

CSJ Ministry Responses to COVID-19

Ministry: Sarah's... an Oasis for Women

Submitted by: Cheryl Behrent, Director

1. Is your ministry responding directly to those affected by COVID-19? How?

Sarah's is a home for women in transition. The same women who were living at Sarah's are Sheltering in Place who were living there before COVID-19 with the exception of three who were temporarily out of the building who have been required to remain in their current location outside of Sarah's with friends or family to prevent potential spread of COVID-19 back to Sarah's community of 27 other women. No assessment for new residents will be completed and no new move-ins will be allowed from already assessed potential new residents until the Shelter-in-Place order is lifted. Sarah's Director continues to work with the social workers of these individuals to keep them up-to-date and to provide suggestions and referrals for their clients in the meantime. Social workers also are connected with Sarah's Director as they always have been and providing extra support and check-ins, and a little more proactive support from their side as well, to support their clients' needs for those who do continue to reside at Sarah's and are currently isolated at our site. Torture survivors, survivors of trafficking, and survivors of other significant trauma are typically more reactive to additional layers of trauma such as being unable to continue with employment, lack of access to resources, and isolation from other people and we have seen that first hand at Sarah's with COVID-19. One social worker's statement:

"It is extremely likely that these circumstances are triggering trauma responses for many of the women, who may have histories of being detained, imprisoned, or having their movements otherwise restricted. And the stress of these circumstances is incredible for all of us and must make living in community very difficult."

Sarah's staff are typically in the building 7 days a week and evenings to be present to support ways of living together well in community and deescalate conflicts between 30 residents living together. We are coordinating communication with all of the residents, having those who are home (which is most but before COVID-19 would be very few) do the things that staff would typically do to sanitize home surfaces- in the shared kitchen and bathrooms, hallways, light switches (surfaces everyone touches), receive food and household supply orders and report on needs, distribute mail, wash linens for shared use, mix and distribute cleaning supplies, manage conflict between each other, share supplies for activities that individuals can do for self-care, notify staff to get service for maintenance and utility issues, etc. These are all intended as short-term crisis response solutions as, for instance, there are some housekeeping projects that volunteers and staff would typically keep up on which residents are doing day-to-day spot cleaning and these require more procedural and safety protocols such as cleaning grease and debris from kitchen fans, deep cleaning stoves, assuring lint filters are clean and in good condition in clothes dryers, assuring that the sanitization is happening on a regular basis and done well, assuring household and food supplies are adequate and donations requested by staff fit the need of the site, etc. We hope to have a safe way for staff to be back on site in some capacity/quantity in the nearest future.

2. Have you altered your mission and/or operations in any way as a result of COVID-19? How?

The home itself is not different than it has been and with the same number of residents who now are all home all of the time except for those who are working in healthcare (about 8 people). These 8 people are encouraged to use every precaution coming in and out of the house and are required not to go anywhere but to work. So all of the residents need food and household supplies provided by Sarah's and in the time past, these items would have been at least partially provided by the residents themselves who were working at non-healthcare jobs which now have ended (at least temporarily) and even if they have money saved, we don't want them going out of the house and so we do provide food and supplies for everyone. Those who are working in healthcare have had to change transportation plans if they could not walk to work as most usually would take the bus and it is uncertain the safety of riding a bus with social distancing unlikely. So, we are recommending using other transportation like taxis and rides with friends to at least reduce the number of people together. These are more expensive transportation options and the future of work is also uncertain for all of the residents, even those working, because if they would get sick it is uncertain what level of financial resource and burden each will be faced with given that we are assuming most also are supporting family in other countries still and that those families may also be in places with higher levels of COVID-19 as well. So, another change has been in waiving living expense contributions (the amount set with the Director for each resident to contribute financially to Sarah's) across the board for April and May 2020. These are due like rent by the 5th of the month typically so this gives flexibility in saving, supporting, and waiting for employment or search for employment to be able to resume. We may revisit and also excuse June 2020 living expense contributions depending on the timing of everything including when Sarah's staff can return to the site as this will also be when we can assist residents in their job search which otherwise residents who typically need support to do online and phone process as English is not their first language and comprehension of the technology online and English on the phone is a true challenge and one of the barriers long known as to why Sarah's has staff to help with this. We are trying to administer to residents by phone, text, and email with messages in multiple formats as we have a diversity of English speech, reading literacy, and comprehension of language and culture at Sarah's. We have not found ways to 'see' the residents by video such that each would need to understand the technology herself and be able to use it on her own digital device which is another thing that staff in person would typically help with just in general so it is challenging that we aren't able to help people to get set up. Thankfully, because it is our service model to utilize the other services a person can access which exist in social work, education, job search, etc in our geographical area, we are able to refer to service providers who are connecting to many of our residents in different ways including sometimes by video and they had these things set up before COVID-19 with their clients. It's a learning for us that after we can return to 'normal' ministry, we will try to teach one-on-one how to use video chat of some kind so that we could use it as another one of the tools in our toolbox in cases of some future situation that may not be a pandemic but something preventing us from in-person meetings with residents as this is at the base of our operations. We are also sharing ideas with residents about how they might reach out via video (some maybe already know how to do this with their families as many are separated long-term...we are exploring what the residents already know or can easily learn on their own).

3. Has COVID-19 affected your financial condition? How? Explain how revenue has declined and/or expenses increased over a “normal” year.

Thankfully, we did account for more food expenses in case of a crisis so there is some extra built into the current fiscal year budget. We usually get 90% of our food free through a non-profit program that locally has a warehouse where we are able to pick up food on a weekly basis. Fortunately, because our ability to join a group of staff and residents safely to pick up the food is changed right now with COVID-19, our source is able to deliver food to our location. Typically we would not get enough produce and dry goods from this source (“Loaves and Fishes”) to feed 30 residents with culturally appropriate foods and basic food items like milk and eggs. We do typically have volunteers go out and buy milk which since we are closed to the public, we are not having volunteers coming and going from the building. Instead, to make up for the gap in the amount of food so that residents have enough to eat, and don’t leave to bring food into the building from various sources, we are ordering and paying for food delivery from a local provider who can deliver milk, eggs, and produce. Ultimately, we will be looking at the coming year’s budget and need to balance for staffing and costs for supplies and food since we also know that we will not be able to host an event in early June that Sarah’s typically has for friendraising to bring in new donors, volunteers, and supporters who donate supplies and food. We hope to have an online event, but with all of the other events that have gone to online formats and many of our potential donors also facing potential financial hardship, we are questioning the viability of contracting for services to produce and administer such an event.

4. How much, specifically, do you need in emergency funding, and what would you use it for?

Ralph, I think that this is a number to be determined after the finance committee has met and whatever recommendations come out of that. I’d also like to meet with you, Cathy, Jim, Kim about this in a second step to figure out what our needs are particular to fundraising and what you think that we should do since we aren’t having the breakfast in June and Hamline has agreed to hold our funds towards an event as late as NEXT June (we wouldn’t want to have it during the school year due to parking issues then so I’m leaning into that idea). Initially we thought of having an online fundraiser but there’d be cost of staffing associated with that and so I’m waiting to hear what adjustments are needed and then what the Foundation thinks we should do and have put that idea on ‘hold.’ Martha West leaves her position on April 10 for another position (congrats to her!!) so this leaves an ‘opportunity’ for a decision but also holes in what else Sarah’s usually does like maintaining our website and database of volunteers and in-kind donors which we also use for electronic communications like updates and requests we send out. I’m going to be learning our processes to cover them and it won’t be tough to do in the short term working remotely. But, in the long-term, this is a part of the picture too. I am not planning on hiring someone for Martha’s exact position (again, trying to look at her leaving as an opportunity! ☺).

5. How has COVID-19 affected your staffing?

Besides need for events staffing changing drastically at least in the short term, we also have the issues listed in #1 with not being able to be at the site. So there is a need for staff and not a way to keep staff safe which we are working on. I continue to be concerned for part-time employees who have been laid off of their other jobs being able to manage with one job at Sarah’s and think there’s a chance we’ll lose some of them as well though they are invaluable and I’ve worked very hard to

find the right fit with these tough roles to fill. I hope not to lose any of them, but obviously if they need to seek out hours elsewhere and it changes their decision to continue with Sarah's, they'll need to make the right choice for themselves. I am beyond grateful that the Sisters have concluded that they will pay staff through the end of the fiscal year as that gives relief of at least knowing the stability of working for the Sisters is a commitment they have. I have three staff besides myself which are absolutely essential to get back onto the site as soon as possible and I hope to be able to continue to employ them (Home Attendants-2, Household Coordinator-1). I also hope to be able to have a St Joseph Worker again in the fall as this is also a major part of our staff support to residents. I am interviewing by Skype at least one more candidate and hope that as the budgets are re-looked at, Sarah's can still include for an SJW for 2020-21.

6. Have you determined how your ministry will return to "normal" when that time comes?

I think that there will be at least an intermediate step once the 'Shelter in Place' is lifted which would likely mean continuation of: Social distancing between residents (still all will be living together), no group activities like house meetings (at least a change into smaller groups would be necessary when we can start those), for a time perhaps plastic sheeting barriers put up by maintenance which John assures me can be done (not sure about the point of contact we can isolate but then how will we assure that staff are safe there), no access still from the public (tours, visitors, meetings on site from off-site people for residents and staff, donors coming with in-kind donations in person into the building, etc, would all still be limited or on hold). Following that, we would plan to begin to train residents in video communications so that they can learn to use their devices in the future. We'd also start accepting new residents when we are able to stop being closed to the public and so I will reassess those waiting for priority of need and any changes and be sure to incorporate video communication into the orientation that they would receive. I am already revising our policy and procedure manual to reflect the usual annual updates but also to include sections related to pandemics and changes that we can make both permanent and temporary to address any situation which prevents staff access into the building or makes procedure to allow safe access should we need to in the future with a similar situation.

7. What lingering effects do you expect to see in the populations you serve once the crisis itself is greatly reduced or over?

Given the level of trauma being separated from the residents is causing for all of my staff given that we are all used to providing direct service, in person, and the need for them to have resources for self-care including therapy groups which all have the opportunity to join for free (online) and that I have found the need for this myself, I know that the trauma for those who are already survivors of significant trauma who are the 30 residents at Sarah's will have the lingering effects of this trauma on their PTSD and general well-being. The specifics of the trauma in the view of the residents are: that staff was always there then suddenly gone without warning, the staff who have been physically present in the office day and evening day after day could not be there with a hug or smile or tears or listening ear (by phone is not the same and requires a level of self-propelling that is not known in most of these women's experience culturally or given that they are in steps of healing from trauma), residents who worry about conflict with other residents (just likely given 30 women living together) isolate beyond just staying in their rooms but avoiding getting food from the kitchen or using the bathroom if anyone else is in there, whereas finding commonality with 29 people different in many

ways from yourself is hard when you are all together much of the time it is even more difficult and isolating when you are being told to stay 6 feet away when necessary to be around each other in the kitchen and bathroom and isolate in your room as much as possible otherwise, and being isolated from the outside world all except for phone calls. Also refer to the social worker's statement I included in #1.

8. Add any additional information you think our donors need to know:

We so far have not had a case of COVID-19 among our residents. We have gloves and masks available for times residents are in the kitchen or dormitory style bathroom with stalls for toilets and showers. We are having a volunteer make more masks as at the time we supplied these, it was enough for those who were coughing and we were told that was the only use for the masks plus we couldn't get them through our usual channels of ordering so we have a limited supply. When all of the residents and any staff that can go to the site has masks and our supply of gloves, this will help in prevention of spread if we have a case. So far one woman was sick and was already at a friend's house and stayed there. In the end she was tested and it wasn't COVID-19. We have a staff who may have been exposed to a family member who may have been exposed to it at work from a co-worker who was tested positive for COVID-19. We hold in prayer all those who work in places where their work is essential during these times and those who live at Sarah's and the Sarah's and Province staff and Sisters who are trying to be a support to them.

Thank you for your help on this. Please attach this form to your return email to rscorpio@csjministriesfoundation.org by next Wednesday, April 8.