



COVID-19 (A Community Development Response)

Presentation Notes

Steve Camilleri, Executive Director
Center for the Homeless
(South Bend)

- I. **STEPS** (Hear from our partners concerning what steps their organizations are taking to manage the COVID-19 crisis in terms of its impact on their operations and services)
- I don't know all of you on this call, so I don't know if anyone on this call is experiencing homelessness or is under-resourced and financially struggling right now. I don't know if you have someone you personally know that is suffering from coronavirus. I don't know your current situation, but we are all in this together, united as one community and our thoughts and prayers are with you.
 - What I am sharing applies to both the residents (guests) and staff
 - Above all, we are trying to remain calm. Stay Healthy (mental, spiritual, physical, emotional) and Adapt, New Normal and Disinfect and Distance. (HAND)
 - **Really none of us know what is going on as things are changing on a regular basis-** in preparing for this, I went back and read some emails from early March. They seem like ancient information on March 23rd... And I fear that what we are presenting now might be **ancient history** in two weeks.
 - Right now is a **snapshot** of the past, so it's wild to think of what that means for what we are doing today. As Dr. Fauci said on the 15th, if you think you are **over-reacting**, you are probably doing the right thing.
 - Set up **preparedness teams** on the 12th, and they are constantly updating each other and all staff and guests



- *Cleaning/Physical Space/Quarantine/Meal Team*
- *Programming/Volunteers/Donations (in-kind and food)*
- *Staffing (Emergency and otherwise)/Vacation/Sick/Personnel issues*
- *Offsite Guests*
- *Community Connections (City, County, Agencies, Public)*
- *Family Response*
- *Medical/health/Communications/Keep us all updated (guests and staff)*
- *Weather Amnesty/ Intake*
- It is important to us that we all **do our part** and so many have **risen to the occasion**
- We have **staggered** members of the team and it's gotten more thin with attempting to have **no more than two or three people in a space** and about **six to eight total at work at one time**
- Areas have been set up internally to be **isolation areas (I know some shelters have separated their high risk folks)**
- Adjusted our **dining schedule**
- **We have three questions we ask at check-in**
- Folks are regularly **checking in with each other**
- What we do is so **relationship driven**, so it's hard to be able to do that during this time
- Our **communication** has changed from in person to small groups, to outside meetings, to now mostly phone, Zoom, Marco Polo, and posting on a "Corona-Board" so all guests can read it. We do have a PA system as well where announcements get made. We have separate buildings though, so that PA doesn't reach everyone.
- You probably don't want every detail on what we are doing, but with 200 people living under the same roof and having many folks living in offsite housing, it has obviously had a huge impact on what we do and how we do it. **We have suspended all in person meetings, programming, volunteers and visitors.**
- **We have set up an Amazon wish list, postponed events, sent our emails like everyone else**



- ...words that are overused and haven't heard but are now buzzwords: corona, unprecedented, crazy, uncertainty, social distancing, hoarding, testing, spreading, pandemic, self-quarantine, virus, PPEs, #flattenthecurve
- ... but let's focus on providers, heroes, family time, helping others, reaching out, Netflix, Binging, calling, connecting, thanking, game nights, home schooling, kids teaching parents, etc.
- Take it one day at a time, try not to think in terms of the next eight weeks.

II. CHALLENGES (CURRENT AND FUTURE) (Learn what challenges they are currently encountering or likely to face in the weeks and months ahead)

- A partner agency has a situation: We currently have one of our residents in Memorial's quarantine unit. She was admitted with difficulty breathing Thursday night, tested for COVID-19 on Friday, and will probably get test results tomorrow or Tuesday. Her breathing is better now, so they want to release her to us. We are trying to get them to keep her at least until they get the test results, but not sure if they will.
- How do we **isolate/quarantine** those with symptoms, have been tested and actually have the virus?
- For agencies that are day drop in centers, how do they **manage possibly hundreds coming into their kitchens, gathering spaces, etc.**
- Keeping our agency running 24/7 (we have literally said that if we all get sick, we may have to have residents run the front desk, etc. We are planning for the most extreme and worst case scenario, but we really don't know what that will look like. And we hope we never do.
- Loss of jobs, need to stay home with children, elderly, supporting families who have kids home from school
- **Increased workload** on staff with no volunteers
- What happens when many of our staffs and residents get it? We think we are prepared, but are we?
- **Finding enough PPE and cleaning, disinfectant, toilet paper, etc.**
- **Funding** (*but that's always a challenge*) – with all the events being cancelled, funding will be needed, not only for individuals, but for nonprofits.



III. COLLABORATIONS

- The 200 people on this webinar
- Local Health Department
- Emergency Room doctors
- Healthcare systems – Beacon, Saint Joseph Health System, Indiana Health Centers (we have a clinic on site)
- Mayoral phone call
- Speaking to every council member
- Other partner agencies (within our community and beyond)
- Churches, schools, parents, donors, volunteers
- Media