

*COVID-19 Rapid Response*

# Strategies for Vulnerable and Underserved Participants

Tuesday, April 14, 2020 at 1:00 pm ET

Presented By:



NATIONAL  
HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL

# National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a nonprofit member-supported organization working to strengthen community health through quality, compassionate, and collaborative nurse-led care.

NNCC provides expertise to support comprehensive, community-based primary care and public health nursing.

- Direct, nurse-led healthcare services
- Policy research and advocacy
- Program development and management
- Technical assistance and support

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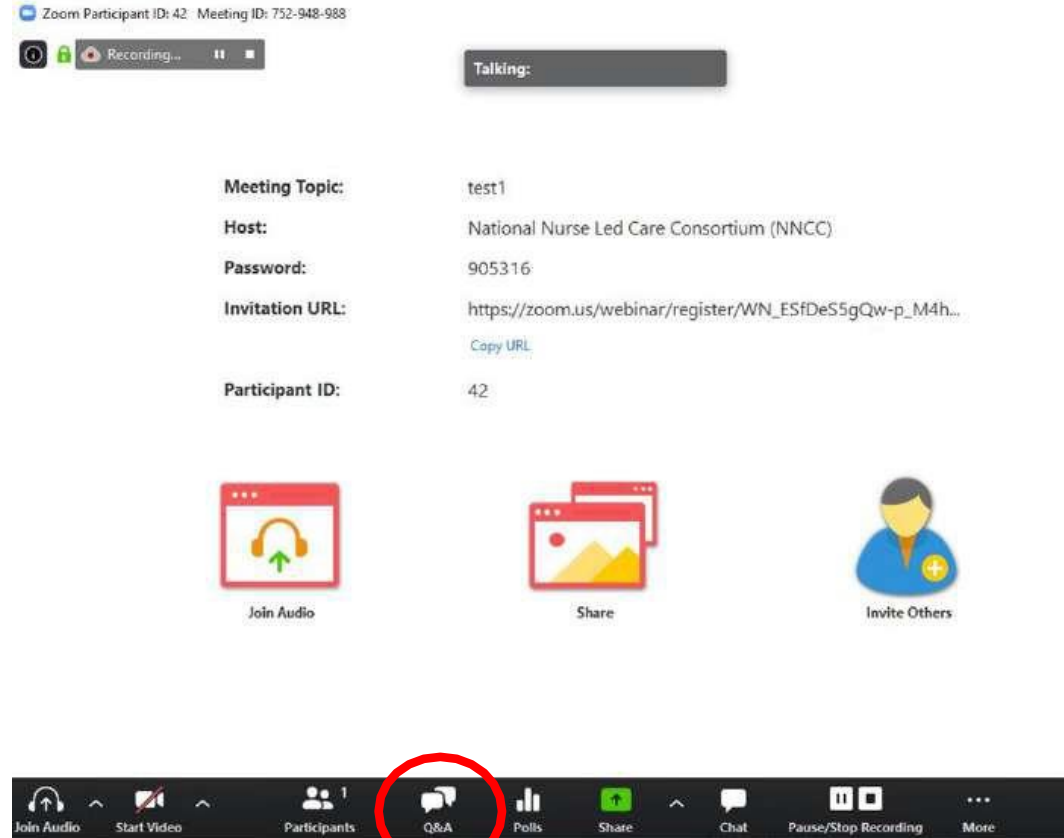
# Housekeeping Items

## Question & Answer

- Click Q&A and type your questions into the open field.
- The Moderator will either send a typed response or answer your questions live at the end of the presentation.

## Continuing Education Credits

- Please take the SurveyMonkey evaluation at the end of this webinar to receive CME/CNE
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# Speakers



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Public Health Management Corporation National Health Care for the Homeless Council

# Objectives

1. Meet key partners who can provide support and promising practices during COVID-19 pandemic
2. Understand importance of enhanced response where opportunities exist to flattened the curve
3. Recognize importance of addressing social determinants of health in managing pandemic
4. Discuss five best practices to flatten the curve
5. Identify how to engage additional technical assistance and consultation

# Vulnerable and Underserved Participants

## People at Higher Risk and Special Populations

### High Risk Groups

Older people and people of all ages with severe underlying health conditions — like heart disease, lung disease and diabetes, for example — seem to be at higher risk of developing serious COVID-19 illness.



People at Higher Risk for Serious Illness from COVID-19

### Special Populations

CDC has information for other special population, who at this time are not considered high risk of developing serious COVID-19 illness, but are at increased risk of severe illness from other infectious diseases. These include pregnant women and children.



Pregnant Women and Children



Homeless Shelter Population

## Are You at Higher Risk for Severe Illness?

### Groups at higher risk

Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more serious complications from COVID-19.



People who are at higher risk for severe illness



Older Adults



Steps to Prevent Getting Sick



People with HIV



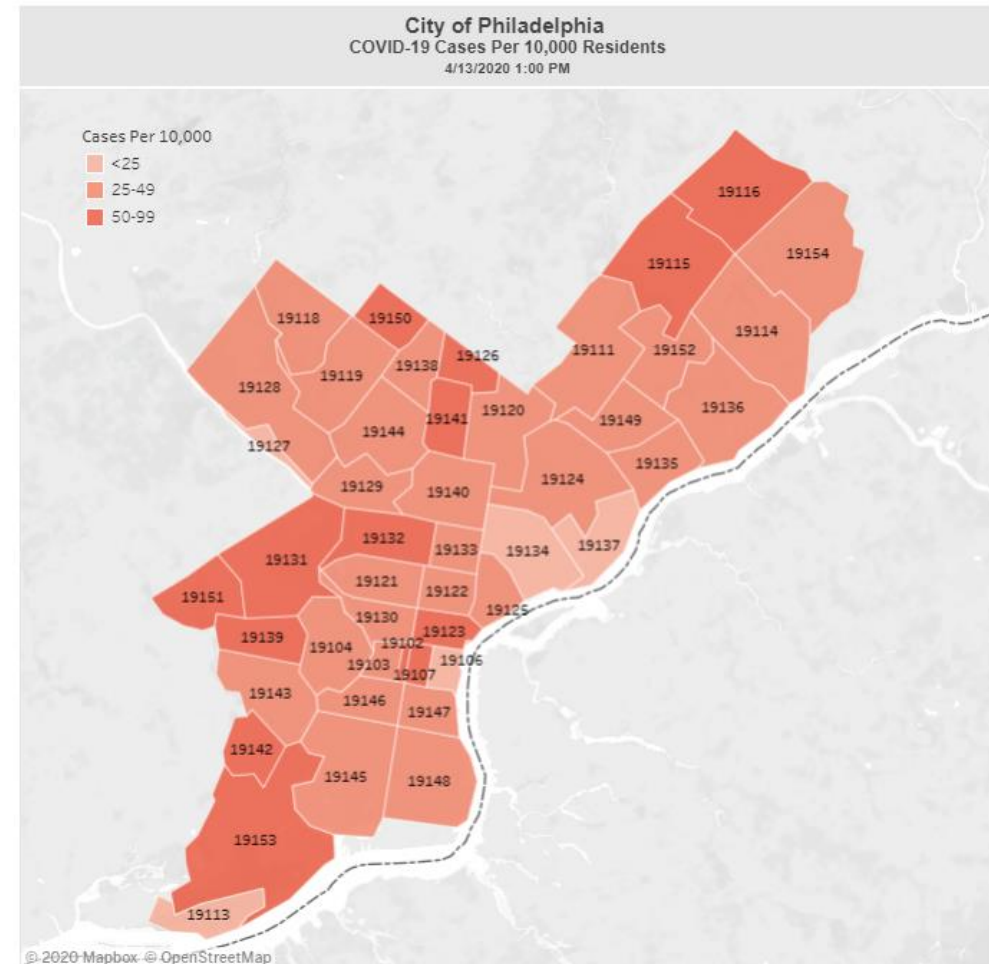
Pregnant Women



People with Asthma

# Managing Health in the Time of COVID-19

- Health care seeking to minimize in-person appointments for those with chronic health conditions.
- Prioritizing urgent in-person needs to minimize COVID exposure
- Telehealth provide continuity of care and opportunity to minimize surge on hospitals to engage with patients around their health needs
- Shelter-at-Home and Social Distancing seek to “Flatten the Curve”
- Policies do not equitably translate across communities



# Institute for Health Metrics and Evaluation

## COVID-19 projections assuming full social distancing through May 2020

Last updated April 13, 2020 (Pacific Time).

[FAQ](#) | [Update Notes](#) | [Article](#)


All dates below are calculated based on the local time of the selected location.


Florida


### Government-mandated social distancing


Our projections assume that Florida will implement 3 out of 4 social distancing measures by April 19, 2020.

As of our most recent update on April 13, 2020, Florida had only implemented 2 out of 4 social distancing measures. See our [FAQ](#) page for details.

  
**April 3, 2020**  
Stay at home order

  
**March 17, 2020**  
Educational facilities closed

  
**Not implemented**  
Non-essential services closed

  
**Not implemented**  
Travel severely limited

### Hospital resource use

19 days until peak resource use on  
**May 3, 2020**

All beds needed  
**4,076 beds**

ICU beds needed  
**1,081 beds**

#### Resources needed for COVID-19 patients on peak date

All beds available  
**20,184 beds**

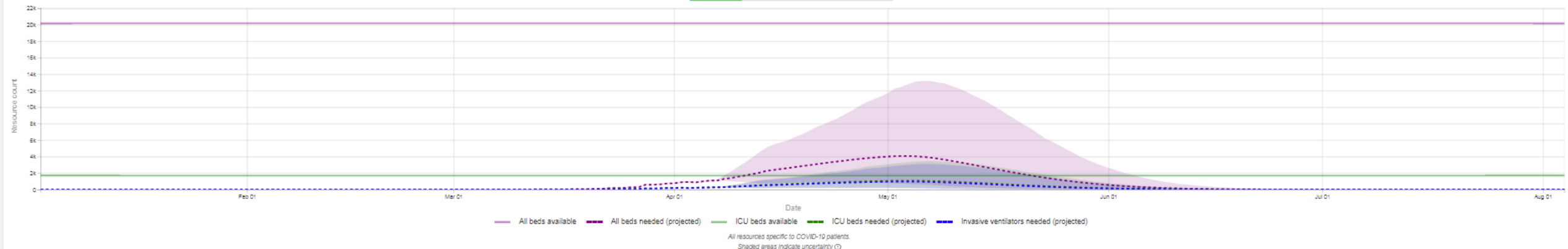
ICU beds available  
**1,695 beds**

Invasive ventilators needed  
**968 ventilators**

Bed Shortage  
**0 beds**

ICU Bed Shortage  
**0 beds**

All resources | All beds | ICU beds | Invasive ventilators





# Areas of community need

**Testing:** Establish homeless testing and processing  
Hospitals; health departments

**Transportation:** Patients/Tests/Equipment  
EMS; public agencies; hospitals  
Protocols for vehicle sanitation

**Housing:** Isolation and Reverse Isolations  
Public agencies; local businesses; shelters

**Supplies:** Hand sanitizer; tests; toiletries and showers; food  
Hospitals; local businesses; federal agencies; food banks

**Communications:** Implement regular communications  
Target community members; daily messaging to your staff

# Successful Practices

- Community Resource Engagement
- Sheltering Options
- Phones and Video Tools
- PPE
- Community Information Sharing

# Community Resource Engagement

- **Primary Care Providers**
  - **FQHC's/Specialists**
- **Hospitals**
  - Emergency Departments
- Law Enforcement
- **EMS**
- Existing Caretakers
- **Federal/State Agencies/VA**
  - **Public Health Depts**
- **Jails/Corrections**
- Chemical Dependency
- Behavioral Health Centers
- Therapeutic Courts
- Housing Authorities
- Protective Services
- Employment Services
- **Shelters**

# Sheltering Options

- Existing Buildings- Motel and Hotels
  - Reverse Isolation
- Field Tents – small tent – erecting tents clinic for screening
  - Potentially divided by symptoms
  - Coordination
    - Shelters/Hospitals/Public Health
    - Toileting/Cleaning/Flow/Monitoring
- Alternative Encampment Sites
  - Libraries/Schools/Community Centers

# Phone and Video Tools

- **Assure all patients have access to a phone**
  - Multiple contact numbers readily available
  - Texting prior to call, Caller ID
  - Support staff to assist
- **Increase interactions**
  - Daily check-ins
  - Offer Behavioral Health
  - Social Work for post-peak planning
- **Consider laptops / cellphones at shelters/SNFs**
  - Staff assist with individual check-ins
  - Proper cleaning and use

# Personal Protective Equipment (PPE)

- **PPE levels of security**
- **Conserve resources**
  - Dedicated staff and locations
  - Rotate staff on and off duty
- **Re-use of PPE**
  - CDC Guidelines for Extended Use and Limited Reuse of PPE
- **Alternate devices**
  - CDC Strategies for optimizing PPE
- **Distribution to congregate care settings**



# Community Information Sharing

- Community website
- Daily messaging
  - Leadership team
  - Best practices
- Portal for protocols/guidelines/resources
- Portal for messaging and Q/A
- Real-time community IT sharing platform

# Additional Thoughts

- Personnel
- Outreach
- Sanitation
- Mental Health
- Substance Use Disorders
- Pharmaceuticals



# Management of Personnel

- **Re-assignment of underutilized employees**
  - Limit exposure
  - Phone calls
  - Packaging homeless kits: soaps/hand sanitizers/wipes/gloves/ensure/TP
- **Collaborating with local organizations**
  - Community Service Stations
  - Meal delivery-access to meals currently limited
  - Street Medicine
  - Transportation

# Outreach

- With public health officials
  - Federal/State/Local
    - How can we share/use resources?
      - Staff, Training, Equipment/Facilities/Protocols
- With foundations/donors
  - Request additional assistance
  - Reallocation of funds/resources

# Sanitation

- Establish these resources for early for unstably housed citizens:
  - Public hand sanitation stations – distribute water and soap
  - Restroom facilities
  - Public showers
- Alternative encampment options
- Shelter education
  - Correct sanitation practices

# Mental Health

- 30% increase in psychotic breaks
- Mitigate anxiety
  - Involve Pastoral Care and BH staff early
  - Create standard messaging around facts
  - Remind patients: services will be slower
  - Patience
- Coordinate “shelter talks”
- Video Resources (AA/NA/others)

# Responding to Patients with SUDs

- **Ensuring on-going access to Medication Assisted Treatment (MAT)**
- **Consider increasing Rx intervals**
  - Doubling intervals
  - Comes with some risk
- **Consider Sublocade**
  - Injectable buprenorphine XR
- **Establish Mobile Treatment Vans**
- **Maintain strong Narcan efforts**
- **Consider Telemedicine**

# Anecdotes From the Frontlines

- **Anticipate short supplies (supply chain)**
  - PPE – novel suppliers
  - Toilet Paper (home vs. commercial)
  - Medications
- **Best practices in specific settings**
  - Head to toe sleeping in congregate settings
  - Optimize ED use through preventive medicine
  - In-flow and out-flow through the hospital setting
- **Who is leading the charge?**

# Community Re-Engagement

## **Maintain successful coalitions**

- What partnerships increased efficiencies?
- What coalitions decreased costs?
- Who communicated effectively?

## **Memorialize successful practices**

- Promoting health homes for all- community centered health home
- Resource mobilization (e.g. testing, optimizing telehealth)
- Resource sharing
- Transportation
- Monitoring community metrics
- Community website

# Post COVID Recommendations

## **Community Assessment**

- Unanticipated needs?
- What metrics should we be monitoring?
- Economic impact on community and community members
- Re-engagement with primary care

## **Advocate for the following**

- Medical respite programs
- Permanent supportive housing
- Community workers
- Frequent phone contact with at-risk individuals
- Community-specific metrics



# Question and Answer

Please type your questions into the Q&A pod.



# Access Help For Your Community

- **1:1 consultation** to develop a comprehensive response plan for specific states or municipalities.
- **Learning network** with public health employees, health systems, providers and participants to consider and implement strategies quickly and collaboratively.
- **Webinars and virtual town halls** for information sharing.



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# National Resources

- **Center for Disease Control (CDC):** <https://www.coronavirus.gov>
- **National Institute of Health (NIH):** <https://www.nih.gov/covonavirus>
- **US Dept of Housing and Urban Development (HUD):**  
<https://www.hud.gov/coronavirus>
- **Drug Enforcement Agency (DEA):** [DEA COVID-19 Info Page](#)
- **Social Interventions Research and Evaluation Network (SIREN):** [SIREN Resource Page](#)

# Community Health Center Resources

- **National Association of Community Health Centers:**

<http://www.nachc.org/coronavirus/>



- **Emergency Management Action Coalition:**

<https://www.pcaemac.org/covid19>



- **Health Center Resource Clearinghouse:**

<https://www.healthcenterinfo.org/priority-topics/covid-19/>



# Homeless Resources

- **CDC:** [Interim guide for homeless during COVID](#)



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

- **National Health Care for the Homeless Council**

- <https://nhchc.org/coronavirus>
- <https://nhchc.org/webinars>
- [Medical Respite Care](#)



- **U.S. Interagency Council on Homelessness:**

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



United States Interagency  
Council on Homelessness



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# Mental Health/ Substance Use Disorder Resources

- **National Council for Behavioral Health (NCBA):** [Resources and tools for addressing COVID-19](#)
- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
  - <https://www.samhsa.gov>
  - [Guidance for Opioid Programs during COVID](#)
- **Drug Enforcement Agency (DEA):** [Guidelines for MAT via Telemedicine](#)
- **PsychHub:** <https://www.psychhub.com/covid-19/>

# Other Resources

- **Americares:** <https://www.americares.org>



- **United Way:** <https://www.unitedway.org/recovery/covid19>



- **Direct Relief:** <https://www.directrelief.org>



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**Part 3: Joint Commission and  
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Wednesday, April 29, 2020 at 2:00 pm ET

Register on [NurseLedCare.org](http://NurseLedCare.org)



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