



## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

### **Guidance for Establishing and Operating Non-Congregate Sheltering Options for Persons Experiencing Homelessness June 4, 2020**

North Carolina has received [approval](#) from the Federal Emergency Management Agency (FEMA) to provide non-congregate housing alternatives, such as hotels, motels, and dormitories, for North Carolinians with unstable housing who may need to quarantine in response to or are at high-risk for severe illness from COVID-19. Communities can use hotels and motels to offer temporary shelter to these populations in a way that allows for proper isolation and social distancing.

While this resource may be available for any individual statewide who needs this service, including healthcare and other frontline workers, counties should consider homeless populations as part of their non-congregate sheltering plan.

Counties are responsible for identifying and managing non-congregate sheltering sites. These temporary facilities help protect the public by preventing exposure to people who may have COVID-19.

#### **Planning:**

Non-congregate sheltering is reimbursable by FEMA as a Public Assistance Program. Local jurisdictions and agencies that plan to use or set up non-congregate shelters and seek reimbursement will be considered sub-applicants. Sub-applicants that may be eligible for reimbursement include:

- Indian Tribal and local governments
- [Private Non-Profits](#)
- COC (Continuum of Care)
- Homeless shelters

Sub-applicants must [register in the FEMA Grants Portal](#) and submit a [Request for Public Assistance \(RPA\)](#) and then [submit a Project Application](#).

Counties may decide the best way to run the program. In many counties, the local office of emergency management or health department may be the primary agency to apply for reimbursement and/or establish the non-congregate shelter site(s). In other counties, a county agency, like emergency management or public health, apply for reimbursement, but have an MOU with a local organization to establish and operationalize the non-congregate shelter site. NCEM has created a [sample MOU](#) to guide counties planning this arrangement. Other counties have decided to have an eligible non-profit be the applicant and establish the non-congregate shelter site. While this is allowable, it is recommended that the non-profit organization collaborate closely with the county and ensure that the shelter is needed to meet public health goals. Finally, some counties may not have the capacity to stand up non-congregate sheltering or a local eligible applicant that is interested in establishing a site on its behalf. In those cases,

counties should look to regional partners that can set up shelters on behalf of the county or a group of counties.

Regardless of the applicant, establishing non-congregate sheltering sites should be a collaborative process involving homeless service providers, county public health departments, local emergency management centers, medical and behavioral health providers, and other stakeholders.

### **Eligible Populations**

FEMA has approved non-congregate sheltering for individuals that:

- Test positive for COVID-19 and do not require hospitalization but need isolation. This includes those discharged from hospitals.
- Have been exposed to COVID-19 and do not require hospitalization but should be quarantined.
- Need to undertake social distancing as a precautionary measure, as determined by public health officials. For high-risk groups such as people over 65 or with certain underlying health conditions (respiratory, compromised immunities, chronic disease<sup>1</sup>, this may include those whose living situation makes them unable to adhere to social distancing.

While non-congregate sheltering should be available to any individual who doesn't have a safe place to isolate, quarantine or social distance as a precautionary measure, the homeless population should be considered in each of these eligibility categories.

If possible, counties can set up a non-congregate shelter site(s) for individuals in need of isolation or quarantine and a non-congregate shelter site(s) for individuals that need to undertake social distancing as a precautionary measure. Some counties will be unable to stand up multiple sites. If this is the case, make sure to establish different workflows for people who are COVID+ or exposed and ensure that they are separated to the greatest extent possible from those that are healthy.

### **Considerations for survivors of domestic violence:**

Special considerations may be needed to provide for the safety of survivors of domestic violence/sexual assault. These persons may face an increased risk by accessing a community's selected hotel. Communities should coordinate and partner with [local domestic violence](#) service providers to meet the unique needs of this population. Communities may want to support domestic violence agencies in establishing a separate hotel as a non-congregate shelter location for survivors of domestic violence.

### **Operations:**

Non-congregate shelter sites should provide comprehensive wrap around services including laundry, meals, access to restrooms, shower, shelter for pets, transportation, etc. These services are reimbursable through FEMA.

In addition, sites should consider a person's additional needs including medical and behavioral healthcare and case management. While these services are not reimbursable through FEMA Public Assistance—Non-Congregate Sheltering, they may be funded through different mechanisms.

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<sup>1</sup> CDC Guidance: People who are at Higher Risk for Severe Illness. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

### Meals

Applicants providing non-congregate sheltering should arrange for meals to be delivered to individuals staying at the non-congregate sites.

It is recommended that food is left at the door in order to minimize interaction between staff and guests. Staff should coordinate with guests ahead of time to develop a system for notifying them when food has arrived (e.g. knock at the door that guest does not answer for several minutes, calling to the room, etc.). Applicants should consider providing meals in single-service packages with disposable utensils to minimize the need to collect and disinfect items.

### Transportation

FEMA allows communities to reimburse transportation costs to non-congregate shelter sites. Especially in rural areas, transportation to a specific shelter site may be difficult. Communities should consider establish a referral and transportation system to assist people in accessing the non-congregate shelter.

### Pets

Counties should work to secure pet-friendly hotels when possible. If a pet is staying with a person, staff should ensure that pet's needs can be met in the guest's room (e.g., food, crates, etc.). Many facilities used for non-congregate sheltering will likely not allow pets to stay with guests. In such cases, staff should work with local animal shelters to develop a plan for temporary boarding and care.

### Service Animals

All non-congregate sheltering sites must include provisions for the care of individuals with disabilities or access and functional needs, including service animals.

### Medical care

Staff should coordinate with the local public health departments, LME-MCOs, Federally Qualified Health Center (FQHCs) and/or other safety net providers to provide medication and physical and behavioral health care to guests, as required. Non-congregate shelter sites should consider for telehealth visits to minimize risk of exposure to COVID-19 for staff and residents. Whenever possible, staff should maintain medication onsite, including over-the-counter medication for guest comfort.

Communities operating non-congregate sheltering sites should coordinate with LME-MCOs and other behavioral health providers, as necessary, to ensure guests have access to the behavioral health and substance use disorder services they need including discharge planning, as required.

### Harm reduction/substance use management

Staff should use harm reduction techniques in all interactions with residents of the non-congregate shelter, including residents who use drugs. Non-congregate sheltering sites are recommended to:

- connect to local harm reduction partners;
- ensure naloxone is accessible to both individuals and staff;
- train staff supporting shelters in overdose prevention and naloxone administration;
- ensure that individuals with opioid use disorder have access to medication assisted treatment (MAT), as needed;
- consider providing options for peer support and other strategies, as needed and can be convened safely;

- Provide information about resources, as needed.

#### Security

Security is a reimbursable service. Each site should create a security plan, which may include on site security personnel, as required.

#### Discharge and Connecting to Permanent Housing

Communities operating non-congregate shelters should be connect with homeless service providers in their community for discharge planning. Due to the nature of the crisis and the risk presented by experiencing homelessness, residents should not be discharged to homelessness for programmatic rules violations, except under the most egregious circumstances. Homeless service providers can work with clients to exit to permanent housing solutions, whenever possible. FEMA reimbursement is approved for 30-day periods and intended to be a short-term solution to temporary housing. Non-congregate shelter sites should work collaboratively to create an exit strategy for residents in each hotel employed for shelter use. Connecting to Public Housing Authorities and providers of Rapid Rehousing and Permanent Supportive Housing programs can assist in quickly moving residents out of hotels and into a permanent housing opportunity.