

March 20, 2020

Undersecretary Jennifer Maddox and Associate Director Ita Mullarkey
Massachusetts Department of Housing and Community Development
100 Cambridge Street
Boston, MA 02114

Dear Undersecretary Maddox and Associate Director Mullarkey:

We, the undersigned, are writing to advocate for the more than 3,500 families currently in the Emergency Assistance (EA) program, in light of the outbreak of COVID-19 (the virus), now determined to be a global pandemic. The facts we have learned so far about the virus and its spread are alarming. Massachusetts – along with the rest of the United States and much of the world – finds itself in a declared state of emergency. Schools, offices, city and state governments, and courts largely have been closed; restaurants are open only for takeout (if at all); many nonprofit providers are facing indefinite closures; and grocery store shelves are empty. The state of California has instituted a shelter-in-place order, and a growing number of jurisdictions are considering similar measures including Boston and New York.

As you are well aware, EA shelter residents live in close quarters and in many circumstances share space, including kitchens and bathrooms – places where germs thrive and are spread easily. The very nature of shelter living, from the physical layout to the required meetings and chore activities, puts residents at heightened risk of contracting the rapidly spreading virus. A single infected resident could expose the virus not only to other residents and staff, but to all of those individuals' families, coworkers, friends, babysitters, and anyone with whom they had in-person contact in the past 14 days. This not only hastens the spread of the virus but puts residents with pre-existing conditions at increased risk of critical illness or death. The population of people experiencing homelessness includes a disproportionately large number of people at higher risk of developing life-threatening complications as a result of the COVID-19 infection, including older people and people with heart disease, diabetes, lung disease, immune system disorders, and asthma.

We know that DHCD has been working diligently under challenging circumstances to address this unprecedented crisis, including by issuing guidance for family shelters regarding individuals who may have been infected with the COVID-19 virus. However, we remain concerned that policies are not keeping pace with the rapid spread of the virus, the potentially disastrous consequence of an outbreak in shelter, and the particular needs of families in the EA program. We write to share our concerns and offer some suggestions for mitigating the harm.

Moratorium on terminations

- No new terminations or enforcement of pending terminations should proceed for the duration of the Governor's emergency declaration, retroactive to the date of issuance of the declaration.

Courts have limited access dramatically and anyone terminated from the EA system may be unable to seek further review under G.L. c. 30A, should the Court not consider the filing an emergency. Additionally, with many legal services programs closed for in-person services and attorneys and advocates working remotely, securing legal representation during this time of crisis may prove challenging. In light of the need to keep people in place and separated from others, terminations from shelter should not proceed. Under no circumstances should an EA shelter lock out or exclude a family without identifying a suitable alternative placement if a household member exhibits symptoms or tests positive for the virus. This is not only to protect the health and safety of the family but is also a critical public health measure, as these families may well seek safety by doubling up, sleeping in buses or trains, or staying in emergency rooms – all places where their proximity to others would lead to an increased risk of spread.

Expand and streamline applications

- Increase telephone intake staff and number of telephone lines available to receive intake calls.
- Families applying for shelter who appear to be eligible based on verbal reports and documents available to DHCD should be placed the same day, presumptively and immediately.
- The tolling date for presumptive placements should begin to run the day the Governor's emergency declaration is lifted.
- No 12-month bar to re-entering should apply to terminations issued or enforced since the Governor's emergency declaration was made.

It is imperative that families with children seeking shelter be quickly approved for EA and placed in safe and appropriate placements.

Reduce contact, provide information in shelter

- All participants should be provided with clear guidance about the virus.
- We support the Department's recommendation that shelters post the CDC COVID-19 poster, as well as DPH reminders about hygiene practices.
- We encourage DHCD to make posting of all relevant information mandatory.
- Flyers provided to EA participants should include the name and contact information for the shelter's primary contact on COVID-19 issues and updates.
- No non-compliances or terminations should issue for anyone absent from shelter during the Governor's emergency declaration, even if a TESI was not articulated.
- Shelter re-housing, savings plan, and chore requirements should be suspended for the duration of the Governor's emergency declaration.
- We support the Department's recommendation that case workers work remotely with residents to assist with needs to the greatest extent possible.
- Requests to include additional adult household members who are needed to provide care in the event a parent becomes ill or must be quarantined should be approved expeditiously.

We recommend that any current and subsequent communications to families be distributed to each household (including electronically when possible), and available in multiple languages. These communications should be checked for reading accessibility. Clear information and guidance will help to ease panic and anxiety, as well as dispel rumors and disinformation. This is particularly important for those residents with anxiety, PTSD, and other mental health issues that have been exacerbated by the stress of this crisis.

Residents who are able to safely stay with family or friends temporarily should be granted a TESI for that purpose. If a family member is quarantined and other family members must be placed elsewhere (such as children), they should be granted a TESI for the necessary duration.

We note that the Department's guidance to shelter providers in the event a resident displays symptoms of, or has been exposed to, COVID-19 is to confine the resident to their room or unit along with all members of that household. This policy is very concerning as it is counter to CDC guidance recommending that an affected family member avoid contact with others in their household. We recommend that the Department work to provide resources so that an affected family member can, when feasible based on family configuration, be placed in a separate room to reduce the risk of spreading the virus to other members of their household. This will be especially critical if any members of the family are high risk, such as those over age 60, immunocompromised, or with underlying health conditions.

Contingency planning for alternative space

- Alternative shelter space should be identified, secured, and made available immediately, including in spaces such as hotels, schools and colleges, sports facilities, empty buildings, and unoccupied housing.
- Households requiring quarantine or isolation should immediately be placed in safe and appropriate alternative space, and provided with timely food, diapers, medications, and other necessities.
- Residents of congregate shelters who have underlying medical conditions or are otherwise at increased risk of serious complications from infection should be identified and transferred to safe and appropriate alternative space, to reduce the incidence of serious illness or death.

It is imperative that infected individuals be quarantined to prevent further spread. Some jurisdictions have taken over hotel and motel space to make quarantine rooms available for shelter residents. For example, California has issued an executive order to secure over 300 hotel rooms and identify over 900 hotels suitable to place people struggling with homelessness. In Massachusetts, the City of Worcester is exploring the use of empty school buildings. Other possibilities include renting vacant apartments temporarily, repurposing unoccupied state-owned facilities, and constructing temporary housing.

So far scientists believe the COVID-19 virus is spread from infected individuals to others within close contact through droplets, mainly from coughing and sneezing. It may also be spread by touching a surface or object that has an infected droplet on it and then touching the mouth, nose,

or eyes. An infected individual may not display any symptoms but is still able to infect others, and there is strong research showing that the virus remains on surfaces for hours or even days without disinfectant.

Because it is possible to spread the virus unknowingly, the best way to ensure slowing of the spread is by limiting contact with others, called “social distancing.” Scientists believe most transmissions result from contact with infected individuals who do not yet show symptoms, so containment efforts that are solely focused on testing or screening for symptoms will not be effective at protecting others or preventing an outbreak.

It is recommended that people who have been infected but have only mild symptoms, such as a low-grade fever, be quarantined at home (or, in this case, an appropriate EA placement). Quarantine requires that the sick individual remain separated from everyone else, including family members, and limit contact in every way; using a separate bathroom and leaving meals outside the door of the infected person, for example. The ability to quarantine at home is a key component in ensuring that medical facilities remain available for the most medically urgent cases, such as persons requiring ventilation and other serious interventions. Given the terrifying but real possibility that our hospital systems may be unable to accommodate the coming medical needs, it is imperative that appropriate space – not an emergency room – be identified for people who may be infected or show symptoms.

To the extent that additional space can be pre-emptively procured, mitigation steps should include spreading families out further within a shelter, and moving families currently in congregate shelter who have high-risk household members into scattered site or other non-congregate locations.

We all hope to get ahead of a major outbreak in Massachusetts, but time is clearly of the essence as the number of infected individuals increases daily. We recognize that additional funding will be necessary for these efforts and stand ready to advocate for DHCD to receive the resources necessary to protect our most vulnerable children and families. We appreciate all of your efforts and look forward to working with you to address this crisis.

Sincerely,

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