



STATE OF CONNECTICUT
DEPARTMENT OF HOUSING



MEMORANDUM

FROM: Commissioner Seila Mosquera-Bruno, Connecticut Department of Housing

TO: Connecticut Homeless Shelter Providers

CC: Deputy Commissioner Shante Hanks, Steve DiLella, Leigh Shields-Church, Kara Zichichi, Beau Anderson, Karin Motta, Jeffrey Scott, Dr. Lynn Sosa (CT Dept. of Public Health), Kimberly Ploszaj (CT Dept. of Public Health), Richard Cho (CCEH), Linda Casey (CCEH), David Gonzalez-Rice (CCEH)

DATE: September 2, 2020

RE: New Shelter Admissions

Purpose and Intent

The Connecticut Department of Housing (DOH), in consultation with the Connecticut Department of Public Health (DPH) and informed by federal guidance from the Centers for Disease Control and Prevention (CDC), is issuing this memorandum to providers of emergency shelter and other temporary housing for people experiencing homelessness in the State of Connecticut. The purpose of this memo is to provide updated guidance to shelters and Coordinated Access Networks on client admissions and discharges, facility management, and the delivery of services given the current state of the COVID-19 community transmission in the State of Connecticut. **The guidance is applicable to both non-congregate hotel settings and emergency shelters.** The guidance and information provided in this memo is subject to further revision as rates and patterns of COVID-19 transmission in our state may change in the future.

Current State of COVID-19 Transmission in the State of Connecticut

The State of Connecticut continues to monitor key data points on the trajectory of COVID-19 to inform the state's emergency response and its phased plan to re-open the state's government, business, and non-profit functions, including its plan for homeless shelters and other congregate settings. As of this writing, we are seeing a low, stable rate of COVID-19 transmission and related hospitalizations and fatalities across the state in large part due to the many measures taken between March and August 2020, including the non-congregate sheltering of people experiencing homelessness. While this is cause for some relief, community transmission of COVID-19 remains an ongoing public health concern and health experts anticipate a resurgence of COVID-19 in Connecticut, similar to what is currently occurring in other states in the country.

What this means for providers of emergency shelter and congregate housing is that services and operations that were previously curtailed or modified should be resumed, but that continued efforts are needed for the foreseeable future to minimize the transmission of COVID-19 among residents and staff. This memo provides emergency shelter providers with specific guidance and considerations regarding operations and services delivery within emergency shelters around the following areas:

- a. Health care partnerships
- b. Shelter operations and facility management
- c. Symptom monitoring and COVID-19 testing
- d. Shelter capacity and enrollments
- e. Transitioning residents from non-congregate shelters (hotels) to congregate shelters
- f. Isolation and quarantining

a. Health Care Partnerships

Local health departments and districts (LHDs) serve as the “front-line” of the State of Connecticut’s COVID-19 public health response, assisting with COVID-19 tracking, contact tracing, facilitating quarantining and isolation, and more. It is vital that providers of emergency shelter remain in close communication and seek input from LHDs in developing, reviewing, and updating infectious disease controls and protocols, and in tracking instances of COVID-19 transmission among staff and residents. Over the past several months, DPH and DOH have worked to ensure connections between all providers of emergency shelter and local health departments and districts. DOH and DPH encourage all emergency shelter providers and Coordinated Access Networks to continue close communication and coordination with LHDs in developing local and site-specific plans for shelter operations. A list of LHDs and contact information can be found here: <https://portal.ct.gov/DPH/Local-Health-Admin/LHA/Local-Health-Administration---Site-Map>. If your shelter needs assistance in connecting with your local LHD, please contact Kimberly Ploszaj at the Connecticut Department of Public Health at kimberly.ploszaj@ct.gov.

In addition, formal partnerships with community health centers/Federally Qualified Health Centers (FQHC), hospitals, visiting nurse services, and health care providers have proven helpful for assisting in symptom monitoring, health care (both telehealth and in-person), and more recently, COVID-19 testing at shelter and hotel sites. DOH and DPH encourage all providers of shelter to consider a formal partnership with a community health center/FQHC, hospital, or other health care provider. If your shelter would like assistance in brokering a partnership with a health care partner, please visit the Community Health Center Association of Connecticut at www.chcact.org.

b. Shelter Operations and Facility Management

Although congregate settings including emergency shelters remain sites of concern for COVID-19 transmission and outbreaks, the level of risk and concern for COVID-19 transmission has decreased somewhat given the current rate of community transmission. Emergency shelters continue to play an important role in providing a safe place for people who have no other options. Guidance from the Centers for Disease Control and Prevention (CDC) reinforces the importance of shelters and homeless services as a means of helping to protect people experiencing homelessness from COVID-19 transmission: **“Continuing homeless services during community spread of COVID-19 is critical, and homeless shelters should not close or exclude people who are having symptoms or test positive for COVID-19 without a plan for where these clients can safely access services and stay.”**

Consistent with CDC’s guidance, DOH and DPH encourage homeless shelters to continue remaining open and operational at this time, while continuing to implement measures to prevent COVID-19 transmission among residents and staff. All shelters should continue to implement basic prevention strategies such as maintaining social distancing and avoiding close person-to-person contact, limitation of visitors, wearing face coverings (surgical masks if available), frequent hand washing, and frequent cleaning and disinfection of facilities. Shelters should continue to maintain adequate supplies for personal protection, personal hygiene, and cleaning/disinfection. In addition, shelters should continue to modify facility layout to maximize physical distance between residents and staff, including use of sneeze guards at desks, adequate bed spacing, placing

barriers or partitions between beds, and using policies that minimize congregating or passing in hallways and common spaces. New guidance is emerging about ensuring adequate ventilation, including upgrading HVAC systems that shelters may want to consider. Please refer to the CDC's *Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)* for more information on facility layout and considerations. (<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>)

DOH will continue to pursue funding from the federal government to reimburse shelters for costs associated with PPE, as the funds continue to be provided.

c. Symptom Monitoring and COVID-19 Testing

In addition to basic prevention measures, shelters should also work with LHDs and health care partners to develop and implement ongoing symptom monitoring protocols. These protocols should ensure that clients and staff are screened through temperature checks as well as through asking symptom screening questions at regular intervals. (Temperature checks should be conducted using procedures that prevent exposure of staff and other residents.) See CDC's symptom monitoring guidance for homeless services providers for more information: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-symptoms.html>

The State of Connecticut's Emergency Operations Center (EOC) is also making facility-wide COVID-19 testing available at various congregate facilities, including homeless shelters. This testing is being conducted by contracted health care providers (hospitals and community health centers), who will arrange to conduct testing of all residents and staff onsite at shelters. As part of this process, the testing provider will contact shelter operators and request a roster of residents and staff, will schedule a date and time to conduct testing, and will provide more information on preparations.

Entry of COVID-19 test results in the Homeless Management Information System (HMIS) is critical to determining the trends and patterns of COVID-19 transmission among people experiencing homelessness. DOH and DPH strongly encourage homeless shelter providers to work with the Connecticut Coalition to End Homelessness to ensure that facility-wide COVID-19 test results are entered into HMIS. Please note that shelter operators can only receive the COVID-19 test results of staff and residents from the testing provider if two conditions are met: 1) an HMIS Release of Information (ROI) is signed by each resident, which is usually done during the intake process, and 2) a consent form from the testing provider indicating the results may be shared with the shelter operator is signed by each resident and shelter staff member. If the HMIS ROIs and testing provider consent forms are available, the shelter operator will be designated by the testing provider as the "ordering provider." This enables the shelter staff to receive the COVID-19 test result information and enter the data into HMIS. For more information regarding entering COVID-19 data into HMIS, or to find out how to send a file to our secure Dropbox folder for upload, please contact Linda Casey at the Connecticut Coalition to End Homelessness (lcasey@cceh.org).

At this time, the State EOC is considering a few potential options for the frequency of ongoing facility-wide testing at shelters, taking into account guidance from the CDC, which indicates that the frequency of facility-wide testing should be tailored to the state's or community's overall community transmission context: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/testing.html>.

d. Shelter Capacity and Enrollments

The State of Connecticut pursued one of the most assertive efforts in the country to prevent the transmission of COVID-19 among residents and staff in homeless shelters through relocating residents and

staff to non-congregate sites (hotels) as well as by reducing nightly occupancy within existing shelters. Early COVID-19 testing results suggest that this shelter decompression effort resulted in low COVID-19 prevalence rates among residents and staff within Connecticut's homeless shelters.

The State of Connecticut continues to authorize and seek federal approval to continue non-congregate sheltering in hotels in the near term. Meanwhile, DOH and DPH advise shelters to continue to operate at lower-than-usual occupancy rates. Shelters should determine what maximum occupancy would enable them to maintain adequate bed spacing and social distancing in common spaces and maintain occupancy at or below those maximum levels. Shelters that receive funding from DOH were asked to submit those new maximum occupancy levels to DOH via a survey. If those occupancy levels change, you must notify the Department via email, immediately. (Please note that DOH will not reduce funding levels based on this reduced occupancy.)

While maintaining lower occupancy in shelters is necessary to reduce the risk of COVID-19 transmission, DOH and DPH recognize that there remains demand for shelter as people continue to face a loss of housing and may have no other safe options. Being unsheltered also brings risks to health and well-being, including due to COVID-19, particularly as people who are unsheltered have very limited ability to maintain personal hygiene and may be less able to survive and maintain social distancing. DOH encourages Coordinated Access Networks and homeless services providers to work collaboratively to develop a plan for balancing new shelter needs with the need for reduced shelter occupancy levels. This plan should include ensuring that new shelter needs are met through regional coordination and increasing the provision of shelter diversion to assist people to find safe alternatives. DOH will soon be issuing a Request for Proposals for Homeless Street Outreach Services shortly to further support the unsheltered population.

With regard to new shelter admissions, DOH and DPH concur with the guidance from CDC: **“Do not require a negative COVID-19 viral test for entry to a homeless services site unless otherwise directed by local or state health authorities.”**¹ Requiring a negative COVID-19 test as a condition for entry could place people experiencing homelessness at greater harm. Moreover, a negative COVID-19 test at admission does not mean that people will not be exposed to COVID-19 at a future date and may provide a false sense of security. Instead, shelters should accept new admissions without requiring a COVID-19 test, but continue to implement the basic prevention measures, maintain lower occupancy, and continue to assist residents and staff to participate in ongoing facility or community COVID-19 testing. **In addition, shelters should not require new shelter clients that do not exhibit COVID-19 symptoms to quarantine upon admission, but continue to base all decisions regarding the isolation and quarantining of residents based on symptom monitoring and COVID-19 testing, or recent COVID-19 exposure (ie relocating from a state on the current “Red” list maintained by DPH).**

e. Transitioning Residents from Non-Congregate Shelters (Hotels) to Congregate Shelter Facilities

Although the State intends to continue the authorization of non-congregate sheltering in hotels for the near future, shelters may begin to transition some residents back to shelter facilities. However, this transition of residents back to congregate shelter facilities should take into account several considerations. First, shelter providers should continue to work with their Coordinated Access Networks to ensure that all residents have a plan for permanent housing. All attempts should be made to help clients obtain permanent housing to permanent housing before transitioning them from hotels back to a shelter. Moreover, the transition of a resident from a hotel to a shelter should not disrupt their permanent housing plan. Second, the decision to transition clients from hotels to shelters should take into account the risk of serious COVID-19-related illness. People who are at high-risk of more serious illness from COVID-19 due to age or underlying health

¹ Ibid.

conditions should not be transitioned back to congregate settings, but should be prioritized for continued stays in non-congregate shelter sites and more importantly a quick return to housing. DOH will maintain a limited number of hotel rooms for this population. If you have any household that may need this type of non-congregate sheltering, please contact either Leigh Shields-Church or Kara Zichichi. Third, shelter providers should transition clients gradually and on a case-by-case basis back to congregate shelter sites so as to prevent rapid re-concentration of people into congregate settings. Clients that are transitioned back to shelters should be given information on the risks of COVID-19 and provided with training on how to comply with basic prevention measures (e.g., social distancing, handwashing, etc.). Finally, the transition of shelter clients back to shelters should be performed in conjunction with the new limits on occupancy and facility layout considerations outlined above.

f. Isolation and Quarantining of COVID-19 Positive or Suspected Persons

To date, the prevalence of COVID-19 among residents and staff of homeless shelters has remained low. Moreover, the current rate of COVID-19 community transmission in Connecticut remains moderate to low. As such, the need for large facilities for isolation and quarantining is less acute than originally anticipated. At this time, the State of Connecticut does not plan to fund or help create dedicated spaces for isolation and quarantining people experiencing homelessness with COVID-19, but is considering how to assist with isolation and quarantining persons on a case-by-case basis, including by providing financial assistance to cover the cost of hotel rooms.

- g. Meanwhile, DOH and DPH encourage shelter providers and Coordinated Access Networks to work with LHDs to determine both when and where persons experiencing homelessness with or exposed to COVID-19 can isolate or quarantine. Shelters that have individual rooms are also encouraged to consider designated such rooms as isolation and quarantining spaces when possible. DOH and DPH will continue to revisit the need for isolation and quarantining spaces as the COVID-19 community transmission context changes.
- h. As of June 24, 2020, Connecticut has instituted a travel advisory for anyone traveling into Connecticut, New York, or New Jersey from a state that has 1) a new daily positive test rate higher than 10 per 100,000 residents OR 2) a state with a 10% or higher positivity rate over a 7-day rolling average. Individuals travelling from these states are to self-quarantine for a 14-day period from the time of last contact within the identified state. If someone presents for shelter who was in one of the states in the past 14 days, please work with your CAN to identify quarantine space. The current list of states meeting these criteria can be found here: <https://portal.ct.gov/Coronavirus/Covid-19-Knowledge-Base/Travel-In-or-Out-of-CT>.

Ongoing Communication and Information

Although the State of Connecticut is seeing a promising trajectory with regard to the transmission of COVID-19, COVID-19 transmission continues to be a cause of concern, particularly given transmission rates in other states and communities and based on a likely expected resurgence of the virus at some point. It is vital that homeless services providers remain in ongoing communication with DOH, DPH, and the Connecticut Coalition to End Homelessness. Please continue to participate in regular conference calls, webinars, and forums offered by DOH and CCEH, and continue to monitor relevant websites including the State of Connecticut (www.ct.gov/coronavirus), DOH (<https://portal.ct.gov/doh>), DPH (<https://portal.ct.gov/dph>), and CCEH (www.cceh.org/coronavirus). DOH will continue to update and revise this guidance as the COVID-19 public health emergency situation evolves. Please direct any questions or issues to Kara.Zichichi@ct.gov.

Thank you for all of your hard work on behalf of people experiencing homelessness in Connecticut!