

REOPENING RI

COVID-19: Quarantine & Isolation Housing

In the global COVID-19 pandemic, a safe place to quarantine or isolate (QI) is the first line of defense in flattening the curve of positive cases. For some Rhode Islanders, quarantining or isolating in their own home is not an option. This population includes not only individuals experiencing homelessness, but also those living in State congregate care settings, transient persons, survivors of violence, individuals stranded due to travel, individuals with immunocompromised family members at home, first responders, medical and other frontline workers, and public safety personnel who cannot shelter at home.

To ensure community mitigation of COVID-19 spread, the State established temporary housing programs for persons who cannot safely or reliably QI at home. Quarantine housing separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Isolation housing separates sick people with a contagious disease from people who are not sick.

Population

The State's QI housing program is designed to meet the needs of the following groups:

Homeless (adult, juvenile, family)

- Have no permanent housing
- Known to shelter system
- Children/youth known to DCYF
- Cannot reliably use temporary housing

Housing Insecure (adults)

- Survivors of violence
- Living in State congregate care
- Living in communal housing
- Living in temporary housing

Frontline Workers and At-Risk

- Medical, public safety, military workers and other frontline workers who face a higher risk of exposure and cannot safely QI in the home

Strategies & Tactics

Homeless & Housing Insecure

Those who are experiencing homelessness are uniquely vulnerable to the spread of COVID-19 because of their housing insecurity, underlying health issues, and proximity to one another in limited shelter spaces around the State. There are approximately 3,800 Rhode Islanders who are homeless or housing insecure. The average nightly point-in-time shelter count in Rhode Island is approximately 1,100 people. On average, people experiencing homelessness are more prone to illness and have more underlying health conditions than the general population.

A. Homeless Response Team

The state created a Homeless Response Team to address the immediate needs of individuals experiencing homelessness during this public health crisis. Activities of this team include:

- Rapid response to provider questions through a daily FAQ document and provider calls in partnership with the RI Coalition for the Homeless (RICH)
- Increased coordination and shared resources to support shelter providers. One example is a consolidated janitorial and laundry contract for shelter providers facilitated by RICH and funded through the Office of Housing and Community Development to relieve the strain on shelter staff.

B. QI Housing

Individuals placed at a State-sponsored QI facility are being housed for up to 14 days based on their status: quarantine (awaiting test results or self-quarantining) OR isolation (confirmed positive for COVID-19).



REOPENING RI

- Adult Housing – Located at 200-bed hotel in Warwick, the facility provides individuals referred by the RI Department of Health with medical support, case management, substance use and behavioral health management, daily meal service, in a secure, 24/7 facility. Hotels facing high vacancy rates provide the ideal environment for QI given they offer single-occupancy rooms with a private bathroom and HVAC system, which helps to limit the spread of the virus.
- Family Housing – Located on the State’s Zambarano campus in Burrillville this facility provides a safe space to isolate for homeless and housing insecure families with children impacted by COVID-19. DCYF, in partnership with DOA, provides management support of the site operations. Guests are provided with three daily meals supplied by the State’s hospital, on-site childcare and medical support, and remote case management through Family Community Care Partnership (FCCP). This is a State-owned facility, making it an affordable and long-term operation for the duration of the pandemic.
- Housing for individuals living with disabilities or behavioral healthcare needs – Two vacant group homes for people with intellectual and/or developmental disabilities have been repurposed during the State’s COVID-19 response to provide a separate space for people to isolate. These homes are staffed by existing provider personnel. Behavioral healthcare group homes have been able to accommodate QI needs within their existing infrastructure.

C. Preventative Measures

- Screening & Support – The Homeless Response Team has provided supplies and trainings to support shelter partners in conducting nightly screenings of staff and clients – including health questions and temperature checks – and to promote physical distancing, washing stations, and, where possible, limiting crossover of clients between shelters. In addition, the Department of Health provided technical assistance to the state’s largest shelters, including guidance on cleaning protocols and physical distancing. All shelters have continuity of operations plans in place to accommodate any increase in staff callouts.
- Safe Separation – In a pandemic, congregate shelters are not compatible with slowing the spread of a virus. The State, in partnership with local shelter providers, established shelter reduction programs at two local hotels. The program is designed to reduce overcrowding in large congregate shelters during the surge period to prevent outbreaks and protect those most at risk for severe illness. This program is supported by existing staff and services; similar efforts are being implemented in [CA](#) and [CT](#).
- Testing – The State initially partnered with Lifespan to test all residents in congregate homeless shelters with known positive cases or in advance of relocating shelter residents to non-congregate settings. The State now has a mobile testing unit that can be deployed to congregate settings as needed, allowing for greater capacity to identify and isolate dangerous outbreaks in congregate shelter settings.

Frontline Workers and At-Risk

The COVID-19 pandemic has created challenges for many Rhode Islanders who would otherwise be able to safely QI at home. Frontline workers and individuals who live with immunocompromised family members, face greater risks of exposure and spreading the virus.

- The State established an agreement with Brown University to reserve up to 785 single occupancy dorm rooms for frontline workers through the Spring surge period. Workers can access this resource by contacting their employer to book a room.
- In partnership with the hotel industry the State launched [Rlhavens.com](#), a ‘go-to’ online resource for information on hotels statewide with affordable room rates for people in need of quarantine space. The site features over 40 affordable listings at area hotels for frontline workers and others in need of space to quarantine. These rooms are not designed for isolation by individuals who tested positive for COVID-19. To date, the site has had over 10,000 users and averages several hundred unique users each day.