Making Housing Happen in Difficult Times

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Housekeeping & Announcements

• All attendees are on mute, and video options are turned off.
• The Zoom chat function has been disabled. Please enter your questions in the Zoom Q&A box.
• Follow our COVID-19 Webinar Series here: https://endhomelessness.org/resource/covid-19-webinar-series/
• Upcoming webinars:
  • Helping Survivors of Domestic Violence and Trafficking Stay Safe During the Pandemic – Thursday, May 14th, 3:00pm EST
• Join the Ending Homelessness Forum - https://forum.endhomelessness.org/login
Housekeeping & Announcements

Just Launched!

NAEH & NHCHC self-paced online courses on:

• Understanding Homelessness
• COVID Overview/CDC Guidance
• Cultural Humility
• Case Management 101
• Trauma Informed Care
• Trauma Informed Supervision
• Harm Reduction

Audience: hotel/motel and congregate shelter staff, new hires w/o prior experience of working with individuals experiencing homelessness, health care, medical, mental and behavioral health staff working with hotel/motel guests and staff.

Enroll now: https://endhomelessness.org/covidlearning/

Immediate Actions

Public Health Response: Emergency Protective Measures to Flatten the Curve
- Unsheltered People: Increase outreach and create additional hygiene resources (handwashing stations, showers, laundry) for people in unsheltered locations.
- Shelters: Ensure social distancing in current congregate facilities.
- Stand up new non-congregate shelters for high-risk, symptomatic, overflow and people in unsheltered locations.

Short-Term Actions

Public Health and Economic Recovery Response: Effective and Equitable Re-Housing
- Unsheltered People: Sustain and expand efforts to support, screen, test, and safely shelter people who are unsheltered.
- Engage people with lived expertise and other partners to increase outreach, especially in rural areas.
- Shelters: Begin re-housing people placed into non-congregate or overflow shelters.
- Re-house people in congregate or unsheltered locations.

Medium-Term Actions

Economic Recovery Response: Re-duce New Entires into Homelessness
- Unsheltered People: Re-house people living in unsheltered locations and increase support for unsheltered persons.
- Shelters: Scale up non-congregate shelter as needed.
- Implement or increase housing-focused case management in shelters.
- Housing: Move people from CARES-funded RH into PSH if needed.
- Work with PHAs and other housing agencies to access vouchers for households in CARES-funded RH who need long-term assistance.

Longer-Term Actions

- Unsheltered People: Monitor re-housing efforts for people living in unsheltered locations.
- Shelters: Close non-congregate and overflow shelters by moving residents into housing.
- Assess the feasibility of congregate shelter as a common practice in light of pandemic.
- Connect COVID-related homeless assistance to employment systems.

Overview: Homeless System Planning for the Most Effective Use of COVID-19 Funding
HOUSING FIRST DURING COVID

Mia Bryant
CT Coalition to End Homelessness
Housing First During COVID

5/12/2020
Low Barrier, Housing Focused Shelter

• Emergency Shelter Learning Collaboratives
• Wet Shelter
• Rules vs Expectations
• Housing Focused
  – Environment
  – Conversation
  – System Collaboration
Race Equity

- Recognizing racial disparities exist
- Analyzing data for racial disparities (ongoing)
- Race Equity Framework through CSH
- CT REN formed
- Training
- CCEH Board Members and Hiring
Racial Disparities in COVID

In Connecticut, Black/African-Americans account for over 30% of people experiencing homelessness, but only represent about 10% of CT’s general population.

Black/African-Americans account for around 20% of CT COVID-positive cases and around 15% of COVID-related deaths (ctdata.org/covid19)
Shelter/Hotel to Housing
Using Foundational Principles to Stay Housing Focused

**Motivational Interviewing**
- Open-ended questions
- Change Talk
- Affirmations

**Trauma Informed Care**
- Choice
- Empowerment
- Safety

**Active and Empathetic Listening**
- Body language
- Not adding your own judgement
Highlighting Strengths

Explore past strengths – this step has two purposes:

1. Help identify times when they have been of help or support to others.
2. Begin to identify networks and support persons that may be able to help them with income or housing.

Our clients may feel dependent – we can help them remember times of interdependence.
Client-Driven, Housing Focused

**Help** – Support the person in developing their own housing plan

**Ownership** – When people make their own housing plan, they will feel a sense of ownership and are more likely to follow through

**Understanding** – No one is perfect, and we all will make mistakes. Allow for people to make mistakes by giving them the room and support to try.

**Share** – Share helpful resources and tips with the person, and help them to navigate accessing them.

**Engage** - Every chance you get, engage the person in conversations about their housing plan and any recent success and challenges they’re experiencing.
Add Safety Tips and Health Supports to Housing Plan

• Unmet health needs can jeopardize housing
• Consider the additional needs that COVID presents
• Connect folks to health resources
  – Warm handoffs
  – Help them navigate accessing the resources
Housing Possibilities

- Stay with family, kin, or other natural support
- Rent or get their own residence
- Sober Living Home
- Temporary lease (month to month, 6 month)
- Relocating permanently to safe place out of town
- Shared housing
CCEH Emergency Assistance

Youth Homelessness Demonstration Project

- Rapid Exit and Shelter Diversion funds for 18-24 year olds

Shelter Diversion

- Funds to keep individuals and families from experiencing episodes of homelessness and entering shelter

Rapid Exit

- Funds to keep episodes of homelessness as brief as possible for families and individuals

CT Department of Correction Re-Entry

- Diversion and rapid rehousing for individuals discharging from correctional institution
Determining Service Provision

• Consider how your organization can limit in-person contact in the provision of services while maintaining standard operations.

• Determine which services can be provided by phone or virtually, such as through a video conferencing or a meeting software.

• Determine when an in-person appointment is necessary

• Put safety precautions in place for yourself and your participants
Low-Contact Appointment Tips

If it is REQUIRED that you go into the community for an appointment:

• Be sure to ask the screening questions about symptoms in advance

• Ask if they have been around anyone who have experienced any of the symptoms (coughing, fever, shortness of breath)

• Ask if it would be possible if no one else was in the residence while you meet for your scheduled appointment

• Continue to practice social distancing, stay 6 feet away

• Meet outside if possible

• Do not have the individual in your personal vehicle

• Wear personal protective equipment if necessary (gloves, face mask)

• Have a supply of hand sanitizer and Lysol on you
Going Virtual:
Scanning Documents, Viewing Apartments, Virtual Meetings

Genius Scan
Microsoft Office Lens
Rentme
Rently
Free Property Management and Landlord Software
Innovative Self-Touring Technology
FreeConferenceCall.com
skype™
aws
Google Hangouts
Connecticut Coalition to End Homelessness
COORDINATED ACCESS AND COVID-19

Jamie Hummer
Jennifer Steigerwald
Strategies to End Homelessness
Coordinated Access and COVID-19

Jennifer Steigerwald
Coordinated Entry Specialist

Jamie Hummer, LSW
Program Director
Mission:

Lead a coordinated community effort to end homelessness in Greater Cincinnati.
Vision:

A community in which everyone has a stable home and the resources needed to maintain it.
Cincinnati’s COVID-19 Response

Mid March – Early April

Proactively moved all families, single women and most vulnerable single men in congregate shelters, plus most vulnerable people living unsheltered to hotel rooms around the city.

Maintained normal capacity of shelters, using combination of hotels and spaced out shelter beds.

Set up quarantine facility for people experiencing homelessness to await testing results and/or isolation if needed.

Added screening questions to CAP Line
<table>
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<tr>
<th>Timeframe</th>
<th>Actions</th>
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| Early April| Changed policy to allow over-the-phone assessments, and verbal consents<br>Utilized all available HUD Waiver items<br *

*Developed template for agency partners to easily document the change* |
| Mid April  | Installed hand washing station and port-o-potties for unsheltered population<br>Developed Coordinated Entry COVID-19 Prioritization Policy |
COVID-19 Prioritization Factors for Coordinated Entry

(Based on CDC Guidelines)

PRIORITY FACTORS
• Pregnant or breastfeeding women
• Individuals ages 55+
• One of the following pre-existing health conditions:
  • Chronic lung disease or moderate to severe asthma
  • Serious heart conditions (expected to be of long-continued and indefinite duration, and significantly inhibits ability of the individual to live independently)
  • Conditions that can cause a person to be immunocompromised, including cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.
  • Severe obesity (body mass index [BMI] of 40 or higher)
  • Diabetes
  • Chronic kidney disease and those who are undergoing dialysis
  • Liver disease
COVID-19 Prioritization Factors for Coordinated Entry

PROCEDURE:
• Case managers must notify Coordinated Entry staff of shelter and outreach clients with priority factors.
• Third-party verification of priority factors is preferred, but self-certification will be accepted for clients who cannot obtain third-party.
• Coordinated Entry staff will maintain list of eligible clients
• Once the list of clients with priority factors has been identified, housing matches will be sent using the appropriate standing prioritization policy, based on which housing intervention has the available opening (RRH, PSH, TH, TH/RRH).
• Clients with multiple priority factors will be prioritized before clients with fewer priority factors.
COVID-19 Prioritization Factors for Coordinated Entry

EXCEPTIONS:

- Chronically homeless clients with all required documentation will be prioritized first for PSH openings, followed by COVID-19 priority factors.

- Highest lethality score will be prioritized first for DV housing openings, followed by COVID-19 priority factors.
# Cincinnati Prioritization Policies

## PSH Prioritization

1. Chronically Homeless with the *most severe service needs*<sup>*</sup>
2. DedicatedPLUS categories
3. Disability, longest periods of episodic homeless, non Chronic, most severe service needs
4. Disability without severe service needs
5. Disability coming from TH

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## RRH Prioritization

- **COVID-19 Priority Factors**
  - 1. VI-SPDAT Score Range
  - 2. Length of time homeless
  - 3. VI-SPDAT Score
  - 4. No/Lowest Income
  - 5. Prior RRH Utilization

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*<sup>*</sup>Determined by VI-SPDAT score and Review Panel input
Ending on a Positive Note…

- Opportunity to be creative
  - New funding with less restrictions/competition
- Unprecedented Flexibility
  - HUD Waivers allow us to access housing previously unavailable to us, opening the door to new Landlords
COVID-19 RESPONSE
BOISE CITY/ADA COUNTY
IDAHO

Sara Busick
CATCH
COVID-19 RESPONSE PLAN

• Initially moved medically fragile and families with children to a preventative isolation hotel
  • Allowed us to increase social distancing in congregate shelter and serve more people

• Screening and testing at all shelter sites with medical partner
• Isolating PUI
• Confirmed positives or high probable go directly to isolation hotel
COVID-19 RESPONSE PLAN

• Isolation hotel for COVID-19 positive
  • Staffed by Medical Volunteer Corps, project managed by shelter
  • If there is a guest, medical partner rounds each day at hotel
  • Hospital partners call designated shelter staff person to coordinate discharge from hospital after medically cleared
COVID-19 RESPONSE PLAN

• Housing Efforts and Innovations
  • Increased rapid resolution funds
  • Adjusted prioritized queue to focus on hotel to home
  • Secured damage fund grant dollars
  • Social media outreach to landlords
  • Creative solutions that involve community members who want to help
  • All ESG prioritized for prevention and RRH

• Working to shift our emergency response/surge plan to mid-to-long term range plans to permanently house individuals and families
  • How can we leverage hotel asset to expedite hotel to home?
Questions?

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Take action on CARES 2 legislation now!

The next few weeks will determine how much Congress will invest in homelessness and housing during the pandemic.

New legislation called CARES 2 is now being written to expand the investments made by the CARES Act.

Contact your Senators and Representatives now:
https://endhomelessness.org/actions/letter-cares-2-should-provide-more-homelessness-and-housing-funds/