

# CORONAVIRUS DISEASE 2019 (COVID-19)



August 31, 2020

## GUIDANCE FOR SUPPORTIVE HOUSING PROVIDERS

Supportive housing tenants are often highly vulnerable populations and persons of color are often overrepresented due to the structural racism that drives their experience of homelessness and health inequities. We know that COVID-19 is only exacerbating existing racial health disparities in our communities<sup>1</sup> and racially specific strategies to address will be necessary. It is critical that tenants continue to receive support during this time that balances supporting residents with keeping residents and staff safe. Supportive housing providers continue to adapt their practices for the long haul of the COVID-19 pandemic, while continuing to plan new projects and respond to the broader needs of their community. The following provides guidance and considerations that can help guide supportive housing providers during the COVID-19 outbreak. Please also refer to guidance from funders, the CDC, HUD, CMS and local departments of health. The HUD SNAPS office continues to offer additional materials to support providers during the evolving crisis at [https://www.hud.gov/homelessness\\_resources](https://www.hud.gov/homelessness_resources). The Centers for Disease Control or CDC continues to update their [general information](#), [their resources regarding people experiencing homelessness](#) and have recently added a [toolkit for assisting persons with disabilities](#).

### WHERE ARE THE RESOURCES?

Through the CARES Act funding made available in late spring, communities should have the start of the resources needed to address the unique challenges that are due to the COVID-19. Shelter are de-densifying or using the same amount of physical space to serve fewer people so that social distancing is possible so more shelters are needed. Staff and residents need Personal Protective Equipment (PPE) to prevent virus spread, computer and broadband access for telehealth and other supportive services and need to be seen individually and not in groups. All these changes take time and funding to implement. CSH has summarized various aspects of the CARES Act from a supportive housing lens and summarized here. Staying in close contact and up to date with your Continuum of care (COC), your State and local Public Health agencies for the most up to date information regarding the virus transmission in your community.

### HOW TO SUSTAIN SAFELY

The old adage says that 'Prevention is the best Cure' and this is certainly true for the Coronavirus. The best way to prevent the negative effects of the disease and assist your community is to PREPARE by preventing either widespread transmissions of the disease or treatment for those who are infected. CSH recommends that you consider preparation from the perspective of your residents, your staff and your agency. This public health crisis requires that we all work together and continue our work to further health equity advocate for our residents with the systems they intersect with and continue to work to improve health equity. This Public Health crisis has only

<sup>1</sup> <https://www.kff.org/report-section/racial-disparities-in-covid-19-key-findings-from-available-data-and-analysis-issue-brief/>



We are grateful to the Bank of America Foundation for their support of this work.

brought to the forefront of the national conversation what homelessness advocates and supportive housing providers have long known: That only when everyone is given the opportunity to thrive is our community safe, healthy and strong.

This guidance addresses the following key items:

- home visits,
- case management,
- staff training and capacity,
- considerations for congregate programs, and
- operational issues.

These documents will be updated as we all learn more about the virus and its effect on our communities.

## ASYMPTOMATIC TRANSMISSION

One of the greatest concerns for supportive housing projects is ensuring the safety of your residents and staff by doing all you can to limit if not eliminate virus transmission. COVID makes this harder than the usual flu or other viral transmissions due to the rate of [Asymptomatic Transmission](#) of the virus. This means that people can be infected with the virus, not feel sick and still transmit the virus. [Current research](#) estimates that the person is only infectious (i.e. can transmit the virus to others) for two weeks after they were initially infected. This information continues to evolve as the science and research evolve, so your agency may want to track and respond proactively to both known cases and how to prevent cases. Researchers are learning about asymptomatic transmission via [Universal Testing Events](#). These events occur when all persons in a controlled space such as a [cruise ship](#) or [homeless shelter](#) are tested. These events can occur in response to a known positive test for a staff or resident or can be developed proactively. The lack of testing capacity in our communities makes these events challenging to implement.

## RECOVERY FROM COVID IS A LONG TERM PROCESS

Your agency may be serving people who have contracted and recovered from the virus. If they are in the recovery phase it's highly likely that it's been longer than two weeks since they contracted the virus and are therefore not spreading the virus. Managing their likely changing health care needs will need to be the priority for agency staff. Supportive services will need to know who their health care providers are, what follow up care and support is needed and how to facilitate that support. Many of your residents will be receiving Medicaid benefits and likely have Managed Care plans that are there to assist the connection to primary care. Other residents will receive their care from Health Centers who are also often the right follow up or assistance call to make. Supportive housing staff are some of the best advocates to ensure that your residents receive quality care. Navigating the health care sector is complicated and that support for your residents can make the difference in their long-term recovery.

# WHILE THE VIRUS REMAINS IN OUR COMMUNITIES:

## TESTING

If staff or residents are showing symptoms of COVID, or have been known to be exposed to a person with COVID-19, they should be tested. But testing can be challenging to access at times. Here are few key steps to consider as working towards testing.

- Residents may need education and guidance around testing. Why is it necessary? What does it mean?
- Many of your residents may have had difficult or even traumatic experiences with the health care sector. This is especially likely for your residents who are people of color. One of supportive housing staff's primary roles is to act as an advocate for your residents, while intersecting with other systems and ensure they are treated with dignity and respect and receive quality care.
- If results come back positive, but the person remains asymptomatic, encourage them to follow their medical professional guidance around quarantining.
- Residents should quarantine while awaiting tests results. Staff can work from home, if that is possible

given their job role and if they feel healthy enough, but will need to quarantine while awaiting test results as well.

- As with other medical issues, care coordination and support will be essential to increase the potential for persons returning to full health.

The National Health Care for the Homeless Council's July, 2020 brief on testing has a wealth of helpful information around this issue.<sup>2</sup>

## HOME VISITS: KEEPING STAFF & TENANTS SAFE AND HEALTHY SUMMARY

- Masks have been found to prevent virus spread. Staff and residents should be given masks on a regular basis for ease of use. Both private and public sector funders are prioritizing support to agencies to make this fiscally possible.
- Agencies should analyze the needs of their residents for in person vs technology based supports. Where possible case managers should use telephonic or remote case management strategies. What support and what type of support (In person vs technology supported) should be assessed regularly to ensure the resident is receiving the help they need. This is for provider safety as well as the safety of the tenants.
- For ALL tenants, case managers should do wellness checks and assess if a tenant is high risk due to length of time in housing, active substance use, changes/lack of support system due to social isolation; mental health disorder, history of isolation or self-harm to determine if a home visit is necessary. The goal is to identify/prioritize high risk tenants who may need a home visit.
- Where in person interactions are necessary, and strategies such as masks, frequent space and personal disinfecting and increasing outdoor interactions can all make in person interactions safer.
- Virtual Move in Strategies are growing in use as agency determine technology supported ways to show units, complete paperwork and lease up tenants. The tenant's choice and needs should always be first in mind.
- Assessments can be done telephonically or remotely where possible, working with both the tenant and their other service providers (health, mental health, recovery and wellness etc.).
- Supportive Housing staff should support your tenants reaching out to their health care providers to see what telehealth options are possible.
- Many supportive housing residents lack technology access such as to a smart phone, computer or broadband internet access. Agencies are working to find funding to address these gaps and makes telehealth or supportive services access possible.
  - Providers should consider adding minutes or data for text messaging for the next 90 days and re-visit at that time
  - Supportive housing provider could look into web-based communication devices such as tablets or an Amazon Echo Show
  - Local outreach programs often have access to cell phones or pre-paid plans that may be helpful during this time.
  - [HUD](#) has clarified that this is an eligible expense under COC funded Programs
- If utilizing telephone/remote case management, daily telephonic check ins are preferred.
- For high risk tenants where home visits are needed, follow the CDC precautions for health care professionals found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>
- What if you can't reach someone telephonically?
  - Check with other providers that the tenant is connected to
  - Outreach to friends and family
  - Stop by if needed (guidance for home visits provided below)
- What if the tenant does not have a cell phone or their cell phone has limited capacity?

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<sup>2</sup> <https://nhchc.org/wp-content/uploads/2020/07/Issue-brief-6-COVID-19-Homelessness-Universal-Testing-Strategies.pdf>

## IDENTIFYING STAFF WHO ARE CONDUCTING IN PERSON AND HOME VISITS

Given that many supportive housing tenants can be high-risk populations, elderly, multiple chronic health conditions, it is important to assess staff who are coming in contact with tenants to be sure that they are not posing a potential risk to residents. Staff may also have their own health related vulnerabilities that must be considered, as your agency assesses home visit capacity. Communities are beginning to set up contact tracing programs, and all staff and residents should be educated on the purpose of this activity and encouraged to cooperate. Supportive housing providers can use the following guidelines to restrict or eliminate home visits for staff who:

- Have signs and symptoms of a respiratory infection should not report to work. Signs or symptoms of a respiratory infection include a fever, cough, and sore throat.
- Have in the last 14 days have had contact with someone who is confirmed positive for the virus or is under active investigation for the virus and awaiting testing or test results.
- Residing in a community, currently considered a hot spot in which community-based spread of COVID-19 is occurring.

If staff have developed signs and symptoms of a respiratory infection while on-the-job, staff should:

- Immediately stop work, put on a facemask, and self-isolate at home;
- Inform the program or clinical manager of information on individuals, equipment, and locations the person came in contact with; and
- Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>).

## QUESTIONS TO ASK PRIOR TO A HOME VISIT

When making a home visit, providers should identify tenants at risk for having COVID-19 infection before or immediately upon arrival to the home. The following questions can help assess risk:

1. Do you have any symptoms right now?<sup>3</sup> Cough? Fever? Shortness of breath? Loss of taste?
2. In the last 14 days, have you had contact with someone with or under investigation for COVID-19, or are ill with respiratory illness?
3. Have you been tested for COVID-19? Is this a concern? Should you be tested and how can we help you access testing or care?
4. Your agency should also track whether or not in your locality, is community-based spread of COVID-19 is occurring? When community based spread is occurring, these protocols become even more important.

## HOME VISIT PROTOCOLS

- Before entering anyone's home, sanitize your hands so you don't bring germs in.
- Ask about the three specific symptoms (fever, cough, shortness of breath) at the doorway when they arrive at the home.
- Keep the face to face visit as brief as possible (phone visits- stay on as long as the person needs you!).
- Ensure six feet of distance between staff and residents. Ensure that both are wearing masks. Continue to acknowledge that this may be different from how you regularly work together and

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<sup>3</sup> <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

that they “shouldn’t take it personally”. People may already feel isolated, so social distancing can exacerbate this. Talk about it.

- Limit the home visit to just the tenant and immediate support providers (collateral providers, family, etc.)
- Educate the resident on the need to limit the people they come in contact with. Explain the concept of a “bubble” of people they know are keeping safe.
- Make sure the resident has needed supplies such as masks, hand sanitizers, disposable wipes and other cleaning supplies.
- Wash hands immediately upon exiting the home visit

## FOR YOUR RESIDENTS

### EDUCATE YOUR RESIDENTS

Educating your residents can be [posting materials](#) around your developments or speaking with residents individually. Their questions and needs will change over time, so be prepared with the latest knowledge. Residents who are at [higher risk](#) should be engaged individually and educated on what will continue to keep them safe and what they should do if they believe they have been exposed. Small groups (less than 10 people) who follow guidance on [social distancing](#) might be possible as well. Higher risk for infection is from those who have encountered other infected individuals. Those most likely to become seriously ill from the virus includes people who are older and who are managing chronic health conditions such as COPD, cancer, diabetes, heart disease or lung disease.

### SUPPLIES

Your residents may also need supplies that they may or may not be able to access. Current best information is that hand soap and water are effective to prevent the spread of the virus and is currently easier to access than hand sanitizer. Your agency may want to check in and provide these types of supplies for your lowest income residents.

### HEALTH INSURANCE

All your residents need to be covered via health insurance, if possible. This is most challenging in states that have not expanded Medicaid. Your agency should track information regarding their health care coverage, their primary care physician, diagnoses, medications and other key health related information. Your case management staff should consider which residents are able to manage their own health and which ones will need extra support in order to be sure they report any symptoms and reach out to appropriate medical personnel as needed.

## FOR YOUR STAFF

### EDUCATE YOUR STAFF

Educate your staff about the virus and how to protect anyone against the spread. Staff, who can work from home, should be required to do so. Staff who are exhibiting symptoms should stay home. Staff patterns and back up staff should be set up to expect a higher rate of call outs than is normally expected.

### STAY UPDATED

The health crisis is evolving and you and your team need the most up to date information on how to stay safe. [Monitor the Center for Disease Control \(CDC\) website on Coronavirus](#) regularly for updates.

# FOR YOUR AGENCY

## CONNECT WITH YOUR COC

Your agency needs to be in contact with your Continuum of Care (CoC) or public health department for regular updates and how to respond as the situation evolves. Make sure the public health department understands your role, resources and who you serve, so they can offer the most educated support. The COC should have new funding for PPE and other needed supplies for agencies and staff. COCs should be in a process of regular collaboration with your local and/or state department of emergency management and department of public health resources and the most up to date information.

## COMMUNICATIONS

Health communications tells that the most effective messenger is a person who is viewed as more similar to your audience. Therefore, as you share information and work to spread the knowledge and resources, consider your peer networks, your projects' community leaders and other strategies to align your message with your audience.

## VISITOR POLICIES

Your agency already likely has policies around visitors for your residents. Those policies should be reviewed and modified in light of this outbreak. Different policies need to be in place for a general population, for a senior population and if one of your residents tests positive for the Coronavirus and is quarantined.

## QUARANTINE PREPAREDNESS

If any of your residents test positive, they will need to be quarantined for 14 days. Make sure necessary supplies are available and prepare your agency by having medications, food and activities to keep your residents busy. In your conversations with the CoC or public health departments, let them know the guidance you need to support your residents and keep them and your community as safe and healthy as possible.

## OTHER RESOURCES

HUD has created an [Infectious Disease Toolkit](#) with many good ideas homeless services providers should consider as they prepare and are responding to the virus. National Health Care for the Homeless Council

## FOR AFFORDABLE HOUSING PROVIDERS & PROPERTY MANAGERS

Affordable housing providers, particularly those that serve seniors, will want to take some basic precautions as well. Your agency can also post the materials listed above and set up protocols around visitors. Your agency may already have a partnership agreement with local healthcare agencies such as Health Centers or perhaps now is the right time to create one for the support and knowledge they bring for your residents and your agency. Leading Age has a great [summary of best practices](#) for this sector.

However, knowledge about the virus, how to prevent the spread and how to treat those who are infected is growing every day. Make sure that staff and residents have access to and are wearing masks in all interactions. Educate and support staff to continue to maintain social distancing in all interactions. As with supportive housing, consider when technology supported solutions can limit in person contact. Work to ensure that all your residents have access to the hardware, software and knowledge and skill needed to use this technology. To that end, learn all you can be and be sure to gather your information from reputable sources and share that information, support and resources effectively with your residents, your agency and your staff.

Remember that the most effective messengers are people whose experience is similar to your staff and residents, so pull in your peer networks. And remember that this outbreak, is likely to be harder for people in poor health and limited networks of support, so your support to your staff and residents can make all the difference.

## ADDITIONAL RESOURCES



1. The Center for Disease Control's Coronavirus Webpage <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
2. The National Health Care for the Homeless Council Webpage on Coronavirus <https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/>
3. The National Alliance to End Homelessness Webpage on Coronavirus <https://endhomelessness.org/coronavirus-and-homelessness/>
4. CSH's COVID Resource page: [www.csh.org/covid19](http://www.csh.org/covid19)



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