

SPARKEDUCATION EQUITY  
INNOVATION LABTEACH**FOR**AMERICA

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| <b>First and Last Name</b>   | Brittany Fining  |
| <b>Current Role and Organization/School</b>  | Rapid Re-Housing Coordinator, The Homeless Coalition   |
| <b>TFA Corps Year and Region</b>   | 2013 NYC   |
| <b>My challenge best fits into this COVID-19 related theme</b>                                 | Homelessness   |
| <b>Describe the challenge as you are witnessing it</b>   | Our major challenge in this moment is the balancing act between ensuring staff and client safety, while also seeking to continue effectively serving as many clients as possible, especially with many of our local agency partners being partially offline or closed for the time being.  |
| <b>Tell us who specifically is facing this challenge or how large the challenge has become</b> | According to our reported data, 86.6% of our students are participating in online learning, television lessons created by PGCPs or bi-weekly instructional packets. 3.3% of our students are not participating in online learning, television lessons created by PGCPs or bi-weekly instructional packets (for 4% of these students, there has been no response from the parent after repeated attempts to contact them).                                    |
| <b>Tell us how this challenge has been created and/or made worse by COVID-19</b>               | This challenge is affecting all homeless and housing-insecure families and individuals in our county. I would imagine that many other counties, if not most, are facing similar challenges. Given the size and seriousness of the COVID-19 pandemic, all county agencies that we regularly partner with to collaboratively provide services, as well as our own organization, are operating under very restricting conditions.                               |
| <b>Tell us a story about a real person/people to help us visualize the challenge</b>           | My client "Marie," her husband, and their two daughters were all hospitalized with COVID-19. They were discharged (still with positive COVID-19 test results) from the hospital to an apartment with an overdue light bill, an overdue water bill, an overdue cable bill, and rent due in two weeks. They are also now both unemployed. Somehow, Florida's broken unemployment system denied "Marie" unemployment. Her husband could not apply because while |

employed "under the table," he does not have legal work authorization due to his immigration status. They've received emergency food/toiletry drop offs and have completed the financial assistance application to hopefully receive assistance in the next week or two. But that will barely catch them up before new bills are due for May. On top of all this, I am not allowed to meet with them in person, not even outside. Trying to budget, create a re-employment plan, and discussing their ongoing health needs and concerns has been much more challenging and less effective/efficient over the phone.

**Describe any current solutions you have tried or how people are navigating the problem without a solution**

I initially laid out two distinct issues. First, restrictions on how and when we serve clients. Second, meeting the needs of an increasingly larger group of homeless and housing-insecure families and individuals. To address the first, our organization has implemented a number of health and safety measures, following CDC guidelines, including moving to an A/B staffing schedule to decrease foot traffic in the building and locking our lobby door, allowing no clients inside. Everyone has been very gracious in this transition and staff members have taken an all-hands-on-deck approach to our client work; basically, we are helping each other out when necessary given limited staff. We have created a quarantine plan for our emergency shelter by reserving one of the family units for anyone who exhibits symptoms, until they are cleared by a doctor. We have worked with the county and other agencies, as well as local hotels, to create a plan for quarantining persons experiencing homelessness that are currently unsheltered (such as living in their car or a tent in the woods), so that, were they to be infected, they would have a safe and secluded place to recover that will minimize their ability to spread the virus. Finally, we have found creative solutions to the issue of clients not being allowed in the building that houses our case management team. Our Housing Specialist has set up an outside table for intakes, for example. And all case managers working with housed clients are conducting home visits outside, 6-feet apart, with both case manager and client wearing masks. These are just a few solutions we have tried to continue serving clients in a safe way. The second issue, of an increased need without increased resources, has been harder to address. As a community, a collaborative effort among a number of agencies has led to the creation of a new organization, COAD FL (Community Organizations Active in Disaster). This has allowed the agencies in our county to streamline disaster-specific resources, especially financial assistance. If an individual is in need of financial assistance only, they fill out a simple application, which is reviewed and then forwarded to the appropriate agency to handle the individual's case. This has allowed the front line service providers to continue focusing their time on case management, as opposed to taking and processing assistance

requests via phone all day. This also has made the process much faster and less frustrating for clients. However, the amount of financial assistance that exists within our county is still limited comparative to the number of people that need it. And on top of this, with many services having restricted access or being completely closed, we are still struggling to get the clients what they need when they need it (i.e. scheduling dental appointments, transition their mental health services to teletherapy, etc.)

**Articulate what, if any, additional barriers are there to a current solution being effective**

A few barriers that I see are: 1) lack of financial assistance, 2) limited staff/partner availability, and 3) a digital divide for many of our clients (restricting access to things like telemedicine, checking in with a case manager via phone/Facetime, etc.)

**Tell us if there are any resources available that could be used to solve this challenge**

N/A - I believe we are utilizing all resources (as an organization and as a county) at our disposal.

**Tell us anything else we should know about this challenge that would help inform a solution**

I want to call out that much of the magnitude of the issues we are seeing stems from the larger, global issue of their being no clear end date/plan for this pandemic in sight. I recognize that is challenging for everyone in any community and is not specific to our challenges to generate sustainable solutions to serve our current and future clients in circumstances like these.