Working with FEMA to Address Homelessness During the Pandemic

April 14, 2020

Nan Roman, President and CEO, National Alliance to End Homelessness

Traci Brasher, Acting Public Assistance Division Director, FEMA

Sarah Mulligan, Supervisory Emergency Management Specialist, FEMA

Ann Oliva, Visiting Senior Fellow, Center on Budget and Policy Priorities

Ali Sutton, Deputy Secretary for Homelessness, California Business Consumer Services and Housing Agency

Erika Ferguson, Directory, Healthy Opportunities, North Carolina Department of Health & Human Services
Housekeeping & Announcements

• All attendees are on mute. The Zoom Chat function has been disabled. Please enter your questions in the Zoom Q&A box.


• Join the Ending Homelessness Forum - [https://forum.endhomelessness.org/login](https://forum.endhomelessness.org/login)
WELCOME & OPENING REMARKS
Opening Remarks

Nan Roman
President & CEO
National Alliance to End Homelessness
Alliance Framework for COVID-19 Homeless Response

- Prevention and diversion
- People who are unsheltered
- People in shelter
- People in homeless-funded housing (RRH and PSH)
- How to move people into housing
- Preparing for the Post-COVID world
Webinar: Working with FEMA to Address Homelessness During the Pandemic

National Alliance to End Homelessness | April 14, 2020
Public Assistance – Category B
FEMA Public Assistance: Eligible Emergency Protective Measures

- Under the nationwide emergency declaration, FEMA may reimburse eligible emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of public health officials under Category B of FEMA’s Public Assistance program.

- While some activities listed may be eligible for funding through HHS/CDC, final reimbursement determinations will be coordinated by HHS and FEMA.

- FEMA will not duplicate any assistance provided by HHS/CDC.

- See [Eligible Emergency Protective Measures](#) fact sheet for more information.
Non-congregate Sheltering
FEMA Public Assistance: Non-Congregate Sheltering

- Under the national emergency declaration, FEMA’s Regional Administrators have been delegated authority to approve requests for non-congregate sheltering for the duration of the Secretary of Health and Human Services’ declaration of a Public Health Emergency for COVID-19.

- FEMA recognizes that non-congregate sheltering may be necessary in this Public Health Emergency to save lives, to protect property and public health, and to ensure public safety, as well as to lessen or avert the threat of a catastrophe.

- FEMA has outlined criteria must be considered before setting up non-congregate sheltering and support services.

- See Non-Congregate Sheltering Frequently Asked Questions.
Criteria for setting up Non-Congregate Sheltering and Support Services:

- Must be at the direction of and documented through an official order signed by a state, local, tribal, or territorial public health official.
- Limited to that which is reasonable and necessary to address the public health needs of the event and not extend beyond the duration of the Public Health Emergency.
- Follow FEMA’s Procurement Under Grants Conducted Under Exigent or Emergency Circumstances guidance and include a termination for convenience clause in their contracts.
- Prior to approval, must provide an analysis of the implementation options that were considered and a justification for the option selected.
- Funding cannot be duplicated by another federal agency, including HHS or CDC.
- Applicable Environmental and Historic Preservation laws, regulations, and executive orders must be adhered to.
Thank you

Please visit: FEMA.gov/coronavirus
Additional Background Slides
Emergency Food and Shelter Program
Emergency Food and Shelter Program (EFSP)

- EFSP funds are distributed in accordance with the McKinney-Vento Homeless Assistance Act, which established the program and called for the creation of an Emergency Food and Shelter Program National Board (National Board).
- The purpose of the EFSP is to supplement and expand the ongoing work of local social service organizations to provide food, shelter, and supportive services to those experiencing, or at risk of experiencing, hunger and homeless.
- EFSP funds can be used for a broad range of services, including mass shelter, mass feeding, food pantries and food banks, utility bills and rent/mortgage payments to prevent foreclosures or evictions, and transition assistance from shelters to stable living conditions.
EFSP continued

- Funds are awarded by FEMA to the National Board, which then allocates the funds by formula to jurisdictions (counties/cities) with highest needs using certain factors such as population, unemployment, and poverty levels. Those jurisdictions establish Local Boards (decision-making bodies) that determine the funding for local service providers.

- The EFSP is a needs-based program for which clients must qualify, and the Local Boards may determine client eligibility. Local Boards are encouraged to place special emphasis on assistance to the elderly, families with children, Native Americans and veterans.
CARES Act (COVID-19) Funding for EFSP

- The EFSP was appropriated $200 million under the CARES Act, 2020, to assist those impacted by the COVID-19 public health emergency.
- FEMA anticipates awarding the total funding to the National Board no later than the week of April 20, 2020.
- The National Board’s delivery structure enables the grant funding to be targeted effectively and quickly.
- The National Board is devising its formula now for allocating the funds to jurisdictions. Factors to be considered in the formula are the following within a jurisdiction: unemployment data, poverty data, and any available data about the effects and impacts of COVID-19.
Overview: Accessing FEMA Resources for COVID-19 Public Health Response

*Including People Experiencing Homelessness in a Non-Congregate Sheltering Response*

Ann Oliva, Visiting Senior Fellow
Center on Budget and Policy Priorities
Coordination and Building Relationships

• People experiencing homelessness MUST be considered as part of COVID-19 response. Protecting the health and safety of vulnerable or at-risk populations protects the health and safety of the community as a whole.

• Build a relationship with your local or state Office of Emergency Management – they are likely experienced in FEMA programs and regulations.

• Establish or engage relationships with public health officials, who are a key partner in both the overall community response and in accessing FEMA resources.

• FEMA Regional Public Assistance Leads are important partners in this effort.
Key Considerations

• The FEMA program referred to in this presentation is *Public Assistance, Category B: Emergency Protective Measures*.

• Communities that wish to implement non-congregate sheltering as part of their COVID-19 public health response should work with their OEM to submit the appropriate request under Category B.

• Other emergency needs like congregate facilities and resources for unsheltered persons (like handwashing stations, toilets or showers) may also be considered.

• HUD TA is available through the SNAPS Disaster TA team.
FEMA Resources for COVID-19 Response

FEMA and Homeless Systems use Different Language – So Become Familiar with FEMA Guidance posted here:

• [https://www.fema.gov/coronavirus](https://www.fema.gov/coronavirus)
Requirements for FEMA Applications

FEMA guidance dated March 18, 2020 identifies the *Criteria for Approval* for its Public Assistance Program non-congregate sheltering, along with necessary support services to meet the needs of the public health emergency.

- The non-congregate sheltering must be at the **direction of and documented through an official order** signed by a state, local, tribal, or territorial public health official.

- Any approval is limited to that which is **reasonable and necessary to address the public health needs** of the event and should not extend beyond the duration of the Public Health Emergency.

- Prior to approval, the applicant must provide **an analysis of the implementation options that were considered and a justification for the option selected**.

- Applicants **must follow FEMA’s Procurement Under Grants Conducted Under Exigent or Emergency Circumstances** guidance and include a termination for convenience clause in their contracts.

- The **funding for non-congregate sheltering to meet the needs of the Public Health Emergency cannot be duplicated by another federal agency**, including the U.S. Department of Health and Human Services or Centers for Disease Control and Prevention.

- **Applicable Environmental and Historic Preservation laws**, regulations, and executive orders apply and must be adhered to as a condition of assistance.
Important Concepts

• *Emergency Protective Measures*: FEMA can help pay for actions taken by the community (almost always government agencies) before, during, and after a disaster to save lives, protect public health and safety, and prevent damage to improved public and private property.

• *Hospital Surge Prevention*: Hospitals are accommodating the influx of patients as a result of the COVID-19 pandemic. Emergency protective measures (like implementing non-congregate shelter for high-risk populations) can help prevent unnecessary surges that further strain hospital capacity.

• *Infection Control Strategy*: The development of cross-cutting coordinated strategies for infection control at the community level, in coordination with public health officials, is of utmost importance to protect the public, health care workers and vulnerable populations. People experiencing homelessness (those sleeping outside or in places not meant for human habitation) may be at greater risk for infection when there is community spread of COVID-19. Addressing the needs of this highly vulnerable population must be part of a community’s overall infection control strategy.
Populations to Consider: Isolation and Quarantine Through Non-Congregate Shelter

• Individuals who test positive for COVID-19 that do not require hospitalization;

• Individuals who have been exposed to COVID-19 that do not require hospitalization; and

• Individuals who are asymptomatic, but are at high-risk (over 65 or have underlying health conditions) and who require protective social distancing.
Components of an Application

• **Public Health Order**: A public health official must develop and sign a directive that requires the use of non-congregate shelter as part of the community’s infection control strategy.

• **FEMA Request**: A document that may include the following components:
  - Description of the jurisdiction and situation
  - Populations to be served
  - Types of units/description
  - Duration of assistance
  - Analysis and Justification

• **Cost Estimate**: Using locally available data, estimate costs for lease of physical space, operations, wrap around services and staffing. Costs must be reasonable and necessary for providing emergency non-congregate shelter to eligible individuals. FEMA requires a 25% cost share.
Submission of FEMA Application

• Submission by appropriate applicant
• FEMA is simplifying the Public Assistance application process.
• FEMA developed an online form applicants (state or local governments) can complete, and on which they may explain work activities, answer basic questions, provide limited supporting documentation, and provide a cost estimate.
• FEMA and the recipient (State) will review this information, follow up with limited requests for additional information if necessary, and award assistance.
• Grants Portal is at https://grantee.fema.gov/
Project Roomkey: California’s use of FEMA funds to Support People who are Homeless in the COVID-19 Response

Ali Sutton, Deputy Secretary for Homelessness, California Business Consumer Services and Housing Agency
Project Roomkey

- Locally driven, State supported initiative that was created to provide emergency housing in hotels/motels/and trailers for sick and medically vulnerable individuals experiencing homelessness in response to COVID 19
- Mission is to mitigate transmission, reduce hospital surge, and protect lives
- Goal of 15,000 units; 10,418 online as of 4/12/20
- $150M in state funding made available to support Covid-19 response for people experiencing homelessness
State role

• In addition to funding the effort, various State agencies provide on-going public health guidance, training materials, master agreement for wrap around services, technical assistance in emergency operations

• Hotel/motel identification and occupancy agreement negotiation

• Support the connection to essential behavioral health and health care services including telehealth

• Ensure deployment of resources match the need of counties with significant homeless populations that are also experiencing high concentrations of COVID-19 transmission
FEMA Approval of Non-Congregate Shelter

- California made a request for FEMA Public Assistance on March 25, 2020
- State received approval on March 27, 2020
- California was the first state to obtain approval from FEMA to provide non-congregate housing alternatives for people with unstable housing who may need to quarantine in response to COVID-19

Photo by Michael Owen Baker/Los Angeles County
Rationale for FEMA approval

• Individuals lacking stable housing are more likely to use hospital emergency rooms.

• Patients experiencing homelessness are admitted to inpatient units 5 times more often than people who have stable housing.

• Protecting individuals experiencing homelessness will relieve pressure on the hospital system by separating high-risk individuals who are homeless from COVID-positive or persons under investigation (PUI), in order to protect public health and safety for the duration of this public health emergency.
FEMA reimbursement

- 75% FEMA reimbursement to state or local government
- Non-congregate shelter and wrap around services directly necessary for the safe and secure operation of facilities are reimbursable
- Case management and behavioral health services not reimbursable
- Approval through April 30, 2020 with opportunity to request extension
- Must maintain tracking mechanism to provide sufficient data and documentation to establish eligibility - plan to use HMIS
Populations served through FEMA assistance

1. Individuals who test positive for COVID-19 that do not require hospitalization, but need isolation or quarantine (including those exiting from hospitals);

2. Individuals who have been exposed to COVID-19 (as documented by a state or local public health official, or medical health professional) that do not require hospitalization, but need isolation or quarantine; and

3. Individuals who are asymptomatic, but are at “high-risk,” such as people over 65 or who have certain underlying health conditions (respiratory, compromised immunities, chronic disease), and who require Emergency NCS as a social distancing measure
Providing on-going housing support to Project Roomkey clients post-crisis

• Goal is to provide on-going housing support to individual after the crisis

• State exploring opportunities to support counties that wish to purchase hotel and motels for conversion to permanent supportive housing
What we have learned...

• Ensure emergency response systems prioritize people experiencing homelessness and that responses are guided by public health lens

• Many of the COVID prevention and mitigation efforts our homeless systems are undertaking are also likely eligible for FEMA reimbursement including:
  • supplies and equipment needed to protect staff and clients from COVID-19 (e.g. sanitation stations, masks), and
  • increasing current shelter capacity to ensure social distancing.

• Maintain tracking mechanism to provide sufficient data and documentation
NORTH CAROLINA: COVID-19 Housing & Homelessness Planning

Erika Ferguson
Director, Healthy Opportunities, North Carolina Dept. of Health and Human Services
North Carolina Overview

Homelessness in North Carolina
• 9,314 people experienced homelessness during 2019 Point-in-Time Count
• 75% sheltered, 24% unsheltered
• 12 Continuums of Care, 2 HMIS Implementations

State Context
• 100 counties
• Recent experience with disaster response (Hurricane Florence)
• Coordinated approach across partners to COVID-19 Response
• The homeless service system is essential in flattening the curve to ensure there are enough ICU beds, ventilators, and other resources to meet the demand.
North Carolina Interagency Council for Coordinating Homeless Programs Work Areas

1. **Protection in Current Homeless Settings**
   Steps to increase health and safety in congregate settings

2. **Non-Congregate Shelter**
   Create temporary locations to provide:
   - Quarantine and isolation options for people who are symptomatic or test positive for COVID-19
   - Recovery or care options for people experiencing homelessness to receive care for other health issues to preserve hospital beds
   - Options for high-risk individuals to take social distancing measures

3. **Housing Stability**
   Divert people from – and move people out of – homelessness into housing so they can follow social distancing and hygiene guidelines to reduce spread of COVID-19. Includes immediate and long-term strategies.
FEMA Public Assistance
Category B: Non-Congregate Sheltering

• North Carolina one of first states to receive approval from FEMA to provide sheltering alternatives (e.g., hotels, motels, dormitories) for North Carolinians with no other safe place to who need to quarantine or isolate in response to COVID-19 or are at high-risk for severe illness from COVID-19.

• Goal: Protect highly vulnerable people, preventing a surge in hospital demand, and providing safe spaces for people who are symptomatic, positive, or high-risk

• Request: Submitted by NC Emergency Management on April 1st, approved April 6th
FEMA Public Assistance
Category B: Non-Congregate Sheltering

• Reimbursement:
  • FEMA reimbursement 75%, State 25% of costs
  • Funding approved in 30-day increments or less if a re-assessment determines there is no longer a public health need

• Estimated goal of **16,500 units** statewide
  • Eligible sub-applicants:
    • Indian Tribal and local governments,
    • Private Non-Profits,
    • COC (Continuum of Care), and
    • Homeless shelters.
  • Coordinated across local partners including: counties, cities, housing and public health agencies, homeless Continuums of Care, behavioral health, labor, nonprofit organizations, other county and tribal departments, and health care departments and providers, inclusive of telehealth options.

• State role:
  • Public Health Guidance
  • Operational Guidance
  • Technical Assistance and Training
  • Draft MOUs and other documents
Populations served through FEMA assistance

- People who test positive for COVID-19 and need to be isolated but do not require hospitalization, including those discharged from hospitals.

- People exposed to COVID-19 and identified by a health care professional as needing quarantine but do not need hospitalization.

- People needing social distancing as a precautionary measure, as determined by public health officials, particularly for high-risk groups such as people over 65 or with certain underlying health conditions such as respiratory illness, compromised immunities or chronic disease. This may include those whose living situation makes them unable to adhere to social distancing guidance.
Non-congregate shelter and homelessness system

• Assist local partners in permanent housing strategy post-non-congregate sheltering
  • Rapid rehousing approach with current resources and additional CARES Act resources will be used to re-house individuals from non-congregate shelter sites.
  • Rapid rehousing approach essential to minimizing non-congregate shelter costs and reducing future risk.
• Engage local partners including health department, DSS, continuums of care, behavioral health service providers, hospital, and others.
Tips + Resources

• Partnership
  • Emergency Operations & Recovery: Emergency Management and HHS
  • Interagency Council on Coordinating Homelessness Programs

• More information on non-congregate shelter in North Carolina
Resources

National Low Income Housing Coalition

• Toolkit provides information on FEMA’s role, legal authority, programming, eligibility requirements, and funding opportunities in areas that have received a federal Major Disaster Declaration or are covered by the president’s National Emergency Declaration.