Voices from the Field: Responding to COVID-19 (Part 4) (February/March 2021)

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As the new year began, it was evident that the homeless services system was entering a new stage in its response to COVID-19. Game-changing vaccines were newly available. The Federal Emergency Management Agency (FEMA) announced 100 percent reimbursements for the costs of non-congregate shelter programs (i.e., motel and hotel rooms). And systems were more experienced at managing the crisis. Within this context, the Alliance and its research partners launched a new phase of the *Voices from the Field* project—a fourth round of surveys focused on how COVID-19 impacts people experiencing homelessness and the systems that serve them.

As with the previous installments, Continuums of Care (CoCs) were asked a series of questions on health, housing, resources, and other topics related to the pandemic. Their responses highlight progress with prioritizing people experiencing homelessness for vaccinations. In response to the crisis, the vast majority successfully established motel/hotel programs that were still operational at the time of their responses. There was, however, some reluctance to take advantage of FEMA's reimbursements for non-congregate shelters, and some communities faced difficulties moving people from motels/hotels into permanent housing.

For the first time, the research team also decided to reach out to direct services providers (e.g., shelters, rapid rehousing providers, and coordinated entry programs) and advocates. They offered additional perspective on the reach of the crisis and existing challenges.

Methodology

The current report relies on three surveys, each directed towards specific groups involved in work related to serving people experiencing homelessness: 1) CoC representatives, 2) service providers, and 3) advocates.

CoC Survey. On February 18, 2021, the National Alliance to End Homelessness retrieved a list of contacts for every CoC in the United States using the U.S. Department of Housing and Urban Development's (HUD's) grantee contact page. The list included multiple contacts for each CoC. While there are 392 CoCs, there were 778 unique email addresses. The COVID-19 CoC Response Survey was emailed to these individuals on February 23, 2021. Fourteen emails bounced back as undeliverable (1.8%).

Survey Monkey was the platform for data collection. The initial request provided a deadline of Friday, March 5, 2021 for completion of the survey. The Alliance sent a reminder email on March 1, 2021.

Follow-up personal emails were sent to two groups on March 17, 2021: 1) contacts at CoCs who responded to earlier surveys, but not this one; and 2) contacts who never responded to any of the previous surveys. Responses from these group were collected until March 31, 2021.

The survey received a total of 238 responses; however, some records were duplicates or incomplete (i.e., no questions were answered). After removing those records, submissions from 147 unique CoCs (37.5% of the CoCs in the US) were identified. There was a 50 percent completion rate for the survey.

Service Provider and Advocate Surveys. A separate process was developed for the service provider and advocate surveys. The Alliance launched both surveys in an organizational newsletter that reaches individuals who signed up for it via the Alliance's website, events, and other avenues. The newsletter with the survey announcement was emailed on March 2, 2021. A reminder to complete the survey was included in the following week's newsletter. Notice of the surveys was also placed in the organization's California-focused newsletter and it was distributed to the personal contacts of some of its employees. The original deadline of March 16, 2021 was extended to March 19, 2021.

The were 630 total responses. Some of the respondents were neither a service provider nor an advocate, disqualifying their inclusion in the results. Ultimately, there were 566

qualified respondents. Of those, 113 were advocates and 453 were service providers. Responses came from across the U.S. and its territories, including every state except Mississippi.

Consumer Health

State health departments and medical services providers are leaders on COVID-19 vaccinations, case tracking, and testing for highly vulnerable populations. However, homeless services providers often have access to useful information and have a role to play in ensuring the health of their service populations.

Vaccinations. According to the Centers for Disease Control and Prevention (CDC), people experiencing homelessness may be at increased risk of contracting COVID-19 and becoming severely ill from the virus. The determination is rooted in the population's reliance on congregate shelter and the prevalence of older adults and individuals with preexisting medical conditions within their ranks.

Within published guidance, the CDC indicated that people in congregate settings could be prioritized for vaccines. Many jurisdictions accepted that advice.

Does your community have a plan in place to conduct mass vaccinations of people experiencing homelessness? n=151

No 44%
7%
Yes 49%
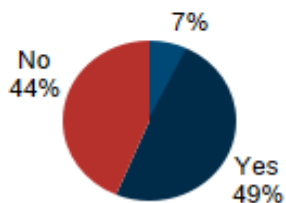
Do you have plans to track the vaccination status of people experiencing homelessness in HMIS or some other database? n=151


Not Answered 8%
No 48%
Yes 44%
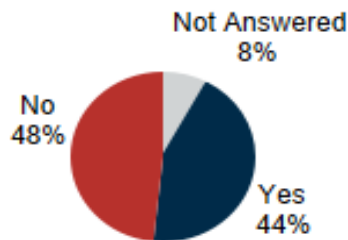
According to the Kaiser Family Foundation, at least 25 states have assigned people experiencing homelessness to a vaccination priority group (often tied to their presence in congregate settings). Fifty-six percent of the CoCs participating in our survey said homeless status has in some way been prioritized for vaccination in their communities.

Establishing priorities is an initial step in a much longer process. Roughly half of the CoCs indicated that their community had a plan in place for conducting mass vaccinations of people experiencing homelessness. Rural

communities may need more support in this area—only 1 in 3 of those CoCs answered "yes" to this question.

Additionally, most systems did not have plans to track consumer vaccination status in their Homeless Management Information System (HMIS) or some other database. They will not have data on the degree to which their service population is protected from the virus. If community vaccination efforts are failing to reach enough people experiencing homelessness in such communities, CoC leaders may be unaware of the problem or lack the factual basis to encourage relevant agencies to course correct. The missing data could also inform future plans for crisis response housing programs and determinations about individual housing placements.

To your knowledge, have some of your agency/organization's clients already started receiving vaccinations?

74 (17.6%)
Don't Know

89 (21.1%)
No

258 (61.3%)
Yes
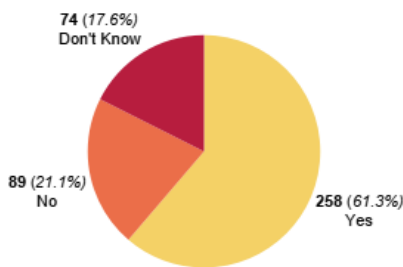
Shelters and other direct service providers have a front-row seat to how vaccination efforts are implemented. They offered encouraging news—61 percent indicated that at least some of their clients had already started receiving vaccinations.

It appears that these agencies/organizations play a significant role in ensuring that processes run smoothly. Most (86 percent) were educating their clients. Fifty-seven percent provided a space for vaccinations, pointing to a promising practice requiring minimal effort from consumers and reaching them where they already are. Finally, most direct service providers also reported (52 percent) helping clients travel to vaccination sites.

Your community has a vaccination plan. How is your agency contributing to that plan? Check all that apply.
n=147
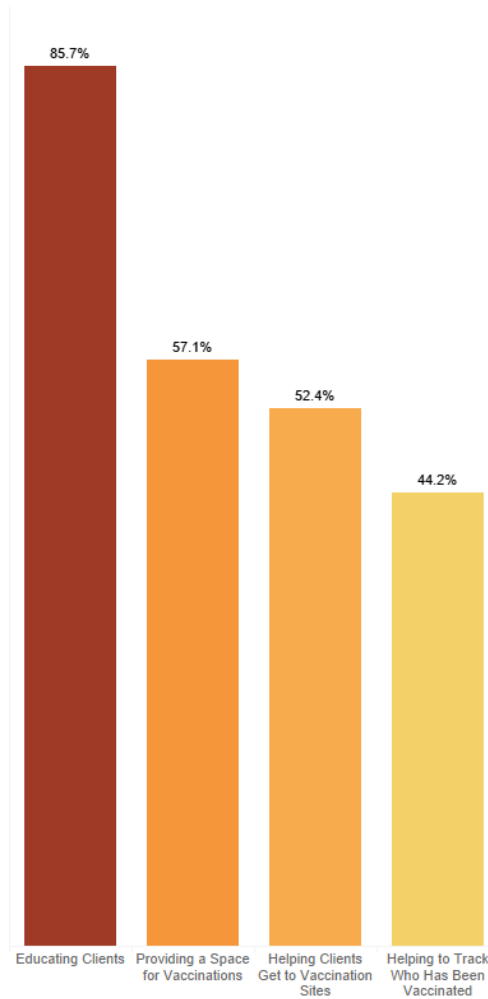
COVID-19 cases. Our outreach to shelters and other direct service providers suggests that pandemic impacts have been widespread. Two-thirds said they have had clients test positive, and 27 percent experienced a full COVID-19 breakout within their programs.

These results supplement the information made available through the regularly updated dashboards developed by the National Healthcare for the Homeless Council. The organization tracks positive cases identified at health centers and through testing events.

Have you had a breakout of COVID-19 among your agency/organization's clients?

51 (12.2%) Don't Know
112 (26.9%) Yes
254 (60.9%) No

To your knowledge, have some of your organization/agency's clients tested positive for COVID-19?

37 (8.9%) Don't Know
62 (14.9%) No
317 (76.2%) Yes
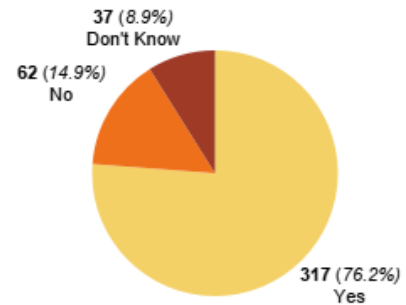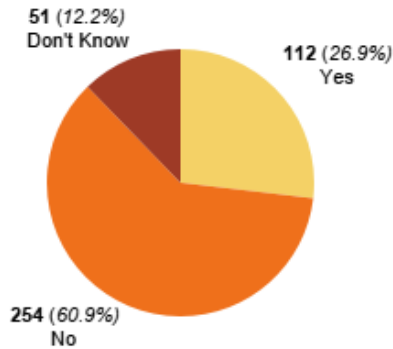
Availability of Testing and PPE. Within earlier installments of the *Voices from the Field* project, CoCs were asked about access to critical resources. This time, shelters and service providers were asked similar questions. Twenty percent indicated that their clients lack sufficient access to COVID-19 testing. And, unfortunately, there are still some (9 percent) that lack consistent access to Personal Protective Equipment (PPE).

Have your agency/organization's clients had consistent and sufficient access to COVID-19 testing in your community?
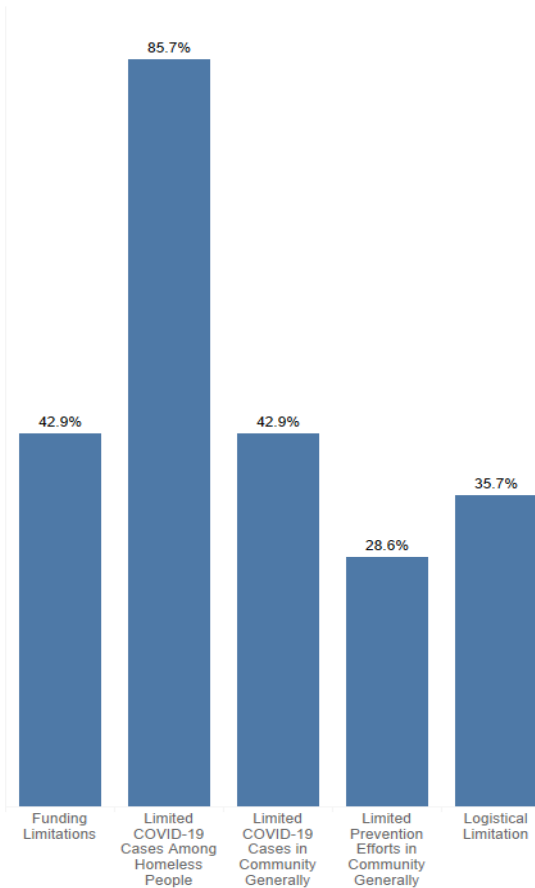
54 (12.9%) Don't Know
85 (20.4%) No
278 (66.7%) Yes

Does your service location consistently have enough access to PPE?
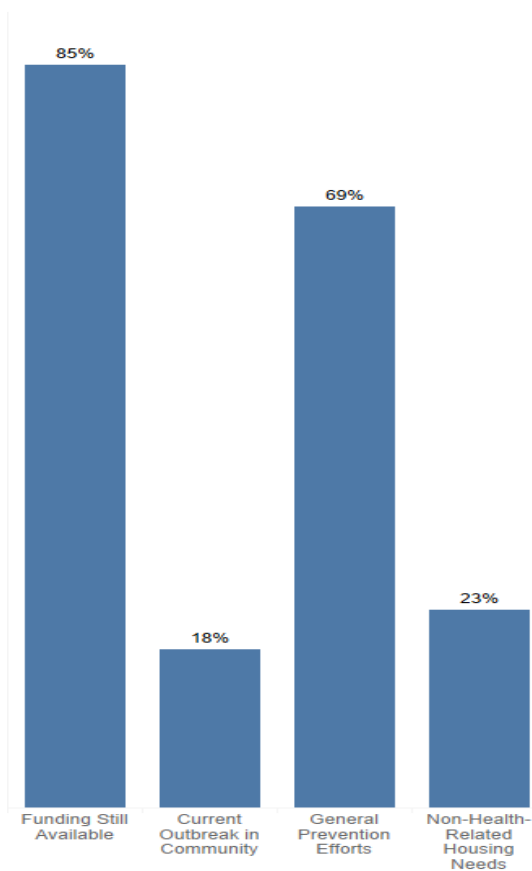
37 (9.0%) No
353 (85.7%) Yes
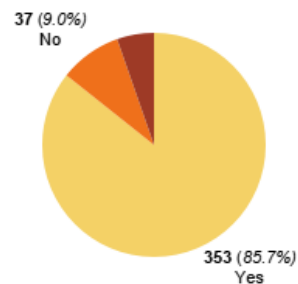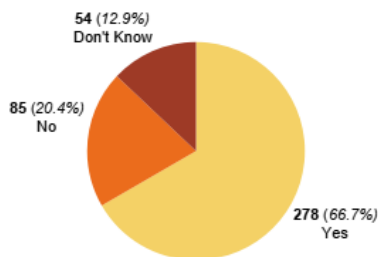
Crisis Response Housing

A month into the federal emergency declaration, it was clear that non-congregate housing (e.g., motel/hotel rooms) would play a significant role in the homeless services system's response to COVID-19. Eighty-three percent of CoCs in the current survey had procured such spaces at some point during the crisis.

Your crisis response beds (e.g., motel/hotel rooms) are no longer operating? Why? (Check all that apply) n=14

Funding Limitations	Limited COVID-19 Cases Among Homeless People	Limited COVID-19 Cases in Community Generally	Limited Prevention Efforts in Community Generally	Logistical Limitation
42.9%	85.7%	42.9%	28.6%	35.7%

Your crisis response beds (e.g., motel/hotel rooms) are still operating? Why? (Check all that apply) n=110

| Funding Still Available	Current Outbreak in Community	General Prevention Efforts	Non-Health-Related Housing Needs
85%	18%	69%	23%

Towards the end of 2020, stories about jurisdictions contemplating shutdowns of all or part of these programs began popping up in the nation's newspapers. Of the current survey's respondents, 79 percent reported crisis response housing that was still up and running. Preventing the virus's spread remained a concern for 69 percent of CoCs that still had programs. And, significantly, most (85 percent) said the programs were continuing because funding is still available.

A small number of CoCs did end these programs. They cited a limited number of COVID-19 cases (among people experiencing homelessness and within the larger

community) as a reason for these decisions. Ironically, those communities ended an initiative that was likely contributing to their low numbers—available research suggests that non-congregate shelter reduces the spread of the virus. Funding and logistical limitations were also singled out as barriers to the persistence of programs.

Average Number Bed Changes between 2020 HIC and 2021 HIC
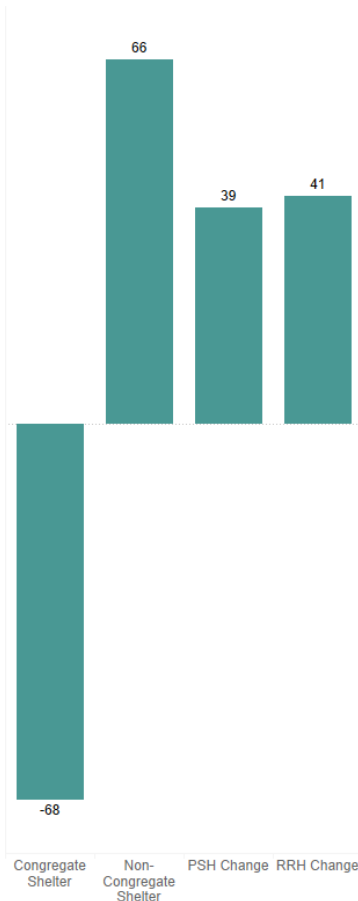
Average Percent Changes between 2020 HIC and 2021 HIC
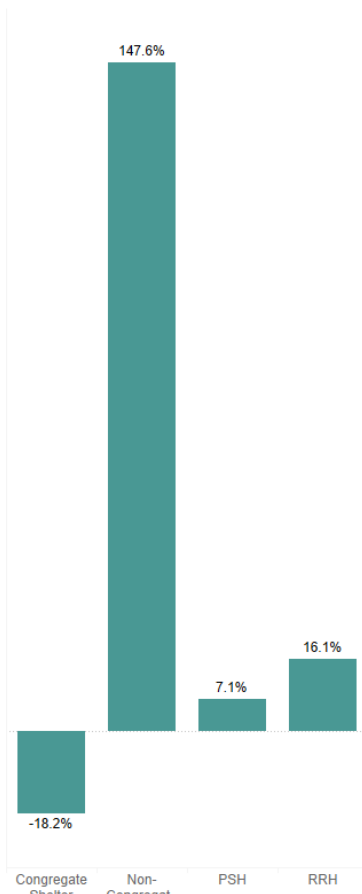
Beyond the simple existence of non-congregate shelter programs, an important question is: how many people are accessing motel/hotel rooms? Through previous survey and data collection efforts, the *Voices from the Field* project concluded that only a tiny slice of the service population is staying in these spaces. Responses to the February/March 2021 survey indicate that the most robust growth happened within this category of housing (as compared to shelter and Permanent Supportive Housing [PSH]). However, among those responding to this question, there was an average increase of only 66 non-congregate beds in their CoCs between the January 2020 and January 2021 housing inventories.[1]

Further, communities have established varying rules for who can use these rooms. For example, they may be restricted to those who have tested positive for COVID-19 or those over age 65. Within the current survey and earlier stages of this project, CoC representatives indicated that such policies leave some of these rooms empty.

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[1] Notably, some motel/hotel beds were set-up by health departments (and possibly other agencies) and therefore may not be reflected in the bed counts of Continuums of Care.

Non-congregate crisis housing is critical for multiple reasons. It allows those testing positive or who have been exposed to the virus to isolate from others. It helps protect the health of those the CDC has identified as being the most vulnerable to becoming seriously ill—namely older adults and people with certain preexisting medical conditions. Beyond these basics, motels/hotels advance shelter decompression efforts and ensure that unsheltered people have access to healthy spaces that include private bathrooms for their personal hygiene needs. The complete list of non-congregate shelter benefits suggests that more rooms should be made available and more people experiencing homelessness should be in them.

In February of this year, FEMA announced that it would reimburse 100 percent of eligible activity costs tied to non-congregate shelter. This should help communities start new motel/hotel programs, continue existing ones, or ensure that more people experiencing homelessness actually have access to such rooms. However, only 47 percent of CoCs responding to our survey indicated that they were planning to participate.

Through advisories issued in 2021, FEMA announced 100% reimbursements for crisis housing. Is your CoC planning to participate in this offer? n=151

Not Answered 21%

No 32%

Yes 47%
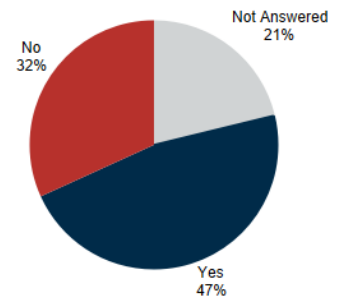
They cited multiple reasons for these decisions, including:

- Being left out of the decision-making process by other city and county government officials.
- Perceptions that such programs are not needed.
- Bureaucratic concerns like the speed of reimbursements and reporting requirements.
- Insufficient staffing to manage efforts.
- Motels/hotels not wanting to serve people experiencing homelessness.
- Availability of other funding sources for these efforts.
- Insufficient information about the FEMA offer or how to apply.

Permanent Housing

When COVID-19 crisis response housing placements end, where do people go? Please estimate the percentage who have exited to the below: (Average of the numbers displayed) n=94

Category	Percentage
Permanent Housing	42%
Doubled-Up	12%
Congregate Shelter	28%
Non-Congregate Shelter	8%
Unsheltered	14%
Unknown	23%
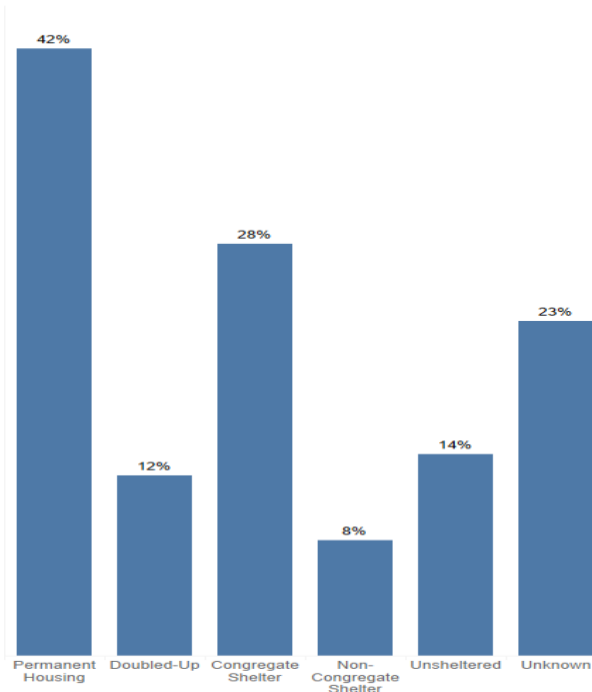
CoCs are eager to move people into permanent housing. This has been a clear theme within each phase of the *Voices from the Field* project.

When signed into law in March of 2020, the CARES Act invested $4 billion in Emergency Solutions Grants. Seventy-six percent of CoCs report spending at least some of that money on permanent housing. However, the subset that provided bed count numbers point to relatively modest growth. On average, permanent supportive housing beds grew by 7 percent and rapid rehousing by 16 percent. Some CoCs may be applying resources towards longer term goals.

As noted above, non-congregate shelter (motels/hotels) have been a significant component of the Continuum of Care response to the crisis. Respondents estimate only 42 percent of people leave these placements for permanent housing. The need for more resources for permanent housing has been a persistent theme within each installment of the *Voices from the Field* project.

Unsheltered Homelessness

Approximately six weeks *before* COVID-19 was declared a national emergency, communities across the country conducted their 2020 annual Point-in-Time (PiT) Counts. A 7 percent increase in unsheltered homelessness was among the findings. The trend was far-reaching, being reflected in most subpopulations, including individuals, people in families, men, women, and people who are White, Black, Latinx, and Asian.

In 2021, did your CoC Conduct a Point-in-Time Count of people experiencing UNSHELTERED homelessness? n=151

Not Answered 23%
No 32%
Yes 45%
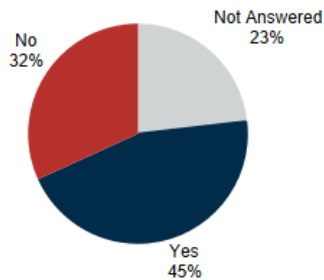
Did you have to make changes to your methodology because of the COVID-19 Pandemic? n=68

No 15%
Yes 85%
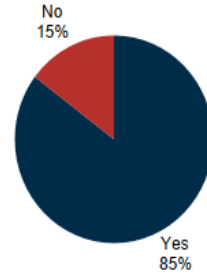
Further increases likely followed the pre-crisis surges in unsheltered homelessness. Forty-seven percent of CoCs report having reason to believe that their communities experienced growths in their unsheltered populations since the pandemic began.

Besides the 2021 PIT Count, what other method is your CoC using to monitor the size and personal characteristics of its UNSHELTERED population? (Check all that apply) n=113

- Tracking throughout the year in HMIS: 80%
- By Name List: 73%
- Street Outreach App or Records: 62%

Do you have reason to believe your CoC has experienced increases in UNSHELTERED homelessness? n=151

No 26%
Not Answered 26%
Yes 47%
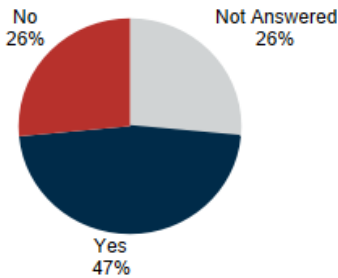
Unfortunately, COVID-19 has disrupted routine efforts to track the size of this subpopulation. HUD reduced its expectations for the 2021 unsheltered PiT Count, which often relies on volunteers to go into their communities and have one-on-one conversations with people experiencing homelessness. Concerns about the health of enumerators and those counted led to HUD-supported alternative approaches to this year's count. Roughly 1 in 3

surveyed CoCs said they canceled their unsheltered PiT Count. Of those who moved forward, 85 percent indicated they altered their methodology in some way.

Thus, it is clear that a typically relied upon source of data will be far less reliable this year, limiting available national-level knowledge of the crisis's impact on unsheltered homelessness.

At the CoC level, successfully serving the community requires finding other ways to measure the number of people sleeping outside or in other places not meant for human habitation. Most CoCs reported year-round tracking of people experiencing unsheltered homelessness in HMIS or through by-name lists. They also relied on such sources as street outreach teams, coordinated entry lists, drop-in center data, encampment mapping, quarterly "mini PiT Counts," and vehicle counts.

Resources

As noted above, the 2020 CARES Act invested $4 billion in the Emergency Solutions Grant program for the benefit of unsheltered and sheltered people experiencing homelessness and those at-risk of homelessness. The funds were allocated in two waves occurring in April and June of 2020.

Forty-one percent of CoC survey respondents said they still have unspent and unobligated CARES Act funds. Thus far, most have spent this money on staffing (85 percent), motel/hotel rooms (82 percent), permanent housing (76 percent), and PPE (59 percent). Flexibility was built into the legislation, allowing for still further uses. For example, some CoCs reported expenditures on new shelter space, encampment resources, eviction prevention, street outreach, landlord incentives, and vaccine education.

Do you still have unspent and unobligated CARES Act Funds? n=151

No 30%

Not Answered 29%

Yes 41%
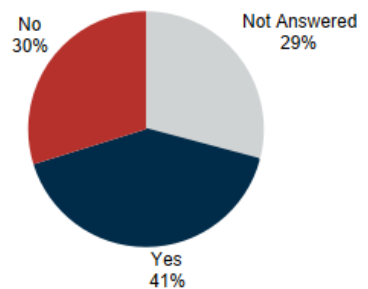
A few CoCs reported being unable to access these funds, which are being held by other agencies within their states and localities.

Towards which needs have your CARES Act funds been directed? (Check all that apply) n=107

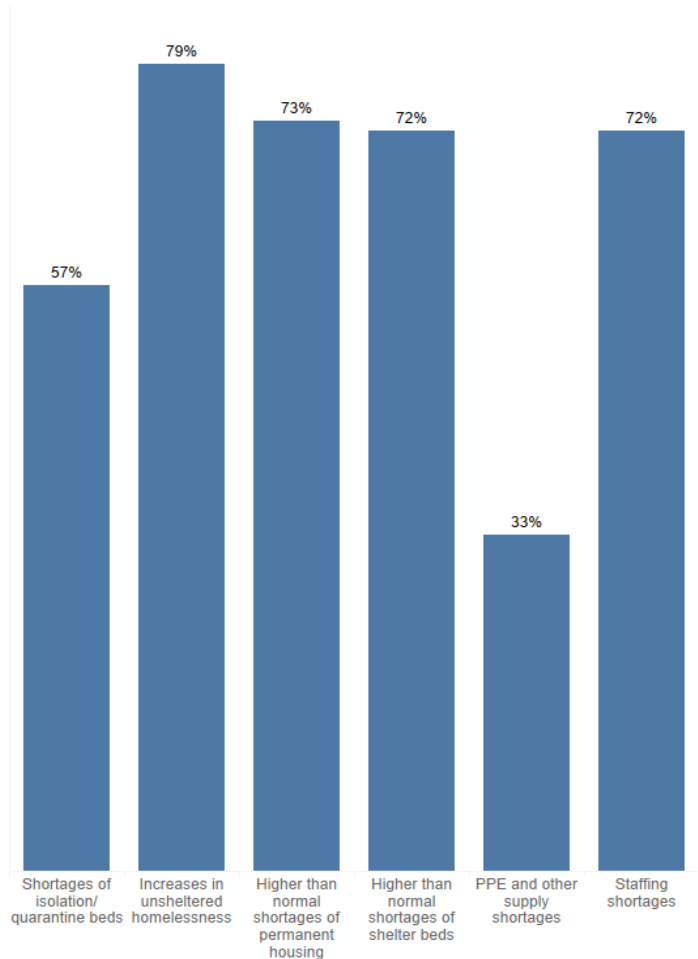| New Shelter Space	Hotel/Motel Rooms	PPE	Staffing	Resources for Encampments	Permanent Housing
43%	82%	59%	85%	29%	76%
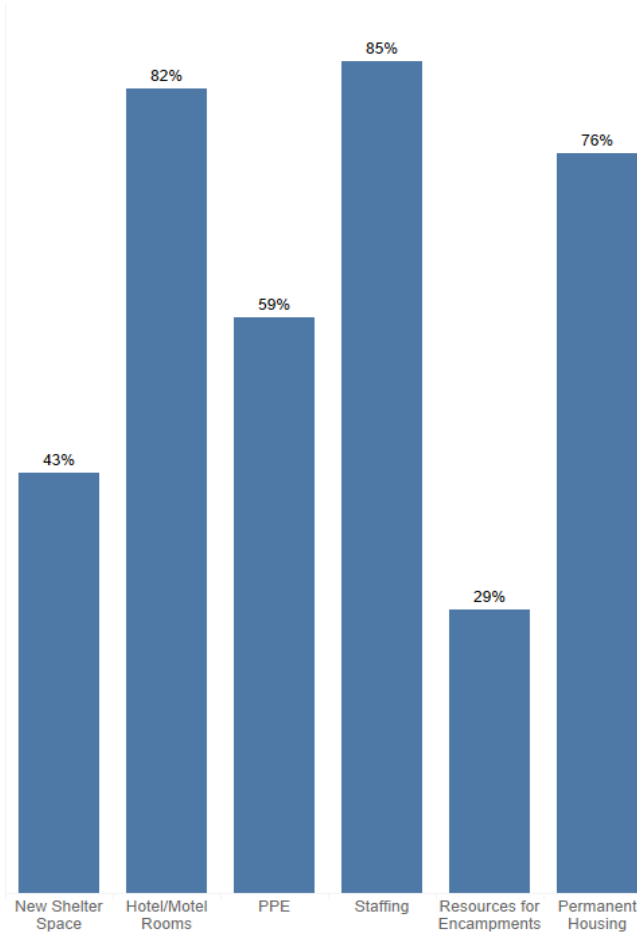
If additional funds do not become available and the current crisis extends for at least another year, our system will likely experience...(Check all that apply) n=107

Shortages of isolation/quarantine beds	Increases in unsheltered homelessness	Higher than normal shortages of permanent housing	Higher than normal shortages of shelter beds	PPE and other supply shortages	Staffing shortages
57%	79%	73%	72%	33%	72%

While the latest version of the *Voices from the Field* survey was already in progress, Congress passed the American Rescue Plan Act of 2021. It included funds that could reduce homelessness and housing instability. Some of those funds may reach CoCs but will not flow directly to them. Within this context, CoCs were asked to predict what would happen if their agencies didn't receive additional resources. They predicted increases in unsheltered homelessness (79 percent), higher than typical shortages of permanent housing (73 percent) and temporary shelter (72 percent), and staffing shortfalls (72 percent).

The hardships perceived by Continuums of Care are a concern. However, it is also important to ask shelters and other direct service providers how they are faring during the recession. New resources have flowed into many programs, but some report resource challenges. One in four have realized lower than typical fundraising outcomes. Canceled high-dollar fundraising events are one cited example of a problem that has

arisen during the recession. Additionally, 35 percent of direct services providers say the increased demand for their services outstrips any new funds they have received.

A few direct service providers mentioned other funding challenges such as: 1) decreases in state and local revenues leading to cutbacks in contracted services; 2) new expenses (e.g., PPE and hazard pay); 3) reduced income from billable services; and 4) future funding uncertainties that complicate the creation of budgets.

Staffing

Staffing challenges have been evident in each installment of the *Voices from the Field* project. During this current round of surveys, 37 percent of shelters and other direct services providers reported COVID-19-related staffing shortages. Employees out on leave, missing volunteers, and increased demands for their services were common.

If your CoC is experiencing COVID-19 related personnel shortages, in what areas are they occuring? (Check all that apply) n=93
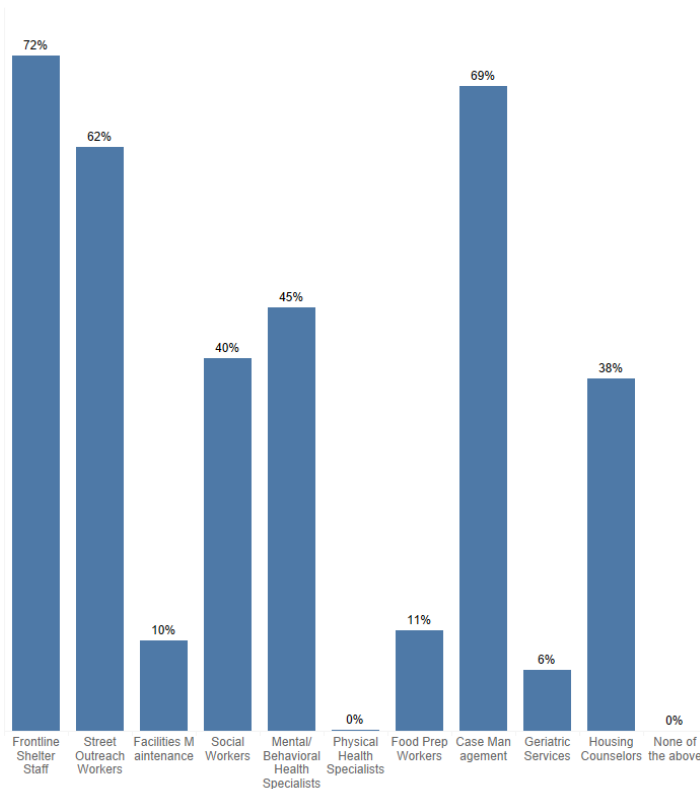
Approaching the issue from a system-wide perspective, CoCs pointed to continued shortages of frontline shelter staff (72 percent), case managers (69 percent), and street outreach workers (62 percent). Working conditions are likely contributing to the status quo as CoC survey respondents said workers are experiencing increased stress, exhaustion from working long hours, and decreased morale.

In publications like *Memo to the Field: COVID-19 and Frontline Employees* and *Caring Homeless Services Staff During the COVID-19 Pandemic*, the Alliance has offered information and suggestions for supporting frontline workers

during this crisis.

In the current survey, CoCs echoed some of the promising practices outlined in those materials. They reported that their communities support workers through at-home work options (87 percent) and work schedule adjustments (70 percent). Other supportive activities included financial incentives (35 percent), paid leave (30 percent), appreciation events, professional development, employer-provided lunches, virtual exercise and wellness programs, and online team building activities.

What other staffing related challenges, if any are you experiencing? (Check all that apply) n=106

Decreased Morale	Exhaustion (long hours, more responsibility)	Increased Stress	Insufficient Training	None of the above
65%	87%	99%	33%	0%
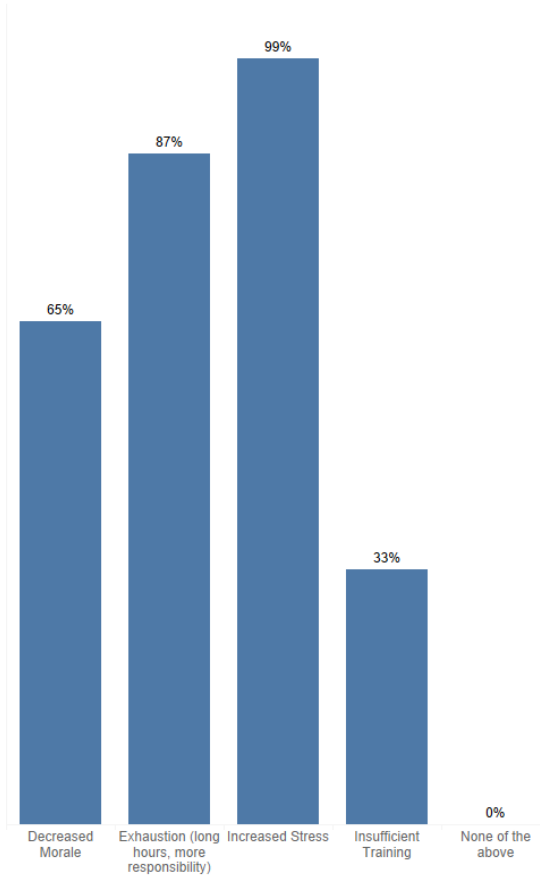
What measures has your CoC implemented to address pandemic related staffing concerns? (Check all that apply.) n=103

Paid Leave	Financial Incentives	At-Home Work Options	Health and Safety Training	Work Schedule Adjustments
30%	35%	87%	53%	70%
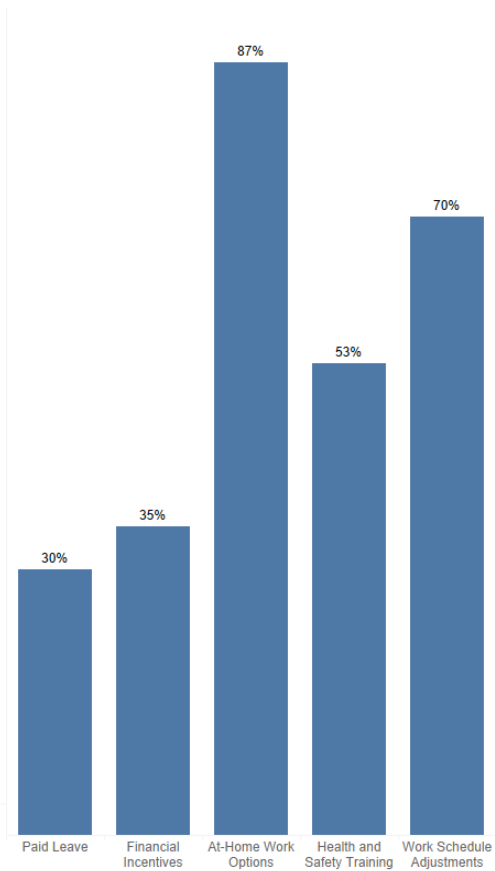
Advocate Insights

One last group contributing to the *Voices from the Field* project was homeless advocates. They were surveyed on their impressions of the crisis response—what is working exceptionally well and what are the remaining challenges. Most spend their time focused on housing (permanent and temporary), services, and mental health. Thus, they may be less focused on other areas that may be relevant during the current crisis.
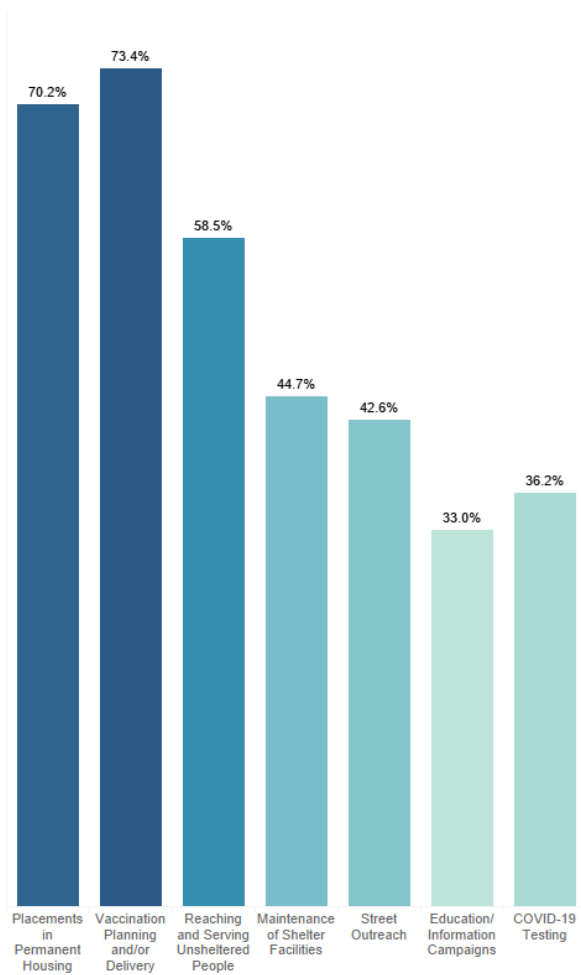
The top three identified success areas were: 1) street outreach (52 percent); 2) reaching and serving unsheltered people (45 percent); and 3) maintenance of shelter facilities (38 percent). Other mentioned areas included COVID-19 testing, education/information sharing, job training, and health worker service teams.

Advocates agreed with the CoCs about the need for more permanent housing opportunities. Seventy percent of those pushing for change identified this as the most significant challenge within the crisis response. In late February and March, they were also concerned about vaccination planning. Revealing a split among sectors, a considerable number of advocates identified serving unsheltered people (59 percent) and the maintenance of shelters (45 percent) as problem areas—many of their colleagues identified these as success areas where they live.

In my community, crisis response on behalf of people experiencing homelessness **is particulary effective** in the following areas? (Check all that apply) n=86

Street Outreach	Reaching and Serving Unsheltered People	Maintenance of Shelter Facilities	Placements in Permanent Housing	Vaccine Planning and/or Delivery	COVID-19 Testing	Education/ Information Campaigns
52.3%	45.3%	38.4%	34.9%	40.7%	36.0%	25.6%
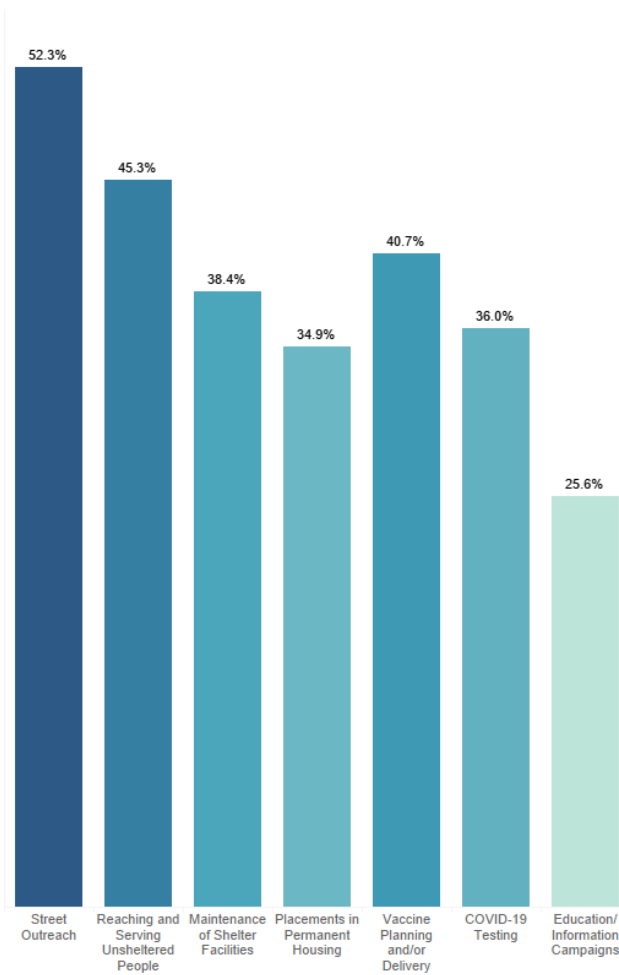
In my community, crisis response on behalf of people experiencing homelessness **is challenged** in the following areas? (Check all that apply) n=94

Placements in Permanent Housing	Vaccination Planning and/or Delivery	Reaching and Serving Unsheltered People	Maintenance of Shelter Facilities	Street Outreach	Education/ Information Campaigns	COVID-19 Testing
70.2%	73.4%	58.5%	44.7%	42.6%	33.0%	36.2%

Other cited problem areas include:

- Insufficient availability of mental health services and substance abuse treatment;
- Lack of subpopulation services (e.g., disability services, LGBTQ supports);
- Camping bans;
- Lack of access to bathrooms and other hygiene facilities;
- NIMBY-ism tied to motel/hotel programs; and
- Limited information-sharing among health providers and homeless services providers.

Implications

The nation and the world are in crisis. With the emergence of COVID-19, many lives and daily activities changed rapidly. Homeless services systems have been a part of this tidal wave, experiencing various types of stressors that have affected their clients and workers.

As the nation marked the first anniversary of the March 2020 state of emergency declaration, the *Voices from the Field* project was reaching out to CoCs for a fourth time to see how things were going. To help enrich available knowledge of crisis impacts, the voices of shelters and other direct service providers and advocates were newly added to the efforts. Multiple challenges and opportunities were identified.

Key implications include:

1) *Investments Matter.* The CARES Act invested significant new resources to serving and reaching people experiencing homelessness during the pandemic. CoCs were able to fund non-congregate temporary shelter, permanent housing, PPE, and other needs. Their clients undoubtedly benefited.

2) *More Vaccination Planning and Data Collection Is Needed.* At this stage in the pandemic, significant attention must be directed towards vaccinations. Many jurisdictions have prioritized people experiencing homelessness and developed plans for getting the population shots as quickly and as efficiently as possible. However, some are falling behind (particularly in rural areas) and may require additional supports.

Survey responses point to limited availability of data on vaccinations. Lack of access to medical records means that CoCs may need to rely on self-reports from consumers. But

the majority of CoCs did not have plans in place to track such information in HMIS. As a result, communities may have limited awareness of the total number of consumers who have been vaccinated and which ones in particular have gotten shots. This could complicate necessary decisions about crisis housing (e.g., the number of rooms needed and who should be placed in them) and help hide problems in urgent need of addressing (e.g., the need to vaccinate more people experiencing homelessness).

3) *More Crisis Housing Is Needed; FEMA Can Help, So Let Them.* Non-congregate shelter in motels/hotels has been a critical component of the homeless services system's response to the pandemic. Nearly every CoC implemented this option. However, a few communities have already ended these programs, and they have often been modest in size (likely reaching only a tiny portion of people experiencing homelessness). Some localities seem to misunderstand the benefits of placing more people in private rooms—including massive shelter decompression and access to bathrooms to care for personal hygiene needs. Such prevention measures remain useful even in places where there are not many COVID-19 cases or massive outbreaks. They help maintain a relatively healthy status quo.

Although FEMA has offered a 100 percent reimbursement for such private spaces, many communities seem to be passing on the opportunity. There are challenges related to awareness of this option and how to take advantage of it and program rules.

4) *Permanent Housing Is a Priority.* Permanent housing investments were viewed as a significant need by all surveyed stakeholders (CoCs, direct service providers, and advocates). The American Rescue Plan Act of 2021 directs new resources towards housing, but those resources will not be flowing through homeless services systems. The involvement of homeless systems, service providers, and advocates will be required to ensure that those who most need housing get it.

5) *Unsheltered Homelessness and Staffing Remain High on Agenda; Promising Practices Are Available.* There have been marked disruptions in data collection related to unsheltered homelessness. Communities must continue improving existing alternatives to the PiT Count and potentially invent new ones to determine if this group is growing and needs more aid. Staffing shortages persist along with the need to support the workforce, especially frontline shelter and street outreach employees. And while some direct services providers have benefitted from new resources, some still struggle as certain revenue streams have dried up and the services' demands have increased. They may need help.

6) *Hope Is on the Horizon.* The nation may very well be nearing the end of this unprecedented crisis. The latest installment of the *Voices from the Field* Project identifies challenges, but they can be solved. They highlight the importance of resources that are still flowing through communities with the goal of ending homelessness. And existing challenges draw further attention to the community of people (CoC workers, direct service providers, and advocates) who are, and can continue to, make things happen.