March 31, 2020

Dear Governor Lamont and Chief Operating Officer Geballe:

As follow up to the letter submitted on [March 16, 2020 from the statewide Reaching Home Campaign](#) to end homelessness in Connecticut, we have worked with key partners to quantify the resources necessary to address the most pressing issues facing the homeless response system and people experiencing homelessness in our state.

As COVID -19 spreads, particularly in Fairfield County, people experience homelessness remain in crowded shelters in contravention of CDC and state guidance about social distancing because they have no where else to go. In other cases, where multiple shelters have closed, people are outside or otherwise in vulnerable places where they are at risk for contracting and spreading this virus and are harder for our limited outreach staff to reach. The State COVID-19 Workgroup on Shelter Decompression recently launched by the Administration is a critical step in advancing the coordination needed to ensure that people are moved out of shelter and into permanent housing, hotels, dorms or other safe housing options.

The following resources and actions have been identified as critical to: 1) prevent the rapid spread of COVID-19, 2) reduce unnecessary deaths, and 3) stem and address a rapid influx into the state's homeless system in the coming months. We will continue to refine these costs and update you as we get real-time input from our partners and providers.

Immediate Emergency Shelter and Isolation Resources

As the Shelter Decompression Workgroup coordinates the immediate decompression of congregate homeless shelters, we urge that they please release immediately available state resources, including discretionary flexible funding and any available vouchers, Rental Assistance Payments and other housing resources to Connecticut's seven Coordinated Access Networks to move people out of shelter and into permanent housing, hotels, dorms or other safe housing options. Whenever possible, the state (DAS) should contract directly with these temporary housing providers to avoid municipalities, Coordinated Access Networks (CANs) and shelter providers from fronting these costs with their extremely limited resources.

In addition, the following requests are outlined in more detail below:

1. Additional Shelter Capacity Required for Decompression: $5.42M for April 1- June 30, 2020
2. Shelter Diversion: $1.05M for April 1 - June 30, 2020
   2-1-1/United Way additional staff: $400,000
3. Flexible Funding for Rapid Exit/Rapid Rehousing: $ 1.39M for April 1 - June 30.
4. Long-term rental assistance resources: Rental assistance- $9M; Housing support services- $2.25M
5. Technology: $515,000 for April 1 – June 30, 2020
6. Enhanced Outreach Services: $375,000 for April 1 – June 30, 2020
7. State level interagency coordination

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Emergency Stimulus Funding for April 1, 2020 – June 30, 2020

1. **Additional Shelter System Capacity Required to Manage the Impact of COVID-19**

    Please allocate $5.42M to cover safe emergency beds. This includes decompression beds to reduce shelter crowding and isolation beds to reduce the spread of the disease. This includes an estimate of 863 needed beds for at approximately three months (517 decompression and 346 quarantine/isolation beds). This ask includes funding for staffing with some hazard pay, food and other hard costs. These costs are based, in part on calculations for homeless COVID-19 response, put out by national researcher Dennis Culhane's report last week. According to Dennis Culhane et al., the estimated costs to provide required emergency and observational/quarantine shelter beds is approximately [$11.5 billion](#) this year. In CT, the report estimated a need of $43.34 million for one year. In addition to decompression and isolation beds, the estimate includes beds to accommodate people who are currently living unsheltered and present unique risks related to the lack of access to hygiene and sanitation and overall disconnection from health care. Funding should be made immediately available to providers through CANs to avoid providers having to front these costs and seek reimbursements later.

    Utilizing the national formula, we applied Connecticut's annual average shelter bed cost of $9,200 and added multipliers of 25% and 50% to reflect increased staffing, hazard pay, management/coordination, protective equipment[1], and other costs during this pandemic crisis. The costs are for 3 months and do not reflect the full year estimates.

    *   **Decompression beds** - 517 x $11,500 (average cost plus 25%) = $5.9M annual; **$1.48M @ 3 mths**
    *   **Quarantine/isolation beds** - 346 x $18,400 (average cost plus 50%) = $6.3M annual; **$1.59M @ 3 mths**
    *   **Unsheltered individuals** – 638 (319 @ $11,500; 319 @ $18,400) = $9.4M annual; **$2.35M @ 3 mths**

    This approach is supported per the order of the Commissioner of Public Health pursuant to the Governor's Executive Order No. 7P, which also indicates that FEMA will reimburse the state and municipalities for 75 percent of the costs related to the non-congregate housing for the homeless population, as well as first responders and health care workers.

2. **Shelter diversion and 2-1-1 Housing Unit Capacity**

    Please allocate $1.05M in shelter diversion resources and $400,000 to expand capacity at 2-1-1 as the single point of entry for housing and homelessness related issues.

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[1] Our shelters report the need for access to Personal Protective Equipment. PSC and our partners will work with the Regional CANS to provide to the state with more detailed estimates on what is needed.

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An increase in shelter diversion will become critical in the coming months to keep vulnerable people stably housed and prevent as many individuals and families as possible from falling into homelessness. Using an average of $530 for individuals and $1265 for families, we estimate the need to divert 368 families ($466,785) and 1,110 individuals ($588,000) during this 3 month period. These estimates were prepared based on existing numbers from the Department of Housing for diversions from the period of 12/1/19 to 2/29/20.

In addition, 2-1-1 serves as the single point of entry for the homeless response system (Coordinated Access Networks). **2-1-1 will need to bring the unit up to 11 FTE staff to meet the current and anticipated demand for housing and homelessness related issues at a cost of $400,000.** They are currently staffed at 6 1/2 FTE.

3. **Flexible Funding for Short-Term Rental Assistance**

Please allocate new Rapid Exit and Rapid Re-housing resources in the amount of **$1M** in Rapid Rehousing for ~ 203 households and **$390,750** in Rapid Exit resources to serve ~315 households over 3 months, in order to assist with helping people quickly exit our shelter system to permanent housing when the immediate COVID-19 crisis is over.

4. **Long-Term Rental Assistance Resources**

Please create and fund 900 new, permanent state affordable housing vouchers and/or Rental Assistance Payments to move those with little to no income or access to unemployment into permanent housing during and after the crisis. As of this time, fewer than 25% of people who are eligible for a voucher, receive one. Once the immediate Covid-19 crisis has passed, individuals and families who have been housed in temporary locations will need to be relocated to permanent housing or back to shelters. Ideally, households can be moved directly into permanent housing and not go back to shelter. As unemployment rises, particularly for low-wage workers, we are very concerned that we will begin to see an increase in households entering homelessness. This could be particularly acute once protections like eviction and foreclosure moratoriums have passed. One-time federal assistance will not be sufficient for most of these families to pay back rent and acquiring new housing will be nearly impossible without employment. Long-term housing resources like vouchers and RAPS, are the best and most cost-effective solution to avoiding this second-wave crisis just months down the road.

Using the state's By Name List Projection Tool, ~700 households were estimated to need longer term rental assistance in 2020. We increased this estimate by 30% to account for dramatic rise in unemployment we are already seeing and associated impact on housing stability for vulnerable populations. Approximately 300 of these subsidies will need to go to highly vulnerable people needing supportive housing services.

Rental assistance - 900 X $10,000 per year = $9M
Housing support services – 300 X $7,500 = $2.25M

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5. **Technology**

Many providers that are seeking to provide telehealth or online case management sessions with their tenants are finding they do not have the technology resources or funds to purchase them (online conferencing software, hardware, video). In order to ensure the continuation of effective support and services to supportive housing tenants during the crisis, providers will need to adapt their approach and equipment to a telehealth model. Many providers will require technical assistance around best practices and adaptive approaches, as well as new equipment, to effectively implement this model. State-wide training, technical assistance, and telehealth equipment (video equipment, online meeting software, etc.) totaling **an estimated $75,000 is needed over the next month to ensure a safe and successful transition to telehealth services**.

As supportive housing providers move to telephonic case management, they're finding that many of the tenants they work with do not have phones and/or do not have minutes/data for their phones. Often, those that do not have phones are those that are at high-risk for COVID-19 (over 60, pre-existing medical conditions) and were receiving in-person services and case management from staff. In order to ensure the safety of staff and tenants during this time, and to ensure that tenants can continue to receive necessary services, we are asking for funds for cell phones and at least 90 days of minutes and data for tenants. **An estimated 1,100 tenants do not have phones for an estimated $440,000 over 3 months.**

6. **High Risk Unsheltered Population**

Please provide Enhanced Outreach Services at DMHAS at $375,000. If unable to accommodate this population of people with safe emergency beds or housing options, a strategy must be in place for coordinated outreach and street medicine for people sleeping outside. It is key to avoid clearing encampments; to encourage people to increase space- 12ft x 12ft per individual; to ensure access to hygiene facilities and sanitation supplies. Partnering with Health Care for the Homeless programs across the state and enhanced outreach services through DMHAS will be necessary to better identify individuals and provide support. This is much needed capacity that we need as a state on an annual basis that has proven even more critical during this crisis.

State Level Interagency Coordination

Please build from the COVID-19 Workgroup on Shelter Decompression approach to convene a homelessness taskforce under the ESF 6 at least weekly throughout the crisis to address the multiple needs of the homeless response system and people experiencing homelessness across the state. This must include partners from DPH and our public health systems. Reaching Home and our partners have identified a strong need for state coordination around people experiencing homelessness and related vulnerable populations beyond the issue of shelter decompression. We are currently seeing duplication of work in some areas and an absence of attention by the state to other critical areas. The existing Vulnerable Populations Taskforce, led by Lisa Tepper-Bates in the Governor's office and made up of commissioners from DOH, DCF, DMHAS, DSS, DPH, OPM, federal partners like VA and HUD, and other key partners like Yale and Beacon Health Options, provides the necessary composition for this level of coordination.

We believe that immediate attention to these issues will prevent COVID-19 spread and help to divert people from needing expensive and increasingly scarce hospital care.

Sincerely,

Kiley Gosselin
Executive Director, Partnership for Strong Communities