

CT Balance of State  
(CT BOS)  
Continuum of Care  
(CoC)  
Steering Committee  
Meeting

October 17, 2025



# Agenda

- Welcome and Introductions
- Group Agreements for Meetings
- Adopt September Steering Committee Meeting Minutes
- Announcements
- CoC Notice of Funding Opportunities (NOFO)
- Break Out Groups
- System Performance Measures (SPM) Updates
- Community Health Center (CHS) Updates on Vaccine Guidance
- Data Strategy Board (DSB) Updates
- Partner Announcements & Other Business



# CT BOS Group Agreements for Meetings

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Developed by Consumer Leadership Involvement Project (CLIP)

- Be present and listen actively
- Choose courage over comfort
- Participate to the fullest of your ability
- Take space, make space
- Assume good intent, but also acknowledge impact
- Challenge ideas, not people
- Use "I" statements
- Recognize emotional tax, extra labor, and burden that Black, Indigenous, People of Color (BIPOC), Asian Americans/Pacific Islanders (AAPI), Latino/a/x, LGBTQ+, persons with Behavioral Health issues, DV survivors, Veterans and people with lived expertise/experience of homelessness face in some conversations
- Honor the Conflicts of Interest Policy



# Approve September Steering Committee Meeting Minutes

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[Draft September 2025 Steering Committee Minutes](#)

# Announcements



# Reminder: Post Steering Committee Debrief

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- Anyone who has questions or comments about Steering Committee business can stay on at the end of the monthly zoom meeting.
- As always, questions/comments can also be sent [CTBOSCoC@gmail.com](mailto:CTBOSCoC@gmail.com) or call a team member any time!





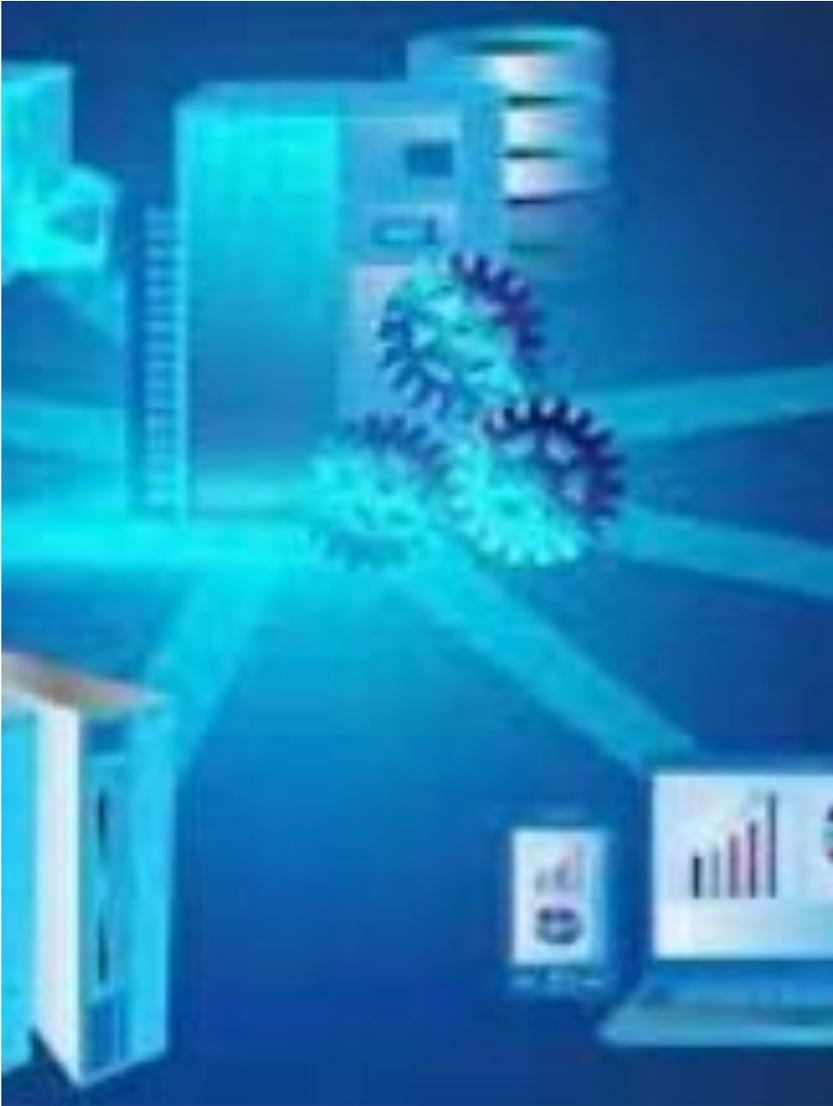
CT BOS Semi-Annual Meeting!  
CT State Community College Middlesex, Chapman Hall 808 & Zoom Option  
November 21, 2025 – 11am-1pm  
Lunch will be served

# CT BOS 2026 Steering Committee Elections & Appointments

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- CT BOS elections via survey monkey for:
  - Two BOS Steering Committee Chairs
  - Public Health Representative
  - Nominations due 12/1/25 to [ctboscoc@gmail.com](mailto:ctboscoc@gmail.com)
- Appointments & Registration due 12/1/25 for:
  - [Not-for-Profit & Gov't Agency Reps](#)
  - [Coordinated Access Network \(CAN\) Reps](#)
- CCEH to provide Consumer Leadership Involvement Project slate for eight Community Representatives (CRs) at future Steering Committee Meeting





# Housing Inventory Count (HIC)/Point-in-time (PIT) Deadlines & Training Materials

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**Deadline to confirm or request changes for HIC in PIT Database is 10/24/25.**

- All programs with beds, EXCEPT Rapid Rehousing (RRH)
- For more information:
  - [PIT Database Log-in Page](#)
  - [PIT Training Page](#)

# 2026 Point-in-time (PIT) Count of Persons Experiencing Homelessness Methodology

- No major changes except adding data collection on persons living in cars
- 2026 PIT Methodology



# Good news!

## Nationwide Environmental Review



- All CoC projects require Environmental Review (ER)
- Following projects are covered under the Nationwide Environmental Review completed by HUD and **do not need to complete their own review:**
  - **Projects where participants choose own units & projects don't involve rehab/repair beyond routine maintenance**
    - **Tenant-based Rental Assistance**
    - **Tenant-based Leasing**
  - Planning
  - HMIS
  - Supportive Services Only (Coordinated Entry, Street Outreach, & Youth Navigator)

# Good news!

## Nationwide Environmental Review (2)

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- ER covers FY23-FY27
- See the [linked document](#) for additional information including details on routine maintenance
- This should reduce the administrative burden for many projects through FY2027
- DMHAS typically hires a consultant to complete ERs for DMHAS CoC Project-Based and Sponsor-Based Rental Assistance Projects



# National Standards for the Physical Inspection of Real Estate (NSPIRE) Update

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HUD extended date to comply with NSPIRE for Continuum of Care (CoC) and Emergency Solutions Grants (ESG) programs to **10/1/26**

- See [full Notice](#)
- More info on NSPIRE: [National Standards for the Physical Inspection of Real Estate \(NSPIRE\)](#)
- Providers should use [Housing Quality Standards \(HQS\)](#) until implementing new system
- Providers trained in NSPIRE may use it prior to the compliance date

# Update on Electronic Social Security Payments



**Effective 9/30/25 – No more paper checks!**

## How to get payments:

- **Direct deposit**
  - Manage direct deposit and benefit details via [my Social Security](#) account
  - Supplemental Security Income (SSI) recipients can call **1-800-772-1213** for help
- **Direct Express Card**
  - Prepaid debit card option for those without a bank account
  - To enroll, call **1-800-333-1795** or visit [www.usdirectexpress.com](http://www.usdirectexpress.com).

# BOS Renewal Evaluation Process & Key Dates

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**11/14/25:** Deadline for providers to confirm renewal evaluation project list

**12/9/25:** Renewal Evaluation Launch Webinar (10-11:30 a.m.)

- [Zoom Meeting Link](#); Meeting ID: 85073606809; Passcode: 757386
- Renewal Evaluation Database (RED) opens!

**12/14/26:** Deadline to:

- Submit CT BOS participant surveys to CT BOS





# BOS Renewal Evaluation Criteria

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## [CT BOS 2026 Renewal Evaluation Criteria](#)

## [CT BOS Street Outreach Renewal Evaluation Criteria](#)

- SNOFO Street Outreach projects will be evaluated outside of RED
- Data are being collected from APRs and SAGE to inform benchmarks, SNOFO outreach projects will not be scored

# Youth Services

## Request for Qualified Providers (RFQP)



Seeking operator for **5 existing youth homeless projects** (due to the closure of current provider)

### **Programs included:**

- Permanent Supportive Housing (PSH) - Greater New Haven
- Rapid Rehousing (RRH) - Greater New Haven
- Transitional Crisis Housing (TH) - Statewide (preference for Greater New Haven, then Northwest)
- Youth Navigators (Supportive Services Only-YN) - Greater New Haven

# Youth Services Request for Qualified Providers (RFQP) (2)

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## **Eligible Applicants:**

Nonprofit organizations, local governments, instrumentalities of government, and Public Housing Authorities w/experience operating housing/supportive service programs

## **Timeline:**

- Questions Due: October 7, 2025 (answers posted October 9)
- **Proposals Due: October 21, 2025**
- Contract Start Date: December 1, 2025

Full RFQP, budget template, and appendix available [here](#).





# HMIS Homeless Verification Form Overview Training

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Training information:

- 10/22/25 – 3-4pm
- [Link to register](#)
- Learn how to:
  - Use the Homeless Verification form
  - Update or view entries
  - Use the Snapshot feature
  - Use enrollment data, Current Living Situation records, bed nights to complete the verification process

# CT Housing & Homeless



CT Housing & Homeless Training Academy Announcement



## CoC Notice of Funding Opportunities (NOFO)



## [Politico Article](#) – Deep cuts to CoC Permanent Housing (PH)

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- Permanent Housing (PSH & RRH) limited to 30% of funds
- Anticipated reduction from \$3.3 billion for PH to around \$1.1 billion
- Work or service requirements for participants



# Preliminary CoC NOFO Highlights from NAEH

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National Alliance to End Homelessness (NAEH) provided the following information:

- Tier 1 will be 30% to 50% of renewal funding
  - Puts 50% to 70% of renewal funding at risk
  - High scoring CoCs likely to gain significant new project funds
- Scoring will prioritize:
  - Treatment First Programs
  - Service Requirements/Contracts
  - Jurisdictional Implementation/enforcement of Camping Bans
  - Jurisdictional compliance and support of Immigration Enforcement

# Other Anticipated HUD Policy Priorities – Based on CoC Builds NOFO

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- Disallowing harm reduction approaches
- Reducing returns to homelessness (fewer than 10% in 24 months)
- Disallowing racial preferences
- Disallowing promotion of sex as a chosen or mutable characteristic
- Standards to address individuals who are a danger to self or others
- Mapping locations of sex offenders experiencing homelessness





## NOFO Requirements Planning

Planning needed at CoC and Agency level to be ready for potential changes

BOS may need to make policy changes to align with HUD requirements



# Discussions

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- Introduce yourself, your role, and how long you have been attending Steering Committee meetings
- Discussion for today:
  - What are your biggest concerns about the NOFO?
  - What can the CoC do to help?
- Please share suggestions in the chat or email to [ctboscoc@gmail.com](mailto:ctboscoc@gmail.com)

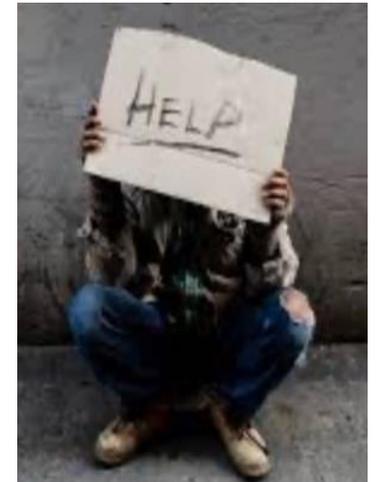
*Reminders: To join a group, accept the invitation. Any issues, return to the main session for assistance.*

# TH/Interim Beds Request for Proposals (RFP)

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BOS seeking proposals for new TH/Interim Housing for individuals and/or families experiencing homelessness

- Serving HUD def of homelessness under Category 1, Category 2, or Category 4
- Projects to serve participants for up to 24 months
- Provision of safe accommodation and intensive services
- Assist participants stabilize and transition to permanent housing
- Priority target pops are persons:
  - experiencing unsheltered homelessness
  - aged 62 and older
  - who require medical respite services



Applications due 11/7/25. [TH/Interim Housing RFP](#) & [TH/Interim Housing Budget Template](#)

# **SYSTEM PERFORMANCE MEASURES (SPM) METRICS FFY 2023, 2024 AND YEAR TO DATE**

**ROSE KELLY  
HMIS PROJECT COORDINATOR**

Technology Services & Solutions That Work



# WHY ARE WE HERE?

## ▶ FUNDING

- ▶ HUD scores the efficacy of our statewide homeless services based on the SPM metrics we submit

## ▶ Funding is tied directly to the HUD scores

- ▶ Better scores can increase the likelihood of more funding
- ▶ Lower scores put funding at risk

## ▶ DATA ACCURACY

- ▶ The same data is pulled from the system for APRs, LSA, PIT and other reporting
  - ▶ All the data is connected but there are different timelines and specific datapoints for each
- ▶ HMIS data is provided to local and state governing bodies to vie for funding
  - ▶ We need all our reported data to be as accurate as possible to demonstrate the resources needed to serve our clients

# EVERYONE HAS A ROLE IN MAINTAINING DATA ACCURACY

- ▶ **End Users:** Ensure data accuracy at the point of entry
- ▶ **HMIS Data Coordinators (HDCs):** Validate, review, and monitor data integrity
  - ▶ Ensure proper training and process flow for their team
  - ▶ Ongoing regular data review is crucial to maintaining data quality
- ▶ **CAN Leads:** Oversee data quality and assists HDCs
- ▶ **CoCs:** Provide leadership and accountability for system-wide data quality
- ▶ **Nutmeg:** Provides training, webinars, guides, open office hours, and helpdesk assistance

# DATA CLEANUP PROJECT – DELAYED

- ▶ Caseworthy has been working on issues with the report functionality and data accuracy
- ▶ Nutmeg has escalated the issue with ACT and Caseworthy
- ▶ HDCs have worked with Nutmeg and strategized the data cleanup
  - ▶ HDCs have been advised to use their APR reports to work on cleanup until we can get the data directly from the SPM report

# DATA CLEANUP PROJECT – USE APRS

- ▶ **Length of stay in enrollment > 365days**
- ▶ **Missing move-in dates for RRH and PSH closed enrollments**
  - ▶ **Lengths of stay > 365 days with no move-in date**
  - ▶ **PSH are expected to have long lengths of stay**
- ▶ **Date homelessness started that are missing or older than 2019**
- ▶ **Exit destinations missing for closed enrollments**
  - ▶ **Enrollment end dates missing if an exit destination is present**
- ▶ **Missing income entries (Entry, Annual, Exit)**

# CLEANUP DATA PLANNING

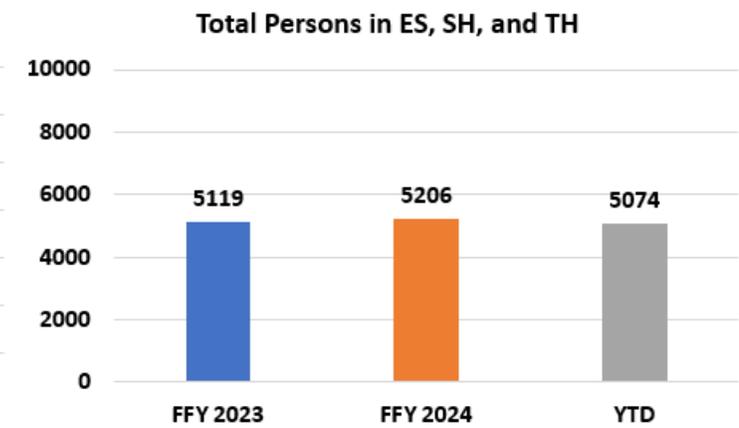
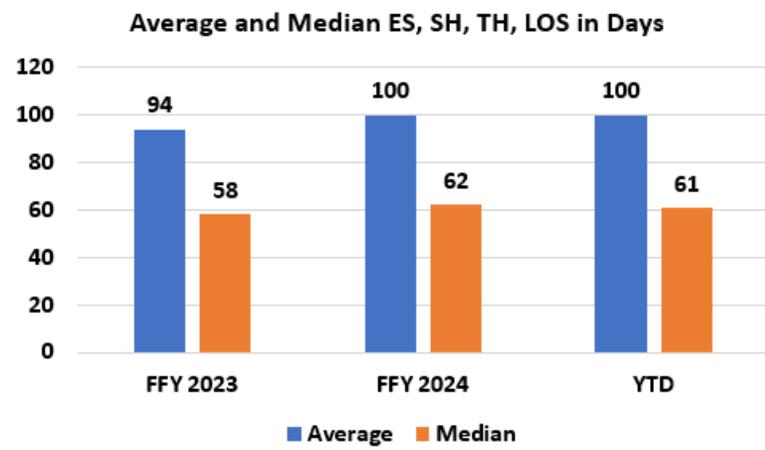
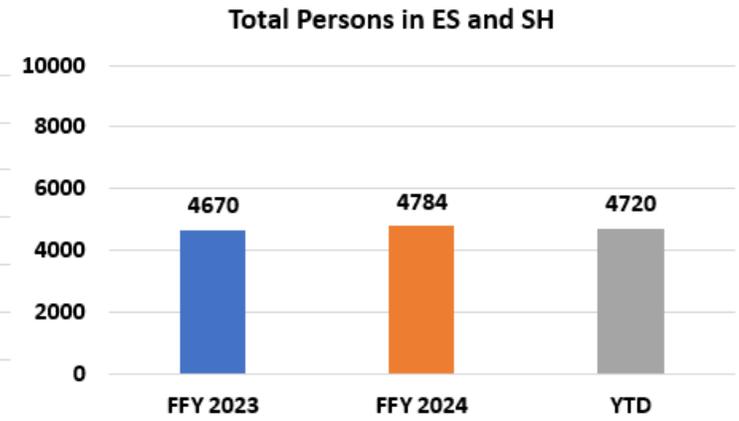
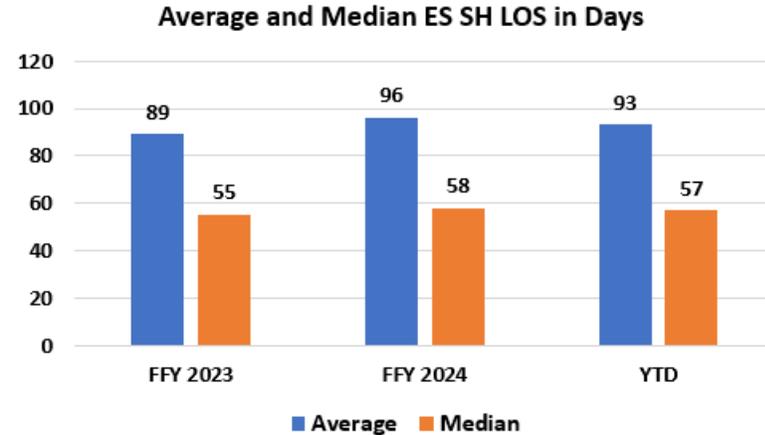
- ▶ **Focused only on the clients in the SPM metrics pulled from the detail data**
- ▶ **Nutmeg Development team pulls outlier data along with additional data to help HDCs more efficiently review data issues**
- ▶ **HDCs access their MOU Org data in a shared googlesheet and provide an outcome of the data review**
  - ▶ **Data was Accurate or Data was Corrected**

# PROJECT TIMELINE – DELAYED FOR CASEWORTHY RESOLUTION TO SPM REPORT FUNCTIONALITY AND DATA ACCURACY

Date	Actions
10/15/2025	Nutmeg finalizes the data and loads to googlesheet for HDCs
10/16/2025	HDCs are given the googlesheet links w/deadline 10/21 to acknowledge they received the email
10/22/2025	Outreach to HDCs and MOU Exec Directors who have not acknowledged receipt
11/3/2025	Outreach to agencies who have acknowledged email but have not started cleanup
11/3/2025	Rerun SPM for updated metrics
11/10/2025	Send updated SPM metrics and data cleanup status to both CoCs
11/24/2025	Nutmeg sends reminder email to HDCs to complete cleanup
12/1/2025	Rerun SPM for updated metrics
12/4/2025	Send updated SPM metrics and data cleanup status to both CoCs
12/15/2025	Nutmeg sends reminder email to HDCs
12/31/2025	Deadline for HDCs to complete data cleanup
1/5/2026	Rerun SPM for updated metrics
1/8/2026	Send final data cleanup summary and updated metrics to both CoCs
2/3/2026	Run SPMs and sends to CoCs for HDX entry review
TBD	Nutmeg sends final SPM data to CoCs for review
TBD	Nutmeg uploads final data to HDX
TBD	CoCs submit SPMs to HUD

# METRIC 1A LENGTH OF TIME HOMELESS IN ES SH TH

- Run APR reports and check length of stay
- Check for overlapping enrollments
- Missing or Date Homelessness Started < 2019

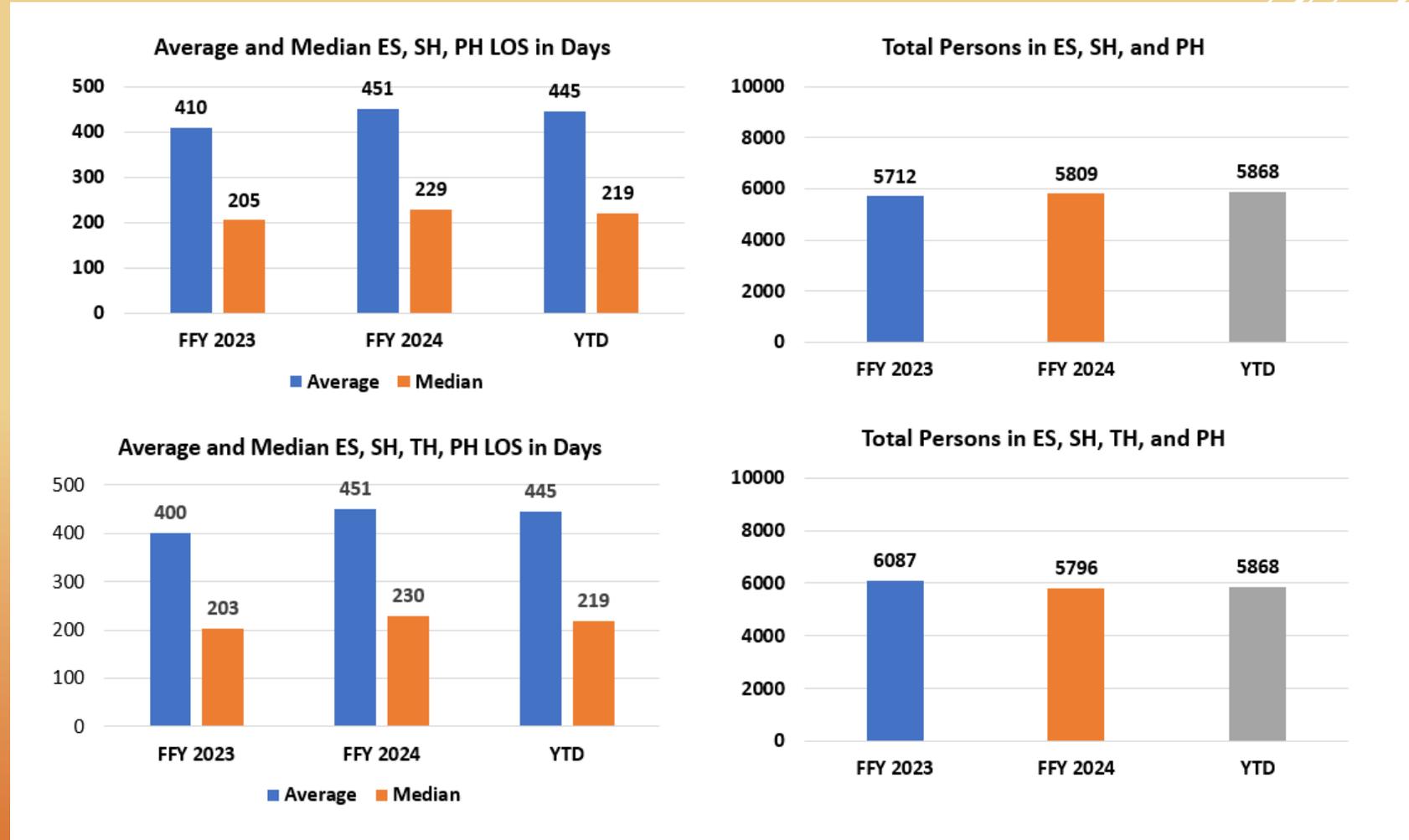


Enrollment Begin	Enrollment End	Stay Length	Date Started On Streets
9/25/24	3/1/25	157	
8/28/23	12/31/99	831	2/3/2023
7/20/22	1/13/25	908	



# METRIC 1B LENGTH OF TIME HOMELESS IN ES SH TH PH

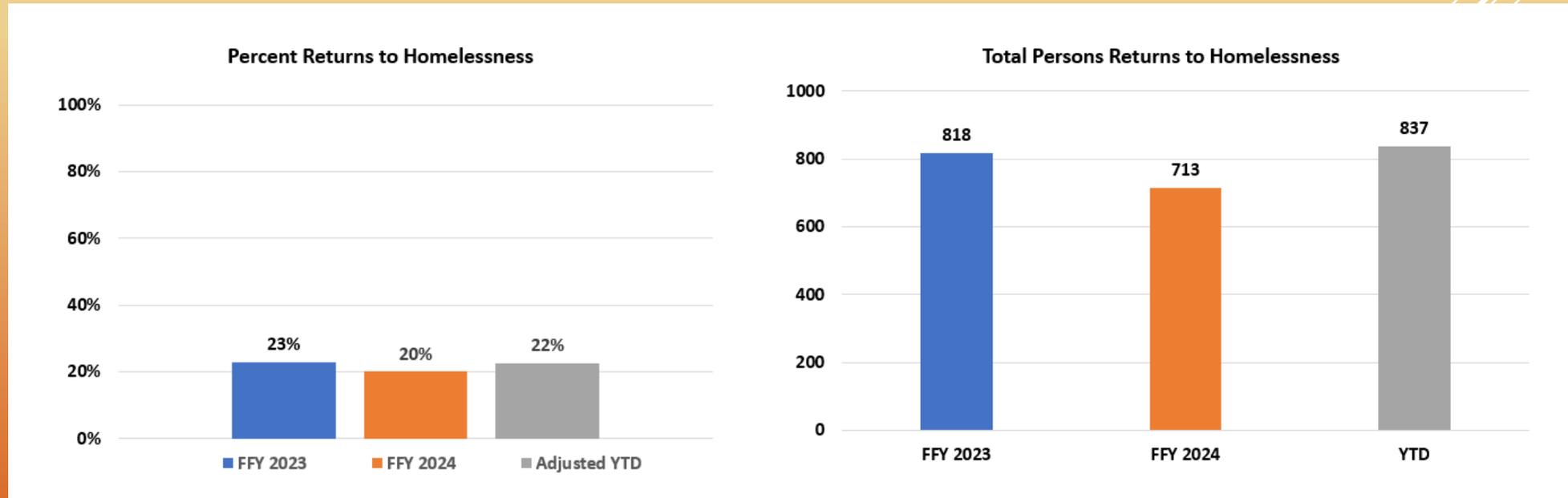
- Run APR reports and check length of stay
- Check for overlapping enrollments
- Missing move-in dates for RRH or PSH
  - Or LOS > 365 with no move-in date
- Missing or Date Homelessness Started < 2019



Enrollment Begin	Enrollment End	Stay Length	Exit Destination	Move in Date
10/12/2021	7/17/2023	644		7/18/2023
7/26/2023	12/31/9999	67	N/A	
6/22/2023	12/31/9999	101	N/A	

# METRIC 2AB RETURNS TO HOMELESSNESS FROM PH

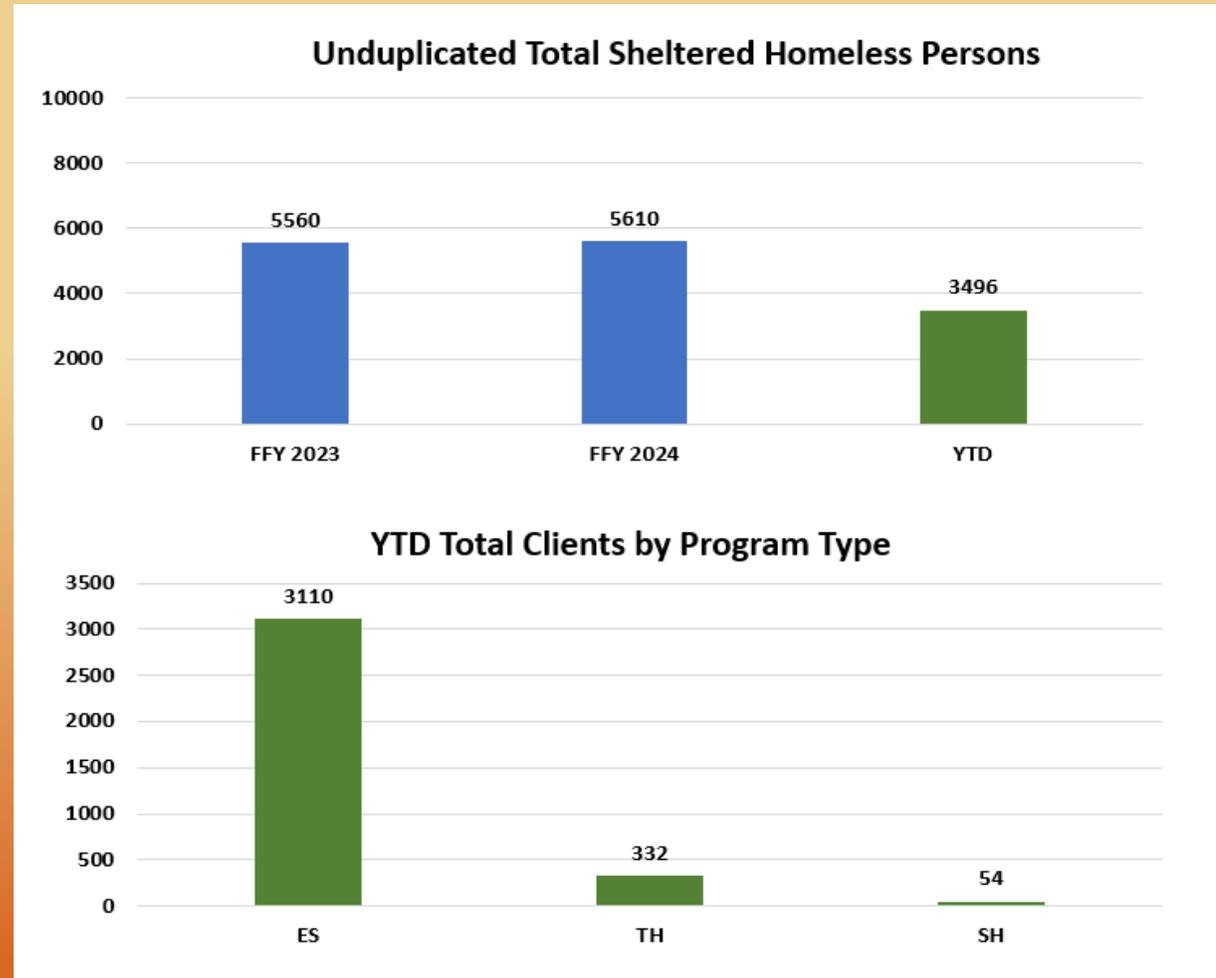
- Ensure proper training so that users look for prior PH exits when enrolling clients
  - Ask what happened to the PH housing to assess gaps in services
- Programs need to evaluate the volume of their returning clients
  - Look for trends or common factors between returning clients



- Manual adjustments were made to remove counts of clients who exited BOS programs but returned to ODFC programs due to Caseworthy programming error

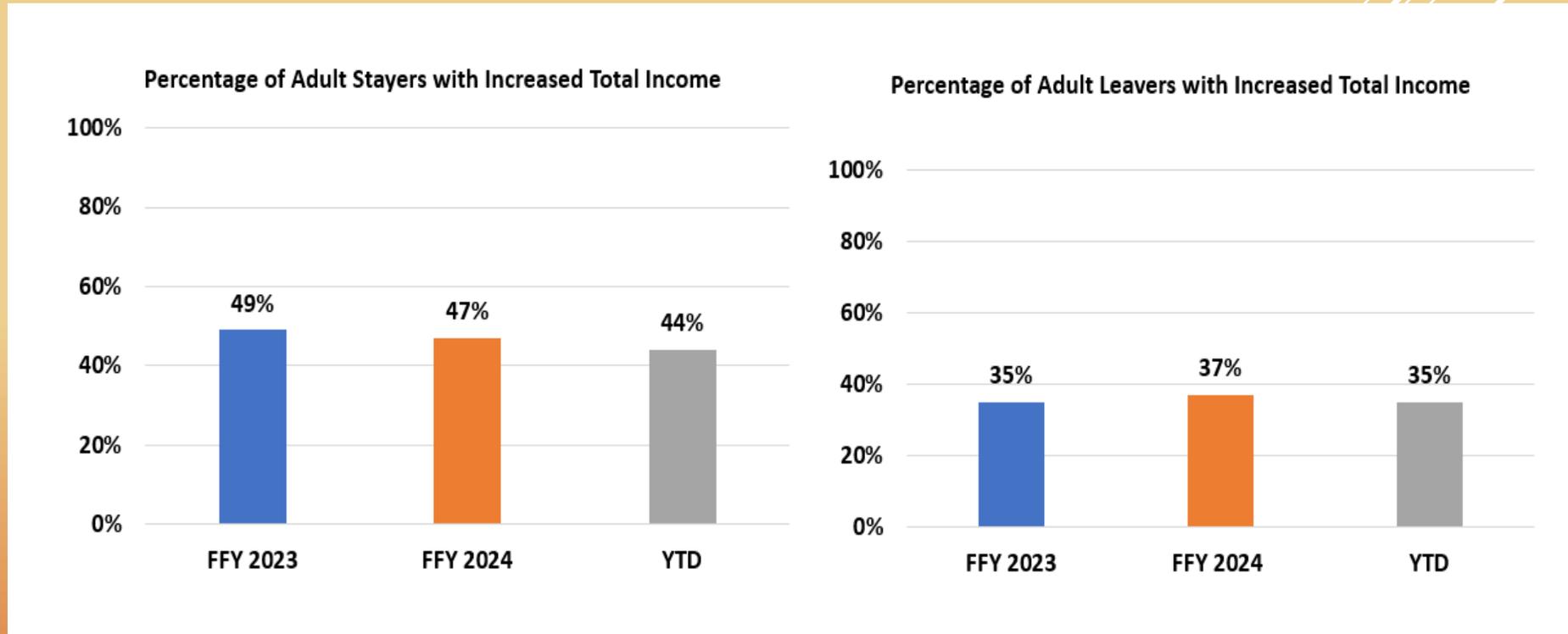
# METRIC 3 NUMBER OF SHELTERED HOMELESS PERSONS

- ▶ Monitor your program enrollments to stay aware of your population size and distribution
- ▶ Check the utilization of the program capacity
- ▶ Be sure enrollments are closed out to accurately reflect who is still in the system and who has exited



# METRIC 4 CLIENTS WITH INCREASED TOTAL INCOME

- Income should be entered in every assessment but can be entered at any point
- HMIS needs at least 2 income values to evaluate a change
- When entering sources of income never leave income amounts blank, use 0.00 if there is no income

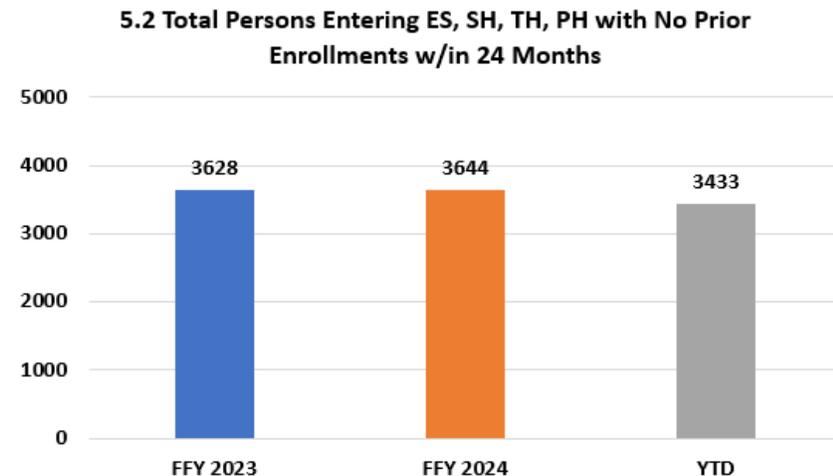
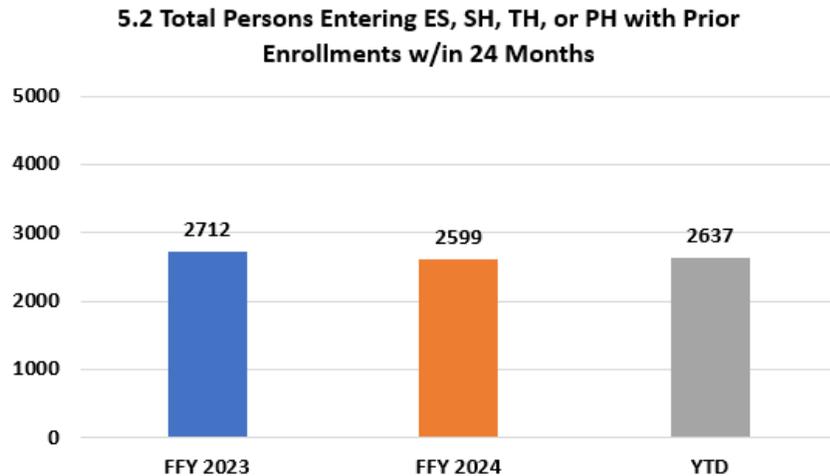
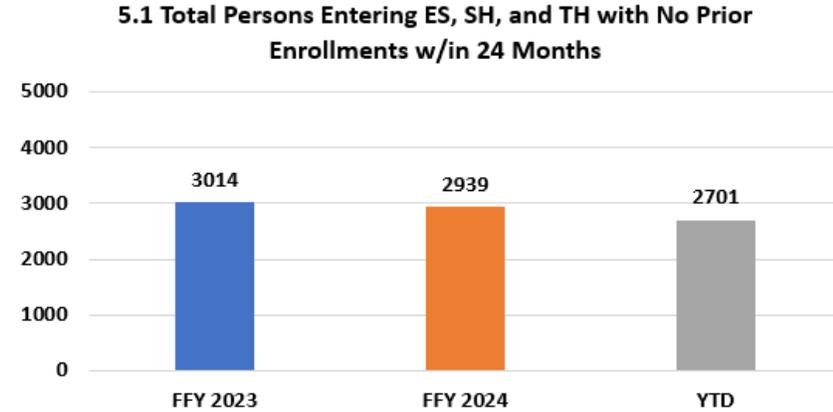
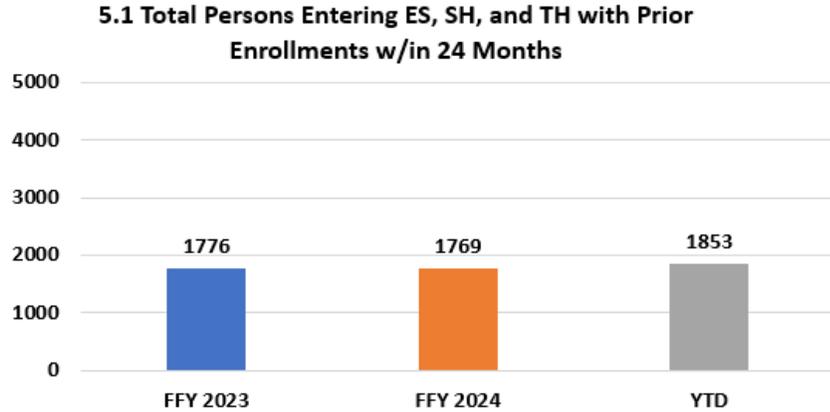


Family ID	Enrollment ID	Enrollment Begin	Enrollment End	Entry Total Income (Financial - Entry)
221936	728289	12/29/23	7/18/24	
77150	726637	12/21/23	6/5/24	
161386	709265	9/5/23	1/4/24	

# METRIC 5.1 5.2 CHANGE IN NUMBER OF PERSONS ENTERING ES, SH, TH, PH PROGRAMS

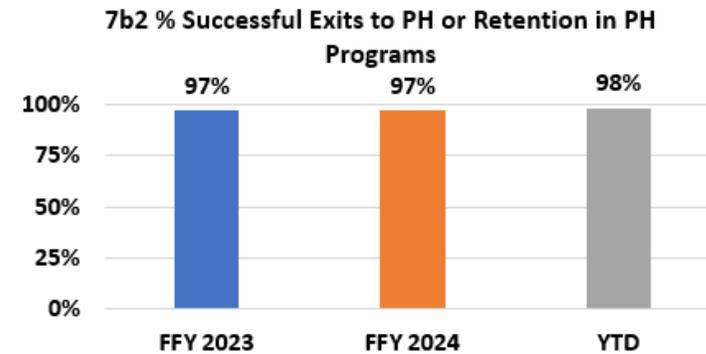
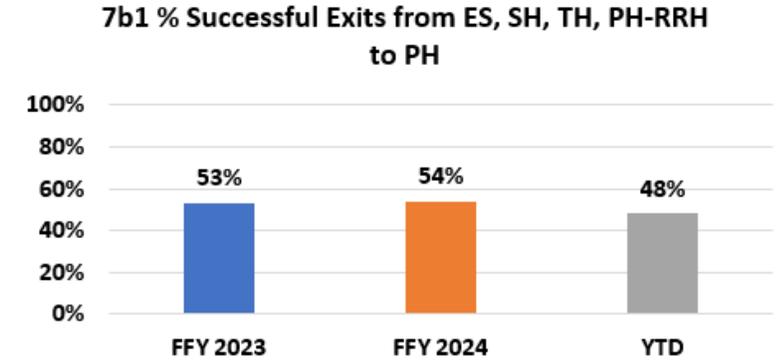
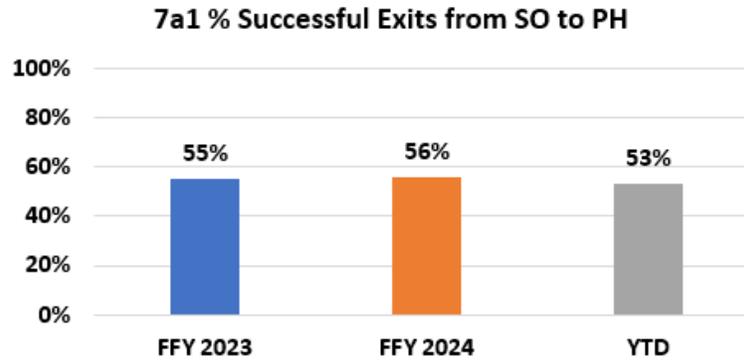
▶ Monitor your program inflow

▶ Make sure staff review client records for those returning to assess any gaps or strengths in your program processes



# METRIC 7 PERCENT CHANGE IN SUCCESSFUL EXIT TO, OR RETENTION OF, PERMANENT HOUSING

- Monitor APR data for Leavers to be sure they have an exit date and exit destination
- RRH and PSH should be reviewed for move-in dates
- Review Stayers for length of stay in the enrollment if > 365
- Exit Destination entries are the only way we can count successful exits



Family ID	Enrollment ID	Enrollment Begin	Enrollment End	Leaver Stayer	Exit Destination
209228	673020	2/3/23	11/1/24	Leaver	
209228	673020	2/3/23	11/1/24	Leaver	
173871	670954	1/11/23	12/15/23	Leaver	
200827	800402	3/1/25	3/25/25	Leaver	

# RESOURCES

- ▶ **CTHMIS Knowledge Base**
  - ▶ Contains guides for data entry, correction and review, training documents
  - ▶ Data entry specifications and requirements
    - ▶ <https://cthmis.com/support/knowledge-base/>
- ▶ **Weekly Office Hours Thurs 2-3pm**
  - ▶ Helpdesk analysts are available for real time assistance
    - ▶ <https://cthmis.com/trainingandevents/>
- ▶ **Data Quality Alerts Dashboard**
  - ▶ Built into HMIS and highlights data issues when users are in the client record to maximize efficiency
  - ▶ Indicates critical issues and provides links to resolutions to correct the data
    - ▶ <https://cthmis.com/support/data-quality-alert-framework-user-guide/>
- ▶ **Help Desk Tickets** [help@nutmegit.com](mailto:help@nutmegit.com)
  - ▶ Inform Nutmeg of any HMIS issues via a helpdesk ticket
- ▶ **HMIS Monthly HDC Meetings**
  - ▶ Notifications are sent out from Nutmeg via email for registration

# QUESTIONS?



Technology Services & Solutions That Work





# Vaccine Updates

Marwan Haddad MD, MPH

Medical Director, Center for Key Populations

Community Health Center, Inc.

Moses Weitzman Health System

# Respiratory Illnesses Data Channel

This site is updated on Fridays.

 For Everyone  
SEPT. 26, 2025

## Respiratory illness activity in the United States

Very Low

### Emergency department visits in the United States

COVID-19	Flu	RSV
Low Decreasing ↘	Very Low Increasing ↗	Very Low Increasing ↗

### Community viral activity level in the United States

COVID-19	Flu	RSV
Moderate	Very Low	Very Low

**What it is:** A measure of viral activity in the community through testing wastewater (sewage). Wastewater monitoring can detect viruses infecting people in a community.



## Respiratory illness activity in Connecticut

Low

## Emergency department visits in Connecticut

COVID-19

Low

Increasing ↗

Flu

Very Low

Increasing ↗

RSV

Very Low

No Change

## Community viral activity level in Connecticut

COVID-19

Very High

Flu

Very Low

RSV

Very Low

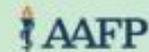


American Academy of  
Family Physicians

## Influenza

- **Annual flu vaccination is recommended for everyone age 6 months and older without medical contraindications.**

Because vaccine recommendations change each year, recipients should be given an age-appropriate vaccine approved for their age group.





## COVID-19

- **All adults 19 years and older should receive a COVID-19 vaccine.**

It is especially important to get a COVID-19 vaccine if you are:

- 65 years and older;
  - At increased risk for severe COVID-19 infection; and
  - Have never received a COVID-19 vaccine.
- **All children ages 6-23 months should be vaccinated against COVID-19** and use a risk-based single dose approach for children and teens 2-18 years.
- **The AAFP recommends COVID-19 vaccination during pregnancy during any trimester and including during lactation.**



## American Academy of Family Physicians

Here is a summary of conditions that increase the risk of severe COVID-19:

- **Advanced age:** Older adults are at higher risk for severe illness. [↪ 1](#)
- **Chronic health conditions:** Includes heart disease, diabetes, chronic lung diseases, and obesity. [↪ 2](#)
- **Mental health conditions:** Such as depression and schizophrenia. [↪ 2](#)
- **Immune system disorders:** Includes HIV infection and immunocompromised status. [↪ 2](#)
- **Other conditions:** Such as sickle cell disease, cystic fibrosis, and certain neurological conditions. [↪ 2](#)

These conditions can significantly increase the risk of severe COVID-19 outcomes, including hospitalization and death. For more detailed information, refer to the CDC's guidelines. [↪ 1](#)

 [↪ 3 Sources](#)



## RSV

- The AAFP supports CDC guidance recommending a one-time RSV vaccine for adults age 75 and older, and for ages 50–74 at increased risk.
- During September–January, pregnant patients are advised to receive the respiratory syncytial virus vaccine (Abrysvo®) at 32–36 weeks.
- Infants under 8 months without maternal protection should receive nirsevimab or clesrovimab.



## American Academy of Family Physicians

**\*\*Note:** People can self–attest to the presence of a risk factor. The following medical and other conditions increase the risk of severe RSV disease:

- Chronic cardiovascular disease e.g., heart failure, coronary artery disease, congenital heart disease. Excludes isolated hypertension.
- Chronic lung or respiratory disease e.g., chronic obstructive pulmonary disease, emphysema, asthma, interstitial lung disease, cystic fibrosis
- End stage renal disease or dependence on hemodialysis or other renal replacement therapy
- Diabetes mellitus complicated by chronic kidney disease, neuropathy, retinopathy, or other end–organ damage
- Diabetes mellitus requiring treatment with insulin or sodium–glucose cotransporter 2 (SGLT2) inhibitor
- Neurologic or neuromuscular conditions causing impaired airway clearance or respiratory muscle weakness e.g., post–stroke dysphagia, amyotrophic lateral sclerosis, muscular dystrophy. Excludes history of stroke without impaired airway clearance.
- Chronic liver disease e.g., cirrhosis
- Chronic hematologic conditions e.g., sickle cell disease, thalassemia
- Severe obesity (body mass index  $\geq 40$  kg/m<sup>2</sup>)
- Moderate or severe immune compromise
- Residence in a nursing home
- Other chronic medical conditions or risk factors that a health care provider determines would increase the risk of severe disease due to viral respiratory infection e.g., frailty, concern for presence of undiagnosed chronic medical conditions, residence in a remote or rural community where escalation of medical care is challenging.



## 2025-26 Combined Respiratory Vaccine Recommendations

	Influenza	RSV	COVID-19
<p>Infants &amp; Children</p>	<p><b>All children 6 months and older</b> (Some children 6 months to 8 years may need multiple doses)</p> <p>AAP, AAFP, CDC</p>	<p><b>All infants &lt;8 months + children 8-19 months with risk factors</b> (nirsevimab, clesrovimab) Typically Oct-Mar, if no maternal RSV vaccine was administered during pregnancy</p> <p>ACOG, AAP, AAFP, CDC</p>	<p><b>All children ages 6-23 months</b> <b>Children ages 2-18 with risk factors or if family desires vaccine</b></p> <p>AAP, AAFP</p>
<p>Pregnancy</p>	<p><b>All pregnant individuals</b> At any point in pregnancy</p> <p>ACOG, AAFP, CDC</p>	<p><b>32-36 weeks gestation</b> (Pfizer, Abrysvo only) Typically Sept-Jan Revaccination for future pregnancies are not currently recommended</p> <p>AAFP, ACOG, CDC</p>	<p><b>All pregnant individuals</b> At any point in pregnancy and including during lactation</p> <p>ACOG, AAFP</p>
<p>Adults 19-49</p>	<p><b>Annual vaccination for individuals 19 years and older without contraindications</b></p> <p>AAFP, CDC</p>	<p><b>Only if the individual is 32-36 weeks pregnant between Sept-Jan and has not received the RSV vaccine during a previous pregnancy</b></p> <p>AAFP, ACOG, CDC</p>	<p><b>All adults</b> Especially those with risk conditions and people who have never received a COVID-19 vaccine</p> <p>AAFP</p>
<p>Adults 50+</p>	<p><b>Annual vaccination for individuals 50 years and older without contraindications</b> Age-appropriate flu vaccines are recommended, but for ages 65+ prefer HD-IIIV3, RIV3 or aIV</p> <p>AAFP, CDC</p>	<p><b>All 75+ and Adults 50-74 with risk factors</b> One lifetime dose of RSV vaccine</p> <p>AAFP, CDC</p>	<p><b>All adults</b> Especially people 65+; people with risk conditions; and people who have never received a vaccine</p> <p>AAFP</p>

OR

Last Updated: 10/1/25

Adapted with permission from Common Health Coalition, 2025-2026 Combined Respiratory Vaccine Recommendations, September 12, 2025. Available at: <http://commonhealthcoalition.org/wp-content/uploads/2025/09/2025-2026-Combined-Respiratory-Vaccine-Recommendations.pdf>

For more information, visit [www.aafp.org/vaccines](http://www.aafp.org/vaccines) or [Common Health Coalition](http://CommonHealthCoalition.org). See recommendations from the American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Obstetrics and Gynecologists (ACOG), Centers for Disease and Control (CDC).



## Update on Isolation Guidelines for Respiratory Illnesses including COVID-19

- If you do develop symptoms, please test for COVID-19, influenza, streptococcal infections, as indicated.
- Consider treatment, e.g. Paxlovid for COVID-19, antivirals for influenza, antibiotics for Strep.
  - Especially if co-morbid conditions, older, compromised immunity
- Isolation:
  - Isolate until no fever for 24 hours without use of fever-lowering medication and symptoms are improving.
- Recommended strategies for 5 days after resuming normal activity to help stop COVID transmission from those infected with COVID-19 or to prevent acquiring COVID-19, especially if you are older or have an immunocompromising condition:
  - Masking
  - Proper handwashing hygiene
  - Distancing
  - Maximizing exposure to fresh air
  - Staying up to date on COVID vaccinations

# Table 1

## Recommended Adult Immunization Schedule by Age Group, United States, 2025

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of updated 2025-2026 vaccine See Notes			2 or more doses of 2025-2026 vaccine See Notes
Influenza inactivated (IIV3, cclIV3) Influenza recombinant (RIV3)	1 dose annually			1 dose annually (HD-IIV3, RIV3 or allV3 preferred)
Influenza inactivated (allV3; HD-IIV3)	Solid organ transplant See Notes			
Influenza live, attenuated (LAIV3)				
Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. See Notes.		50 through 74 (See notes.)	>75 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (See Notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, See Notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (See Notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)			See Notes	See Notes See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3 or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations		
<i>Haemophilus influenzae</i> type b (Hib)	1 or 3 doses depending on indication			
Mpox	2 doses			
Inactivated poliovirus (IPV)	Complete 3-dose series if incompletely vaccinated. Self-report of previous doses acceptable See Notes			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation Not applicable



# Updates on Pneumococcal Vaccination

- At least 100 pneumococcal serotypes exist, based on capsular polysaccharide present, the main virulence factor for pneumococci.
- Two types of vaccines:
  - Unconjugated (free) polysaccharide vaccines (e.g. PPSV-23)
    - Do not induce an anamnestic reaction.
    - Produce independent T-cell response without establishment of B-cell memory.
  - Conjugated polysaccharide vaccines (e.g. PCV-13, PCV-15, PCV-20)
    - Conjugated to an immunogenic protein.
    - Elicits T-cell dependent response with establishment of B-cell memory and long term immunization.
  - When possible, administer conjugated before unconjugated vaccine.



# Updates on Pneumococcal Vaccination



- Updates simplified recommendations for individuals aged  $\geq 65$  and those between 19-64 with underlying medical conditions.
  - Single dose of PCV-20 only OR
  - Combination of one dose of PCV-15 plus one dose of PPSV-23 given at least 8 weeks later

**\*\*Note:** Underlying medical conditions or other risk factors include alcoholism, chronic heart/liver/lung disease, chronic renal failure, cigarette smoking, cochlear implant, congenital or acquired asplenia, CSF leak, diabetes mellitus, generalized malignancy, HIV infection, Hodgkin disease, immunodeficiencies, iatrogenic immunosuppression, leukemia, lymphoma, multiple myeloma, nephrotic syndrome, solid organ transplant, or sickle cell disease or other hemoglobinopathies.



Vaccine Status	PCV-20-based Recommendation	PCV-15-based Recommendation
Naïve/Unknown	Single dose PCV-20	PCV-15 then PPSV-23 8 wks later
PPSV-23 only	Single dose PCV-20 after 1 yr	Single dose PCV-15 after 1 year
PCV-13 only	Single dose PCV-20 after 1 yr	PPSV-23 at least 8 wks after. Repeat PPSV-23 after 5 yrs. If <65, repeat PPSV-23 after 65 and at least 5 yrs after last dose.
PCV-13 + PPSV-23 x 1	Single dose PCV-20 after 5 yrs of last dose	PPSV-23 8 wks after PCV-13 and 5 yrs after PPSV-23. If <65, repeat PPSV-23 after 65 and at least 5 yrs after last dose.
PCV-13 + PPSV-23 x 2 before age 65	Single dose PCV-20 after 5 yrs of last dose	Repeat PPSV-23 after 65 and at least 5 yrs after last dose.
PCV-13 + PPSV-23 x 2 after age 65	Consider single dose PCV-20	No additional vaccine



## Hepatitis A

### Routine vaccination



American Academy of  
Family Physicians

**Any person who is not fully vaccinated and requests vaccination (identification of risk factor not required):** 2- dose series HepA (Havrix 6–12 months apart or Vaqta 6–18 months apart [minimum interval: 6 months]) or 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 5 months])

### Special situations

- **Close, personal contact with international adoptee** (e.g., household or regular babysitting) in first 60 days after arrival from country with high or intermediate endemic hepatitis A: dose 1 as soon as adoption is planned; preferably at least 2 weeks before adoptee's arrival.
  - **Chronic liver disease** including persons with hepatitis C, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase (ALT) or aspartate aminotransferase (AST) level greater than twice the upper limit of normal.
  - **HIV infection**
  - **Men who have sex with men**
  - **Injection or noninjection drug use**
  - **Persons experiencing homelessness**
  - **Work with hepatitis A virus** in research laboratory or with nonhuman primates with hepatitis A virus infection

# Hepatitis B

- HepB-CpG vaccine (Heplisav-B)
  - Contains adjuvant cytosine phosphoguanine (CpG) which is a toll-like receptor 9 agonist, enhances immune response through highly specific helper T-cell response generating memory T- and B-cells.
  - 2-dose series at 0 and 1 month.
  - Preferred if available.
- HepB-Alum vaccines (Engerix-B, Recombivax HB, PreHevbrio, Twinrix)
  - Contain adjuvant aluminum hydroxide.
  - 3-dose series at 0, 1 and 6 months.



**U.S. MEASLES TRACKER**

# Tracking Measles Cases in the U.S.

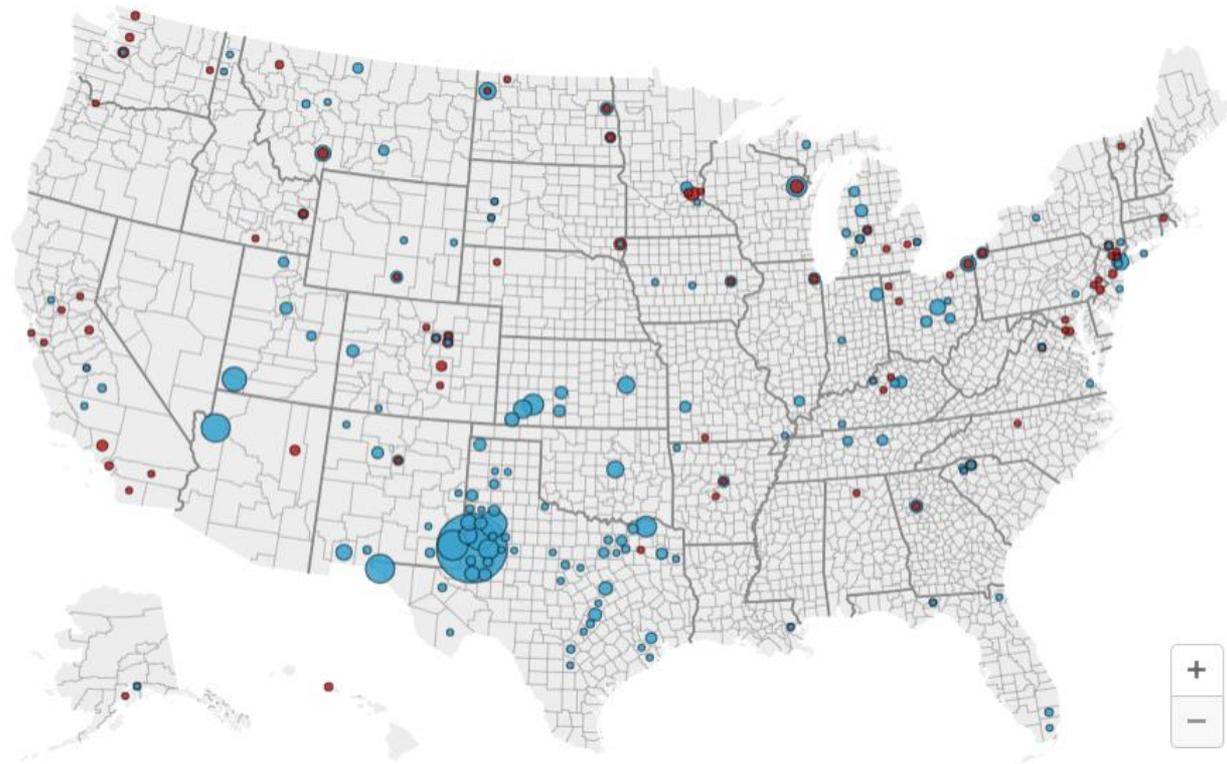
Updated October 10, 2025

January 1, 2025 - Oct 10, 2025

## Cumulative measles cases reported in the United States in 2025

1569

■ Imported ■ Local  
count ○ 40 ○ 150 ○ 400



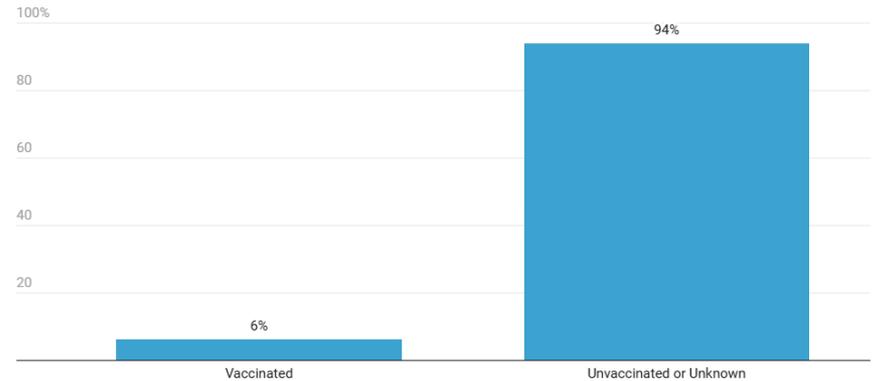
## Imported and locally acquired measles cases by state in the United States, 2025

	State	Imported	Local	▼ Total	Recent 2 Weeks
1	Texas	1	801	802	0
2	New Mexico	1	99	100	0
3	Kansas	0	90	90	0
4	Arizona	4	48	52	18
5	Utah	0	44	44	19
6	Ohio	6	32	38	0
7	North Dakota	6	30	36	0
8	Wisconsin	9	27	36	0
9	Montana	7	25	32	0
10	Colorado	14	13	27	0
11	Michigan	6	21	27	0
12	New York	4	19	23	3
13	California	15	5	20	0
14	Oklahoma	0	17	17	0
44	<b>U.S.</b>	<b>140</b>	<b>1,380</b>	<b>1,520</b>	<b>52</b>

Additional 29 rows not shown.

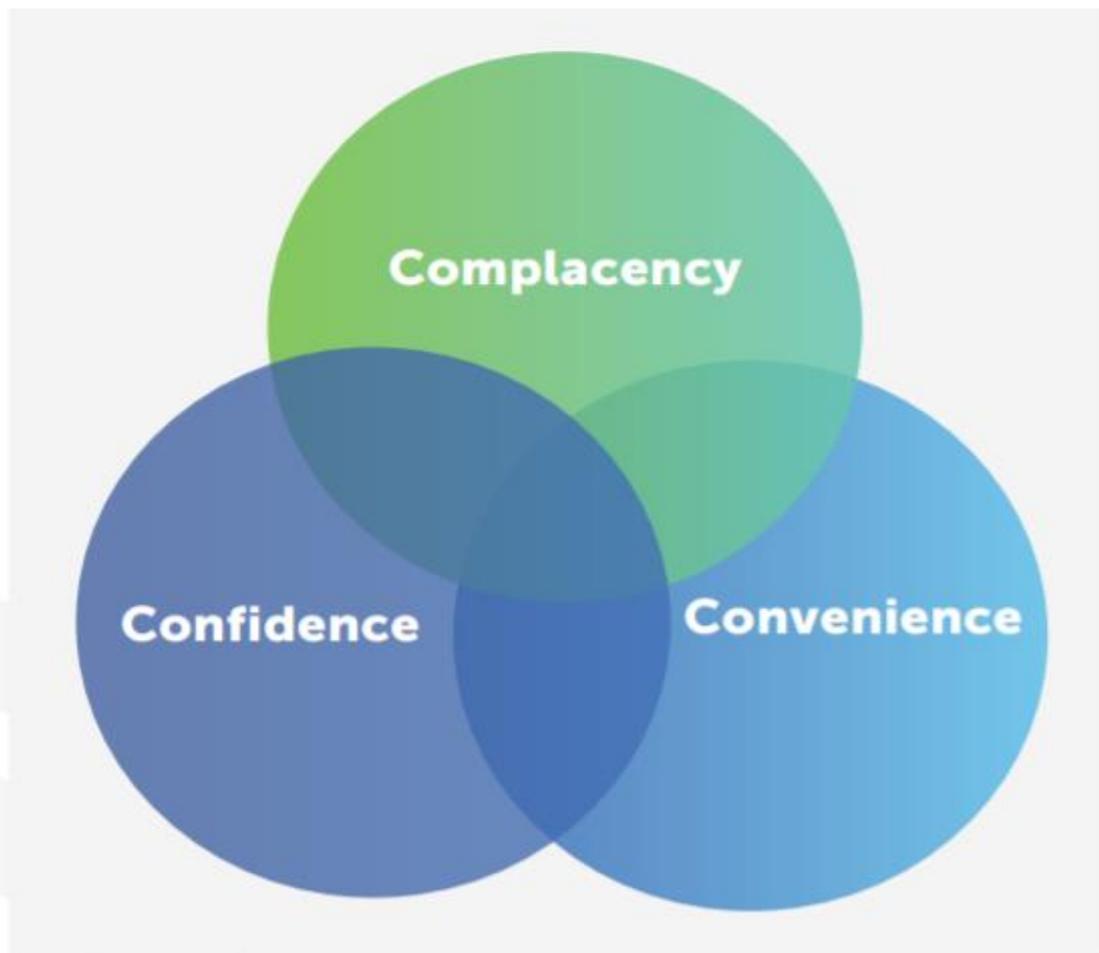
Source: Johns Hopkins University

Percentage of reported measles cases by vaccination status



Source: Johns Hopkins University • [Get the data](#) • [Download image](#)

## The 3 C's of Vaccine Hesitancy: Confidence, Complacency, and Convenience

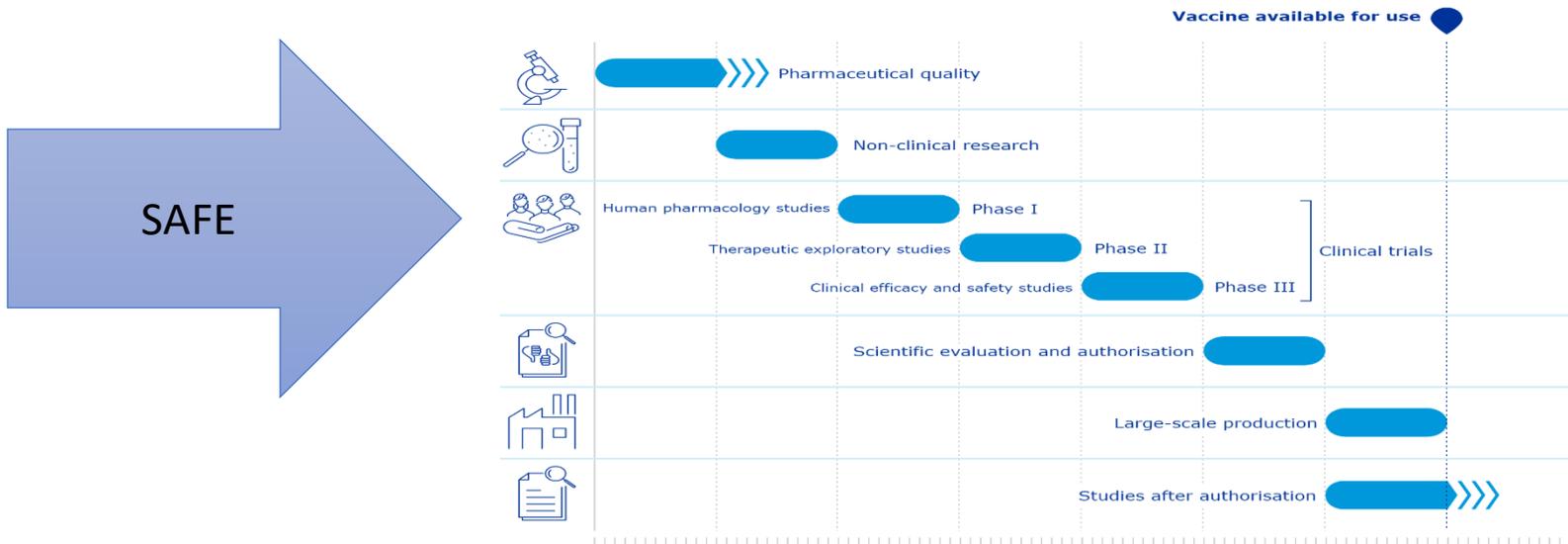


- Confidence  
Trust in vaccine or provider
- Complacency  
Lack of perception of need for the vaccine or its value.
- Convenience  
Access to the vaccine (affordability, availability, health literacy)

Vaccine, 2015

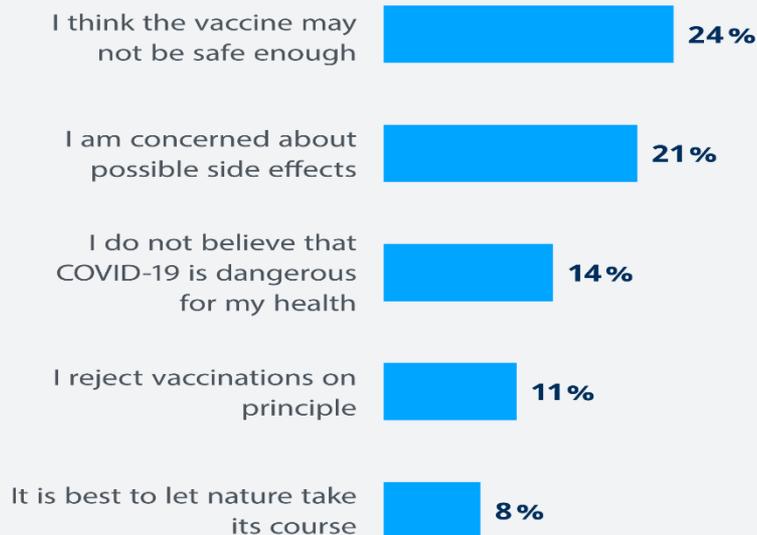
# What do you need to know to feel CONFIDENCE?

- Vaccine options are safe.
- Vaccine options have been proven effective.
- Vaccine options are delivered appropriately.



## COMPLACENCY: Do you think you need the vaccine?

### The most common reasons for opposing a COVID-19 vaccination\*



Source: HCHE/ Uni Hamburg 2020 \*Survey in DE, FR, NL, PT, IT, UK, DNK

It protects you.  
It protects your  
family.  
It protects your  
community.

## CONVENIENCE: Accessibility



Who is eligible for the vaccine?

How easy is it to get an appointment for a vaccine?

Where do I have to go to get the vaccine?

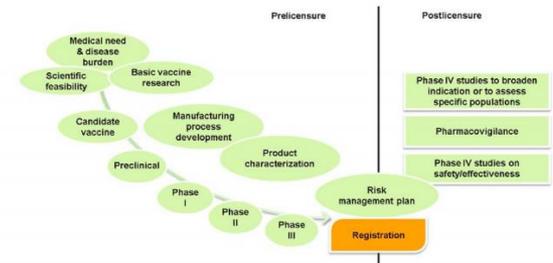
# Common Reasons for Vaccine Hesitancy

- Safety
  - Too many vaccines; pain with injections; severe adverse reactions
- Necessity
  - Disease is "natural"; disease is rare, gone, or not that severe
- Distrust
  - Vaccines aren't well tested; research inadequate; medical mistrust in health system/provider
- Lack of Information
  - Evidence-based, science-based information not available/clear
  - Misinformation/disinformation being shared
- Societal Influence
  - Other children/people unvaccinated; social norm
- Religious / Personal Choice
  - Right to choose; parent knows what is best; disallowed by religion; previous experience with vaccines;

## Vaccine Hesitancy Tips

- Be proactive
  - Do not avoid discussing or offering vaccine based on assumptions.
- Acknowledge concerns
  - Remain nonjudgmental
  - Find common ground
- Be knowledgeable
  - Know the disease
  - Know the vaccine
    - Emphasize evidence supporting safety and benefit
    - Acknowledge known side effects
  - Provide science / evidence-based information
  - Discuss risk / benefit
    - Use numbers to communicate risk and provide perspective
    - Talk about risk associated with other daily activities to provide context
- Use personal stories
- Know about resources including access (how, when, where)
- Make vaccine recommendation strong
  - More effective if have trusting relationship

### Highlight the extensive testing of vaccines before and after licensure



**FIGURE 1**  
Vaccine pipeline: prelicensure and postlicensure vaccine development activities. From Hardt K, Schmidt-Ott R, Glismann S, Adegbola RA, Meurice F. Sustaining vaccine confidence in the 21st century. *Vaccines*. 2013;1(3):204–224. Copyright © 2013 by the authors; licensee MDPI, Basel, Switzerland. Reproduced under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/3.0/>).

Healy CM, et al  
*Pediatrics* 2011;127  
Suppl 1:S127-33; Offit  
PA, Coffin SE. *Vaccine*  
2003;22:1-6; Turnbull  
AE. *Health Commun*  
2011;26:775-6.;  
Macdonald NE, et al..  
*Biologicals* 2011.; Daley  
MF, et al. *Sci Am*  
2011;305:32, 4.



THANK YOU!

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# Housing and Homelessness Data Strategy Board (DSB) Updates- October 2025

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- DSB held a retreat last week, the following are high-level updates of discussions and decisions:
  - Voted to authorize the data collection related to people living in vehicles for the Point-in-Time Count.
  - Document subcommittee is working on updates to policies & procedures, privacy policy, and release of information. Next priority will be the data quality management plan.
  - Reviewed DSB Membership and will be adding representation from United Way 211 (statewide)
  - RFP for software vendor will be released in a few weeks



# Housing and Homelessness Data Strategy Board (DSB) Updates- October 2025

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## **Financial Sustainability**

- Discussed ways to increase resources to support the system, including potential costs of migrating to a new HMIS software.
- Potential revenue sources for future funding include revisiting ESG dollars from municipalities, foundations, reallocation of unspent CoC funds to support HMIS, and revisiting scalable user fees
- Funding subcommittee will further explore ways to increase funding streams

## **Key Performance Indicators**

- KPI subcommittee created to review input from the CAN on creating consistent, clearly defined KPIS for the system
- Discussed use of cthmis.com for public facing dashboards



# Partner Announcements

# Other Business?

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# Upcoming CT BOS SC Meetings



Meetings are from 11:00-12:30 unless otherwise noted

- **November 21, 2025**  
**Semi-annual Meeting**  
**11am -1pm**
  - 100 Training Hill Road  
& on zoom
  - December 19, 2025
  - January 16, 2026
  - February 20, 2026
  - March 20, 2026
  - April 17, 2026
  - May 15, 2026
  - June 12, 2026
- Zoom Info for all SC meetings:**
- [Meeting link](#)
  - Meeting ID: 956 4487 8479
  - Password: 414595
  - Call-in number:  
646-876-9923

# CT BOS Team (Housing Innovations)

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