

# CT's COVID-19 Quarantine & Isolation Support Effort and *How You Can Help*

Hosted by the CT Long Term Recovery Support Committee (ESF-14)

JUNE 30, 2020

Connecticut<sup>®</sup>

# Agenda

1. CT's Q&I Support System
2. Perspectives on Success from New London
3. Next Steps & Key Contacts

## Purpose of this Webinar

1

Provide an overview of the structure for Q&I support and the ESF-6 teams during this effort

2

Provide context for the DSS RFP for Community Resource Coordinators (CRCs)

*Please note: this webinar is not intended to cover entirely the specifics of the RFP.  
For further detail, please refer to the RFP directly.*

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# CT's Quarantine & Isolation (Q&I) Support System

# Self- Quarantine & Self-Isolation (Q&I) Defined\*

## Self-Quarantine

is recommended for someone who has had close contact with a confirmed COVID-19 case. Guidance includes:

- Staying home for 14 days after last contact
- Watching for symptoms of COVID-19
- Staying away from other people, including members of high-risk populations (older adults, individuals with underlying conditions)

## Self-Isolation

is recommended for someone who is sick or has tested positive for COVID-19. Guidance includes:

- Staying home and isolating for at least 10 days
- Additionally, the individual must be fever-free for 3 days and have a general improvement in symptoms
- If living with others, staying in a dedicated "sick room" and using a separate bathroom if available

# We will not be able to contain the virus if individuals are unable to self-quarantine or self-isolate when asked

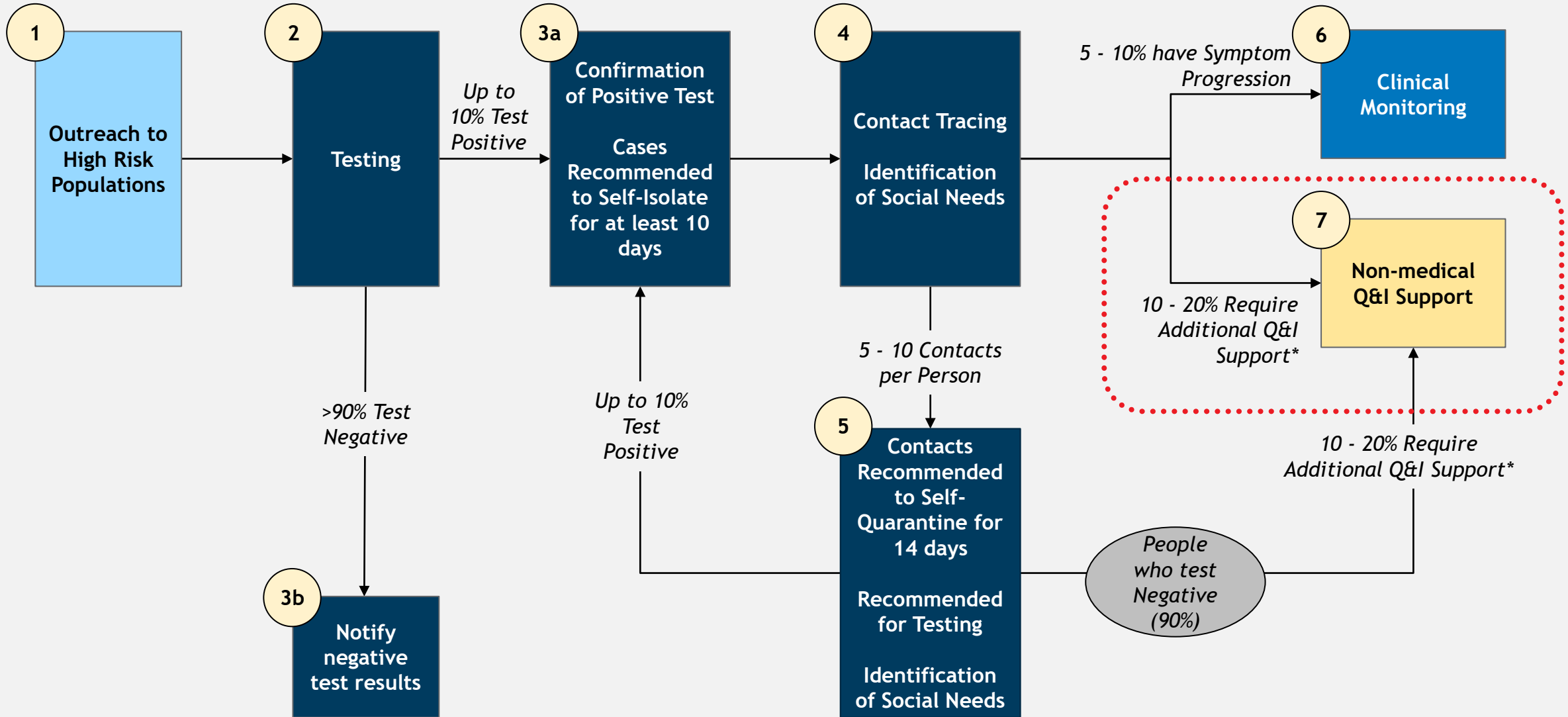
- Testing within our most concentrated and vulnerable populations (e.g. low-income, undocumented, homeless, etc.) and rigorous contact tracing of positive cases are key pillars of a **safe and inclusive reopening**
- Some individuals **will not have the resources** to follow Q&I best practices for the recommended 10-14 days without additional support
- The goal of the Q&I support system is to **increase the likelihood that residents follow Q&I best practices** to the extent possible within each unique situation to minimize additional community exposure

**Without your support we risk increased community spread, harming our most vulnerable residents and slowing the safe, inclusive, and successful economic reopening of CT**

# Goals of High Risk Population Identification

- **Protect the state's most vulnerable populations** by proactively identifying and reacting to outbreaks before they escalate
- This is achieved by **regularly testing asymptomatic individuals** in our most vulnerable communities: DPH guidance suggests testing 1 x monthly
  - This is in addition to the symptomatic testing that will be occurring for all Connecticut residents
- The high-risk testing population will be determined and prioritized based on:
  - **Epidemiological research** on risk factors for infectious disease spread
  - **Data on how COVID-19 has spread** through communities in Connecticut
  - **Information on testing rates** in populations across the state
  - **Ensure sufficient coverage** of ethnic minority groups

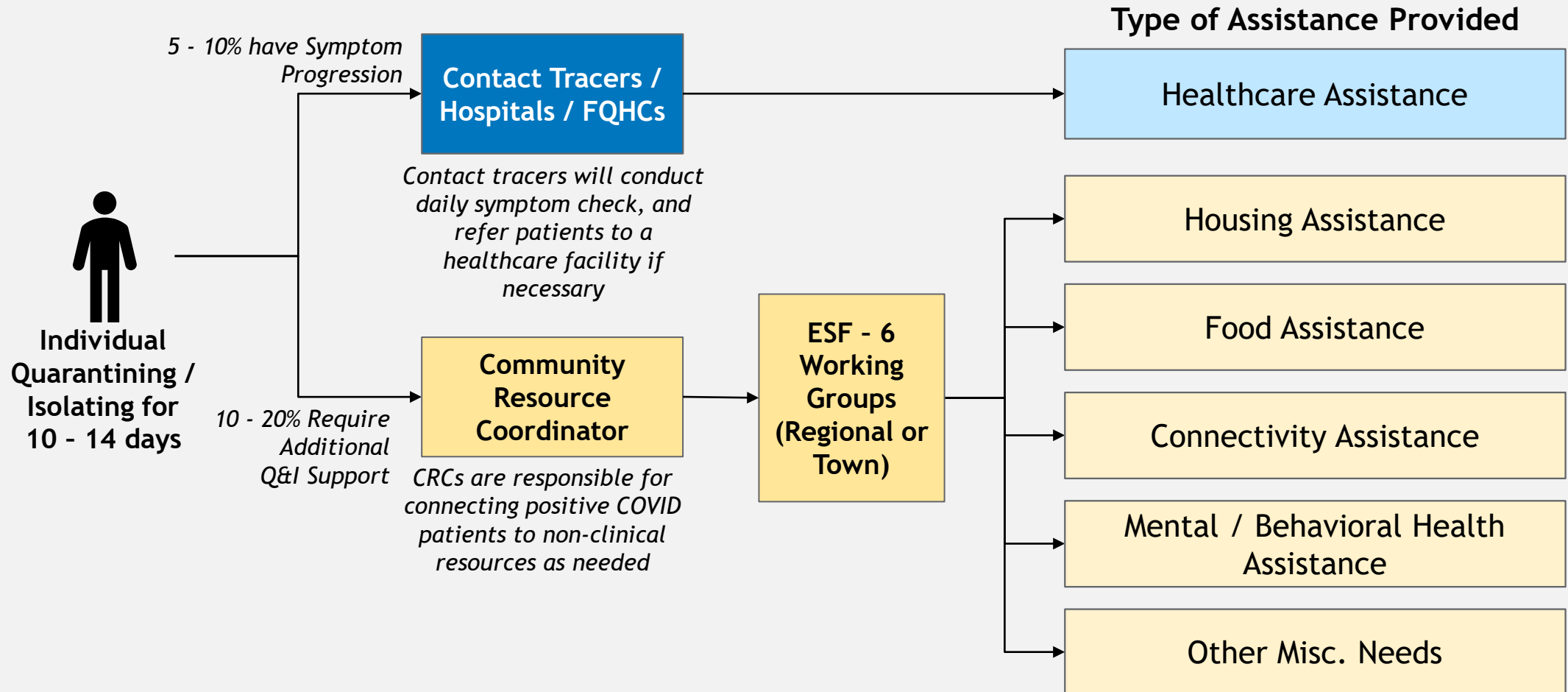
# Process Flow For High-Risk Populations



\* Additional Q&I Support is defined as support above and beyond what an individual is already receiving from the State or other local resources

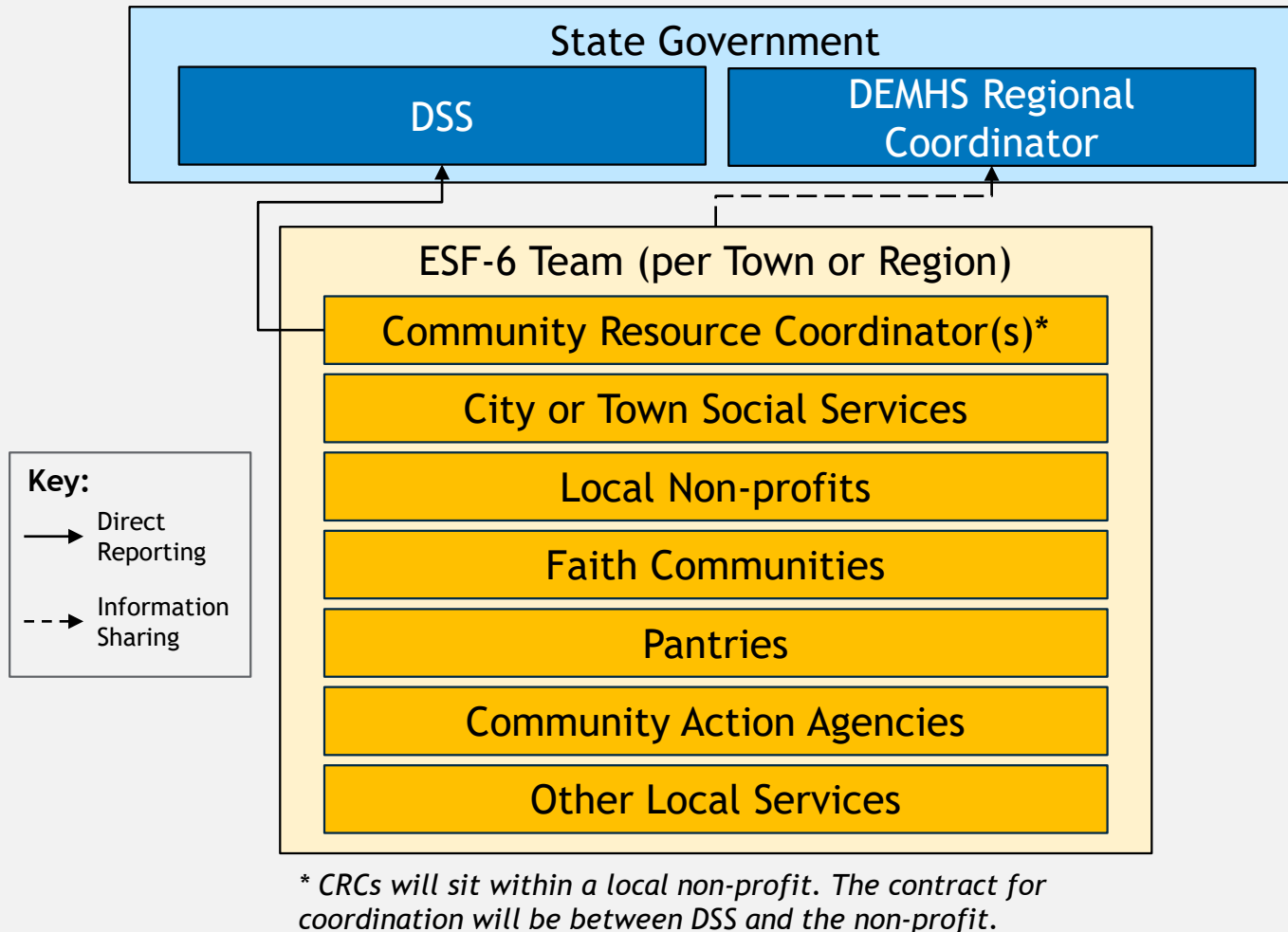


# Provision of Q&I Support (as required) for 10 - 14 Days



Q&I support will leverage local resources as much as possible;  
the State will seek to fill gaps as necessary

# Q&I Support Team Structure

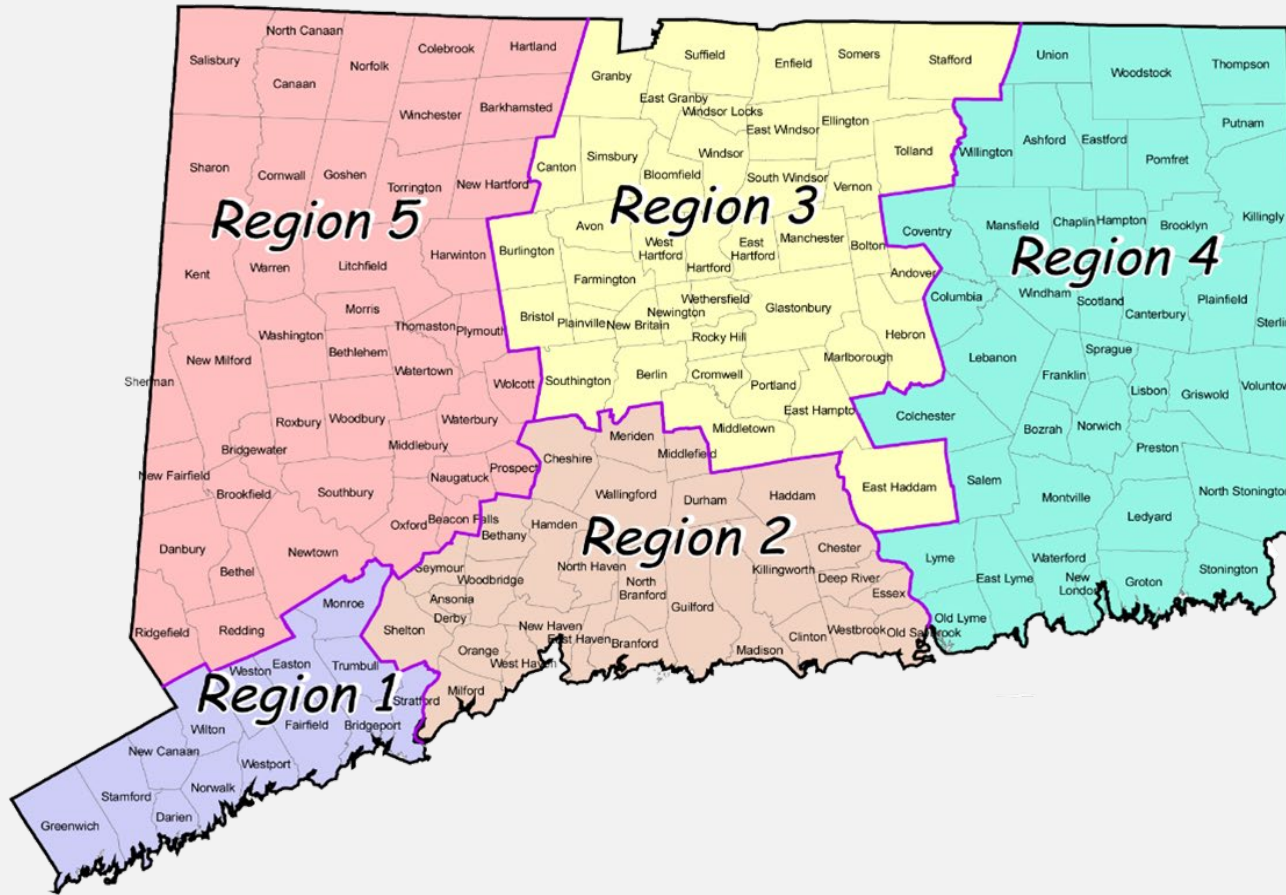


- Each town (or region) will leverage the ESF-6 team to coordinate local resources to support Q&I individuals
- This team will also include one or more Community Resource Coordinators (CRCs). This person is responsible for:
  - Liaising with contact tracers to identify those who need social services
  - Coordinating with the other stakeholders in the ESF-6 team to provide said support
  - The CRCs will report directly to DSS
- In some regions / towns, CRCs will be a new position whereas in other towns and regions there is an existing person who can fill this role
- Additionally, each ESF-6 team will work with the DEMHS regional coordinator to provide updates and highlight gaps in support that they may not be able to provide
  - This is not formal reporting, but allows for the State to share information and provide additional support if needed

Based on local needs, towns or regions may seek to provide additive services (e.g., care packages) to engage the community and build trust and comfort

# Community Resource Coordinators Coverage by Region

*Areas with high levels of poverty and dense neighborhoods are expected to be offered increased access to COVID-19 testing. Target number of CRCs per region are based on population estimates for these areas.*



DEMHS REGION	MINIMUM NUMBER OF FTEs	TARGET NUMBER OF FTEs
1	4	16
2	2.75	11
3	4	16
4	1	2
5	1.50	6

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# Perspectives on Success

*Jeanne Milstein*

Director of Human Services, City of New London

# New London has taken concrete steps to support our residents affected by COVID-19

## 1. Connected a wide-ranging and diverse group of trusted community service organizations. Examples include:

- **Community Organizations**: Homeless Hospitality Center, Alliance for Living (HIV/AIDS), Hispanic Alliance, New London Senior Center, Thames Valley Council for Community Action, Rotary, Elks Club, Religious Institutions
- **Service Providers**: Meal Center of New London, Fresh New London, Food Pantries, New London Adult Education, Visiting Nurses Association, NAACP, New London Youth Affairs, Safe Futures (Domestic Violence), New London Community Health Center, Ledge Light Health District, Drop-in Learning Center, United Way, Community Foundation of Eastern CT
- **Front-Line**: First Responders, Overdose Action Team
- **Institutions**: Yale New Haven Hospital, Business Community
- **Statewide**: Department of Mental Health and Addiction, Partnership for Strong Communities, CT Fair Housing, ESF-14

## 2. Created a helpline to enable us to identify and triage needs

- Direct contact via phone or email to bilingual coordinator receiving ~40 contacts per week
- Needs identified range from meals and PPE to how to help children with homework
- Promoted via flyer in all care packages, meal deliveries, etc. as well as social media and other traditional channels

## 3. Provided additional Q&I options for individuals needing support

- Repurposed a senior care facility to accommodate residents unable to safely self-isolate
- Staffed with teams from the Homeless Hospitality Center and the Visiting Nurses Association
- Developed robust protocols to ensure delivery of safe, effective care to guests in isolation

## *Example:* The Team in Action!

Household calls helpline  
to request  
meal delivery support



Hispanic Alliance identified as  
trusted partner most suited  
for delivery



Team from Hispanic Alliance  
collects meals prepared by  
unemployed chefs  
at Elks Club



Package delivered to  
household in need with  
meals, masks, hand sanitizer,  
census info, helpline flyer,  
etc.

# Q&I Support Success Factors

Contact me at  
[jmilstein@newlondonct.org](mailto:jmilstein@newlondonct.org)  
for more info on what we've  
learned!



Focus on Harm Reduction instead of a checklist - meet residents where they are



Rely on trusted “point” partners to engage with harder to reach residents and leverage telehealth where possible



Engage a wide variety of partners to identify and support residents in need

# Next Steps

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## *Currently:*

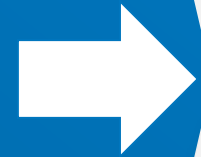
- Q&I support referrals routed through 211

## *By mid-July:*

- Local/Regional ESF-6 (Mass Care) and ESF-14 (Recovery) working groups convening
- If interest - facilitated learning collaboratives at regional level

RFP for Community Resource Coordination has been posted:  
[https://biznet.ct.gov/SCP\\_Search/BidDetail.aspx?CID=54525](https://biznet.ct.gov/SCP_Search/BidDetail.aspx?CID=54525)  
Submission due date: 7/9/2020

Questions pertaining to the RFP must be submitted in writing to:  
[ResourceCoordinationProposal@ct.gov](mailto:ResourceCoordinationProposal@ct.gov)



## *As soon as possible*

Connect with your DEMHS Regional Coordinator to get engaged with the appropriate regional and/or local teams (e.g. ESF-6, ESF-14 HHS Working Group, etc.) ...

**and help marshal resources to support Q&I in your region!**

# Other Questions? Ideas? Resources?

Contact your Regional Coordinator:

Region	Name	Email
1	Robert Kenny	Robert.Kenny@ct.gov
2	Jacob Manke	Jacob.Manke@ct.gov
3	William Turley	William.Turley@ct.gov
4	Mike Caplet	Michael.Caplet@ct.gov
5	John Field	John.Field@ct.gov