

Once individuals experiencing homelessness have met the Centers for Disease Control and Prevention (CDC) criteria for discontinuation of isolation or quarantine, shelter staff should provide them with the support they need to move to housing or temporary shelter. This brief includes key guidance and considerations for re-housing and for shelter staff when discharging individuals, while ensuring appropriate transitional supports are provided to help individuals successfully recover and move on to stable housing following illness or exposure to COVID-19.

## Discharging from Isolation

Quarantine or isolation of individuals experiencing homelessness may have occurred in a variety of settings (e.g., within a hospital, an alternate care site, or a shelter). Individuals should be assisted with creating or continuing their re-housing plan prior to discharge through interactive, remote engagement with coordinated entry and re-housing providers.

Due to the relatively short duration of most stays in isolation, coordinated entry systems should screen and connect individuals to appropriate and available housing assistance as soon as possible to avoid continued homelessness following isolation. You can view additional [guidance on implementing changes to coordinated entry policies to protect those most vulnerable to the virus' severe effects](#).

## Discontinuation of Isolation due to COVID-19

Providers should adhere to the most current guidance from the CDC, as well as from state and local public health officials. Knowing when it is appropriate for someone to discontinue isolation and proceed with their re-housing plan and supports is key to ensuring a speedy recovery from both COVID-19 and homelessness.

- Guidance concerning discharge from isolation and related test- and non-test-based approaches continues to evolve as evidence about the coronavirus, including testing, transmission, and recovery, grows. Providers are encouraged to routinely [review CDC guidance for homeless assistance providers](#) and other public health guidance for updates.
- In all strategies, the CDC notes that timeframes for discontinuation of isolation after recovery may vary depending on which discontinuation strategy is used and that the decision to discontinue isolation should account for local circumstances and consultation with local public health officials.
- Prolonged isolation may be needed for immunocompromised individuals and those who may be returning to settings where other vulnerable individuals reside (e.g., congregate emergency shelter).

Homeless assistance providers should collaborate with local public health officials to establish common protocols for reviewing, approving, and documenting discharges from isolation.

- Individuals entering or returning to a congregate setting—such as an emergency shelter or residential treatment program—should have documentation of their recovery and appropriateness to be in a non-isolated, congregate setting.
- Providers should consider creating a secure means for making isolation discontinuation letters and other discharge paperwork available electronically (with the individual's consent) so that shelter, outreach, and permanent housing assistance program staff can access and appropriately account for the individual's discontinued need for isolation.

Individuals who are immunocompromised or have other vulnerabilities may require additional support and precautions including continued sheltering in non-congregate (e.g., hotel) settings, staff use of personal protective equipment (PPE) when assisting, client use of a mask whenever possible, and additional social distancing precautions.

- When discontinuing isolation, and with client consent, homeless assistance providers may need other medical information and confirmation from a qualified medical professional of the individual's appropriateness to be in a congregate environment—with or without additional precautions—and to understand whether remaining healthcare needs exist due to COVID-19 or other conditions, including any recommended follow-up care.
- Homeless assistance providers should ensure individuals no longer in need of isolation are connected with the healthcare supports they need and desire. This may be facilitated by a community health worker, a care coordinator affiliated with a managed care provider, a Healthcare for the Homeless provider, or other primary care or behavioral healthcare provider.

## Supporting Successful Transitions to Housing

To the greatest extent possible, individuals discharging from isolation or quarantine should be assisted to move to housing and provided the housing stabilization supports they need and desire to maintain housing.

- Remote assistance to create and achieve a housing plan should be available to individuals in isolation or quarantine, and may be provided telephonically, via video conference, or through other means.
- Individuals can be provided with the technological tools (e.g., tablets, computers, phone, internet connection, etc.) to enable their self-directed efforts to work on their own behalf to resolve their homeless crisis, secure housing, and meet their healthcare and other needs.
- If needed in the event permanent housing is not yet available upon discharge from isolation or quarantine, individuals should be assisted in immediately accessing appropriate emergency shelter, including other non-congregate shelter options. This may require pre-planning and a standard protocol with coordinated entry system partners to avoid a potential exit to unsheltered homelessness.

Individuals and families affected by COVID-19 and who may be discharging from isolation or quarantine will require different types and levels of support depending on their housing needs and pathway to successfully and quickly resolve their homelessness and recover from COVID-19. The chart on the following page identifies different discharge destinations and the unique considerations case managers and housing navigators should have in mind for different locations.

People at high risk of developing severe COVID-19 symptoms (per [CDC guidance](#), this includes those 65+ and people of all ages with underlying medical conditions) may require additional attention, increased prioritization, and further assistance to assure rapid attainment of permanent housing to limit the spread and impact of COVID-19.

- As described in HUD's [Changes to Coordinated Entry Prioritization to Support and Respond to COVID-19](#), communities should adapt their prioritization criteria and coordinated entry processes to efficiently and accurately target new and expanded resources available through the CARES Act to affected families and individuals impacted by or at high risk of being impacted by COVID-19.
- Housing plans and supports should be as individualized as possible, flexible, and account for the short- and long-term housing needs and preferences of individuals, as well as their recovery support needs if discharging from isolation due to having COVID-19.

## Specific Considerations for Different Discharge Destinations

Destination from Isolation Discharge	Considerations
<ul style="list-style-type: none"> <li>Individuals and families who are eligible and prioritized for permanent supportive housing (PSH) or rapid re-housing (RRH).</li> </ul>	<ul style="list-style-type: none"> <li>With appropriate disclosures, communicate with providers where the client is staying (e.g., in an isolation facility, congregate shelter, etc.). Continue to provide support necessary to help them attain a permanent housing placement and other assistance related to recovery, healthcare, mainstream benefits, basic necessities (e.g., food), etc.</li> </ul>
<ul style="list-style-type: none"> <li>Individuals and families returning to PSH because they were unable to self-manage in-home isolation or quarantine.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that PSH providers work closely with the public health authority and relevant healthcare providers to ensure a successful return to PSH.</li> <li>Identify appropriate aftercare and other supports (e.g., immediate food needs, assistance with any lapse in rental payments, etc.).</li> </ul>
<ul style="list-style-type: none"> <li>Individuals and families discharging to market-rate rental housing without short-term, medium-term, or long-term rental assistance.</li> </ul>	<ul style="list-style-type: none"> <li>Provide warm connections to nearby social services, neighborhood-based resources (e.g., food pantry), and healthcare supports, along with a housing stabilization plan to prepare for future housing crises.</li> </ul>
<ul style="list-style-type: none"> <li>Individuals and families who are discharging from isolation or quarantine to family or friends.</li> </ul>	<ul style="list-style-type: none"> <li>Assist with developing a next-step housing plan including resources for homelessness prevention and a warm connection and support to access nearby social service and healthcare providers.</li> <li>To the extent possible, offer support to the individual or family and their host home to establish expectations and guidelines for shared living.</li> </ul>
<ul style="list-style-type: none"> <li>Individuals and families who are discharging to an unsheltered situation.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure street outreach providers are aware and ready to provide immediate assistance with basic provisions, connection to re-housing resources, and other assistance related to recovery, healthcare, etc. as needed.</li> <li>Utilize Motivational Interviewing and other engagement strategies to encourage connection to shelter and housing.</li> </ul>
<ul style="list-style-type: none"> <li>Individuals discharging from isolation or quarantine to treatment or recovery settings.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure continuity of re-housing assistance and other supports, as well as awareness of shelter and re-housing assistance an individual may qualify for upon discharge from inpatient care.</li> </ul>