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COVID Positive and on the Street: Providing Care to People Experiencing Homelessness During a Pandemic

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Grayken Center for Addiction
Boston Medical Center

BMC COVID Recuperation Unit

January 2021

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Goal: Provide safe recuperation space and clinical support for COVID-infected people who are experiencing homelessness

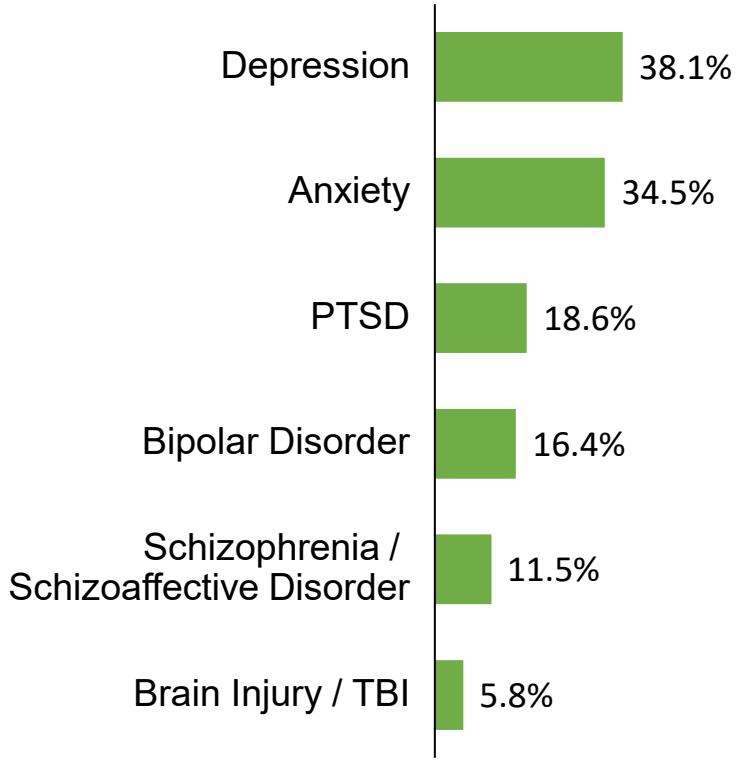
The COVID Recuperation Unit (CRU) successfully quarantined COVID+ patients experiencing homelessness including SUD supports

Overview

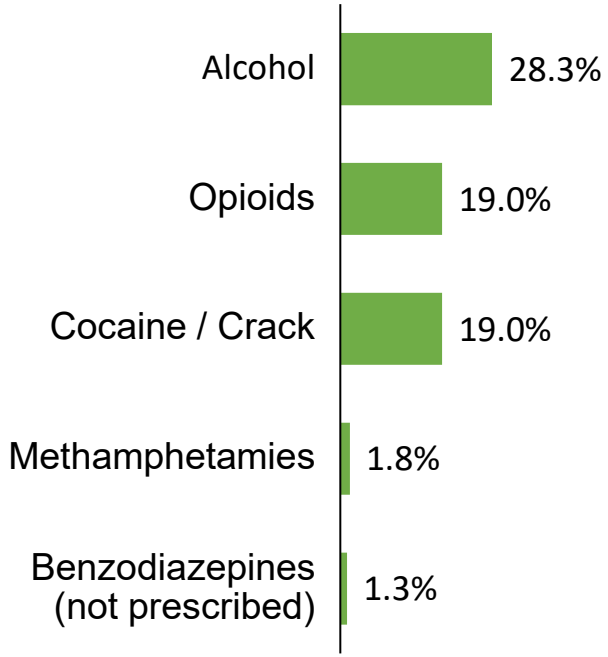
- A safe space for COVID positive patients experiencing homelessness to isolate
  - April-June 2020
  - Launched within 2 weeks
  - 226 patients (76% male) for average 8 day stay
- Staffing came primarily from furloughed staff and BMC physician volunteers, & included counselors and harm reduction specialists

COVID Recuperation Unit –Most prevalent behavioral health co-morbidities

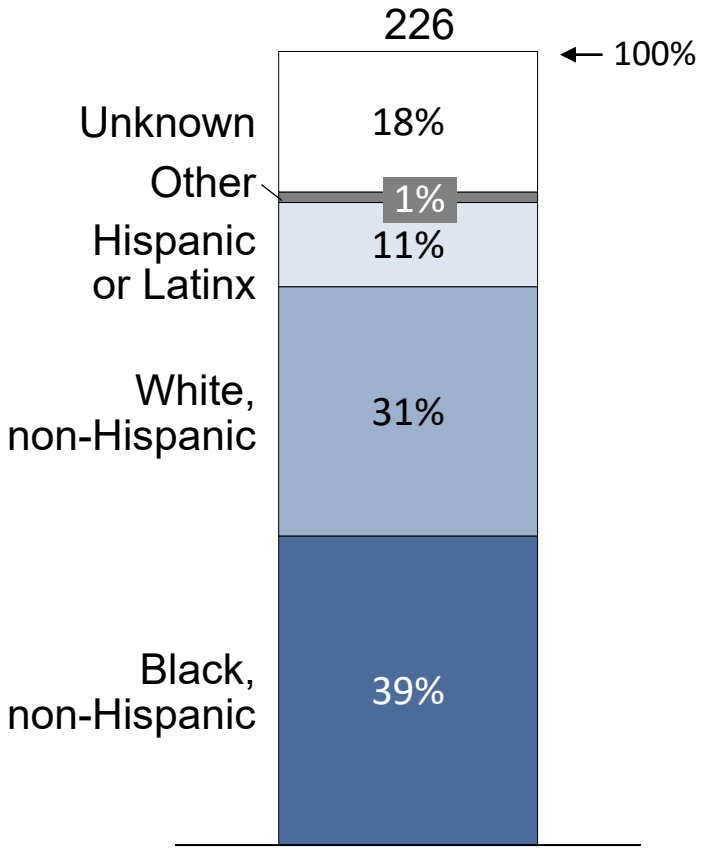
Psychiatric co-morbidities



Active substance use at the time of admission



Demographics and Outcomes of Care



CRU Patients by race/ethnicity

- The CRU helped avoid exceeding hospital bed capacity during the epidemic surge
- There were no deaths in the unit
- 23% of patients were not discharged to shelters; staff succeeded in placing these patients with family or residential treatment programs
- 5% of patients developed serious complications and were transferred
- 3% experienced a non-fatal overdose

CRU – Adaptations to SUD care

	Context	Adaptations
Frequent withdrawal	Withdrawal was common because patients were suddenly confined in a hospital unit for isolation	▪ Assessment & treatment of withdrawal available 24/7
Addiction Consultation	Some medical staff were not comfortable managing SUD	▪ Addiction specialists at BMC provided telehealth consults
Methadone Initiation	Initially, methadone was obtained via take-home by patients enrolled in OTP programs. This was operationally challenging, and some patients with opioid withdrawal were not enrolled in methadone treatment, but buprenorphine was contraindicated or was not preferred	▪ Medical staff pursued the ability to start methadone on-site by consulting with BMC's inpatient pharmacy and DEA agents
Harm reduction	Patients were typically not seeking treatment for SUDs when they were admitted	▪ Harm reduction specialists onsite for consultation, support, and staff education, and for provision of Naloxone and rapid HIV tests ▪ Safe injection supplies offered at time of discharge.
Addiction Treatment	In this setting the overarching goal of medical management for SUDs was to help patients to tolerate isolation and quarantine	▪ MOUD and MAUD for every eligible patient ▪ Meds also used to control benzo and stimulant use disorder ▪ Social workers provided counseling & support

Pros and Cons of COVID Recuperation Unit model

Pro

- Infection isolation—successful because patients did not interact with people from outside facility
- Able to meet medical needs & treat SUDs and BH issues
  - MOUD including methadone
- No deaths, reversed overdoses
- Easy access to BMC ED and higher level of care

Con

- Harm reduction very difficult in “hospital” setting
- Patients couldn’t come & go
- Presence of security was challenging
- Some patients did not need medical intervention
  - Consider mixed model with hospital-based and hotel-based options

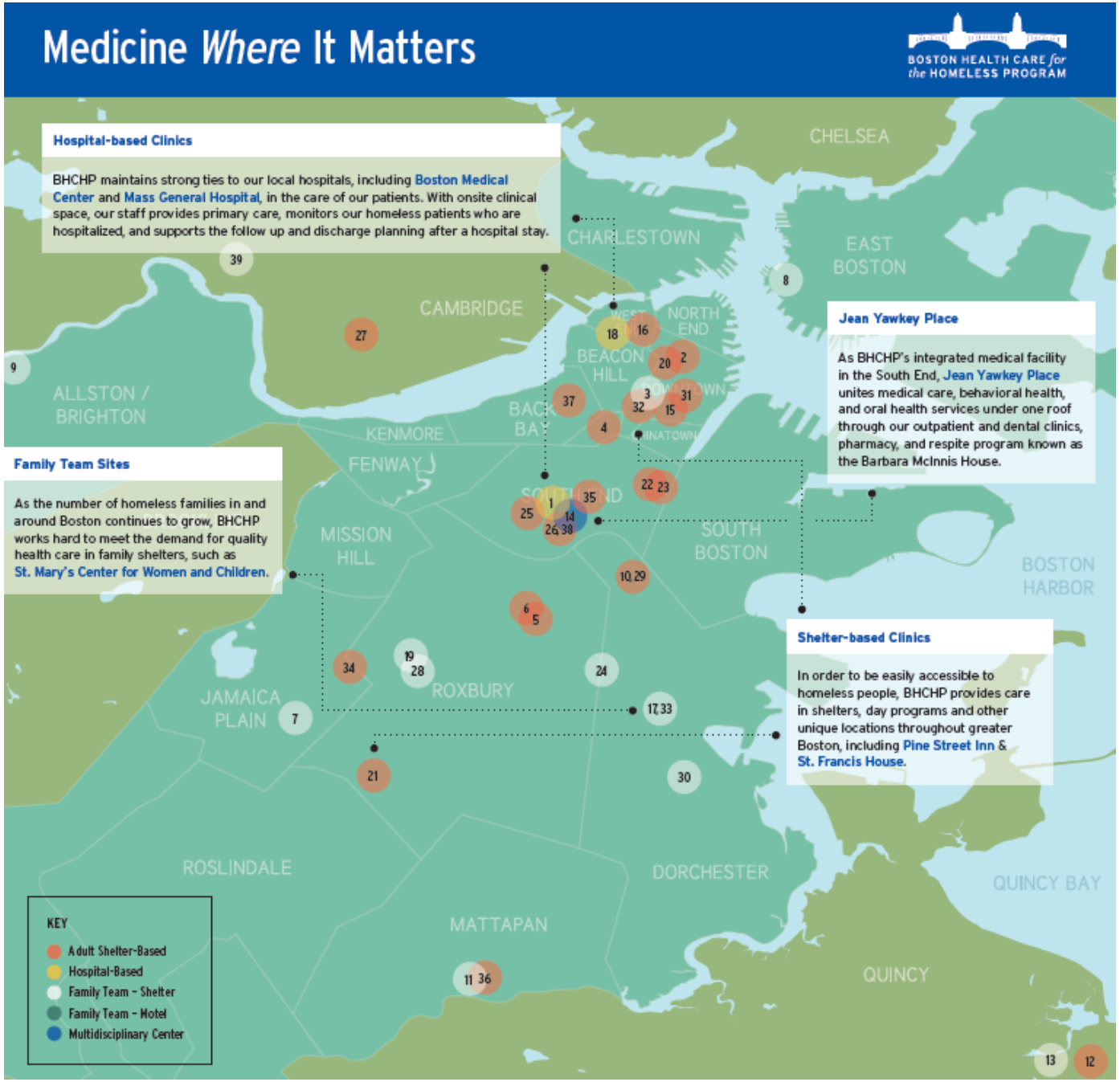
January 12, 2021

Covid-19 and Homelessness in Boston: BHCHP COVID-19 Care Models

Denise De Las Nueces, MD, MPH
Medical Director

Since 1985, Boston Health Care for the Homeless Program has been committed to a singular, powerful mission…

To provide or assure access to the highest quality health care for Boston's homeless individuals and families.



1. Boston Medical Center
2. Boston Night Center
3. Bridge Over Troubled Waters
4. Cardinal Medeiros Center
5. Casa Esperanza Men's Program
6. Casa Esperanza Women's Program
7. Casa Nueva Vida
8. Crossroads Family Shelter
9. EMPath (formerly Crittendon Women's Union)
10. Engagement Center
11. Entre Familia
12. Father Bill's Place
13. Friends of the Unborn
14. Jean Yawkey Place
15. Kingston House
16. Lindemann Mental Health Center
17. Margaret's House
18. Massachusetts General Hospital
19. Nazareth Residence
20. New England Center & Home for Veterans
21. Pine Street Inn at Shattuck
22. Pine Street Inn Men's Clinic
23. Pine Street Inn Women's Clinic
24. Project Hope
25. Rosie's Place
26. Safe Harbor
27. Salvation Army
28. Sojourner House
29. Southampton Street Shelter
30. St. Ambrose
31. St. Anthony's Shrine
32. St. Francis House
33. St. Mary's Center for Women & Children
34. Stacy Kirkpatrick House
35. Suffolk County House of Correction
36. Transitions
37. Women's Lunch Place
38. Woods Mullen Shelter
39. Y2Y

Not shown:

- Alleyways, park benches, under bridges
- Asian Task Force Against Domestic Violence *(Boston)*
- EVA Center *(undisclosed location)*
- Finex House *(undisclosed location)*
- Home Suites Inn *(Waltham)*
- Home Visits *(varied)*
- Pine Street Inn Permanent Housing *(varied)*

BHCHP's Response to COVID-19: Service Delivery Reorganization

- Operated on the following assumptions:
  - Our patients would be highly vulnerable to COVID-19 infection and its complications.
    - High prevalence of tri-morbid disease (chronic medical, behavioral health, and substance use disorders)
    - Little ability to social distance in congregate shelter settings and crowded encampments
    - Engagement in behaviors that increased risk of transmission via respiratory droplets
    - Need for low-threshold supports

- The care delivery system we had spent decades building had to change, quickly and dramatically.
- There was great urgency to create new isolation and quarantine spaces for people without homes, or who can't safely isolate at home.
- We couldn't lose sight of patients' behavioral health and harm reduction needs in the process of quickly designing these new services.

Three distinct models of Isolation Spaces at BHCHP

Isolation and Quarantine Tents

Total of 267 unique patients cared for in the tents from 3/2020 to early 5/2020


6
5
4
3
2
1

Applying the BHCHP mission to tent medicine

- High quality healthcare
  - Standardized workflows for providers, RNs, case managers
  - Focused on COVID-19 but attention to comorbidities
  - EHR Documentation
- Collaboration with BHCHP teams
  - Behavioral health
  - OBAT
- On-site medications and pharmacy access
- Embrace of low-threshold and harm reduction models of care

BHCHP **COVID-1 Tents** Clinic Administration Tracking Log Medication: **Humalog 100 unites/mL, SQ**

Date Dispensed/ Received	Rx #	NDC	LOT #	Beginning balance of med	Pt name	Pt DOB	Total amount on hand	Quantity administered to pt	Amount left on hand	Exp date	Provider	Designee (RN/provider) signature	RN double check

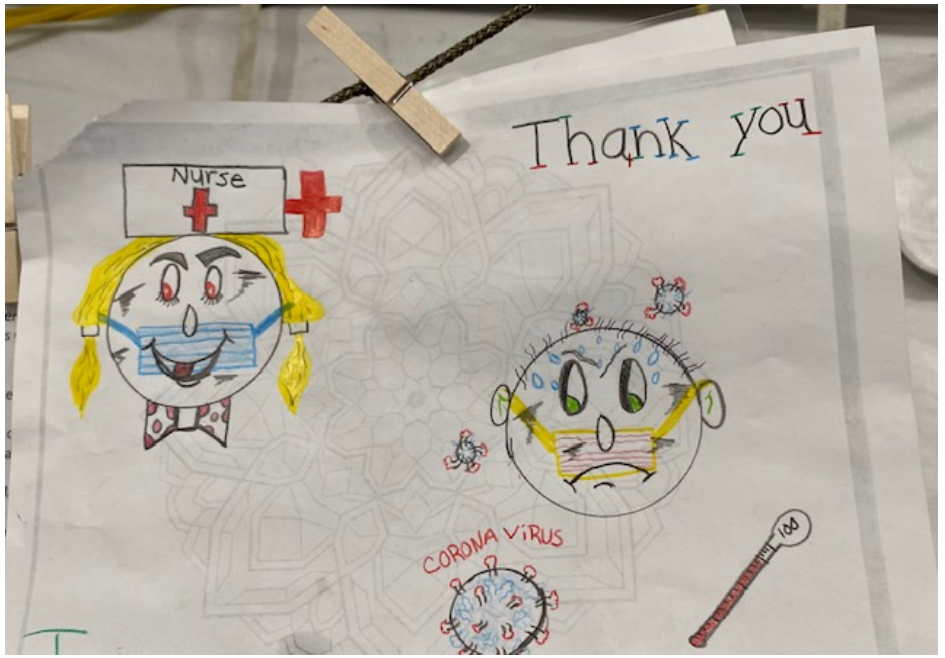
Staffing

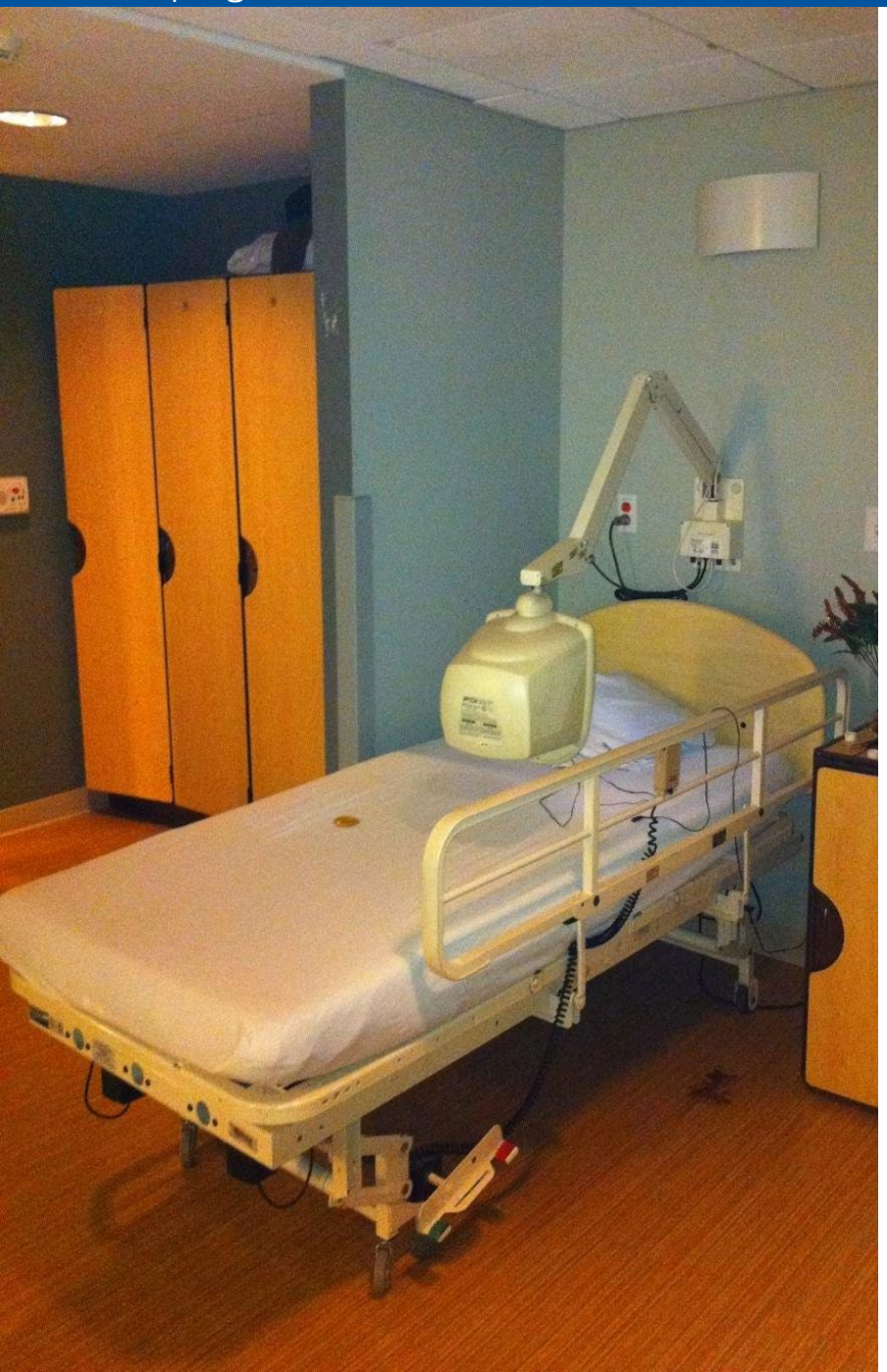
- Nurses
- Case Managers
- Providers
- Milieu Managers
- Runner
- Site Supervisor
- Food Services
- Facilities
- Housekeeping
- Admissions
- Security

Applying the BHCHP mission to a pandemic

Patient Experience

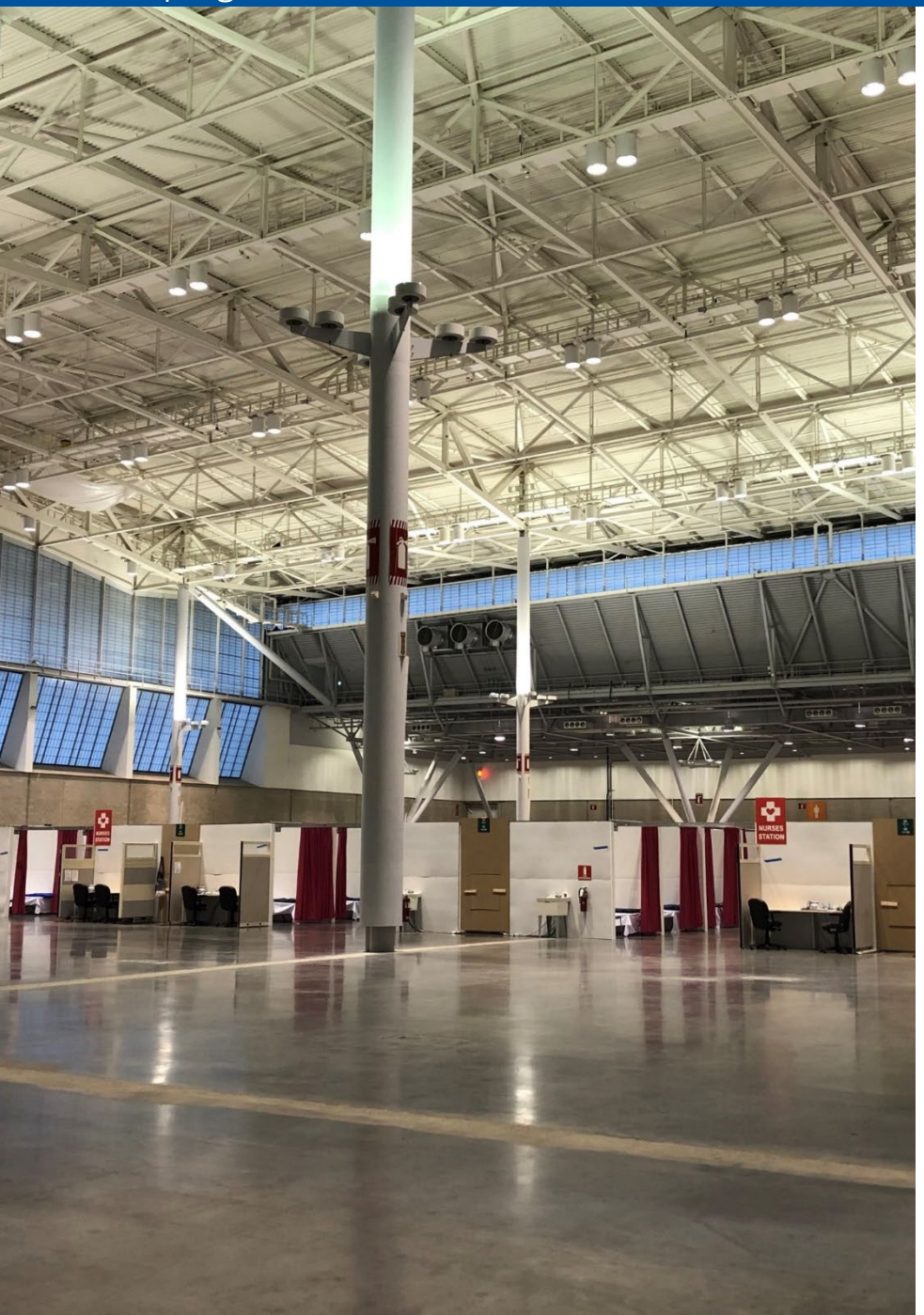
- Trust. Respect. Dignity. Hope.
  - Recognition of loss of control for patients
- Tent A Isolation: 1-3 day stays
  - symptom management
  - Anticipatory guidance for results
- Tent B Quarantine: ~14 day stays
  - Rapport building, case management
  - Collaborating with established care teams





Barbara McInnis House (BMH) COVID-19 Ward

- 104-bed medical respite facility run by BHCHP
- Provides 24/7 medical and recuperative support for persons experiencing homelessness with acute medical needs
- One full ward of BMH (50 beds) converted into a COVID-ward
- Total of 242 unique patients cared for at BMH from 3/2020 to 6/2020
- Existing infrastructure in place to support patients with SUDs
  - X-waivered prescribers, protocols for buprenorphine use for management of opioid withdrawal symptoms, initiation of buprenorphine and naltrexone for MOUD
  - 24-hour nursing with expertise in management of withdrawal syndromes (alcohol, opioid, and benzodiazepine)
  - Behavioral health specialists
  - Case management services well-versed in SATPs as discharge options



Boston Hope Field Hospital

- 500-bed field hospital at the Boston Convention and Exhibition Center
- Funded by FEMA dollars, BHCHP contracted with City of Boston to provide clinical services
- Harm reduction and trauma-centeredness was at the core of planning with an eye toward patient experience
- Total of 307 unique patients cared for at Boston Hope from 4/2020 to 5/2020

Staffing

- Nurses
- Case Managers
- Providers
- Milieu Manager
- Harm reduction specialists
- Runners
- Site Supervisor
- Food Services
- Facilities
- Housekeeping
- Admissions
- Security

Panel: Implementation of a mental health COVID-19 disaster response using a Psychological First Aid framework

Contact and engagement
- Standardised welcome packets
- Screening for existing mental health providers
- Immediate introduction of treatment team
- Application of Brøset violence checklist

Safety and comfort
- Private rooms and female-only areas
- Locked cabinets for belongings
- National Guard and police presence for security
- Addiction-informed and trauma-informed culturally diverse workforce

Stabilisation
- Individual consultations for acute needs
- Systemic sleep hygiene efforts
- Outside space for fresh-air breaks
- Display of patients' encouraging messages

Information gathering
- Expert consultants on safety of the milieu
- Patients' input on quality improvement
- Peer specialists during education groups
- Interviews with medical teams

Practical assistance
- Landline access and donated mobile telephones
- Internet café and tablet access
- Newspapers and books
- Housing and clothing resources

Connection with social supports
- Recovery, walking, and dance groups
- Bingo, karaoke, and movie nights
- Positive reinforcement for group attendance
- Connection to providers through telehealth

Coping information
- Coping skills and meditation groups
- Yoga, aromatherapy, and expressive groups
- Stress balls
- Interfaith and spirituality resources

Linkage with collaborative services
- New community providers and therapists through telehealth
- Harm reduction services and sober houses
- Office-based addictions treatment
- Government agencies and shelter services

Dotson, S., Ciarocco, S., & Koh, K. A. (2020). Disaster psychiatry and homelessness: creating a mental health COVID-19 response. *The Lancet Psychiatry*.

Lessons learned

- Integration of behavioral health, addiction medicine, harm reduction and recovery supports is crucial at every step of the planning process.
- Integration of community supports into care models is key to optimizing patient adherence with isolation for COVID-19 infection.
- Provision of medications for management of withdrawal symptoms improves retention and patient experience.
- Isolation and quarantine facilities served as opportunities for engaging patients previously unknown to our practice into recovery services.

COVID-19 QUARANTINE, ISOLATION AND RECOVERY SITES

Massachusetts 2020

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Map of Isolation & Recovery Site locations

Site locations:

- Everett
- Lexington
- Northampton
- Pittsfield
- Taunton

1. Homeless individual tests positive for COVID-19 but does not require medical care. Qualifies for I&R Site.

2. As a guest at an I&R Site, individual is provided their own hotel room along with 3 meals per day. Additional services on-site include nurse oversight, security, behavioral health supports, laundry and cleaning services, and linkages to other state services (e.g., DMH, DDS, MassHealth enrollment support).

3. Once recovered, guest returns to their originating shelter and may be connected to additional social services.

Harm reduction services and orientation but not explicit

Staff and guest communications of tolerance

Symbolic “coded” gestures of harm reduction

Site visits by state staff, harm reduction clinicians

Word of mouth

COVID-19 QUARANTINE, ISOLATION AND RECOVERY SITE RAPID ASSESSMENT EVALUATION AIMS

- Obtain feedback on guests' service utilization and stay experiences at state I&R sites and municipal isolation sites
- Understand how guests experienced their active drug and/or alcohol use during their isolation and recovery site stay
- Examine the awareness and experience of having behavioral health and harm reduction services integrated into the I&R site care environment
- Learn how the stay changed guest substance use, recovery, and housing trajectories, both intentions (for current guests) and experiences (for prior guests)

- Surveys & interviews with 50 guests: 26 I/R state (all represented), 24 Municipal
- Municipal sites: Methuen, Cambridge, North Andover, Taunton, Boston HOPE, Boston Best Western

Demographic		I/R state 26 (52)	Municipal 24 (48)	Total n (%)
Age				
	18-25	2 (8)	0 (0)	2 (4)
	26-30	4(15)	2 (8)	6 (12)
	31-35	2 (8)	2 (8)	4 (8)
	36-40	6 (23)	2 (8)	8 (16)
	41-45	0 (0)	1 (4)	1 (1)
	46-55	3 (12)	11(46)	14 (28)
	56+	9(35)	6 (25)	15 (30)
Male		15 (58)	20 (83)	35 (70)
Female		11 (42)	4 (17)	15 (30)
Race*				
	White	**18 (69)**	**14 (58)**	32 (64)
	Black, African, Haitian, or Cape Verdean	2 (8)	4 (17)	6 (12)
	Multi-racial	2 (8)	3 (13)	5 (10)
	Other race	4 (15)	7 (29)	11 (22)
Of Hispanic or Latinx Decent		6 (23)	6 (25)	**12 (24)**
Received stimulus check		16 (61)	15 (62)	**31 (62)**
Employed (service, trades, etc)		10 (39)	8 (33)	**18 (36)**
Ever incarcerated		11 (42)	13 (54)	**24 (48)**

***Participants could select more than one race**

*This is preliminary project data not intended for broader distribution or presentation

Substance Use History: Use in the Past 30 Days

Lifetime history of drug use was high among guests (n=44, 88%) and many (n=12, 24%) were actively using drugs

Substance	I/R state n (%)	Municipal n (%)	Total n (%)
Tobacco	13 (50)	**12 (50)**	**25 (50)**
Alcohol	10 (39)	**7 (29)**	**17 (34)**
Marijuana	7 (27)	11 (46)	**18 (36)**
Any illicit drug use other than marijuana	5 (19)	**7 (29)**	**12 (24)**
Injection drug use	2 (8)	6 (25)	**8 (16)**
Used drugs in public place	3 (12)	5 (21)	8 (16)
Currently on medication therapy for opioid use disorder	6 (23)	7 (29)	13 (26)
Experienced Section 35	4 (15)	7 (29)	11 (22)
Ever experienced an overdose	3 (12)	12 (50)	15 (30)
Ever witnessed an overdose	18 (69)	17 (71)	35 (70)

62% any substance use in past 30 days

50% any drug use in past 30 days

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HOTELS: PLACES OF HEALING

- Stay at hotels provided a window of opportunity to address social determinants of health
- Guests had their basic and medical needs met
- Guests had a place to sleep, heal, and truly recover, mind, body, and spirit

FEMALE: *I think this here situation is a excellent idea and they should come up with more locations like this. .. I feel good that* ***I'm in a safe place****.... I feel good that* ***I'm getting medical treatment****. And if I felt sick I feel good that you would, you know, take care of me or do the proper examination and you know send me to where I need proper treatment if I had any problems that exacerbate ..****So I feel good about this place all the way around****. I think it's a great idea****, this set-up and what you've got here.* **– Everett I/R**

MALE: *Well there's the* ***notion of the teamwork that the staff has for you*** *and the fact that* ***if I need something*** *from the outside, they'll* ***go out and buy it for me****. You know, everybody's respectful and, you know, and* ***I have dignity about myself****. ..I stay to myself. I just want to stay cool in this room. As long as I'm healthy and I have a lot of fruit and vegetables to eat. And* ***so I'm enjoying every second that I can be here****….because I have to make the best of it, you know. So yeah it's what* ***I can't pinpoint it, but it's a combination of everything****.* ***On a hot day, the air conditioner.*** *On a bored day, the TV.* **– Northampton I/R**

BEHAVIORAL HEALTH CONSIDERATIONS

- Several participants struggling with their mental health during COVID, and particularly once infected
  - Participants at state sites reported leaning on nursing staff for emotional support
- Some participants utilized telehealth services (for both chronic and situational poor mental health) that staff facilitated access to
- Participants on MOUD largely reported being able to access their medications while at the hotels

FEMALE: *Just knowing that it was there and somebody was there... Like the nurses are always there … people need mental health because even though your body might be normalizing,. It's like you've got this mental struggle.* ***It's like you've got this mental battle you're going through, and it's critical at this point that you get the good mental health.*** *Somebody to even just talk to. You know, you're in this quarantine and you're fighting this thing on your own. Wouldn't you just love to have somebody to talk to that could really be compassionate and understanding*? **– Northampton I/R**

FEMALE: *They told me on the phone..that the* ***Suboxone was [available] if that was something that I wanted****. That they had a nurse practitioner on-site. That I would have no worries in that area if needed it or wanted or desired*. **- Everett I/R**

CHALLENGES AT SITES

- Hospital and other institutional awareness of I/R site availability and experiences to improve referrals
- Methadone provision at I/R sites
- Transportation to I/R sites
- Stigma from non-medical staff
- Ongoing housing challenges

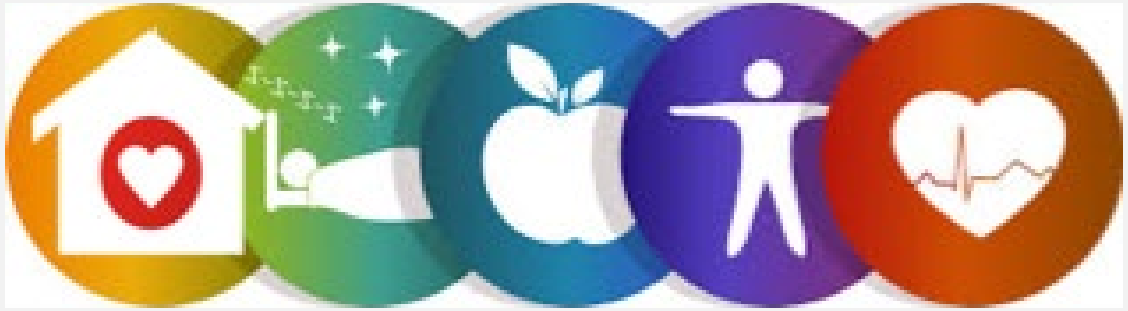
KEY FINDINGS

- Guests appreciated the time, space, and care to recover, some noted that they felt like they doing their part to help others
- Current alcohol/drug use are common among guests; harm reduction, treatment and behavioral health supports need to be part of I/R state sites *and* municipal locations
- Overall, state I/R sites better balanced the medical and other behavioral health and social service needs of guests
  - High degree of awareness among people using drugs without disrupting those who are not using drugs
  - Succeeded in connecting people to housing, benefits (SSDI, SNAP, MassHealth) during their stay
  - Maintaining MOUD (high telehealth use), continuing previous medical treatment; few started on new medication, care
  - Visitor policy ensured access to drugs for guests who were using, staff tolerance/support for purchases
  - Onsite naloxone known to guests but limited stocking of other harm reduction supplies
- Worry, social isolation and stigma played a large role in study participants' stay and substance use
- Peer supports, informal treatment (e.g. NA, AA), and possible onsite supports were untapped resources
- People who use illicit drugs arrived unprepared with sufficient supply; some shifted to other drugs, treatment, or left

MALE: *I would thank them for having a place like this to help people, especially homeless people who don't have any money. And who don't have any family to look to for help. Thank you for, you know, puttin' me in a comfortable room around good people that seem to mostly care. And where I'm able to be comfortable and to feel a little better. And I mean, this is the happiest me and my wife's been in a long time, so I'm very thankful for that. So, yeah just thankful, and hopefully they will open up more places like this around the country for people. You know, so there is more help, you know? Because this isn't gettin' any better, so…* **- Everett**

UNEXPECTED, ADDITIONAL FINDINGS

- Demonstrated that harm reduction/consumption spaces with medical supervision by nurses can work
- Pandemic setting and I/RS are opportunity: Safe, private space for healing that opens the door for other opportunities for wellness and life changes



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Thank you

for attending our webinar

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