National Alliance to
END HOMELESSNESS

7 Things the Alliance's Community Survey Revealed About Homeless Funding and COVID-19

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The current pandemic is devastating and disrupting American communities. Homeless services providers are no exception. To develop a better understanding of the challenges and system responses to those challenges, the Alliance teamed up with researchers from the University of Southern California and the University of Pennsylvania. This group developed an online survey for the nation's homeless Continuum of Care (CoC) leaders and selected a subset of communities for follow-up interviews. Conducted during the weeks of April 27 and May 4[1], the findings are discussed in a recent report *Community-level Responses of Homeless Assistance Programs to COVID-19: Data from May 2020*.

However, there is more to the story. This work produced data (some previously published and some not) of clear interest to those invested in homeless services funding decisions.

The top seven funding-related insights from the survey are:

1) Hotels/Motels are a popular use of available resources across all community types.

CoC's indicated that hotels/motels were the highest priority for any new funds they had received. Eighty-three percent had procured new hotel/motel rooms for people staying in their shelters. Seventy-four percent did the same for those living unsheltered. The popularity of this approach extends across all community types —but was most prevalent in smaller cities and rural areas.

Hotels/motels serve at least two purposes. First, they are used to quarantine those who are symptomatic or who have tested positive. Second, such rooms are also a more efficient way of ensuring social distancing for all others, allowing people to isolate in private spaces with beds and bathrooms dedicated to their personal use. The CDC has listed hotels/motels as a strategy to reduce the spread of COVID-19.

2) CoCs are paying for other needs such as staffing, PPE, supporting encampments.

Other than hotels/motels, providers were using funds for additional needs. These include staffing, PPE, encampment supports, permanent housing, and shelter space.

Through interviews, we learned of specifics that improve our understanding of these categories. For instance, individual communities reported erecting temporary structures to serve as isolation spaces, extending staffing to newly acquired motel/hotel sites, setting up remote case management, and establishing an emergency response team.

3) There is a broad consensus that permanent housing (vouchers, RRH, PSH) is a priority for new resources.

A significant majority of CoCs (84 percent) consider permanent housing a high priority[2] for any new resources that become available. This sentiment exists across all types of communities—cities, suburbs, and rural areas.

Permanent housing would allow currently homeless people to self-isolate now and during future waves of COVID-19 or any other health crisis. Further, systems that prioritized seniors and ill people for temporary housing in hotels/motels and other locations want to avoid leaving them without a place to go once emergency funds run out. Finally, permanent housing would relieve pressure on already under-resourced systems that may face an influx of new consumers due to the current recession.

4) Rural communities have more significant needs while demonstrating a greater reliance on federal funds.

Our survey revealed that rural areas had considerable unmet needs in responding to the COVID-19 crisis. They were most likely to report no changes to their housing offerings for unsheltered and medically impacted individuals. Rural communities were also falling behind other types of communities in their access to supplies, including:

- Masks for Consumers (91 percent of rural communities)

- Hand Soap (41 percent)
- Hand Sanitizer (82 percent), and
- Cleaning Supplies (77 percent).

And nearly 3 in 4 indicated insufficient access to COVID-19 tests for consumers.

Despite these needs, their resource streams are different than those of cities and suburbs. Rural areas were least likely to report receiving foundation, state, and local funds. For them, federal funding is more critically important.

5) Cities also have significant resource needs, reporting higher numbers of symptomatic/diagnosed people and a greater reliance on expanding shelter in response.

In general, homeless counts are larger in cities than in other types of communities. Thus, it is unsurprising that cities report the highest number of COVID-19 symptomatic and diagnosed people.

While most cities have been moving people into hotel/motel rooms, they are most likely to report continued reliance on the strategy of opening new shelters (87 percent of major cities and 33 percent of other urban areas). The sheer number of people they serve is likely straining resources, making it difficult to get everyone into isolated locations that would help prevent the spread of the virus.

6) Resources would help CoCs reach unsheltered people, protecting them and others from contracting the virus.

In general, communities indicated they were less likely to reach unsheltered people for screenings, testing, temporary housing interventions, and data collection. When it comes to the most commonly used resource -- hotel/motel rooms -- only 74% of CoCs said they had procured them for unsheltered people, versus 83 percent that used them for people in shelters. Fifteen percent reported doing nothing new for unsheltered people in the realm of housing placements.

Reaching more unsheltered people involves more resources than serving other people experiencing homelessness. Unsheltered people generally have higher and more complex needs than people in shelter. Meeting these needs requires outreach and more comprehensive services.

7) Staffing shortages are common.

According to their survey responses, 60 percent of CoCs were experiencing staffing shortages. Many rely on volunteers who were absent due to quarantine requirements or other COVID-19-related guidance.

An overwhelming 88 percent were experiencing shortages of frontline shelter workers. These workers are essential to meeting the basic needs of people experiencing homelessness. However, our survey suggests they are experiencing high levels of stress and have insufficient PPE. Ninety-one percent of CoCs said their employees fear contracting COVID-19 at work, with 38 percent saying they experienced staff resignations due to those fears.

Nearly 50 percent of CoCs consider staffing a high priority[3] for any new funds that become available. Resources can convert volunteer positions into paid ones, increase pay and other incentives for low-wage workers, provide hazard pay, and/ or improve health conditions in workplaces.

[1] At the time of our survey, COCs had not received emergency funds appropriated under the CARES Act. They had been informed of the amounts they would receive in the first of two waves of funding, providing an option to begin spending those funds before they arrived.
[2] These CoCs ranked permanent housing as a first, second, or third priority on a scale of 1-7.
[3] These CoCs ranked staffing as a first, second, or third priority on a scale of 1-7.