



NAEH COVID-19 Webinar Series: Working with FEMA to Address Homelessness During the Pandemic.

1. There will soon be considerable amounts of federal funding coming to jurisdictions to address the intersection of homelessness and the coronavirus pandemic. We need to be smart about how we spend that money because the lives of people experiencing homelessness will depend on it. Every community that gets federal funding needs a plan on how they are going to spend it and how they are going to leverage additional resources, like FEMA Public Assistance, to maximize that funding.
 - a. The Alliance has developed a basic framework of elements most communities will need to consider when planning how to use new resources to fight coronavirus among the homeless population. Those elements focus on:
 - i. prevention and diversion
 - ii. people who are unsheltered
 - iii. people who are in shelter
 - iv. stabilizing people in existing RRH and PSH programs
 - v. getting people into permanent housing
 - vi. post-pandemic planning
 - b. For each element, communities must assess their current situation, leverage other (non-homelessness) funding streams, and develop a set of strategies for implementing protocols to most effectively and efficiently target new and existing homelessness funding. Overlying the framework, strategies, and protocols will need to be a commitment to addressing the racial and economic inequality that is causing the pandemic to have such a devastating and unfair impact on people of color and marginalized communities.
2. Because a national emergency has been declared in response to the coronavirus pandemic, eligible **emergency protective measures** taken to respond to the crisis at the direction or guidance of public health officials may be reimbursed under [Category B of FEMA's Public Assistance program](#). Importantly, for addressing the public health emergency at the intersection of homelessness and the coronavirus, [non-congregate sheltering and support services](#) may be considered an eligible emergency protective measure for which jurisdictions can be reimbursed.
3. Criteria for establishing non-congregate shelter as an eligible emergency protective measure include:
 - a. Must be at the **direction of and documented through an official order** signed by a state, local, tribal, or territorial public health official
 - b. 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
 - c. Prior to approval, must provide an **analysis of the implementation options that were considered** and a **justification for the option selected**

- d. Follow **FEMA's Procurement Under Grants Conducted Under Exigent or Emergency Circumstances** guidance and include a termination for convenience clause in their contracts
 - e. Funding **cannot be duplicated by another federal agency**, including HHS or CDC
 - f. **Applicable Environmental and Historic Preservation laws**, regulations, and executive orders must be adhered to
4. To ensure people experiencing homelessness are elevated to receive this vital emergency protective resource, we must acknowledge homelessness as a **public health crisis**. Protecting the health and safety of people experiencing homelessness protects the health and safety of the community as a whole. Important concepts to consider for making the argument for including addressing homelessness into your community's public health plan include:
 - a. **Emergency Protective Measures** are taken before, during, and after a disaster to **save lives and protect public health and safety**. We know from [recent research](#) that people are experiencing homelessness are much more vulnerable to contracting and dying from COVID-19.
 - b. **Hospital Surge Prevention** can be accomplished by emergency protective measures on behalf of people experiencing homelessness, who are more likely to access emergency rooms and spend more in-patient days than people who have housing. This can **prevent unnecessary surges** in hospital use at a time when the pandemic is severely straining hospital capacity.
 - c. **Infection Control Strategy** should include coordination between homelessness systems and public health officials to protect public and healthcare workers and the highly vulnerable homeless population. Ensuring the ability to quarantine and isolate for this vulnerable and mobile population **reduces the spread of the virus and protects the larger community**.
5. Key to ensuring that emergency protective measures that are reimbursable under FEMA Public Assistance, Category B are targeted to people experiencing homelessness, it is vital to **build relationships with your local Office of Emergency Management (OEM) and your local public health officials**. The OEM is experienced in FEMA programs and regulation, and public health officials are key partners in the overall community response and are the ones who must make the official order necessary to establish non-congregate shelter as a reimbursable emergency protective measure.
6. While no community has exclusively targeted non-congregate sheltering (hotels, motels, dormitories, of other forms of non-congregate shelter) to people experiencing homelessness, for the above-mentioned public health concerns, people experiencing homelessness, particularly unsheltered homelessness, can and should be prioritized for these emergency protective measures. People experiencing homelessness and other vulnerably populations to consider for non-congregate sheltering include:
 - a. People who test positive for COVID-19 that do not require hospitalization;
 - b. People who have been exposed to COVID-19 that do not require hospitalization; and
 - c. Individuals who are asymptomatic but are at high-risk (over 65 or have underlying health conditions) and who require protective social distancing.

7. Because FEMA Public Assistance, Category B is a funding stream that is accessed via reimbursement (75% to state, local, tribal, or territorial governments), it is vital that jurisdictions maintain a tracking mechanism that provides sufficient data and documentation. Additionally, approval for reimbursable activities is granted in 30-day increments by FEMA, so communities will need to be able to make a data-based argument to request additional extensions on this assistance. Your local [HMIS](#) is a good vehicle for doing this and other important pandemic-related tracking!
8. Non-congregate shelter and wrap around services directly necessary for the safe and secure operation of facilities are reimbursable from FEMA. Many COVID-19 prevention and mitigation efforts, like securing supplies and equipment needed to protect staff and clients from COVID-19 (e.g., sanitation stations and masks) and increasing current shelter capacity to ensure social distancing, may also be eligible for FEMA reimbursement. However, case management and behavioral health services are not.
 - a. Homelessness systems and programs must continue to build creative partnerships to ensure staffing and services while people experiencing homelessness are social distancing in non-congregate facilities.
 - b. While we are all in immediate crisis mode, homelessness systems and programs must also think about developing permanent housing pathways for people who are going into these new non-congregate settings.