on the Chat icon indicates that you have unread messages.



Speakers

Department of Housing and Urban Development

- Norm Suchar, Director, Office of Special Needs Assistance Programs (SNAPS)

Centers for Disease Control and Prevention

- Emily Mosites, PhD MPH- COVID-19 At-Risk Population Task Force, Senior Advisor on Health and Homelessness

National Healthcare for the Homeless Council

- Barbara DiPietro, PhD, Senior Director of Policy

Speakers (continued)

- Esther Magasis, Director of Human Services, Yakima County, WA
- Rhonda Hauff, COO/Deputy CEO, Yakima Neighborhood Health Services
- Stephanie Corrente, MSW, LICSW, Sr. Psychiatric Social Worker – Respite Team, Healthcare for the Homeless, Minneapolis, MN

Department of Veterans Affairs

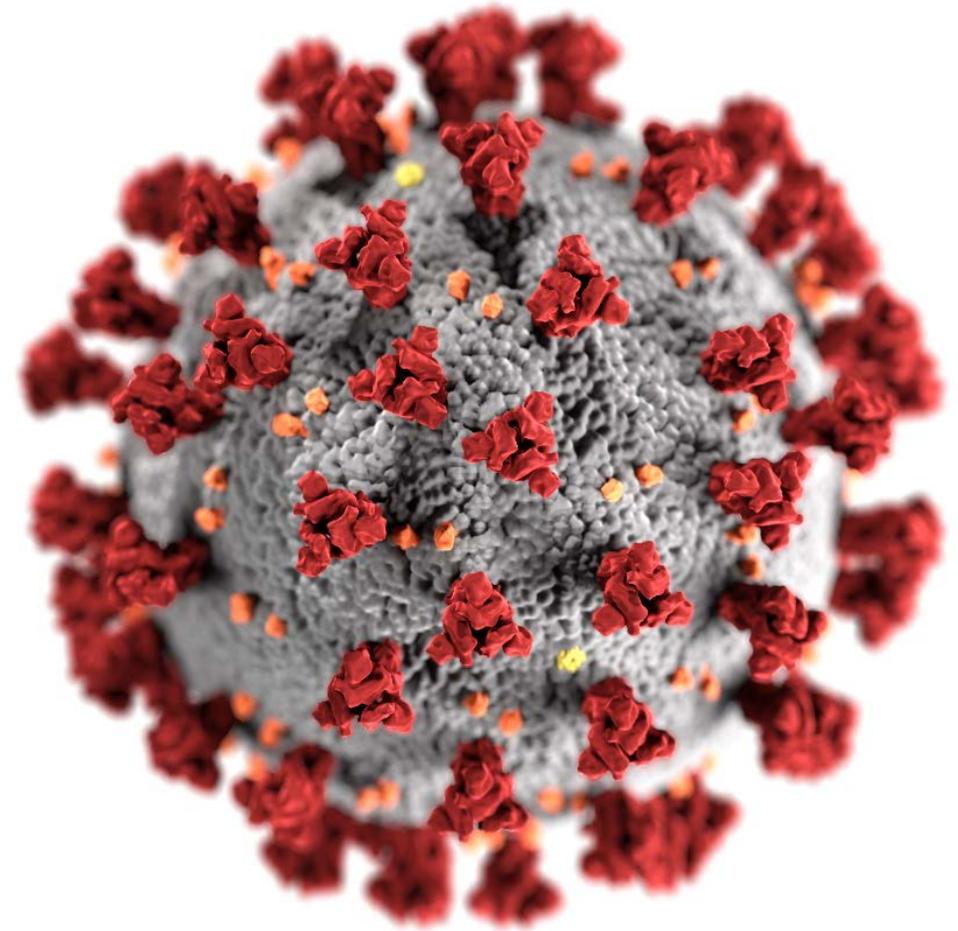
- Carma Heitzmann, Director, Homeless Veterans Community Employment Services (HVCEs)

Agenda

- Centers for Disease Control and Prevention - Updates
- Presentations on Medical Respite Care & Alternate Care Sites
 - National Healthcare for the Homeless Council
 - Yakima County Department of Human Services
 - Yakima Neighborhood Health Services
 - Healthcare for the Homeless (Minneapolis, MN)
- Dept of Housing and Urban Development - Updates
- Dept of Veterans Affairs - Updates

Emily Mosites, PhD MPH
COVID-19 Response
Centers for Disease Control and Prevention

COVID-19 and Homelessness

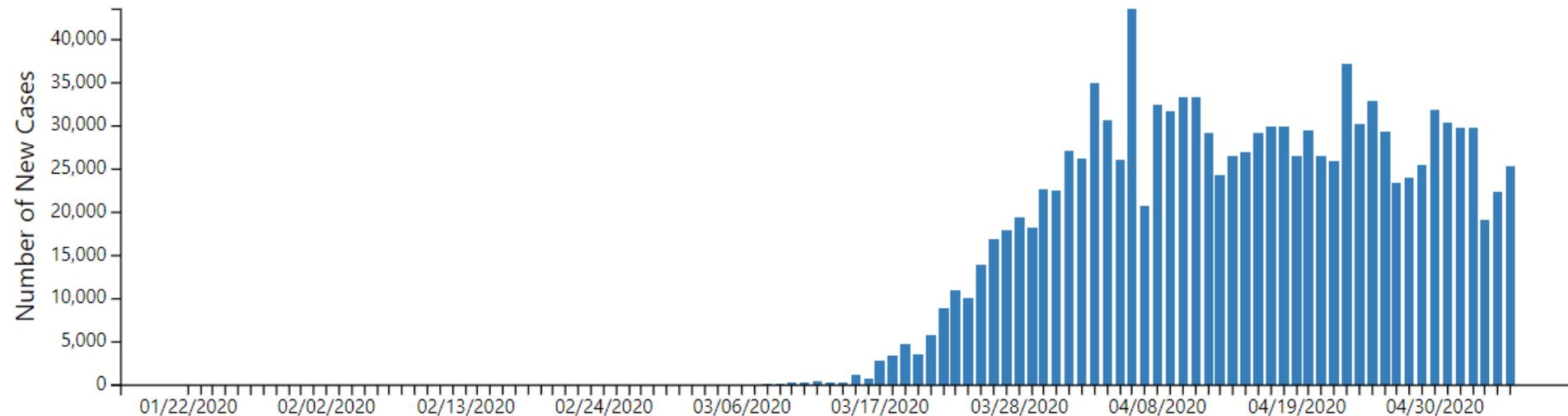


For more information: www.cdc.gov/COVID19

Over 1.2 million cases reported in the United States

New Cases by Day

The following chart shows the number of new cases of COVID-19 reported by day in the U.S. since the beginning of the outbreak.



CDC guidance related to homelessness

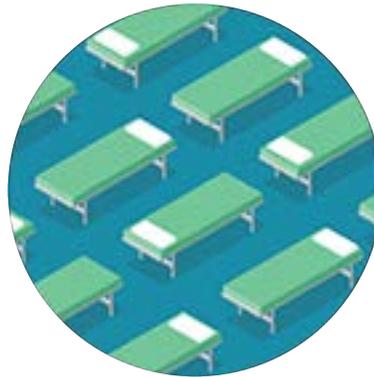
Under “Schools, workplaces, and community locations”

Shelters and other homeless service providers

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>

Providers serving people experiencing unsheltered homelessness

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>



Other CDC Materials on Homelessness

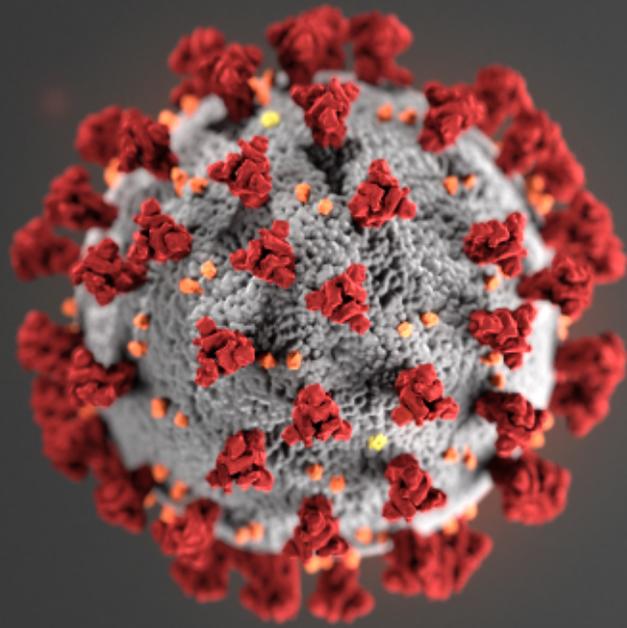
Resources landing page: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>

- FAQs
- Communications materials for people experiencing homelessness
- Symptom screening tool

Morbidity Mortality Weekly Report:

https://www.cdc.gov/mmwr/Novel_Coronavirus_Reports.html





For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



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COVID-19 AND THE HCH COMMUNITY

HUD OFFICE HOURS

Barbara DiPietro, Ph.D.

Senior Director of Policy

May 8, 2020

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NEW ISSUE BRIEF:

MEDICAL RESPITE CARE & ALTERNATE CARE SITES

- **Current need:** Support services while in shelter/ACS programs
- **Definition:** Acute/post-acute care for unstably housed patients ready for hospital discharge but too frail to recover on the streets or in shelters
- **Central goal:** provide safe & healing space w/ supportive services that stabilize health conditions

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COVID-19 & the HCH Community

Medical Respite Care & Alternate Care Sites

Issue Brief | May 2020

In response to the COVID-19 outbreak, communities are quickly creating [Alternate Care Sites \(ACS\)](#) for people experiencing homelessness so they have a safe place to protect themselves from infection, await test results, and/or recover from the disease. These types of programs closely resemble an existing model of care known as [Medical Respite Care](#),¹ which provides acute and post-acute care for unstably housed patients who are ready for hospital discharge but are too frail to recover on the streets or in shelters. In some communities, medical respite programs are leading [ACS program development](#).

This issue brief is intended to provide public health authorities, emergency response systems, and ACS program administrators with an operational framework that will improve the quality of care at ACS programs and promote longer-term stability for vulnerable people. Ideally, communities can retain this increased capacity for medical respite care after the pandemic subsides given the high level of need for these types of programs prior to COVID-19.

One Philosophy, Many Approaches

There are a number of [defining characteristics of medical respite care](#), but the central goal is to provide a safe and healing environment with supportive services that stabilize health conditions. While the [Respite Care Providers' Network](#) developed [standards](#) to ensure quality of care, there are more than 100 existing programs that have a wide range of facility types, staffing and services, and funding sources. The following information and linked resources are key elements for ACS to consider in order to develop and implement successful programs.

Facility Types

Medical respite care is delivered in a variety of facilities (both congregate and non-congregate), to include:

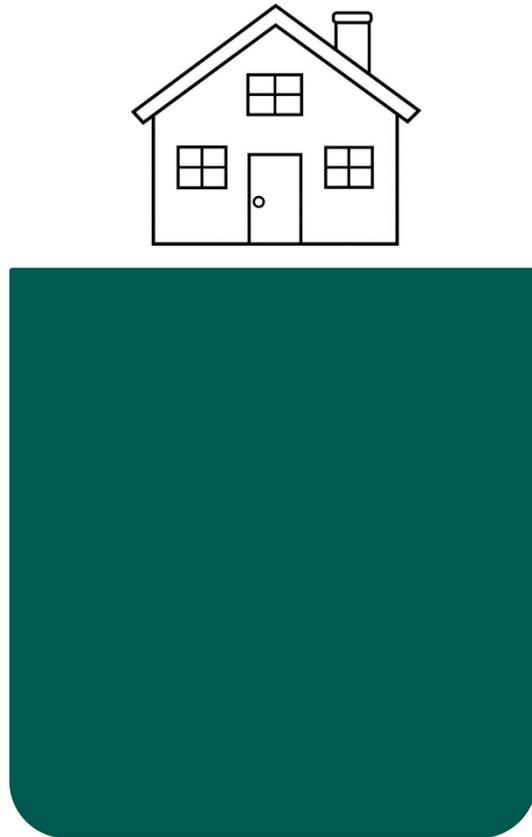
- Homeless shelters/rescue missions
- Health care clinics
- Supportive/transitional housing programs
- Free-standing facilities
- Motels
- Apartment units

Some operate in a scattered-site model with different facilities run by the same agency, while others have beds in one location with services delivered by different agencies. The number of beds typically range from 5 to 30, though some larger programs operate 100 beds or more.

¹ Note: In some communities, "medical respite care" is also known as "recuperative care."

NEW ISSUE BRIEF:

MEDICAL RESPITE CARE & ALTERNATE CARE SITES



COVID-19 Facility Considerations:

- Assess shelter capacity for “sick rooms”
- Look for other spaces in community
- Leverage hotel/motels
- Consider accessibility

NEW ISSUE BRIEF: MEDICAL RESPITE CARE & ALTERNATE CARE SITES



Primary care
Behavioral health
Case management
Specialty care
Medication
management
Health education
Housing assistance
Community
connection

COVID-19 Staffing & Services Considerations:

- Perform health assessments & actively provide/connect to care
- Train ACS staff on trauma, de-escalation & harm reduction
- Conduct well-client checks
- Complete housing applications
- Discharge to a more stable place

NEW ISSUE BRIEF: MEDICAL RESPITE CARE & ALTERNATE CARE SITES



Hospitals
State/local
funds
Medicaid/MCOs
Private
donations
Philanthropy

COVID-19 Funding Considerations:

- FEMA Public Assistance Grant Program
- HUD CDBG, ESG, HOPWA

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MEDICAL RESPITE CARE IN YAKIMA, WASHINGTON

Esther Magasis

Director of Human Services
Yakima County, Washington

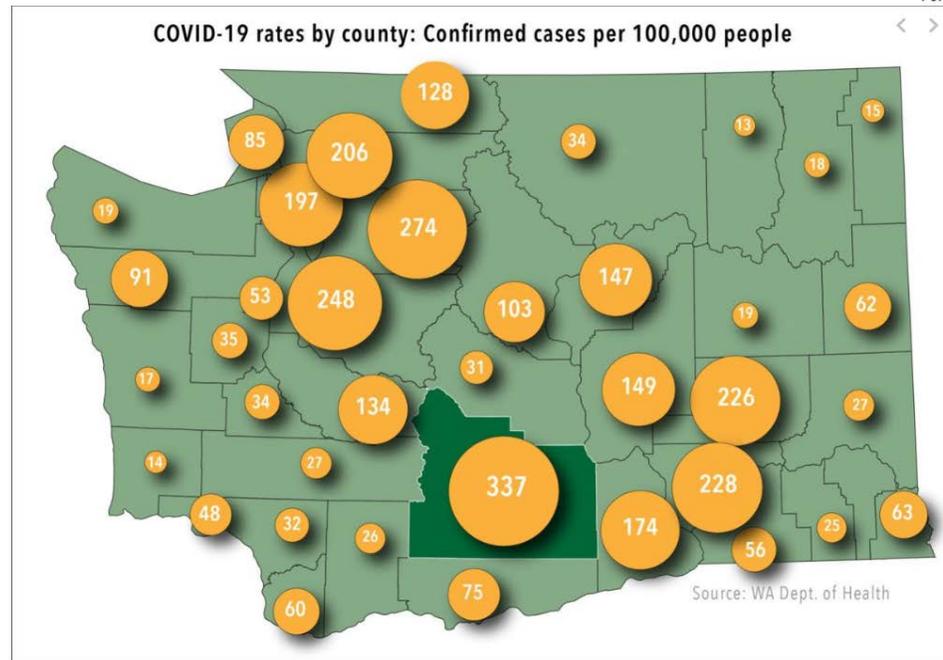
Rhonda Hauff

COO / Deputy CEO
Yakima Neighborhood Health Services
Yakima, Washington

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Yakima County has highest rate of COVID-19 cases in Washington, double the state rate

JANELLE RETKA Yakima Herald-Republic Apr 23, 2020 Updated 1 hr ago



April 23, 2020

Yakima County's coronavirus rate highest on West Coast

DONALD W. MEYERS Yakima Herald-Republic
May 2, 2020



May 2, 2020



Community Health Center + Permanent Supportive Housing
+
Medical Respite Care =
Housing IS Health Care

Housing: 120 Participants

- Average Length of Stay
 - 552 (35 leavers)
 - 557 (98 stayers)
- Why they Left Us:
 - 66% (23) left for permanent housing
 - 6% (2) died
 - 17% (6) returned to homelessness
 - 11% (4) lost to followup

Medical Respite Care:

72 Patients

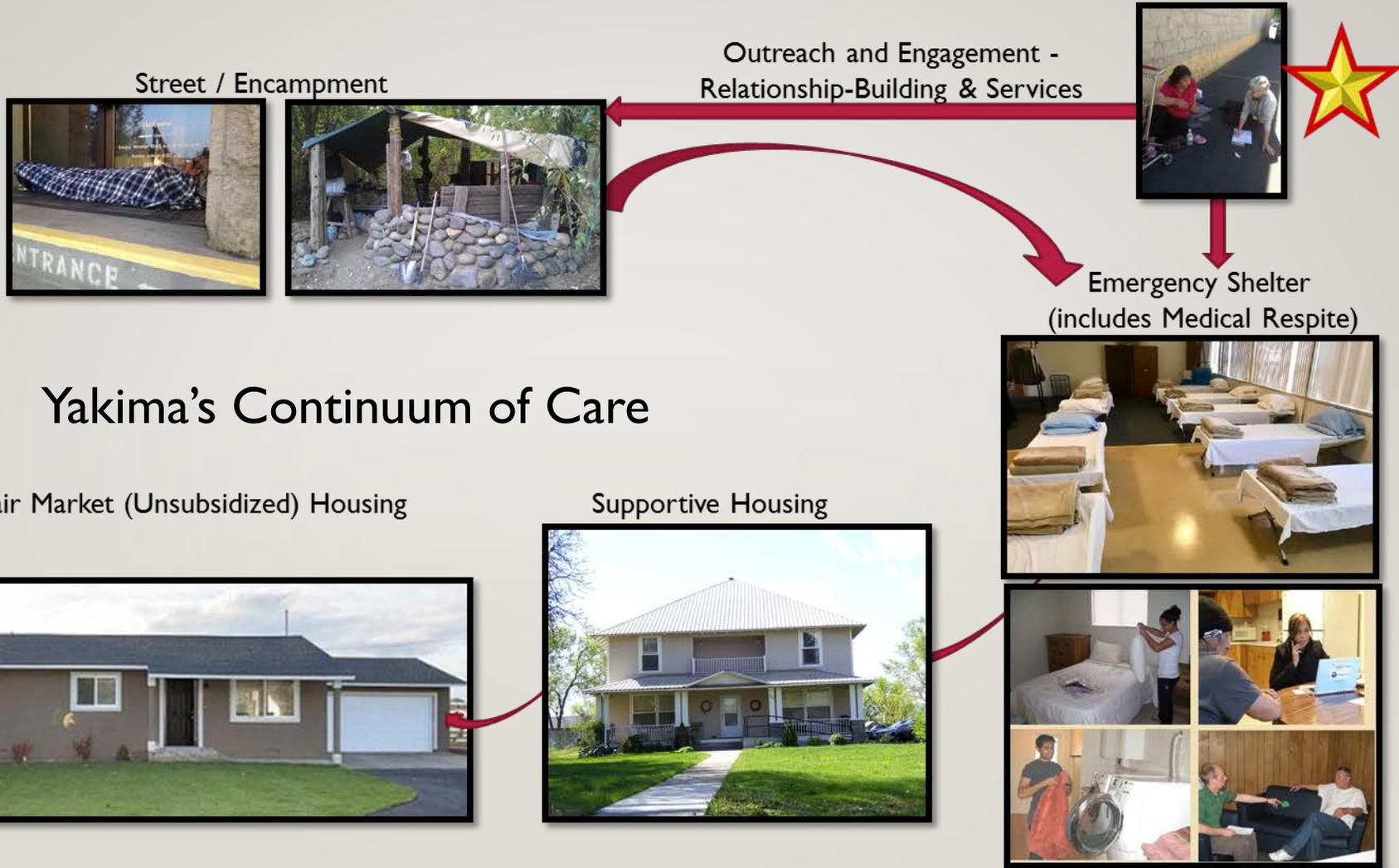
- Average Length of Stay: 19.7 Days
- Range: 3 – 90 days
- Why they Left Us:
 - 20% (14) left for permanent housing
 - 3% (2) died
 - 3% (2) entered SUB Treatment
 - 69% (49) returned to homelessness
 - 11% (8) in respite end of 2018

2019 PROFILE

HEALTH CARE AND HOUSING

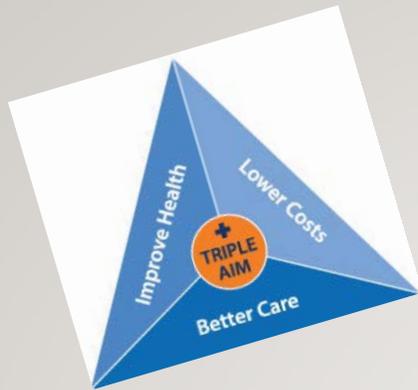
2019 ALLYNHS Patients	
All Primary Care Patients	28,830
Primary Care Visits (medical, dental, mental health, outreach, case management)	146,114
Youth Served at The Space (LGBTQ Youth Resource Center)	126
Visits at The Space	2,001
Women, Infants & Children Nutrition Program	4,500 Clients / Month
Affordable Care Act Applications	13,983

2019 Homeless Profile	
People Experiencing Homelessness	3,816
Primary Care Visits (medical, dental, mental health, outreach, case management)	16,517
Permanent Supportive Housing	108 households 181 people
Medical Respite (Average 21 days each)	84 People 1,782 nights
Basic Needs / Emergency Assistance	833 People 448 Households
Unaccompanied Homeless Youth	109 Youth & Young Adults



84 PATIENTS STAYED 1,782 DAYS- HERE'S WHY (AVERAGE 21 DAYS PER PATIENT)

Length of Stay	People	Reason for Respite
One Week or Less	15%	Flu, Cellulitis, Pneumonia, Bronchitis, Acute Asthma, COPD
One to Two Weeks	28%	Wound care, Gunshot wound, Esophageal varices, Hip Replacement, Uncontrolled Diabetes
Three to Four Weeks	22%	Medication Assisted Treatment Induction (Suboxone), Neck Wound, Gunshot Wound, Abdominal Abscess, Hernia Repair
Four Weeks or Longer	35%	Adult Failure to Thrive, Dementia, Acute Liver Failure, Frostbite, Abscess, Diabetic Foot Ulcers, Cellulitis



Yakima Neighborhood
Health Services
Yakima, WA

Connecting Outcomes
of the Triple Aim to
Supportive Housing
and Medical Respite
Care

Housing is Health Care

Improving rate of successful connection to primary care

Increasing rate of compliance with care plans

Improvement in chronic disease measures (e.g. A1c scores, BP measure)

Reduction in communicable disease (e.g. TB, STDs, Hep C)

Reduction in behavioral health crisis episodes

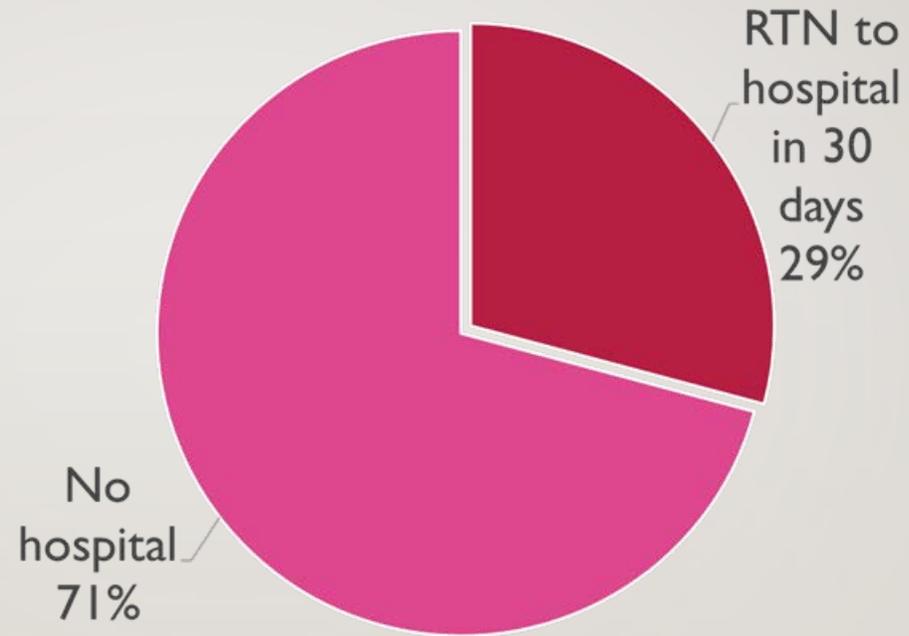
Medications are better managed

More likely to obtain and maintain employment or education

Greater success for recovering SUD recovering patients in supportive housing

MEDICAL RESPITE OUTCOME –

REDUCE ADMISSIONS/ READMISSIONS TO HOSPITALS



MEDICAL RESPITE CARE SAVES \$\$
HOSPITAL STAFF REPORT A SAVING OF 53 INPATIENT DAYS IN
2018
(\$65,773 FOR DEPRESSION OR \$190,800 FOR REHAB)

Respite care reduces public costs associated with frequent hospital utilization.

	Average Hospital Charge for Depression*	Average Hospital Charge for Rehab*	Average Respite Program
Average Length of Stay	13 days	8.1 days	20 days
Average Charge Per Patient	\$16,133	\$29,166	\$4,275 (includes avg of 8.5 primary care)
Average Charge / Cost per Day	\$1,241	\$3,600	\$354.28 (includes one primary care visit per day)

*WSHA Hospital Pricing –www.wahospitalpricing.org



YAKIMA COUNTY HOMELESS SYSTEM COVID-19 RESPONSE PLANNING

Funding

- Washington State Department of Commerce COVID Emergency Housing Grant
- Washington State Consolidated Homeless Grant
- FEMA funds

Partners

- Yakima County Board of County Commissioners
- Yakima County Department of Human Services
- Yakima County Health District/Office of Emergency Management
- City of Yakima
- Providers
- Foundations

YAKIMA COUNTY HOMELESS SYSTEM COVID-19 ACTION PLAN

Prevention

- Increase **distancing** and **sanitation** in congregate settings to **reduce transmission**

Preperation

- Develop a plan for **isolation and recovery** beds – **before** they are needed

WHY HOMELESS POPULATIONS ARE A HIGH-RISK GROUP FOR COVID-19



Poor health

High rates of chronic medical conditions, behavioral health conditions, acute illness, disabilities, and exposure to elements



Congregate settings

Shelters, public transportation, meal programs, health clinics, food banks, and many other services venues where this population receives care



Aging population

The Yakima County 2019 PIT report showed that 23% of people experiencing homelessness were over the age of 55



Limited ability to follow public health advice

The prevailing public health advice to wash hands, stay at home, and maintain physical distance from others is often not possible for people experiencing homelessness



Stigma and discrimination

People experiencing homelessness often struggle to access housing, medical care, and even bathrooms due to stigma and discrimination

TOGETHER WE WILL.

Yakima Valley Nonprofit Needs

Juntos Lo Haremos! Para asistencia en espanol por favor contacte a Luis Gomez

509-952-4945

In partnership with and for the community



Yakima Valley
Community Foundation



United Way of
Central Washington



Homeless Network of Yakima County

Student Needs

Supply Needs

Volunteer Needs

Supply Needs

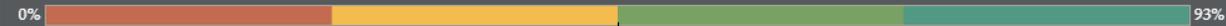
Filter by Category

(All)

Item	Need	Received	Catholic Charities	Community Living	Comprehensive Healthcare	Heartlinks Hospice & Palliative Care	Henry Beauchamp Community Center	Jane's House	Latino Community Fund	My Neighborhood Ferals	Noah's Ark	OIC Food Bank	Peacekeeper Society	Rod's House	Salvation Army	Sunrise Outreach Center	Toppenish Community Chest	Triumph Treatment Services	Union Gospel Mission	Village of Hope	Wellness House	Yakima Neighborhood Health Services	Yakima Rotary Food Bank	
Diapers 3 (box)	55	50											✓											
Diapers 4 (box)	55	50											✓											
Diapers 5 (box)	55	50											✓											

Select either Category or Agency Name above and specific Drop-off locations will show below.

Percent of need met



Drop-off Locations for All

Agency Name	Drop-off Location	Drop-off Days	Drop-off Time	Contact Phone
Catholic Charities	2629 Main Street; Union Gap WA 98903 - Can also pick up	Tue & Fri	9am-12pm	509-961-5240
Community Living	Please Call 509-910-2059	Any	Any	509-966-1998
Comprehensive Healthcare	402 S 4th Ave; Yakima, WA 98902	Mon-Fri	8am-4:30pm	509-575-4084

WHAT WE'VE LEARNED

Start identifying early on unifying philosophies of trauma-informed care across the community

Remain flexible, going month-to-month on agreements whenever possible and revisiting plans consistently

Stay in consistent communication across providers and partners

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HENNEPIN COUNTY MEDICAL RESPITE PROGRAM, MINNEAPOLIS

Stephanie Corrente, MSW, LICSW
Sr. Psychiatric Social Worker - Respite Team
Healthcare for the Homeless
Hennepin County, Minneapolis, MN

May 8, 2020

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Salvation Army Harbor Light Center



HENNEPIN COUNTY MEDICAL RESPITE PROGRAM

- **COVID-19 Response:** Now supporting ~300 older/medically frail individuals at hotel-based program
- Triageing and coordinating services/medications
- Providing medical/behavioral health care through telemedicine (both physician and nurse consults)
- Supporting staff (mostly from Department of Human Services) who do not have background in homeless services
- Partnering with CoC on planning, funding, adapting Coordinated Entry & referrals processes

ADVICE TO CONTINUUMS OF CARE

- **Work in existing systems:** build on current efforts
- **Support the staff:** coach, reframe, train on skills
- **Consider implications of program restrictions:** balance need for safety with need for freedom of movement/personal activities
- **Establish a culture of care:** commit to making most of opportunity for better, more stable outcomes at discharge

Office of Special Needs Assistance Programs

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT



Encampment Guidance

- Continue outreach and engagement to people who are unsheltered
- Don't clear encampments unless housing solutions have been identified
- Sanitation and social isolation measures can be followed even when sleeping outdoors: tents should be set up 12 ft apart
- Symptom screening for people who are unsheltered may also be conducted
- Provide education on transmittal of COVID-19 and offer hygiene products
- Service coordination with healthcare partners is important

Non-Congregate Shelter Planning

- Communities have successfully set up non-congregate shelter utilizing FEMA funding for people who are COVID+, symptomatic and high risk
- People who are homeless have benefited from these protective measures
- Work with local public health and emergency management departments to plan for continuation of this resource through state emergency response
- Collaboratively plan for transitioning people who are homeless from NCS into housing

CARES Act: Re-housing Strategies

- Consider how to use CARES Act resources for housing solutions
- Bring key stakeholders together to plan and align resources
- Look at your data: Identify how many people are unsheltered, in emergency shelter, non-congregate shelter and alternative care sites
- Begin planning for housing solutions with new and existing resources:
 - ESG-CV: Rapid Re-housing, Diversion
 - CDBG-CV: Asset purchase; conversion of hotels to supportive housing
 - CoC: Permanent Supportive Housing
- Start housing people from unsheltered locations and shelters with shared sleeping areas now to prevent the further spread of COVID among people experiencing homelessness

CARES Act: Re-housing Strategies

Strengthen the core functions of your re-housing strategy that are integral to success:

- Engage landlords and property owners
- Streamline Coordinated Entry
- Refine prioritization with the goals of:
 - Reducing the impact of COVID-19 on people who are higher risk for poor health outcomes
 - Focusing resources on addressing inequities
- Bring in mainstream partners to round out service delivery – ensure you include providers who are experts in serving underserved populations
- Track housing placement rates and course correct as needed

Substantial Amendment Submission Guidance

- Memorandum from AAS John Gibbs
[CARES Act Flexibilities for ESG and HOPWA Funds Used to Support Coronavirus Response and Plan Amendment Waiver](#)
- IDIS Instructions for Amendment Submission
[Setting Up a Substantial Amendment for CARES Act Funding](#)
Training for all CPD programs (ESG, CDBG, HOPWA) is coming up!
- Interim ESG-CV Certifications
<https://www.hudexchange.info/resource/2396/consolidated-plan-certifications-stateand-non-state/>

CAPER Waiver

- Consolidated Annual Performance and Evaluation Report (CAPER) Submission Waiver
 - Deadline for CAPER submissions is extended from 90 to 180 days after the jurisdictions program year end date
 - <https://www.hud.gov/sites/dfiles/CPD/documents/CPD-COVID-19-CAPER-Waiver-050420-signed-JG.pdf>

Key Websites

HUD: <https://www.hudexchange.info/homelessness-assistance/diseases/infectious-disease-prevention-response/>

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>

NHCHC: <https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/>

USICH: <https://www.usich.gov/tools-for-action/coronavirus-covid-19-resources/>

VA: <https://www.publichealth.va.gov/n-coronavirus/index.asp>

HRSA: <https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html>

Contacts

For additional information or assistance, contact:

- Centers for Disease Control and Prevention:
www.cdc.gov/COVID19; 1-800-CDC-INFO (232-4636); TTY: 1-888-232-6348
- Department of Housing and Urban Development:
[HUD Exchange Ask-A-Question \(AAQ\) Portal](#)
- Department of Veterans Affairs High Consequence Infection (HCI) Preparedness Program:
vhahcigeneral@va.gov



Q & A

QUESTION FOR PARTICIPANTS:
WHAT TOPICS SHOULD WE COVER FOR FUTURE
OFFICE HOURS?

