
Webinar

Key Takeaways

*Federal Funding*

1. More funding is needed for homeless service systems during the COVID-19 pandemic.

Jurisdictions across the country will be receiving a significant amount of money to address homelessness via the CARES Act. In particular, there is $4 billion for the Emergency Solutions Grant (ESG), which is nearly 15 times as much as the last appropriation (approximately $270 million) for that program. There are also additional funds available through the Community Development Block Grant (CDBG) and Coronavirus Relief Fund – not to mention FEMA’s Public Assistance Category B program. And with your advocacy, more homelessness and housing resources could very well come in the next stimulus bill as well, so it is important that communities use this money wisely and strategically.

*Framework Background*

A Framework for COVID-19 Homelessness Response was developed by the Alliance, the Center on Budget and Policy Priorities, the National Healthcare for the Homeless Council, and the National Low Income Housing Coalition, with ongoing input from the field and consultants, to help communities think wisely and strategically about how to allocate these resources both to continue to focus on ending homelessness, in the short and long term, and to address the public health crisis of COVID-19 among people experiencing homelessness.

*Framework Structure*

As discussed in our recent webinar, the Framework is built around some core values and visions:
1. First, there is a commitment to address **racial and economic disparities**. Both homelessness and the pandemic shine a light on racial and economic inequality in our nation, and both disproportionately affect African Americans, other racial and ethnic minorities, and very low income people. Our communities must use these new federal funds in ways that helps eliminate disparities – not exacerbate them.

2. It is imperative to **help people with the highest needs and greatest vulnerabilities first**. People who are unsheltered, older, medically vulnerable, disabled, ill, and literally homeless should be helped before people who housing and physical situations are less dire. Only when those with the highest needs and vulnerabilities are assisted, should **homelessness** resources be directed to people who are slightly better off or to prevention. This does not mean that prevention resources from **systems other than the homeless response system** should not be used for that work, just that **homelessness-specific** resources should be directed exclusively to people currently experiencing homelessness. The point is not just to spend the money quickly, but to spend it wisely. And helping the most vulnerable first will help achieve that.

3. Another important priority is to **get people into housing**. Getting people off the streets and into the appropriate shelter is not the ultimate goal. We must take the opportunity of these new federal resources to get homeless people into permanent housing. That is the best protection for their health and to ensure a solid economic recovery. While developing non-congregate shelter options to reduce and eliminate the spread of COVID-19 among people experiencing homelessness is important, we must not move people to hotels and motels only to send them back to the street. Communities must use this opportunity and these resources to get homeless people into their own permanent housing **FAST**.

4. Additionally success in this effort requires communities to create meaningful **PARTNERSHIPS** with non-homelessness-focused agencies and sectors, especially housing, health care, and employment. Many aspects of the homelessness work will be better carried out and/or financed by partners. Prevention is particularly important to think about in this context. Most so-called homelessness prevention is actually eviction prevention, and it does **NOT** prevent people from becoming homeless. Relatively few poor and low-income households with an eviction notice become homeless. This does not mean that eviction prevention is not important, just that it should not largely be funded with homelessness-specific resources.
5. Finally, we must **ACT QUICKLY** in the context of the pandemic. Business as usual is not good enough. We must remove all barriers to get people indoors quickly, attend to their health, protect them, and get them into homes with jobs and health care. We almost must work with other systems to prevent a new wave of homelessness post-pandemic, and all of this must happen in weeks – not years or even months.

*Steps for the Future*

To that end, while we are making these bold and rapid changes, the ultimate vision of the framework is that we *could* come out of this in a better situation by actually ending homelessness (as the Commonwealth of Virginia is poised to do, which its representative on the webinar described) and by improving our systems for the future. We *could* establish strong partnerships between CoCs, PHAs, health care systems, public health departments, and anti-poverty and employment systems. We *could* realize that we can stand up shelter a lot faster, we can eliminate congregate shelter all together, we can permanently house people much more rapidly, and *as a community* we can stop a new tranche of people without jobs or housing stability from becoming homeless. And we *could* create a more just society by ensuring that everyone, no matter their race, ethnicity, gender, age, disability, or LGBTQ status, receives equal treatment because we paid attention and did things more and differently to help all people avoid and escape homelessness.