



beacon
health options



Perspective

COVID-19 and housing for people experiencing homelessness: Today's innovations, tomorrow's solutions

By Susan Coakley
President, Beacon Health Options

To meet the needs of individuals experiencing homelessness as well as to help curtail COVID-19's trajectory, the Centers for Disease Control and Prevention (CDC) recommends that those individuals with suspected or confirmed COVID-19 cases live in housing that isolates them from others. It's a common-sense recommendation as the number one call to action to control this pandemic is social distancing – living and working apart from one another as much as possible.

However, not everyone is in a position to "social distance". The conditions in which individuals experiencing homelessness live make it impossible for them to meet suggested guidelines. These individuals don't have access to private bathrooms for proper hygiene. They live very close to each other, frequently sharing food, beverages, and sleeping quarters, as a matter of comfort and survival. To be homeless is to surrender control over one's environment, which is a dangerous thing in a pandemic.

Isolation housing is a simple idea but a difficult directive. How is that to be accomplished? One important first step is to include behavioral health expertise in planning isolation housing.

Involve behavioral health in isolation housing

Isolation housing could be designated by local authorities or shelters that have the capacity to isolate individuals with the illness, according to the CDC. The [CDC further recommends](#) that "behavioral health teams should be involved in the planning for these sites to facilitate continued access to support for people with substance abuse or mental health disorders. In some situations, for example due to severe untreated mental illness, an individual may not be able to comply with isolation recommendations."

The CDC in its recommendation above gets to the core of behavioral healthcare's value in planning this housing: many people experiencing homelessness, due to mental illness or substance use disorders (SUD), don't have the ability to adhere to guidelines. Approximately, [35 percent of individuals living in shelters](#) have chronic substance use disorder, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). A [January 2015 survey](#) revealed that 25 percent of individuals experiencing homelessness had serious mental illness, and 45 percent had a mental illness of any severity.

How can behavioral healthcare services contribute to this planning? Beacon's Massachusetts Behavioral Health Partnership administers a solution that applies to this unique situation. A permanent supportive housing model known as the Community Support Program for People Experiencing Chronic Homelessness ([CSPECH](#)), provides tenants with a broad range of community-based services, including support in accessing mental health and SUD (MH/SUD) services.



beacon
health options

 Caring through
COVID-19

Perspective

Drawing from the success and wisdom of such programs, Beacon suggests the following behavioral health contributions in the planning of isolation housing:

1. Ensure that each housing facility has access to a community support worker, recovery coach and peer support specialist who can coordinate mental, SUD, physical health and other services
2. Plan to have designated behavioral healthcare providers for each isolation housing site to ensure access to care, including psychiatrists, counselors and therapists, case managers, recovery coaches and peer support specialists; when possible, launch some services and supports in the housing, such as group counseling, medication-assisted treatment support for those already prescribed medications, and more.
3. Help organize living units based on an individual's MH/SUD needs as a way to more effectively facilitate services to meet those needs
4. Establish protocols for MH/SUD screening as individual's access housing to proactively identify any new or undetected MH/SUD needs
5. Coordinate with medical professionals and housing specialists to ensure there is the proper technology in the housing to promote telehealth and telemedicine

This national public health emergency was unpredicted and is unprecedented. However, as we collectively meet the challenge, we have the opportunity to transform temporary adjustments into sustainable change. It forces innovative thinking and problem-solving – innovations that can lay the foundation for permanent solutions for when life is not defined by a pandemic.