

## Background

- People experiencing homelessness and living in congregate living spaces are particularly vulnerable to contracting and spreading COVID-19
- Many are older adults or have chronic underlying medical and psychiatric health conditions putting them at greater risk from COVID-19
- The *Chicago Department of Public Health: A Safe Haven Rush Respite Shelter (CARReS Unit)* was created to address the city-wide need for COVID-positive isolation housing/care for the homeless
- Because the *CARReS Unit* was a crisis response, no program features had been evaluated

## Purpose

To perform a program evaluation of the *CARReS Unit* for those with COVID experiencing homelessness (implementation, service, biomarker, and client outcomes)

## Framework

### Glasgow Evaluation Framework

#### Implementation Outcomes

- Overall utilization rates
- Referral rates
- Emergency department transfers

#### Service Outcomes

- Referral Type

#### Biomarker Outcomes

- Demographics
- Number of symptomatic vs. asymptomatic patients
- Physical and mental health problems

#### Client Outcomes

- Morbidity
- Mortality
- Program utilization
- Satisfaction

- The *CARReS Unit* Director selected salient, measurable outcomes for evaluation

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## Methods

### Design

- Retrospective, manual chart audit

### Participants/Setting

- First 200 residents seen at the *CARReS Unit* selected for chart review (from April 20 to August 1, 2020)
- 46 available client questionnaires

### Measures

#### Evaluator-developed Chart Audit Tool

- Implementation Outcomes
  - Referral (yes/no)
  - Emergency Department (ED) transfers (yes/no)
- Service Outcomes
  - Type of referral
- Biomarker Outcomes
  - Demographics (age, sex, race)
  - Symptomatic on admission (yes/no)
  - Became symptomatic during stay (yes/no)
  - Physical and mental health problems
- Client Outcomes
  - Morbidity & mortality
  - Program utilization (length of stay)

#### Client Questionnaire

- Client Outcomes
  - Discharge destination
  - Satisfaction (11 Likert items rating quality of accommodations, facility, and staff; 1=Very poor, 6=Excellent)



## Results

### Patient Demographics:

- Patients were primarily male (69.8%) and Black (64.9%), with a mean age of 48 years (SD=15.98), with a range of 1 to 96 years
- All patients were discharged from the *CARReS Unit* alive, after an average length of stay of 10.59 days (range 0 to 194 days)

### Implementation Outcomes (n=200)

	n (%)
TOTAL Transferred to ED	21 (10.5%)
COVID Related Transfer to ED (n=21)	14 (70.0%)
Referred to Another Specialty	25 (12.5%)

### Service Outcomes (n=200)

Referral Type	n (%)
Psychiatry	18 (72.0%)
Substance Use Team	5 (20.0%)
Orthopedics	1 (4.0%)
Cardiology	1 (4.0%)

### Biomarker Outcomes (n=200)

	n (%)
<b>Disease State (n=196)</b>	
Asymptomatic on admission	123 (62.8%)
Symptomatic on admission	73 (37.2%)
Became symptomatic after admission (n=120)	26 (21.7%)
At least one medical diagnosis	139 (69.5%)
At least one psychiatric diagnosis	115 (57.5%)
<b>Clinical Characteristics</b>	
Hypertension	67 (33.5%)
Asthma	35 (17.5%)
Diabetes	30 (15.0%)
Hyperlipidemia	18 (9.0%)
Substance Use Disorder	66 (33.0%)
Depression	35 (17.5%)
Bipolar Disorder	31 (15.5%)
Schizophrenia	21 (10.5%)

### Client Outcomes (n=46)

Referral Source	n (%)
Homeless shelters in the Chicagoland area	31 (67.5%)
Local area hospital or healthcare clinic	13 (29.3%)
<b>Top discharge destinations</b>	
Home with friends or family	9 (20.5%)
Supportive housing	9 (20.5%)
Recovery housing	9 (20.5%)
<b>Rated the facility as good, very good, or excellent on all aspects of:</b>	
Quality of care	44 (95.7%)
Quality of accommodations and facility	42 (91.7%)
Would recommend the <i>CARReS Unit</i> to others in need	41 (89.1%)

## Discussion & Conclusions

- This is the first known program evaluation of a COVID-positive isolation shelter for people experiencing homelessness
- The large percentage of patients with mental health problems or substance use disorders supports the need for easy access to psychological or psychiatric resources
- Increased monitoring of COVID-positive persons with asthma, diabetes, or hypertension may reduce the need for Emergency department transfers
- Medical respite programs like the *CARReS Unit* provide a safe and healing environment for people experiencing homelessness to recover from COVID 19