

The Health & Housing Consortia COVID-19 Town Hall Series: Recent Updates with the Department of Homeless Services 6.2.20

Questions and Responses from NYC DHS

Questions from the Consortium

- As DHS has put into place more eligibility requirements for isolation hotels that exclude many patients, as well as continuing to exclude patients who are not “known to DHS,” what are hospitals supposed to do for patients who have COVID but do not qualify? My observation (as someone who works in a hospital) is that homeless patients sometimes end up back on the streets or in shelters (sometimes walking out in frustration) and I do not know if hospitals are making DHS aware of that routinely.
- Why can certain clients not be moved to smaller environments and have to stay in congregate settings? Who makes that decision? Can clients appeal it?
- You noted that hotels are open to unsheltered but that’s not true — patients that aren’t “in the DHS system” / known to outreach have been repeatedly denied by DHS SIU for isolation.
- If a person who has been isolated in hotels, but is non compliant with the isolation rules, what is being done?
- Is the City’s overall test and trace program including people who are homeless? (Is DHS working with H+H and DOHMH on larger city test and trace efforts?)
- With the rise in trauma and PTSD, can we see wider more accessible EMDR treatment coverage for the population we serve?
- I am a Care Manager and one of my clients was recently moved into a shelter for the density reason you mentioned. He told me that the hotel he is currently at is not allowing any shelter residents to use the Wi-Fi. Are the shelter residents prohibited from using the hotels’ amenities?
- Does DHS have a plan for retesting (repeat testing) of clients? How often will it be done?
- What has been the community notification process for placement in hotels?

Responses

Isolation Hotels:

- **Isolation for any symptomatic individuals**— We have a clear protocol for immediately connecting any client who expresses that they are experiencing COVID-like symptoms/mild illness (and who does not require hospitalization) to isolation for monitoring and recovery, including transporting them to isolation directly so that clients do not remain on-site at shelter
- Providers have been instructed to separate any clients who may express that they are experiencing symptoms from the rest of the shelter population, and provide them with a mask to wear while awaiting transportation

- DHS isolation sites are serving those who have been in shelter in the last year, anyone who has interacted with a street outreach team, individuals from a variety of private shelter systems, and referrals from other institutional settings. We collaborate closely with the other agencies offering isolation services to ensure that all clients are routed to appropriate settings.
- DHS has worked closely to coordinate with hospitals, both public and private, to ensure that transitions to isolation for individuals experiencing homelessness were smooth. That has required ongoing problem-solving to adapt to the changing nature of the pandemic. As this situation has evolved, presenting new challenges, we have changed our policies and procedures to evolve with it, adapting and addressing those concerns in real time.
- At this time, we have approximately 700 units available/designated for these isolation purposes, but fewer than half of them are occupied right now
- Just like all other New Yorkers, our clients are free to take a walk, get fresh air, or exercise. Just like all other New Yorkers, we are not monitoring how and where they may spend their time. And just like all New Yorkers, we encourage our clients to stay inside as much as possible, or wear a mask or face covering if they will be unable to social distance—and we provide PPE masks/face-coverings to staff and clients alike, including and especially for anyone who doesn't have one.
 - o Clients are provided with materials upon arrival educating them about the importance of staying isolated, however as with the rest of NYC, there is no formal order enforcing isolation.

Density Reduction & Hotels:

- **Strategically relocating clients out of larger shelters that have congregate settings**— We are proactively relocating New Yorkers (who are not sick and non-symptomatic/asymptomatic/pre-symptomatic at this time) from larger shelter locations with congregate settings, including assessment shelter locations, to commercial hotel units, where they can isolate more effectively during this crisis. We also continue bringing new resources online to serve unsheltered New Yorkers, including hundreds of new Safe Haven and stabilization beds, including in commercial hotel locations.
- Our goal is to strategically relocate up to 1,000 individuals per week from larger shelters, where social distancing may be more challenging to implement, based on need – and we have been moving 1,000 individuals per week to commercial hotel locations for the past two-plus months
- These relocations will provide greater distancing for the clients who are relocated as well as within the targeted shelters, which will see reduced density and greater distancing as a result.
 - o Hotel moves are on a client-by-client basis and are determined by the shelter provider in consultation with DHS Office of the Medical Director and Program. Moves reflect the unique challenges and strengths of each client when making this assessment.

- DHS is committed to being a good neighbor. DHS has notified communities (incl local elected officials and Community Boards) on all commercial hotels we are currently occupying in order to provide necessary isolation capacity and to provide non-congregate shelter to single adults to mitigate risks associated with COVID19. Due to the nature of the emergency, DHS currently utilizing the same notification policy we utilize when entering commercial hotels to meet immediate capacity needs notifying elected officials, community boards, and the local precinct within 24-hours of emergency use.

Testing:

- **Systemwide testing, tracing, and treating to begin bringing cases down**— as the City transitions to testing, tracing, and treating, our priority is ensuring our clients are also able to get this same testing, tracing, and isolation, so that all New Yorkers are part of the citywide recovery plan as our whole City moves into new phase of actually reducing cases.
- Proactive testing program (of all clients, not just those who express symptoms) is underway
- We are ramping up a large-scale testing program to systematically identify and isolate any client who is COVID+ for 14 days in commercial hotels, ensuring we are proactively and effectively monitoring and containing any occurrences
- This strategy leverages current DSS medical providers to conduct tests for clients and staff at shelters. In addition, we are contracting with testing companies to ensure that all shelters – including those without onsite clinics – are fully covered by the testing initiative.
- DHS is working in coordination with City partners including H+H and DOHMH on testing and tracing.
 - o DHS is sharing best practices and lessons learned as we roll out testing in our congregate shelters.
 - o We recognize the unique challenges facing testing and tracing in congregate settings and have been actively involved in the process and providing feedback to our colleagues across all agencies.
 - o DHS is currently working on testing all congregate shelters in our system; retesting/repeat testing will be implemented in alignment with citywide policies once the system has been tested.

Other:

- DHS strives to provide trauma-informed care to shelter clients. Many of our shelters have onsite social workers and behavioral health care. When onsite care is not appropriate, we link clients to community resources. Given the diversity of clients in our system, we are not prescriptive as to therapy model.