

# Making Housing Happen in Difficult Times

May 12, 2020

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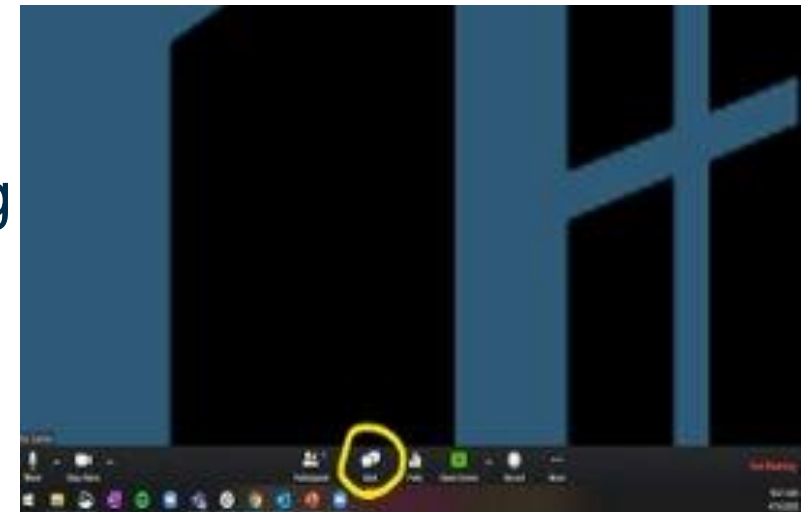
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# Housekeeping & Announcements

- 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/>





# Public Health and Economic Recovery

## Overview: Homeless System Planning for the Most Effective Use of COVID-19 Funding

## A Framework for COVID-19 Homelessness Response: Responding to the Intersecting Crises of Homelessness and COVID-19



### IMMEDIATE ACTIONS Public Health Response: Emergency Protective Measures to Flatten the Curve

Create system-wide testing and/or screening protocol and route people to appropriate options based on need (asymptomatic, symptomatic, high-risk, COVID positive)

- **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 shelter for high-risk, symptomatic, overflow and people in unsheltered locations.
- **Housing:**
  - Continue housing people through normal channels.
- **Prevention/Diversion:**
  - Implement jurisdiction-wide moratoria on evictions.
  - Support people in PSH and RRH.
  - Link to employment.
- **Other Key Activities:**
  - Collect data for planning.
  - Engage People with Lived Expertise in planning.



### SHORT-TERM ACTIONS Public Health and Economic Recovery Response: Effective and Equitable Re-Housing

Develop policies and practices that support people in non-congregate or overflow shelters exiting to housing, not back to unsheltered locations.

- **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 shelter.
  - Re-house people in congregate or unsheltered locations.
- **Housing:**
  - Begin landlord engagement activities.
  - Begin re-engagement of coordinated entry.
  - Begin cross-system planning.
- **Prevention/Diversion:**
  - Scale up efforts to prevent loss of housing among people in PSH and RRH programs.
- **Other Key Activities:**
  - Implement equity-based decision making protocols.
  - Use data to project need for different interventions and inform equity-based decisions.



### MEDIUM-TERM ACTIONS Economic Recovery Response: Reduce New Entries into Homelessness

Continue to implement CDC/HHS guidance in homeless programs and systems.

- **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 shelter.
- **Housing:**
  - Move people from CARES-funded RRH into PSH if needed.
  - Work with PHAs and other housing agencies to access vouchers for households in CARES-funded RRH who need long-term assistance.
- **Housing cont'd:**
  - Prevent evictions due to economic crisis for extremely low income and marginalized persons first. Plan for higher income (30-80% AMI) at-risk households.
- **Prevention/Diversion:**
  - Divert households from homeless systems when possible.
  - Engage partner systems (TANF, Child Welfare, Justice) for prevention activities.
- **Other Key Activities:**
  - Use data to refresh projections of need for different interventions and assess equity impact.



### LONGER-TERM ACTIONS Economic Recovery and Public Health Preparedness: Strengthen Systems to Advance Racial Equity and Prepare for Future Crises

Strengthen connection between homeless and public health/emergency management systems to prepare for future crises.

- **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.
- **Housing:**
  - Assess and plan additional activities/targeting for marginalized/highly impacted communities.
- **Prevention/Diversion:**
  - Prevent evictions due to economic crisis for higher income populations as appropriate (30-80% AMI).
- **Other Key Activities:**
  - Conduct review of COVID response to inform lessons learned for planning, including impact of equity-focused practices.



# HOUSING FIRST DURING COVID

Mia Bryant

CT Coalition to End Homelessness





# Housing First During COVID

5/12/2020

# Low Barrier, Housing Focused Shelter

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- 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

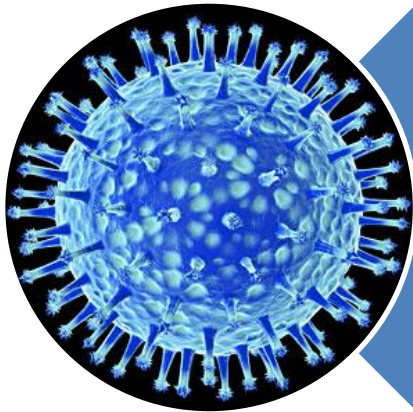


# Racial Disparities in COVID

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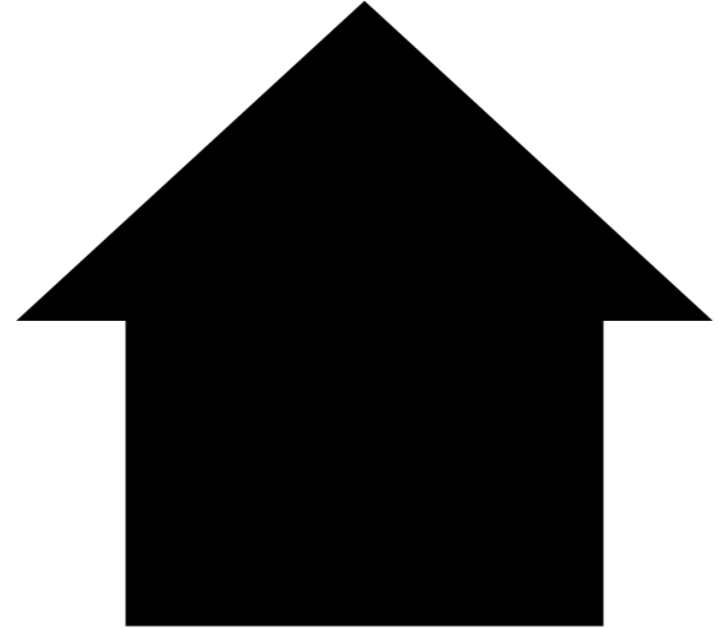
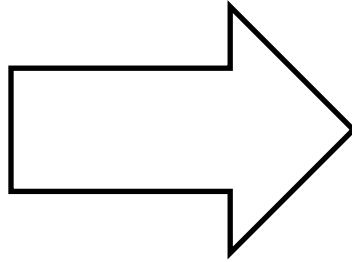
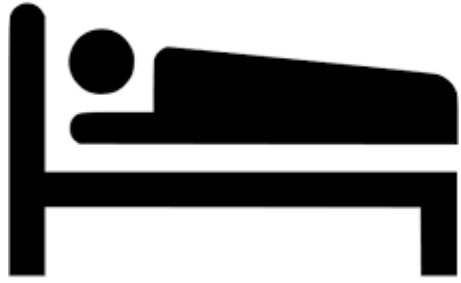
In Connecticut, Black/African-Americans account for over 30% of people experiencing homelessness, but only represent about 10% of CT's general population.



Black/African-Americans account for around 20% of CT COVID-positive cases and around 15% of COVID-related deaths  
([ctdata.org/covid19](https://ctdata.org/covid19))

# Shelter/Hotel to Housing

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# Using Foundational Principles to Stay Housing Focused

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## Motivational Interviewing

- Open-ended questions
- Change Talk
- Affirmations

## Trauma Informed Care

- Choice
- Empowerment
- Safety

## Active and Empathetic Listening

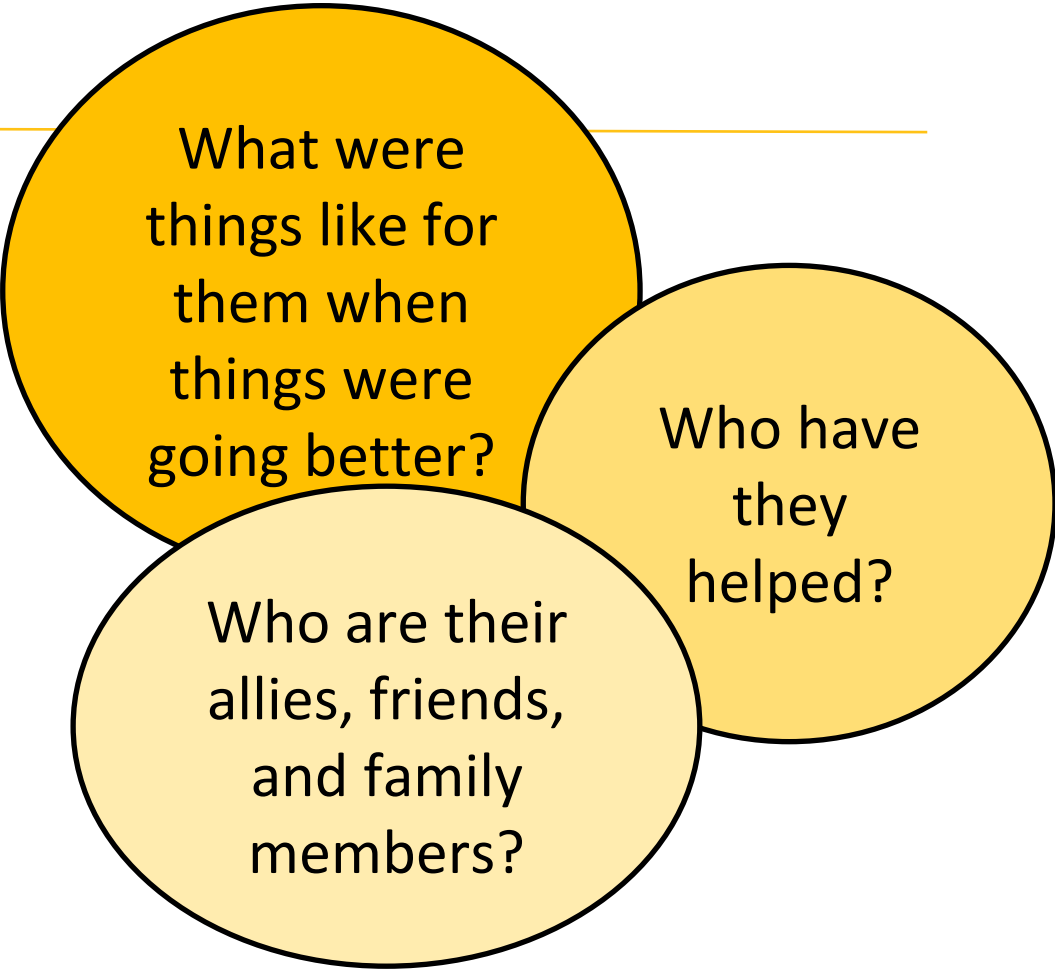
- Body language
- Not adding your own judgement

# Highlighting Strengths

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## 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.



What were things like for them when things were going better?

Who have they helped?

Who are their allies, friends, and family members?

Our clients may feel dependent – we can help them remember times of **interdependence.**

# Client-Driven, Housing Focused

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**H**elp – Support the person in developing their own housing plan

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

**U**nderstanding – 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.

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

**E**ngage- 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

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- 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

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## 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

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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

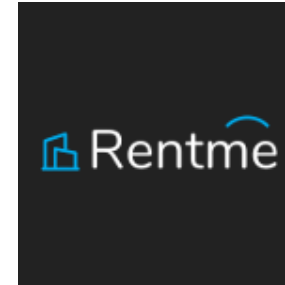
Genius Scan



Microsoft Office  
Lens  
Office Lens



iPhone Notes  
Scan



Free Property  
Management and  
Landlord Software



Innovative Self-Touring Technology

FreeConferenceCall.com®



# COORDINATED ACCESS AND COVID-19

Jamie Hummer

Jennifer Steigerwald

Strategies to End Homelessness





# STRATEGIES TO **END HOMELESSNESS**

prevent. assist. solve.

## **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





# Cincinnati's COVID-19 Response

## Early April

Changed policy to allow over-the-phone assessments, and verbal consents

Utilized all available HUD Waiver items

*Developed template for agency partners to easily document the change*

## Mid April

Installed hand washing station and port-o-potties for unsheltered population

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\**

### COVID-19 Priority Factors

2. Dedicated PLUS 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

## 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

\*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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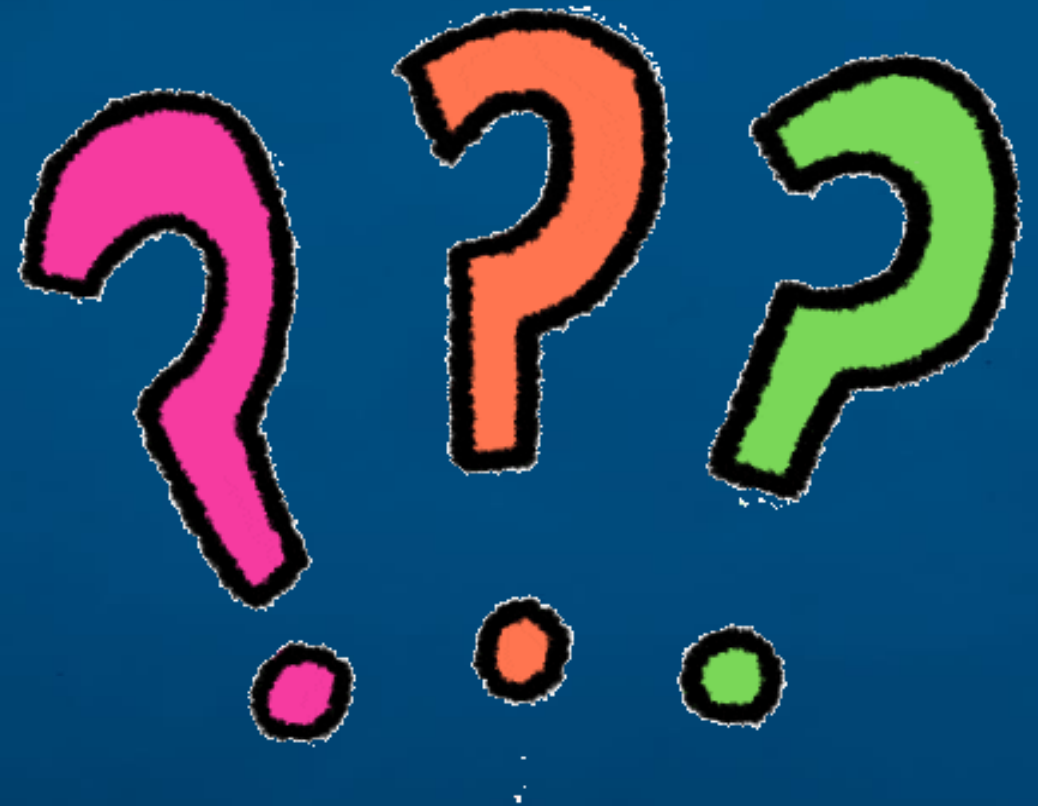
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# Take action on CARES 2 legislation now!

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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/>