EXHIBIT 3

coalition for the homeless

May 13, 2021

Molly Wasow Park, First Deputy Commissioner
Department of Homeless Services
33 Beaver Street, 17th Floor
New York, New York 10004

Dear Molly:

Thank you for the opportunity to meet with you to discuss our concerns regarding any planned re-densification of congregate shelters. As the court-appointed shelter monitor in *Callahan*, Coalition for the Homeless has a legal duty, along with the specific expertise, to highlight health and safety issues that have arisen as a result of the COVID-19 pandemic. While the current public health disaster emergency may officially come to an end, the risks it exposed will likely remain public health threats for the foreseeable future.

The most effective way to address the health and safety issues raised by the pandemic would be to move every shelter resident into permanent housing, or failing that, their own private space in which they can avoid exposure to SARS-CoV-2. To the extent the City elects or is required to resume the use of congregate shelters as the principal model for serving single adults who are homeless, we ask that you consider the following points:

- Given the well-documented findings that SARS-CoV-2 is spread through aerosol transmission, it is paramount that air quality standards be part of any assessment of the health and safety status of indoor living spaces. While we appreciate that your plans for any re-densification will be subject to review and approval by the City's Department of Health and Mental Hygiene (DOHMH), we ask that you and DOHMH consider recent scholarship regarding the use of ultraviolet germicidal irradiation (UVGI) and CO_2 meters to address and monitor indoor air quality. The CDC recommendations on UVGI can be found here: https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation/UVGI.html. Regarding CO_2 meters, we urge you to consider the attached article as well as the following publication of the Wisconsin Health Department: https://www.dhs.wisconsin.gov/chemical/carbondioxide.htm (see Health Effects tab for "safe levels"). For our own use, we have purchased these monitors recommended by leading expert Prof. Kim Prather: https://naltic.com/aranet4-co2.html?s=09.

- Even after the end of the current emergency, and given the relatively low level of vaccination among adult shelter residents, reduced occupancy and mask adherence for staff and clients should continue to be required in shelters, offices,

and vehicles used for transportation to prevent community spread of the virus and the more transmissible variants in DHS facilities.

- DHS should establish metrics to guide which shelters may re-densify, and the timing for any moves. These metrics should reflect the safest possible rates of vaccination, transmission, and positivity among clients, staff, and the community.

- Clients should be provided with adequate notice of any moves and clear explanations of the assistance shelter staff can provide during the transition. These notices should be provided as soon as possible and much farther in advance than standard transfer notices. Clients will need time to prepare and to collect documentation for any needed reasonable accommodation ("RAs") applications. There must also be adequate time for clients to obtain assistance from shelter staff, including, for example, help documenting disabilities that require accommodations or accessing public assistance grants, including storage payments. Early, frequent, and consistent messaging can help dispel the rumors that have already begun to surface about who will move back to congregate shelters and when the moves will occur.

- It will be necessary to assess RA needs for all clients, not only those who are at heightened risk for contracting SARS-CoV-2 as described in the interim guidelines you developed in response to the *Fisher* litigation, to ensure their access needs are immediately accommodated should they move to a congregate setting. This assessment will need to be broader than the assessment conducted for *Fisher*, because that assessment considers only whether clients need a single- or double-occupancy room and not what kinds of RAs they might need in a congregate setting. Staff should inform clients about the kinds of RAs congregate settings may provide, such as diabetic meals, refrigeration, kitchenette, air-conditioning, and elevator access (particularly for those who came to shelter during the pandemic and have never slept in a congregate setting and/or are dealing with Long COVID). Clients should be permitted to remain in their current placement pending any appeal of a denied RA regarding the site to which they may return or a new site.

- DHS must ensure that RAs are timely fulfilled in congregate settings, if DHS determines a client can be moved back to the parent shelter.

- DHS should expand its supply of single-occupancy rooms available as a reasonable accommodation, given the demonstrated increased need for more of them during the pandemic.

- We also ask that you consider the following questions as you plan for any moves back to congregate shelters:

    - In advance of moves:
        - In addition to written notices, how will any transition back to congregate settings be communicated to clients? We recommend the

use of FAQs; one-on-one, in-person meetings; and "town hall" webinars and conference calls, among other options.
    - Will staff have adequate time and resources to assist clients with applying for HRA storage grants? It will be disruptive and traumatic for clients if they have to leave belongings behind and cannot retrieve them within seven days. Can the storage time be extended for clients leaving hotels?
    - Will any barriers/temporary walls be installed in dorms to separate beds?
- Moving assistance for clients
    - What assistance will be provided for those clients who need help packing due to a disability?
    - What assistance will be provided for those clients who need help transporting their belongings from their hotel room to the bus due to a disability?
- Transportation
    - Will large buses be used again to transport clients? What occupancy limitation will be required?
    - Are all buses accessible, or will accessible transportation be used as needed? How will DHS determine when accessible transportation is needed?
    - Will DHS ensure that disability-related and medical equipment and property are moved with the client as opposed to another vehicle?

Finally, we appreciate your offer to share any model written communications to clients, along with any forms expected to be used, with us so that we can comment on them before they are distributed. Please send them as soon as possible.

We look forward to discussing these issues with you further as your plans develop.

Best regards,

Shelly Nortz, Deputy Executive Director for Policy

Deborah Diamant, Director of Government Relations and Legal Affairs

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