

March 16, 2020

Dear Governor Lamont, Commissioner Mosquera-Bruno, Commissioner Coleman-Mitchell, and Chief Operating Officer Geballe:

On behalf of the statewide Reaching Home Campaign, I write to urge special protections and statewide coordination for people experiencing homelessness during the COVID-19 public health emergency.

We understand that many of the responses outlined below are already underway through the leadership at DOH and other state agencies. To the extent that this work is underway, please see this letter as a reinforcement for those efforts.

The Reaching Home Campaign is a statewide coalition of more than 120 organizations and 200 partners committed to making homelessness rare, brief, and one-time in Connecticut. The Campaign is overseen by a statewide Coordinating Committee.¹

People experiencing homelessness are at a high risk for coronavirus outbreak due to their lack of basic shelter, reliance on congregate crisis beds or encampments, and disproportionately high levels of complex and chronic health conditions. We are deeply concerned that even limited exposure to the virus in a homeless shelter setting could mean rapid transmission of the virus among the sheltered population. Further, due to the transient nature of those experiencing homelessness, this could lead to rapid acceleration of the spread of the virus in our communities.

What we're currently hearing from those on the front line of the homeless response system is the following:

- Lack of ability to quarantine; lack of guidance/protocols for how to quarantine
- Loss of staffing capacity, including the loss of volunteers. Shelters rely heavily on volunteers that are no longer there in addition to paid staff.
- Shelter closings and loss of bed capacity (3 closings in Danbury/New Milford area)
- Lack of food donations and serving volunteers anticipated to grow as people self-quarantine or limit exposure to others.
- Lack of cleaning and disinfectant supplies to prevent and deter the spread of the virus

¹ Reaching Home Coordinating Committee organizations: AIDS – CT, Center for Children's Advocacy CHR, Connecticut Legal Rights Project, Corporation for Supportive Housing, CT Coalition to End Homelessness, CT Dept. of Children and Families, CT Dept. of Housing, CT Dept. of Mental Health & Addiction Services, Affordable Housing Alliance, CT Housing Finance Authority, CT Office of Policy & Management, Journey Home, Melville Charitable Trust, New Reach, Operation Hope, Supportive Housing Works, Partnership for Strong Communities- U.S. Dept. of Housing & Urban Development, U.S. Dept. of Veterans Affairs, United Way.

- Concerns about places where people experiencing homelessness tend to find refuge closing or turning them away, like libraries, bus and train stations, house of worship, fast food eateries/diners, etc. With nowhere for them to go, there will be a rise of homelessness on streets. They will be unable to rest, find shelter, or care for their basic human needs.
- Inability to get medical attention – people who are homeless are reported to have been turned away at hospital doors and discharged to the streets. There is a lack of communication about where to get help from the public and community health sectors

We urge the following response:

Leadership, coordinated approach and protocols: There is a need for a COVID-19 interagency homeless response to help slow the spread of the virus in communities throughout Connecticut. In addition to DOH, we need to have Public Health, Hospitals (CHA), FQHCs, DSS, DCF, DMHAS, Office of Health Strategy, Yale Public Health and UCONN on this response. While some Cities like Hartford are providing leadership and strong guidance and support, there is no statewide coordination in the homeless system to slow the spread of the virus through communities in most of our 169 towns.

Issue that need to be addressed include:

- Daily Communication among all stakeholders/providers/agencies
- Shelter de-intensification strategy: ensuring 6 feet between beds
- 24/7 staffing of shelters to keep people experiencing homelessness safe and in one place and to keep shelter open
- Cleaning Supplies
- Protocols/Polices/checklists in place for screening and responding to COVID-19 outbreaks in the shelters
- Identifying and staffing isolation/quarantine sites, recovery centers/medical respite, and temporary sheltering spaces
- Supporting the CANs to ensure we have the capacity and resources to effectively divert and quickly housing as many people experiencing homelessness as possible.

Medical respite care: Due to the fragility of the population, they will face a greater risk of death from illness if they are discharged to the streets. Options are needed for respite care where they can have an indoor space and support to recuperate.

Hospital and public health response: We need a clear and concrete plan of action, access to testing and care for those who display symptoms. The homeless service providers are not a substitute for medical care and not equipped to confront a public health crisis, nor should those they serve be considered lower priority than other community residents. Homeless service providers should be added to the list for priority distribution of emergency supplies.

Rental assistance: Emergency rental assistance, even if short term will allow us to divert more people into real housing options, reducing spread of virus, and save beds for only those that desperately need them.

Moratorium on evictions and foreclosures: It is our understanding the CT Judicial Branch has implemented a moratorium of all evictions and foreclosures for 30 days. We strongly support this measure and hope that it includes a moratorium on the issuance and carrying out of all summary process executions. We also strongly encourage considerations for longer-term moratoriums and planning around eviction and foreclosure prevention. Many low-wage/hourly workers who already live paycheck to paycheck will be severely financially impacted by this crisis for many months to come. In order to avoid an increase in households entering shelter over the long-term, we need to act now.

Staffing support: Funding to support overtime costs. Plans in place in the event that staff and volunteers are unable to get to work and shelters are unable to meet minimum staffing patterns. For example, deployment of national guard members has been identified as a potential solution.

Expanded shelter space. In the coming weeks, the spread of the virus may increase substantially. Additional emergency shelter space will be needed to increase available personal space in shelter. Communities may also need to identify isolated space where symptomatic individuals can recovery in place.

Unsheltered outreach. Unsheltered individuals are at higher risk of untested/untreated illness, as they are often in poorer health, have more limited access to services, and may be reluctant to present for care in traditional health care settings.² Ensuring a level of coordinated outreach and street medicine during this crisis will be critical.

We understand the unprecedented nature of this emergency, and the enormity of demands facing state decisionmakers. This is a relatively small population of people that are often forgotten or prioritized less than the general population. But we ask you to consider the following: in addition to being the right and just thing to do, helping ensure the homeless are taken care of and have an opportunity to fight this virus also helps the rest of the community by putting them at less risk of contagion from this population.

Housing people quickly can help stop the spread of disease.

Thank you for your time and attention to these important issues. We stand ready to work with and support you in managing this crisis within the homeless system.

Sincerely,



Kiley Gosselin
Executive Director, Partnership for Strong Communities

² NLIHC 2020

CC:

Lt. Governor Bysiewicz
COVID-19
Senator Looney
Senator Duff
Rep. Aresimowicz
Rep. Ritter
Sen. Fasano

Sen. Witkos
Rep. Klarides
Rep. Candelora
Sen. Winfield
Rep. Stafstrom
Sen. Anwar
Rep. McGee

Sen. Daugherty Abrams
Rep. Steinberg
Sen. Somers
Rep. Peti
Paul Mounds
Samuel Carmody