



## **Protecting People Experiencing Homelessness from COVID-19**

*March 30, 2020*

The National Alliance to End Homelessness asked homeless providers, leaders, advocates, allies, and those with lived homelessness to complete a survey on what they needed to protect people experiencing homelessness from COVID19. The Alliance released the survey on March 20 in the Alliance's e-newsletter and promoted it on social media. People were told that their responses would be used to inform policymaking and advocacy to ensure their perspectives would be heard.

A total of 785 individuals completed the brief survey, including direct service providers, shelter providers, permanent supportive housing providers, rapid re-housing (RRH) providers, and those with lived experience. Respondents also include homeless service system leaders, funders, and Continuum-of-Care (CoC) administrators from across the country. The survey yielded rich qualitative data. The Alliance presents the following summary of findings related to local needs to keep people experiencing homelessness sheltered and safe in light of the COVID19 crisis.

### **Keeping People Experiencing Homelessness Safe and Sheltered: A Shortage of Resources and Supports**

On any given night, the nation has half the emergency shelter space it requires to accommodate every single adult experiencing homelessness. A shortage of bed space is a more common than not for youth, and many localities lack the shelter resource they need to accommodate families in crisis. Existing homeless service systems alone cannot expand resources fast enough to provide safe spaces for all people experiencing homelessness during this crisis.

Many of the programs in use by people experiencing homelessness, including those highly vulnerable to COVID19, lack the shelter space to adhere to CDC physical distancing guidelines or provide a safe place for people who need to be isolated. Many rely heavily on congregate programs to provide shelter: mats and bunkbeds side by side in one large facility. Many are only open overnight, leaving people nowhere to go during the day. Even programs that offer individual units may double up families into one room or unit with shared living quarters. For some, achieving the recommended social distance with existing facilities would come at a severe cost: reducing the number of people served nightly, thereby forcing more people into unsheltered homelessness.

### **Reductions in Services and Supports**

Many respondents report that local resource for homeless people are contracting, not expanding, during the crisis.

- Overnight shelter space has been lost. Shelter programs are closing or reducing the number of people they serve nightly to achieve the recommended level of social distancing.
- Day shelter programs are closing or reducing their hours. These programs typically provide a safe place for people to go and access resources to meet their basic needs (bathrooms, shower facilities, food), as well as opportunities to meet with caseworkers. Public spaces and businesses that offered respite for people during the day, such as libraries, have also closed in many localities.
- Some programs that provided people food are closed, have depleted resources, or have changed how they are delivering services. This includes congregate meal programs, food pantries, school-based breakfast and lunch programs.
- Agencies that provide a range of supportive services to people experiencing homelessness now have staff that are working remotely, including caseworkers, mental health workers, public employees that enroll people on benefits and provide employment assistance.

### **Internal Program Challenges**

Respondents continuing their operations feel enormous pressure to meet the increased demands of the time within their own facilities. Many report the often conflicting need to increase distances between beds in shelters, offer safe places for those who need to be in quarantine or isolation, and fill some of the gaps left by partners who reduced services (including increased demand for overnight shelter).

Respondents are also concerned about ensuring screening protocols are put in place to identify people exposed to COVID19, and that they have adequate supplies to keep clients and staff safe, including but not limited to personal protective equipment, cleaning supplies, thermometers, and soap. Many organizations have been impacted by the same shortages of the same essential supplies of cleaning supplies and paper products experienced by households across the country.

Respondents are also concerned about keeping their programs adequately staffed to maintain safe operations. They are facing workforce shortages due to employees unable to find childcare for school age children, volunteers of advanced age no longer able to offer their services, and people concerned about their own exposure to COVID19. Family programs also feel pressure to meet the childcare and educational needs of children no longer able to attend school, which is also putting pressure on parents who are trying to maintain employment so they can escape homelessness.

Respondents also expressed fear that demand for shelter services will likely spike, increasing pressure on their programs that they will be unable to meet. This includes people displaced by the economic jolt created by COVID19, including from surrounding rural counties that have limited social service infrastructure to respond to people with housing crises. It also includes people who may need to flee domestic violence due to stress within their home, people who may be displaced by the upcoming hurricane season, and people who may be asked to leave doubled up situations because hosts wish to engage in social distancing or provide space for a family member to self-quarantine.

### **Taking Action and Seeking Help: Keeping People Experiencing Homelessness Safe and Sheltered**

Respondents report key priority areas in which they require support to provide safe, temporary shelter for people experiencing homelessness:

## **Leadership**

Respondents are asking for, and in some cases receiving, leadership from local, state and federal partners. They want municipal partners, elected officials, and national entities (such as FEMA) to help them scale up a response that will assist everyone who needs a safe place to stay, including people who are positive for COVID19, while maintaining physical distancing. Political leadership will be critical to expanding temporary housing options by deploying community resources, such as school gymnasiums, college dorms, office buildings, convention spaces, hotels and motels, and large sprung shelters.

They will also need leaders to help deploy staff from other service sectors, including public health workers, to help ensure that people experiencing homelessness in shelter and outdoors are safe. They require guidance on how to help clients and staff stay safe and scale up needed spaces and medical care for people who need to be placed into quarantine for their own and others' safety.

Respondents also reported a need for leadership within the homeless service system to help ensure that programs and services are coordinated and informed. In some cases, this is being done while others report little communication from their Continuum-of-Care (CoC) lead.

## **Vast expansion of temporary shelter options**

Attaining appropriate physical distancing within shelters and meeting unmet demand requires action steps to greatly expand temporary housing options for people experiencing homelessness. Providers and homeless service systems are identifying sites that might be brought online (warehouses, hotels, schools) and working on their own or with municipal partners to secure them. They are partnering with Red Cross and United Way to identify strategies to expand shelter capacity locally and allow existing shelter programs to reduce their census and provide appropriate physical distancing.

Respondents also need access to appropriate space to accommodate people who are at heightened risk due to age or being immunocompromised (e.g. people living with HIV), or symptomatic of COVID19. Some providers have secured hotel rooms or long-stay suites for people who need to be removed quickly from congregate facilities. While an example of using Community Services Block Grant (CSBG) was provided by one respondent to move vulnerable adults out of shelter and into hotels, re-house vulnerable adults, others report using their own limited program budgets to provide this resource.

Respondents are seeking increased funding to secure hotel and motel rooms for people experiencing homelessness. Some seek shelter for those who are at heightened risk or positive for COVID19, while others are hoping to place as many people as possible in hotels, as they believe it provides the best opportunity for clients to practice physical distancing.

Many noted that the reduction in tourism in their locality means that these rooms are going unused. While some hotels appear receptive to providing space for people experiencing homelessness, reluctance was also noted. It was reported that one hotel will no longer honor vouchers from a

homeless service provider and another is reluctant to house people experiencing homelessness due to fear that once sheltered, they will never exit. Ideally, hotel options will be located near resources for case management, health care, and food although the need to bring these resources to clients should be anticipated.

Respondents report that shelters need to accommodate the people they are designed to serve. Shelters should be low-barrier, avoiding sobriety requirements or rules that would leave people without shelter options, and be open 24-7. They need to be welcoming of youth, LGBTQ individuals, and particularly transgender individuals who may feel unwelcome in same-sex shelters.

### **Increased investment in staff**

Some programs are struggling to staff their current programs. A vast expansion of temporary housing options will also require securing additional staff including those who can travel to support people placed in hotels and motels. Respondents expressed interest in securing staff who can respond to the health and medical needs of clients, including those who may have COVID19 symptoms or who have mental health disabilities. Some are increasing staff pay. Two report increasing the hourly wage by \$5 an hour to ensure current staffing needs are met, and many others expressed a desire to increase the wages of their staff, acknowledging the hardship and risk that some are undertaking in their work.

### **Funding to help people avoid or exit homeless service programs**

Respondents report a range of activities to reduce the censuses of existing shelter programs so they can increase social and physical distancing within facilities. Other shelters are helping people reconnect to housing as quickly as possible. Respondents report increasing their investment in diversion and rapid exit to help people identify safe alternative places to stay to avoid or reduce the need to stay in shelter. Respondents are also working to expedite exits to permanent housing through rapid re-housing and housing search navigation.

Internal and external issues may be impeding re-housing efforts just when these are most needed. Respondents fear that staff reductions will impede their ability to re-house people. They also fear that available funding for short term rental assistance (as in rapid re-housing) will not reach as many people as projected, as participants are likely to seek extensions due to reduced income from employment. Further, agencies may have to spend more of their own funds to pick up rental costs, meaning they have less to support new participants. External issues are also impeding re-housing efforts. Respondents note examples of funding being suspended for housing projects, public housing agencies ceasing to provide resources to re-house people, and property managers/landlords no longer accepting applications to house potential tenants.

Respondents are seeking increased resources to accelerate efforts to re-house people quickly. This includes resources to engage landlords and pay housing navigators and case managers. It includes flexible financial assistance to expand diversion and rapid exit programs, and short-term, medium-term and permanent rent subsidies.

They also seek assistance to expand the supply of housing affordable to people experiencing homelessness. They would like to see any available subsidized housing stock be quickly released

and made available to help people exit homelessness. They would like vacant houses and apartment units made available to increase affordable housing stock, and a temporary moratorium on landlords being able to refuse federal housing subsidies as payment.

### **Help to improving the health and safety within existing shelter programs**

Respondents are working to promote safety within their shelter programs but need help, additional guidance, and funding. They report providing extensive safety training to staff and clients, instituting temperature checks of people inside the program, and improving sanitation with thorough cleanings of facilities.

In order to create more distance, programs have adopted strategies such as placing drapes between beds, moving some shelter bed space and program service outdoors, and use of room dividers. They are repurposing staff offices to provide private spaces for people who are symptomatic and may need to be quarantined. An effort was reported by one provider to coordinate with other shelter programs in their jurisdiction to reduce “shelter-hopping,” (people who jump from one shelter program to another) to reduce cross contamination.

They require more information and guidance on how to keep people safe, clearer protocols, and more equipment to improve the health and sanitation of their facilities (including cleaning supplies, paper products, and personal protective equipment). They need help to develop temperature monitoring stations and ensure ongoing, thorough cleaning. They seek divider and partition walls to create space and funds to repurpose space within facilities for those who need to quarantine (although one respondent noted with shared HVAC systems, efforts to separate people requiring quarantine in separate spaces seems futile). They also need places to send people whose needs or vulnerability indicate that another shelter should be found for them.

### **Help meeting basic needs of residents**

With meal programs closing in the community and volunteers unable to bring meals, respondents note that they need help providing food to the people they serve in and outside of their shelter program. This may require additional funding for the purchase, preparation, and delivery of meals to people placed in hotels or motels.

Organizations that are expanding capacity, including staying open 24/7, may require additional funding to meet needs residents may have typically met elsewhere. Beyond food, this may include access to shower and laundry facilities, and basic sanitary supplies (soap, detergent, diaper and baby products). They will also need to be able to provide health supplies, including personal protective equipment for clients and staff to remain safe. These supplies may add substantially to organizational costs that may not be easily absorbed.

### **Conclusion**

Across the country, thousands of people are working to help keep people experiencing homelessness safe and sheltered. They are doing their best but ensuring their success requires far greater investment and support.

They are seeking the leadership of elected officials and other key stakeholders, a vast expansion of safe and appropriate temporary housing options, increased investment in staff, funding to help people avoid or exit homelessness, help to improve the health and safety of existing program operations, and help meeting the basic needs of the people they serve.

The Alliance is grateful to the hundreds of providers, advocates, leaders and people with lived experience who took time to share their perspective of what is needed during this unprecedented health crisis.