



COVID 19 Guidance for Supportive Housing Providers **March 18, 2020**

Supportive housing tenants are often highly vulnerable populations. It is critical that tenants continue to receive support during this time. CSH highly encourages supportive housing providers to continue to provide support to tenants during the COVID-19 outbreak, while ensuring the health and safety of their staff. 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. HUD SNAPS office has a great video from 3/10/2020 that has important information and can be found at https://www.youtube.com/watch?v=1_IFSvcOe_E&feature=youtu.be.

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.

Home Visits: Keeping Staff and Tenants Safe and Healthy

Summary

- Assessments should be done telephonically or remotely where possible, working with both the tenant and their other service providers (health, mental health, recovery and wellness etc.).
- 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.
- As much as possible case managers should use telephonic or remote case management strategies. This is for provider safety as well as the safety of the tenants.
- If utilizing telephone/remote case management, daily telephonic or remote check ins are preferred.
- For high risk tenants where home visits are needed, follow the CDC precautions (insert link)
- 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?
 - 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.
 - Providers should look into if this is an eligible expense under Rapid Re-Housing Programs

Identifying Staff to Conduct 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 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 assess home visit capacity. Supportive housing providers can use the following guidelines to monitor or restrict home visits for staff:

- Staff who have signs and symptoms of a respiratory infection should not report to work.
- Staff who have traveled internationally to countries with sustained community transmission are considered high risk. For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
- Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat.
- In the last 14 days, has had contact with someone with or under investigation for COVID-19, or are ill with respiratory illness.
- Residing in a community where community-based spread of COVID-19 is occurring.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, 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. Have you traveled recently? For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
2. Do you have any symptoms right now? Cough? Fever? Shortness of breath?
3. In the last 14 days, have you had contact with someone with or under investigation for COVID-19, or are ill with respiratory illness?

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!).
- Try to keep as much space between you and the person as you can during the home visit (CDC recommends 6 ft.). Acknowledge that this may be different from how you regularly work together and 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)
- Wash hands immediately upon exiting the home visit
- *Pathways DC has developed a helpful script that can be used to assist with home visits. (See Attached)*

Steps to Take if Someone Exhibits Symptoms during a Home Visit

Please note this may vary due to local guidance:

- Cough + Fever = Offer a mask and refer to their health care provider, FHQC, Urgent Care or primary care clinic
- Cough + Shortness of Breath = Call primary care provider, local health department and/or 911
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Being Prepared: Make Sure You Have a Kit with the Following Items with You

1. Hand sanitizer if available
2. Clorox/cleaning wipes OR disinfectant spray/paper towels. Good for washing your hands, opening doors to apartment buildings, wiping down your steering wheel frequently, wiping down your phone, etc.
3. Garbage bags (plastic grocery bags are perfect for this) to dispose of dirty gloves/tissues/wipes
4. Disposable gloves
5. Masks to be given to people who are actively coughing or feverish
6. Water bottle- you need to stay hydrated!
7. Soap, toilet paper, & garbage bags if available for people who don’t have any in their home. Many people don’t have income or run out of these things quickly.

Case Management

Help Tenants Be Prepared

Items to address during case management and assessment conversations with tenants during the COVID 19 outbreak:

- The world right now may seem strange and scary, but we are here to help. Most Supportive Housing tenant has seen traumatic situations in their lives. Our residents have so much resilience. Build on that resilience!
- Review Protocols to Minimize Risk
 - Social distancing
 - Hand washing
 - Special protocols for active substance users
 - Cleaning
 - Assure clients that they will not lose their housing if they do test positive

- Access to food, fluids, toiletries, garbage bags and cleaning supplies
- Ensure adequate supply and refills for needed medications
- Tenants with Substance Use Disorders
 - Harm Reduction Services
 - Access to Alcohol, Narcan etc to prevent over dose or dangerous withdrawal
 - Access to bleach kits, supplies
 - Medically Assisted Treatment (MAT)
 - Harm Reduction Supports
 - [COVID-19 Guidance for People Who Use Drugs and Harm Reduction Programs](#)
 - Recovery supports such as:
 - On-line AA Meetings: <http://aa-intergroup.org/directory.php> or <https://www.aaonlinemeeting.net/>
 - Online NA Meetings: <https://www.na.org/meetingsearch/text-results.php?country=Web&state&city&zip&street&within=5&day=0&lang&orderby=distance>
- Identify any mental health, isolation or re-traumatization issues that may emerge
- Access to a phone and technology for remote access as available and appropriate (skype, tablet, computer, internet access etc.)
- Ensure that clients who have PCP or specialty appointments that have recently been cancelled are not symptomatic and/or reschedule their appointments if needed.

Implementing Telephonic and Remote Case Management

When implementing tele case management, it is important address issues such as:

- Confidentiality
- Communication Skills/Relationship Building
- Technology needs
- Successful case conferencing

Resources to support telephonic and remote case management and care coordination:

- MidAtlantic TeleHealth Resource Center resources on TeleBehavioral Health: <https://tbhcoe.matrc.org/>

Staff Training and Capacity

Supportive Housing programs should conduct in-service training for all staff on communicable diseases and the use of universal precautions and educating residents and clients about the daily preventative actions they can take.

Ensure funders, landlords, tenants, and other service providers know how to reach PSH program staff, especially if contacts change due to COVID-19.

Special Considerations for Congregate Programs

Congregate programs can take steps to prevent the spread of COVID-19.

- Case managers should connect by phone more frequently with property managers or building staff to see if they have any concerns about certain residents
- Develop protocols for limiting visitors and guests
- Ensure staff coverage and plan for increased staff costs related to increased security and limiting of guests
- Ensure that common areas (entry ways, kitchens, bathroom, and common areas) are following good practices for environmental cleaning and increasing the frequency of cleaning of common touchpoints including door knobs, light switches, handrails, bathroom surfaces and fixtures, trash cans, computer keyboards, desks and phones.
- Move to individual rather than community meals
- Contact local board of health for any supplies you may need (masks, gloves, cleaning supplies)

Actions Property Managers Can Take to Prevent the Spread of COVID 19

- Distribute notices to residents with information on preventative measures
- Coordinate with security staff to ensure:
 - Proper front desk coverage in case of absences
 - Guest restrictions in response to COVID-19 cases
- Coordinate with custodial services to ensure:
 - Proper coverage in case of absences
 - Routine cleaning of all frequently touched surfaces in the building, such as light switches, workstations, countertops, and doorknobs
- Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use
- Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing

Maintaining Ongoing Operations

Actions if a Tenant Tests Positive for COVID-19

Based upon CDC data, older adults or those with underlying chronic medical conditions may be most at risk for severe outcomes.

Service Provider

- Report any confirmed or suspected cases (staff or residential) of COVID-19 to building staff
- Inform local department of health
- Some providers are designating specific units for quarantine
- Provide residents with respiratory symptoms (cough, fever) with a surgical mask
- Address fears that clients may have that they may be asked to leave if they test positive
- Ensure residents are connected to healthcare services as needed and know appropriate parties to contact in case of emergency

Property Management

- Notify residents of possible/confirmed COVID-19 building cases within 24 hours

- Report any confirmed or suspected cases (staff or residential) of COVID-19 to building staff
- Provide residents with respiratory symptoms (cough, fever) with a surgical mask
- Maintain routine environmental cleaning

New Placements into Housing

- CSH recommends that supportive housing providers continue to make vacant units available and, in fact, attempt to facilitate and streamline access to housing for people coming from shelters and the streets.
- PSH should work with their coordinated entry programs and local funders to identify ways to streamline the housing process and develop remote processed for applications, approval, and housing location.
- Barriers that have come up that may need to be addressed include:
 - Getting in touch with clients or landlords because people are working remotely
 - Waiving documentation or screening requirements during this time, or creating a presumptive eligibility protocol.
 - Housing search if landlords will not meet with clients – providers should consider trying to facilitate virtual tours of apartments and interview with landlords using facetime or similar functionality.
- If housing placements stops, this will impact the revenue of project.
 - Revenue squeeze if they are not filling vacant units and are not collecting rent

Housing Stability and Eviction Prevention during the Crisis

Housing stability is crucial to ensuring the health of tenants and in curbing the spread of COVID-19.

- PSH providers should conduct proactive outreach to landlords and tenants to identify and address emerging housing issues before they evolve into crises.
- All evictions should be put on hold until further notice.
- PSH providers should plan on increased communication, coordination with landlords and property management and increased support/case conferencing for those tenants who may be at risk of eviction

Adjustments to Tenant Portion of Rent

Tenants may face changes in their income during this time due to loss of employment, inability to cash checks and other circumstances.

- PSH providers should proactively work with tenants to identify changes in income as soon as possible.
- Some providers are putting a hold on the tenant contribution depending on the economic situation of the tenant
- Supportive housing providers should share the impact this would have on their programs

CSH will continue to update this direction as the pandemic evolves.