



**The Framework for
an Equitable COVID-19
Homelessness Response**

#HousingEquity

Responding to Homeless Families' Needs During the COVID-19 Crisis

A strategic response to family homelessness during the COVID-19 crisis in alignment with the Framework for an Equitable COVID-19 Homelessness Response. The creation of this document was led by Barbara Poppe and the National Alliance to End Homelessness and includes contributions from the following framework partners:

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A CALL TO ACTION

The [Framework for an Equitable COVID-19 Homelessness Response](#) provides guidance to communities on how to use a wide range of federal funding sources, including CARES Act programs, strategically across key public health and economic recovery strategies to meet public health goals, increase housing stability, and prevent future increases in homelessness – all with a racial justice and equity lens. We recognize, however, that different subpopulations of people experiencing homelessness are impacted in different ways and particular attention must be paid to different forms of risks and vulnerabilities during the COVID-19 pandemic – and those risks and vulnerabilities are greater for Black, Indigenous, and Latinx people. This brief is intended to help communities tailor their response to meet the unique needs of children and families who experience homelessness during the pandemic.

This brief contains two parts:

- Part 1: Background about the current context for homeless families and providers
- Part 2: Operational guidance on considerations to improve the response



PART 1: CURRENT CONTEXT AND BACKGROUND

Growing Concerns and Evidence of Harm

A March 2020 [report](#) issued by the National Alliance to End Homelessness described some of the early challenges faced by homelessness services providers when responding to the needs of families with children during the COVID-19 pandemic. Among the concerns of those working to serve families enduring homelessness:

- Family shelters lacked the necessary space, supplies, and resources to meet CDC recommendations for protecting shelter residents from acquiring or transmitting COVID-19. There was grave concern that decompression of shelters would result in reduced shelter capacity for families.
- The economic toll of COVID-19 would cause more family homelessness and families who experience homelessness will require more help to exit homelessness and sustain housing due to lost income from employment.

The impacts of COVID-19 have unfolded since the spring to be even more challenging for children and families than originally envisioned.

- The [CDC](#) has advised that pregnant women are at increased risk for severe illness from COVID-19 including adverse outcomes for their pregnancies, such as preterm birth.
- A group of pediatricians in August 2020 [called out](#) the dual negative impacts of homelessness and COVID-19 on child health.

- Many [experts](#) believe that domestic and interpersonal violence has been increasing during the pandemic. Others are concerned that despite reduced reporting, there are likely increases in [child abuse](#) and neglect.
- COVID-related job losses are widening gender and racial disparities, especially for [single female heads of households](#). Similarly, gender and racial disparities occur in who is evicted, with [Black single female heads of household](#) experiencing very high rates of eviction.
- Children and youths' access to education and the supports available through schools have been [disrupted](#).
- Routine [childhood vaccinations](#) are lagging, particularly for children receiving Medicaid, putting children at risk for polio and other highly contagious diseases.

Long Standing Racial Inequities Are Increasing

Evidence is mounting daily that COVID-19 has a profoundly disparate impact on Latinx, Black, and Indigenous people in the United States. Data on the disparate impact of COVID19 based on race, sex and age are updated daily by the Centers for Disease Control and Prevention (CDC) on the [CDC COVID Data Tracker](#) website. Data included below is current as of December 10, 2020.

- Over [35 percent of all children](#) under the age of 5 diagnosed with COVID-19 are Latinx and they comprise 32 percent of all young children under the age of 5 who have passed away

due to COVID-19. Latinx children are disproportionately represented among children age 5-17 diagnosed with COVID-19.

- Acquiring COVID-19 seems particularly lethal for [Black American children](#); 12 percent of all children age 5-17 diagnosed with COVID-19 are Black and yet they make up 23 percent of all COVID-19 related deaths among children in that age group.
- [American Indian and Alaska Native](#) individuals are 3.5 times more likely to acquire COVID-19 than their white neighbors.

There are unidentified risks that haven't yet been uncovered and the longer-term effects of COVID-19 are unknown. As data improves, it is likely more evidence of disparity and contributing factors will be identified but it is clear now that developing a strategic response to COVID-19 cannot be race neutral. To learn more about why the virus is disproportionately affecting Black, Indigenous, and People of Color, including children, see this [brief](#).

The economic fallout of COVID-19 is also

disproportionately impacting people of color in the United States. According to the Economic Policy Institute, unemployment among [Latina women](#) increased by 15 percent between February and April 2020, reaching a high of 20 percent unemployment. While unemployment among Latina women began to [decline](#) in June, the rates are still unacceptably high.

COVID-19 job losses accelerated inequities already existing in the labor market for Black women who experienced the biggest drop in workforce participation. By [April 2020](#), less than half of Black women in the United States were in the labor force and, while unemployment for Black women [began to decline](#) from early on in the pandemic, it has been slow to do so.

The disparate loss of jobs deepened pre-pandemic inequities in unemployment and wages, with people of color over-represented in the jobs and sectors most hard-hit by the pandemic. Not surprisingly, an October analysis by the [Center on Budget and Policy Priorities](#) indicates that people of color are also having the greater difficulties than their white neighbors in meeting the basic needs of their families, including food and keeping up with rental costs.

Communities that should be considered to be **historically marginalized and disproportionately impacted** by homelessness in the United States include: Black and African Americans; people who identify as Latinx, Native, or Pacific Islander; individuals with disabilities; people who identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ); incarcerated and formerly incarcerated individuals; and undocumented individuals and mixed-immigration-status families and communities.

COVID-19 has exacerbated existing inequalities for people of color and compounded the impact of structural racism. The virus has had an elevated and disproportionate impact on communities of color, particularly Black, Latinx and Asian communities. Racism essentially shapes COVID-19 disease-related inequities as it affects "disease outcomes through increasing multiple risk factors for poor people of color, including racial residential segregation, homelessness, and medical bias."

[Equity Based Decision Making Framework](#)

Version 1: Developed by the National Innovation Service

Homelessness, like COVID-19, is [disproportionately experienced by Black families](#). Pre-pandemic, approximately 50 percent of all families sheltered in 2018 were headed by a Black parent, although families headed by a Black parent comprise only 14 percent of families in the United States. Latinx families are under-represented among families that rely on homeless shelter programs each year; although they comprise 32 percent of families living in poverty in the United States, they represent 19 percent of families who access shelter programs annually, nationally.

Understanding disparity, within the homelessness service system and other institutions/sectors (such as in health care, employment, and housing market to name just a few), helps homelessness services and housing providers improve their programs to better serve children and families who become homeless and also supports advocacy for a more just society that promotes opportunity, health, and wellness for all people. As an example, understanding that Black parents may face greater levels of unemployment and that housing discrimination may lead homelessness service providers to offer more time or support to help parents navigate both.

Homelessness service systems should also assess whether program design or other barriers to program participation may impede access to critical supports for Latinx or Indigenous families in need. During this pandemic that is disproportionately impacting people of color, it is particularly imperative that our system is geared toward more than just program access and outcomes, but toward reducing and eliminating inequities.

The Health and Economic Impact of Family Homelessness

For families with young children, an experience of homelessness, even if temporary, can severely affect health during the first years of life. Homelessness during the prenatal and/or first year of a child's life is associated with poor birth and infant outcomes, which incur high healthcare costs and adversely change the trajectory of the child's health and ability to succeed. Homelessness not only has extreme effects on individuals, families, and communities, but is also associated with substantial costs to society; some [studies](#) have found that the costs associated with homelessness are immense, particularly for families, and increase with duration of homelessness. This is in addition to incremental and direct costs to healthcare utilization due to homelessness, as well as healthcare costs as a result of health outcomes associated with homelessness, such as low birthweight.¹

COVID-19 amplifies the individual and societal harms of housing instability and homelessness. While millions of people have been called to shelter in place, social distance, and maintain good hygiene (including frequent handwashing) to reduce the transmission of the virus, homeless and unstably housed people, including children, are not able to access these privileges. As a result, these families are at a higher risk of exposure to COVID-19. Furthermore, these families may be more vulnerable to health complications of the virus due to the poor health outcomes associated with housing instability. Initial [reports](#) predict that people who are experiencing homelessness and contract COVID-19² are much more likely to be hospitalized and require critical care and

1 Daniel Garrett et al. The Business Case for Ending Homelessness: Having a Home Improves Health, Reduces Healthcare Utilization and Costs, 5 AM HEALTH & DRUG BENEFITS, 17(2012). Rebecca Russell et al. Cost of Hospitalization for Preterm and Low Birth Weight Infants in the United States, 120 PEDIATRICS, e1-9(2007).

2 Catherine Coughlin et al. Homelessness, Children, and COVID-19: A Looming Crisis. 146 PEDIATRICS, e20201408(2020).

are much more likely to die than the general public. Ensuring that families are stably housed during and long after the pandemic is both a moral imperative and a public health necessity.

Communities Know How to End Family Homelessness

For years, communities and providers have been doing gallant work responding to the needs of children and families experiencing homelessness. Many communities have increased their focus and emphasis on creating permanent housing outcomes. This work helped reduce the number of families experiencing sheltered or unsheltered homelessness on any given day by 24 percent nationally between 2013 and 2019 and far more dramatically in more than half the [states](#).

The National Alliance to End Homelessness estimates that nationally, homelessness services providers can only re-house approximately [39 percent](#) of all families that experience a shelter stay. This represents

significant progress over prior years, but gaps remain. Many communities are confronted by tight rental markets and rising rents making it even more difficult to re-house families.

Now, with more families economically devastated and the health risks to children and pregnant women, better understood, keeping vulnerable children and their families safe is an even greater need. When families are not assisted to exit homelessness, stays in shelter programs grow longer, lengthening the time they are at risk. With longer stays, fewer families can be served. When homeless families are not assisted with alternatives to shelter admission, demand for shelter will quickly overwhelm supply, leaving families to wait while remaining in potentially dangerous situations, including violent households and unsheltered settings. These dire consequences can be mitigated if we mobilize sufficient resources, invest in best practices, and apply these resources in ways that improve racial equity. The solutions are known, we just need to the political and community will and commitment.



PART 2: STRATEGIC RESPONSE TO FAMILY HOMELESSNESS IN THE COVID-19 CRISIS

It is critical that planning, design, and implementation of responses to COVID-19 aim to close gaps in systems of care that perpetuate disparities and that we aim to achieve outcomes that support racial justice and equity. In order to understand the impacts of those gaps and identify appropriate and effective responses, communities should engage the people most impacted within their planning, design, decision-making and implementation activities. At this juncture, we must promote equity in the allocation and use of funds, avoid contributing to disparate outcomes, and facilitate more equitable and just systems and programs.

This paper outlines what is needed in the near-term and medium-term to protect families experiencing homelessness from COVID-19. It includes a focus on safely housing families experiencing unsheltered homelessness, improving shelter for families who require it, helping families quickly transition to housing they can sustain, preventing and diverting families from homelessness, and working toward a long-term vision every community has in place a system that can prevent and end family homelessness. These recommendations and strategies are organized by the five Action Areas within the Framework.

1. Unsheltered People
2. Shelters
3. Housing
4. Diversion and Prevention
5. Strengthening Systems for the Future

Unsheltered People: Help Families Experiencing Unsheltered Homelessness

Families living without shelter in places not meant for human habitation, like cars, tents, and abandoned buildings, need urgent access to resources to avoid further trauma and negative health impacts including acquiring or transmitting COVID-19. **Communities should prioritize getting all children and their parents off the streets.** They need help to transition immediately into safe, appropriate temporary or permanent housing. While unsheltered family homelessness appears to be rare in many localities, they comprise a significant proportion of the families experiencing homelessness in several states, according to annual Point-In-Time count estimates (examine extent of unsheltered family homelessness in your state [here](#)). However, it is widely believed that these PIT count numbers are underestimated due to inadequate methodologies to identify homeless families and parents' efforts to protect their children by hiding their families' homelessness.

State, localities, philanthropists, and leaders, providers and advocates on behalf of people enduring homelessness should work together to ensure families living without shelter receive the critical support they need. The following list describes the most important activities that should be undertaken:

- Quickly identify through **mobile outreach and in-reach** (especially schools and hospitals).
- Offer access to **non-congregate or safe CDC compliant shelter**.

- Provide **tools to stay safe** (including access to sanitation and personal protective equipment).
- Provide **resources meet their basic needs** (including food, drinking water, baby supplies, laundry, showers, and restrooms).
- Assist to **maintain cars** (if the family possesses one) through safe parking and other supports to keep the car legal and operational.
- Safely **transport** to appropriate and safe shelter and/or housing options and to access services.
- Offer **healthcare**, including testing for COVID-19, and information on how to stay safe.
- Connect to **support services** and systems (counseling, mental health care, schools).
- Provide **technology and internet connections** to access school, work, and health care, including access to charging stations for phones and laptops
- Provide **case management** services (individualized, trauma-informed and culturally responsive) and targeted **financial assistance to move quickly out of unsheltered homelessness** and into permanent or temporary housing.
- Partner with public health and healthcare systems to offer **testing and vaccinations**.

Centering Racial Justice and Equity

- Analyze data on unsheltered family homelessness and disaggregate by race/ethnicity, gender identity, disability, and family composition to **understand who is unsheltered, who receives crisis and permanent housing, who returns to homelessness, and who becomes infected by COVID-19**. Develop and test strategies to eliminate disparities that emerge.
- **Engage families with current and recent experiences with unsheltered homelessness, as well as frontline staff**, to inform all planning, design, decision-making and implementation activities. This expertise will be invaluable to identify unsheltered families and provide a holistic response.
- Explore whether families without legal documentation are among families unsheltered. Establish **working partnerships with culturally appropriate organizations as well as immigrant advocacy organizations** to identify options for families.
- Map the **locations where families who are unsheltered are staying, as well as prior residences** to understand opportunities to for prevention and early intervention. Seek out culturally appropriate organizations within these areas to join in these efforts.
- People who endure unsheltered homelessness have significantly more [contact with law enforcement](#). A recent [report](#) by National Innovation Service found that people from “historically marginalized communities these encounters can too often lead to harassment, violence and death”. Police can provide valuable information about where unsheltered families are staying, but **law enforcement should not be part of the outreach**.

Use Funding Strategically

Funding from the CARES Act, including the Coronavirus Relief Fund (which expires on December 31, 2020), Community Development Block Grant (CDBG) and Emergency Solutions Grant (ESG) as well as FEMA and state resources, such as Temporary Assistance for Needy Families (TANF) reserves, should be committed to ensure families living without shelter are safe and provided immediate help to reconnect to permanent or temporary housing.



Shelter: Provide Families a Safe Temporary Place to Stay Consistent with CDC Guidance

Families whose homelessness cannot be prevented or immediately ended require a safe place to stay. This includes families who are forced out of doubled up situations and families fleeing domestic violence. Many localities lack adequate shelter options to provide safe distancing and accommodate unsheltered people, including children and families.

- The use of large congregate shelters is not recommended. Rather **dignity-based, safe, temporary crisis options** should be available 24 hours per day and be low-barrier, culturally responsive, non-discriminatory, welcoming to LGBTQ people, accessible for people with disabilities. These crisis options must serve as a bridge to long-term housing.
- Deconcentrate existing shelters by relocating people to non-congregate settings and ensure no overall decrease in crisis capacity. An expanded inventory will allow localities to implement the safe distancing and provide separate isolation and quarantine spaces recommended by the CDC. This expansion may include leasing hotel/motel rooms and apartments or houses to expand **non-congregate** crisis inventory. These must be equipped with appliances, supplies, and food to enable parents to provide nutritious meals and offer families the agency and dignity to care for their families. Individual units that allow for the greatest physical distancing (for example hotel rooms that do not require people to share bathrooms) should be prioritized for populations at heightened risk due to COVID-19. This

involves families that include pregnant women, older adults, children/adults with respiratory illness, asthma, or those who are immunocompromised.

- To be effective, all crisis options must be **welcoming spaces for children and parents** who might otherwise remain outdoors. Minimizing barriers to entry or participation are critical. Families must be able to [self-define what family means](#) and family members must not be separated by gender or age. Separating male children from their families is illegal based on the HEARTH Act changes [24CFR part 578.93(e)]. Family definitions should align with the cultural norms of those being served (e.g., multi-generational). This is particularly true for Pacific Island and Native-Indigenous families, and

LGBTQ families. Pets must be able to be accommodated. Families with cars will need free parking and assistance to keep vehicles running. Provisions for isolation and quarantine that keeps families together must be made.

- Be responsive to the unique needs of **survivors of domestic and intimate partner violence (DV-IPV)**. The need for close collaboration between the homelessness assistance system and its providers with the DV-IPV system and its partners is critical. Strong attention to safety and mental health supports are needed for families to manage at the intersection of COVID-19, domestic and intimate partner violence, and homelessness. Take an equitable approach since native communities and communities of color

Project Safe Haven, Los Angeles

With domestic violence calls to [law enforcement](#) on the rise during the early days of the pandemic, the lack of crisis resources for domestic and interpersonal violence survivors in Los Angeles was compounded by other factors. While the number of shelter beds for domestic and interpersonal violence survivors pre-pandemic was insufficient, the gap was further increased by the reduction in shelter capacity to allow for social distancing. As public health officials urged residents to remain only with their immediate household, family and friends became less able to take in and support survivors and their families. Rising unemployment also made it difficult for some natural supports with less resources to share. The need for additional options was clear.

Project Safe Haven began as a collaboration in April 2020 as the Mayor's Office and the Mayor's Fund secured \$4.2 million in [privately raised funds](#) to provide shelter, food, and services for survivors and their children. According to the Domestic Violence Homeless Services Coalition Project Safe Haven provided necessary resources that allowed individuals to stay safe and housed during the pandemic. The program follows the [DV Housing First](#) model and a [recent study](#) that included Project Safe Haven client focus groups found that it had a profound impact on the health and wellbeing of its clients.

Though originally expected to support 900 clients for 10 weeks, the program found additional support from Coronavirus Relief Funds (CRF), which enabled its extension through the end of the year. By November, the program served 1,915 people with housing in hotels and motels, food, transportation, case management, legal services, and housing navigation.

and LGBTQ+ individuals have been disproportionately impacted.¹

- Expanded shelter inventory will also require **expanded staff and resources** to meet the basic needs of families, including nutrition, medication, and baby supplies. Programs providing shelter to families also need **tools to keep children and parents safe:** personal protective equipment, sanitation supplies, clear information and guidance from public health professionals. They will also need support from healthcare providers to keep children and parents safe from COVID-19, including access to testing and mobile provision of healthcare to those who are ill but not yet in need of hospitalization.
- Partner with providers to **implement protocols to ensure that no one is purposefully exited from any of new sheltering facilities into unsafe congregate shelters or unsheltered homelessness** and provide individual units for those who exit quarantine or isolation shelters and cannot return to their original locations.
- Programs providing shelter to families require increased **operational funding**, including funding to provide food, transportation, childcare, and case management services to families within their facility or housed remotely in hotels, motels, and apartments. Increased operating funds can be used to provide hazard pay and increasing support for frontline workers who may be jeopardizing their own health while caring for others, many of whom are also at heightened risk of acquiring COVID-19.
- Children who once spent their days in child development programs such as Head Start or in school, may need enhanced developmental and educational support while they remain in crisis housing. Children will need **help to stay connected** to school, including internet services, laptop or tablets.
- Parents may also need help to stay connected to their support system via smartphones or other communication tools, including mental health workers and other health care professionals, who have shifted to teleworking.
- Provisions to support **informal childcare** arrangements through family and friends (e.g. provide gift cards parents to support these efforts) may be the most efficient and responsive way to help parents who address the competing demands for overseeing online school and providing childcare when traditional childcare programs are closed, while having time and bandwidth for job and housing search.
- Partner with public health and healthcare systems to offer **testing and vaccinations**.
- **Partner with schools and school systems, childcare programs, child welfare agencies, TANF agencies, DV/IPV survivor programs, and other systems** that serve low-income children to help bring services to families in shelter or to make remote or mobile services possible and when those strategies aren't feasible, provide transportation to these community resources.

¹ Responding to Intimate Partner Violence and Homelessness in Los Angeles County during a Time of COVID-19, Peoples Health Solutions, October 2020 <http://peopleshealthsolutions.com/covid-19>

Centering Racial Justice and Equity

- Analyze data on sheltered family homelessness and disaggregate by race/ethnicity, gender identity, disability, and family composition to **understand who receives permanent housing, who returns to homelessness, and who becomes infected by COVID-19**. Develop and test strategies to eliminate disparities that emerge.
- **Engage families with current and recent experiences with homelessness, as well as frontline staff**, to inform all planning, design, decision-making and implementation activities. This expertise will be invaluable to provide a holistic response.
- Hiring and related talent development should **prioritize racial equity and people with lived expertise of homelessness** in order to ensure that the staff and providers are well-suited to support individuals experiencing homelessness.
- **Partner with culturally diverse businesses and providers** owned and operated by folks from marginalized communities to improve operations and services.

Use Funding Strategically

Funding from FEMA and the CARES Act, including the Coronavirus Relief Funds (which expire on December 31, 2020), CDBG, ESG, along with state resources, including TANF funding reserves and Community Services Block Grants, should be committed to ensuring families that lack safe alternatives have access to temporary housing options that will prevent the acquisition or transmission of COVID-19.

Housing: Help Families Access and Maintain Housing

Homelessness assistance systems must invest in re-housing families quickly to minimize the time families stay homeless and to free up shelter space to accommodate other families in immediate need of shelter.

- Helping families secure new housing requires investment in **housing navigation** assistance, such as help to apply for rental assistance locate rental units, negotiate with landlords, and to solve issues that may interfere with families' ability to lease units, such as delinquent utility bills.
- Homelessness service programs should also offer families **assistance to reconnect with extended family** or friends who can offer safe short- or long-term housing options. Shared housing situations should be supported only when there will not be over-crowding or current/new occupants are at risk of COVID-19 infection spread.
- Renter families often require **help to pay to pay for housing**, including security deposit and short, medium- and long-term rental assistance. Providers may also explore helping families identify safe and appropriate **shared housing** options that can reduce families' housing costs. Investment in **case management** can facilitate the transition out of homelessness for families and help them stabilize in their new homes.
- Many of the external supports formerly homeless families and their children in rapid re-housing or permanent supportive housing typically rely on – schools, childcare, mental health workers, counselors, health services, child development programming

– have closed or are only offering remote services, requiring families to have access to **free internet services, smartphones, and laptops or tablets to stay connected.**

- Provisions to support **informal childcare** arrangements through family and friends (e.g., provide gift cards parents to support these efforts) may be the most efficient and responsive way to help parents who address the competing demands for overseeing online school and providing childcare when traditional childcare programs are closed, while having time and bandwidth for job search and ultimately employment.
- Children and parents in formerly homeless families may need **increased**
- **mobile case management** services and supports to fill gaps that are no longer being met by partnering organizations that have suspended services due to COVID-19.
- Partner with public health and healthcare systems to offer **testing and vaccinations.**
- Work with partners including **public housing authorities, health systems, state housing finance agencies** and others to access and scale short- and long-term rental subsidies for affordable housing and permanent supportive housing, including resources that may be targeted to specific subpopulations. Families who lost income due to job loss may require **extended rental assistance** as well as

TANF Reserves Funding Homelessness Prevention and Rapid Rehousing in Ohio

Earlier this year the State of Ohio awarded COHHIO a \$1 million grant to pilot the use of TANF for diverting families from emergency shelters. A new \$15 million award will expand the [Housing Now for Homeless Families](#) program to serve approximately 3,500 families who are at-risk or already experiencing homelessness.

For several years COHHIO has been raising the alarm about rapidly escalating homelessness among children and families in Ohio. Nearly one-third of the more than 70,000 Ohioans who need homelessness services in one year were children. The most recent state data shows a 53 percent increase in children’s homelessness over five years. Homelessness among very young children has been rising even faster – there are over 3,000 babies under age 1 in Ohio’s homelessness system.

The Housing Now for Homeless Families program is designed to utilize federal TANF funds to prevent children and families from becoming homeless and to quickly move homeless families into permanent housing. Local networks that include homeless services agencies, churches, United Way chapters, county job and family services offices, and other local groups are using these evidence-based strategies to fight family homelessness, but they lack the resources necessary to address the scale of the problem. Due to restrictions unique to the federal TANF program, these funds are intended to supplement other existing sources of funding for RRH and homelessness prevention services.

To learn more about how TANF can be used – see this [NAEH resource](#).

flexible financial assistance to meet basic household needs, including food and medication, as well as paying utility bills.

- **Partner with schools and school systems, childcare programs, child welfare agencies, TANF agencies, DV/IPV survivor programs, and other systems** that serve low-income children to help bring services to families or to make remote or mobile services possible and when those strategies aren't feasible, provide transportation to these community resources.

deeply connected to marginalized communities and with leadership and staff that are reflective of people experiencing homelessness and of people experiencing greatest health and economic impacts of COVID-19, including Black, Latinx, and Indigenous communities.

- Hiring and related talent development should **prioritize racial equity** in order to ensure that the staff and providers are well-suited to support individuals experiencing homelessness.

Centering Racial Justice and Equity

- Analyze data on family homelessness and disaggregate by race/ethnicity, gender identity, disability, and family composition to **understand who receives what types of permanent housing, who returns to homelessness, and who becomes infected by COVID-19**. Develop and test strategies to eliminate disparities that emerge.
- **Engage families with current and recent experiences with homelessness, as well as frontline staff**, to inform all planning, design, decision-making and implementation activities. This expertise will be invaluable to provide a holistic response.
- Implement strategies to **deploy housing resources through organizations**

Use Funding Strategically

Coronavirus Relief Funds (which expire December 31, 2020), CDBG, ESG, CSBG and other state resources, including TANF funding reserves and subsidized housing resources, should be committed to helping families experiencing homelessness quickly exit homelessness and reconnect to housing so they remain safe from COVID-19. Ideally, with new federal funding to respond to COVID-19 crisis, homelessness services systems will see increases in the number of families they are supporting in permanent supportive housing or rapid re-housing. Programs that provide support to re-housed families **may need increased operating and administrative funds** to ensure that formerly homeless families never experience homelessness again.



Diversion and Prevention: Help Families Avoid Housing Loss and Homelessness

[Research](#) shows that 30–40 million households could be evicted – and thus be at risk of homelessness and other forms of housing instability – by the end of 2020. Families of color face greater risks than white families due to having significantly lower incomes and struggling to pay rent even before the pandemic accelerated these inequities.

States, localities, philanthropic leaders and advocates should ensure at-risk families can retain housing whenever feasible and when not, secure new housing without having to experience an eviction or a shelter stay. There are several strategies that can support this goal.

- Diversion
- Homelessness prevention
- Eviction prevention
- Income supports

Diversion is a practice used by homelessness service and community providers to help families who have already lost their housing find safe alternative places to stay to avoid shelter or unsheltered homelessness. New funding can be used to expand and strengthen diversion practice by offering targeted assistance to help families, including survivors fleeing domestic violence or sexual assault, quickly secure new places to stay, thereby averting a shelter stay. It can also be used to respond to families forced to exit doubled up situations or motels. Diversion practice, coupled with flexible financial assistance, short- or long-term rental assistance, and/or other supports can reduce the number of families exposed to unsheltered or sheltered homelessness.

Homelessness prevention should be directed

to families most likely to enter shelter or unsheltered homelessness, such as families who have experienced homelessness previously, or are living in unstable doubled up situations or in motels. Homelessness prevention strategies are narrowly targeted interventions that are specifically designed to reduce entries into homelessness among those who are at heightened risk of homelessness.

States, localities and philanthropic leaders are ramping up **eviction prevention** programs and calling for Congress and the Administration to do more. More resources for rental assistance to help low-income families stay housed is urgently needed and homelessness service systems leaders and advocates join those larger advocacy efforts and offer their expertise on how eviction prevention resources can be used to assist highly vulnerable families.

Eviction moratoria are also temporary measures that are effective at reducing evictions and homelessness, especially when emergency rental assistance is insufficient to prevent widespread evictions. Further, these moratoria support stay-at-home orders and reduce community spread of COVID-19. With the [CDC moratorium](#) set to expire December 31, 2020, local moratoria are needed.

Targeting strategies for homelessness and eviction prevention should include identifying [neighborhoods](#) with high historic rates of homelessness or populations impacted by COVID and encouraging organizations located within these neighborhoods or serving these populations to use [problem-solving techniques](#) to resolve or delay immediate housing crises. Schools and school systems, childcare programs, child welfare agencies, TANF agencies, DV/IPV survivor programs, and other systems that serve low-income children could also identify families at high risk of homelessness.

States should ensure families who have reduced, or lost income are able to quickly

access **public income supports** - including unemployment, TANF, SNAP, WIC, Medicaid, and LIHEAP. This should include eliminating barriers to enrollment, expediting enrollment, temporarily suspending work requirements, and increasing cash assistance to reflect the local cost of housing. The Administration for Children and Families (ACF) has issued [guidance](#) to states reminding them of the flexibility in the TANF program, including flexibility in times of crisis. Many states have TANF reserves that can be drawn from the federal government to respond to increased demand for assistance.

Centering Racial Justice and Equity

- Analyze data on entries into family homelessness and disaggregate by race/ethnicity, gender identity, disability, and family composition to **understand who becomes homeless and their prior living situation and location**. Use this data to target homelessness and eviction prevention to families most likely to experience.
- **Engage families with current and recent experiences with homelessness, as well as frontline staff**, to inform all planning, design, decision-making and implementation activities. This expertise will be invaluable to provide a holistic response.
- Implement strategies to **deploy housing resources through organizations deeply connected to marginalized communities** and with leadership and staff that are reflective of people experiencing homelessness and of people experiencing greatest health and economic impacts of COVID-19, including Black, Latinx, and Indigenous communities.
- Eviction prevention, homelessness prevention, and diversion programs that are offered on a first come-first

served basis often perpetuate inequity. Funds used for **diversion or prevention activities should be targeted to those most at risk of homelessness, or who have been historically marginalized**, not just those at risk of eviction during the current crisis. Instead, use the [Emergency Rental Assistance Priority Index](#) developed by The Urban Institute. The index emphasizes an equitable approach, accounting for risk factors that are higher for certain groups, particularly Black, Indigenous, and Latinx renters.

- Prevention and diversion services should **include financial support and supportive services to kinship networks, as defined by marginalized communities to include fictive kin**. This should include flexible rental assistance or cash support to kinship networks and direct cash transfers to individuals that can be used to support housing within kinship networks.

Use Funding Strategically

States and localities should use funding from the Coronavirus Relief Funds (which expire December 31, 2020), Community Development Block Grant (CDBG), CSBG, LIHEAP, and other state funding resources, such as TANF, to stabilize the income and housing of low-income families impacted by COVID-19 who have not yet lost their housing. TANF funding can be used in the form of short-term, nonrecurrent benefits along with case management services to help families at risk of homelessness stay in current housing or secure new housing to avoid homelessness. TANF resources and other funding and support resources should also be leveraged as part of a homelessness prevention intervention to keep children and families safe and stable. When larger service systems and funding streams are mobilized to prevent family homelessness through targeted homelessness prevention interventions, homelessness services systems

can use ESG and other resources dedicated to assisting people already experiencing homelessness to ensure the necessary robust response is available to families who have no safe place to stay. This includes families ejected from doubled up situations, families fleeing domestic violence, and families whose evictions simply could not be avoided who now face homelessness.

Strengthening Systems for the Future: Toward More Optimal Responses to Family Homelessness

Achieving an end to child homelessness requires a national reckoning of the affordable housing crisis that fuels it, the racial inequity and systemic racism that perpetuates disparate outcomes, and the vast disconnect between family incomes and the cost of housing.

The COVID-19 pandemic is an unprecedented danger for people experiencing homelessness, however, homelessness has always been dangerous for those experiencing it. States and localities have significant new funding to keep people safe from COVID-19. When developing strategies to keep people safe, children and families experiencing homelessness should not be overlooked nor should the importance of adopting a race equity lens.

This is a time of great transformation in the delivery of homelessness services as interventions are being reimaged and scaled up to meet very urgent needs. All stakeholders should work to ensure that this transformation is toward a system that works to end homelessness, while also keeping people safe, and that seeks to end racial inequities in experiences of homelessness and in experiences and outcomes of homelessness response systems. This cannot be achieved by homelessness service providers alone. States, localities and the private sector must mobilize the resources of mainstream systems and the philanthropic community to better protect vulnerable families from becoming, or remaining, homelessness.



Center Racial Equity and Pursue Housing Justice

- **Engage families and children with lived expertise of unsheltered homelessness who are reflective of the demographics of people experiencing homelessness** in the development of long-term plans response, including to help ensure that efforts are reaching unsheltered people who may be less visible within the community.
- **Implement equity-based decision making** throughout all elements of response in order to promote equitable outcomes for highly impacted communities, and regularly assess impact of equity-based decision making and make corrections to program design to ensure equitable outcomes.

Continuously Improve Homelessness Response and Rehousing Operations

- **Analyze situations and housing and services needs of homeless families**, and project the sheltering and housing solutions needed to end their homelessness.
- **Assess reasons why families remain unsheltered**, such as whether it is because of lack of emergency beds available or because the assistance being offered has not adequately addressed their needs and preferences.
- **Identify and document promising practices** and support the capacity of organizations to implement such practices, including equity-focused practices, and make mid-course corrections to program design to ensure equitable outcomes

Strengthen and Scale Partnerships Across Systems and Sectors

- Create planning structures and partnerships that can assess **racially based health and education disparities** and develop remediation strategies.
- **Create greater connections** between homelessness service systems and programs that support vulnerable families – housing, workforce, education, public health and healthcare

Develop Resilient Systems Better Prepared for Future Public Health Crises and Disasters

- Document strengths and weaknesses of response for families experiencing homelessness within COVID-19 emergency response and develop **actionable plans and emergency response structures** that include the homelessness response system that can be implemented quickly in future public health crises, natural disasters, and other emergencies.
- Use data to quantify and then **publicly communicate** the inequitable health and economic impacts of COVID-19 on communities of color and marginalized communities and develop strategies to limit such disparate impacts in the areas of health, financial well-being, and housing within future public health crises.
- Use non-subsidy tools, such as zoning and land use regulations, and federal, state, and local resources to **build and preserve rental homes** affordable to households with the lowest incomes who are at the greatest risk of homelessness.

ADDITIONAL TOOLS AND RESOURCES

Check out a comprehensive set of [Tools and Resources that can aid efforts to implement the Framework](https://housingequityframework.org) available at housingequityframework.org. We encourage you to check there regularly for guidance regarding federal funding sources, for planning and operational guidance from federal and national organizations, and for state and local examples, tools, and resources.

