COVID-19 WEBINAR
CONGREGATE CARE & RESIDENTIAL SETTINGS

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April 10, 2020
HOUSEKEEPING

• Our understanding of COVID-19 and this pandemic is evolving rapidly
• This presentation is based on our knowledge as of April 10, 2020, 10 a.m.
• All participants will be muted
• There will be approximately 20 minutes for questions and answers (Q&A)
• Please type questions in the Q&A box
PANELISTS

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Senior Director of Planning and Programs, Bureau of Alcohol and Drug Use Prevention and Treatment, Division of Mental Hygiene, NYC Health Department

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Team Lead, Outbreak Prevention and Control, TB Surveillance and Epidemiology, Division of Disease Control, NYC Health Department

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Oni Blackstock, MD, MHS
Assistant Commissioner, Bureau of HIV, Division of Disease Control, NYC Health Department

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AGENDA

• COVID-19 Data Update
• Workforce
• Congregate Care Guidance Update
• Isolation Hoteling Update
• Q&A
WHERE WE ARE

• There is still widespread community transmission of COVID-19 in New York City and around the world
• Almost 6 weeks have passed since New York City reported its first confirmed COVID-19 case
• We are continuing to see high numbers of new diagnoses, including those who require hospitalization
• But we may have begun to flatten the curve – data show improvement in emergency department visits and admissions
• We cannot let down our guard but rather must reinforce mitigation measures that are working
NYC COVID-19 HOSPITALIZATIONS
March 2 – April 9, 2020

Due to delays in reporting, recent data are incomplete.
NYC COVID-19 DEATHS
March 2 – April 9, 2020

Due to delays in reporting, recent data are incomplete.
COVID-19 MORTALITY HIGHER AMONG PEOPLE OF COLOR

Age adjusted rate of fatal lab confirmed COVID-19 cases per 100,000 by race/ethnicity group
as of April 6, 2020

- Hispanic/Latino: 22.8
- Black/African American: 19.8
- White: 10.2
- Asian: 8.4

Data complete* for 63% of deaths
The link to the MRC resource (NYC Healthcare Surge Staffing) is here if you need it:
https://www.surveymonkey.com/r/WXLSGKN
NYC COVID-19 CONGREGATE CARE STAFFING PORTAL

• Maintaining staffing levels is a key challenge
• NYC COVID-19 Congregate Care Staff Portal supports New Yorkers receiving care in their current congregate care site
  – Created by NYC Health Department; operated by the Coalition for Behavioral Health
• Portal goals:
  – Expedite access to needed relief staff for providers
  – Track trends and potential issues related to staffing at the earliest possible moment without burdening providers with surveys
NYC COVID CONGREGATE CARE STAFFING PORTAL

• Wave 1 Eligible Providers: non-profit, congregate residential settings licensed or funded by:
  – New York State Office of Mental Health
  – New York State Office of Addiction Services and Supports
  – New York State Office for People with Developmental Disabilities
  – New York City Department of Health and Mental Hygiene

• Once testing is complete DOHMH to open eligibility to a wider range of behavioral health programs across NYC
CONGREGATE CARE GUIDANCE UPDATE
PREVENT THE SPREAD OF COVID-19

• Make signs instructing to stay home/ stay in rooms if sick, cover cough, wash hands visible to all staff and residents
PREVENT THE SPREAD OF COVID-19

- Post signs outside all isolation areas
- Cancel visitation hours and suspend non-essential visits
- Close common areas, cancel group programming, and stagger group movement
- Close dining rooms, stagger meals, or deliver meals to rooms
- Stock bathrooms with soap and drying material
- Clean and disinfect high-touch surfaces regularly
- Maintain physical distancing of at least 6 feet whenever possible
- Staff and residents should wear face coverings
MANAGING RESIDENTS WITH SYMPTOMS OR CONFIRMED WITH COVID-19

• Monitor symptoms among residents
  – If resident 50 years of age or older or has pre-existing health conditions such as heart problems, lung problems, or diabetes, consult a provider
  – If resident’s symptoms persist or worsen, seek medical consultation
  – Seek urgent medical care/call 911 if resident has difficulty breathing, persistent pain or pressure in chest, new confusion, inability to stay awake, bluish lips or face, or other health emergency
MANAGING RESIDENTS WITH SYMPTOMS OR CONFIRMED WITH COVID-19

• Residents with symptoms can be removed from isolation when:
  – At least seven days have passed since isolation started, AND
  – They never had fever or have not had fever in the prior 3 days (without use of fever-reducers), AND
  – Overall illness has improved
CONSIDERATIONS FOR RESIDENTS WHO USE DRUGS

• Physical distancing and overdose risk
  – Safety checks
  – Naloxone
• Awareness of risk for withdrawal
  – Exiting
  – Use in facility
TIPS FROM COLLEAGUES: KEEPING CONGREGATE CARE RESIDENTS ACTIVE AND SOCIALLY DISTANT

Activities:
• Karaoke challenge, talent show, charades bingo (physical distancing or via video)
• Exchanging notes at front desk
• Commemorate birthdays
• Provide coloring books for adults, journals, and poetry books
• Crossword puzzles
• Mindfulness activities
• Affirmations

Support physical distancing:
• Place spatial markings on the floor
• Move furniture around
• Connecting via cell phone while making eye contact through a closed window
ADDITIONAL RESOURCES

• NYC Health Department website:
  https://www1.nyc.gov/site/doh/covid/covid-19-providers.page

• NYS Health Department website:
  https://coronavirus.health.ny.gov/information-healthcare-providers

• Mental Health resources:
  https://www1.nyc.gov/site/doh/covid/covid-19-mental-health.page

• Children and Families:
  https://www1.nyc.gov/site/acs/about/covidhelp.page

Reach out for additional guidance or with any questions!
ISOLATION HOTELING UPDATE

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ISOLATION HOTELING OVERVIEW

- New York City congregate residential settings licensed or funded by:
  - NYS Office of Mental Health
  - NYS Office of Addiction Services and Supports
  - NYC Human Resources Administration
  - NYC Department of Health and Mental Hygiene

- Hotel rooms are available to New Yorkers who may have symptoms of COVID-19 or have been diagnosed with COVID-19 and:
  - Unable to isolate where they live
  - Do not need COVID-19-related medical care
  - Can be isolated in a hotel room with limited services
  - If resident requires ongoing services, provider can continue to support at the hotel (including remotely)
ISOLATION HOTELING OVERVIEW

- Person must be referred by
  - Hospitals
  - Department of Homeless Services
  - Behavioral health congregate care settings
ISOLATION HOTELING OVERVIEW

• Supportive Housing Network of New York (SHNNY) is point of contact for Isolation Hotel Reservations by Behavioral Health Congregate Sites

• Congregate Care Agencies provided instructions to determine if an isolation hotel placement is appropriate for a specific client

• If the client is appropriate, the Agency should contact SHNNY

• Isolation Hoteling is a last resort option
ISOLATION HOTELING AND PROVIDER SERVICES

- **Hoteling program provides:**
  - Transportation to hotel
  - Meals
  - Laundry
  - Phone, Wi-Fi
ISOLATION HOTELING
AND PROVIDER SERVICES

• Provider care continuity with resident:
  – Twice daily telephone contacts with resident
  – Face-to-face contact at hotel if needed
  – Participate in problem-solving between resident and the on-site coordinator at the hotel
  – Coordination of access to nearby medical services as needed
  – Transportation from hotel back to residence
  – Coordination of medication/prescriptions
  – Provide daily necessities (e.g. toiletries) and replenish as needed (delivery to hotel front desk)
ISOLATION HOTELING REFERRAL PROCESS

• SHNNY will be point of contact for isolation hotel reservations by behavioral health congregate sites

1. Contact information provided to agencies
2. SHNNY Available 9AM-5PM, 7 days a week
3. Be prepared with demographic information, isolation needs and supports, specific to the client
4. SHNNY will make the reservation
5. SHNNY relays details back to the provider
6. Provider gives the reservation code to the client
Please type in your questions in the Q & A box