

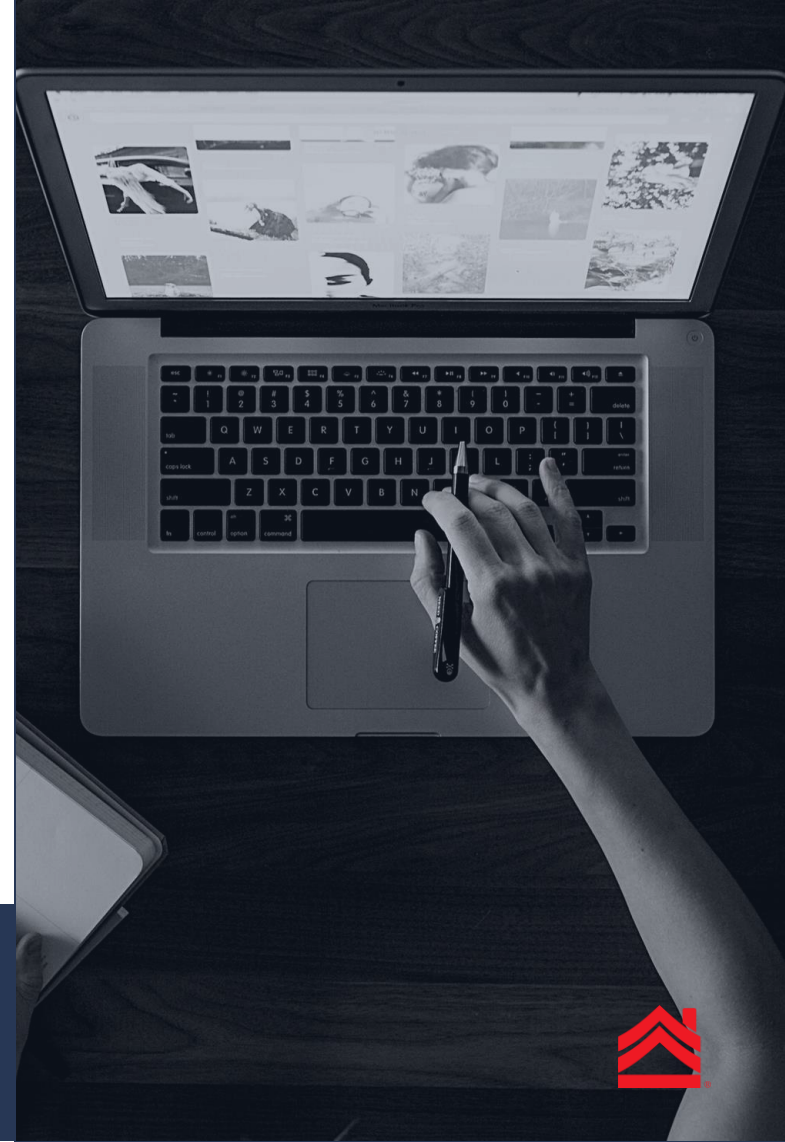
NATIONAL COALITION FOR HOMELESS VETERANS

# 2020 NCHV ANNUAL CONFERENCE

*Virtual Edition*



SP 4: THE COVID FRAMEWORK: WHERE DOES YOUR ORGANIZATION FIT?



# The COVID Framework: Where Does Your Organization Fit?

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## Panelists:

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Ann Oliva  
Visiting Senior Fellow  
CBPP

Jeff Quarles  
Director, GPD National Program Office  
VA

# The COVID Framework: Where Does Your Organization Fit?

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Ann Oliva  
Visiting Senior Fellow  
CBPP





# The Framework for an Equitable COVID-19 Homelessness Response

## #HousingEquity

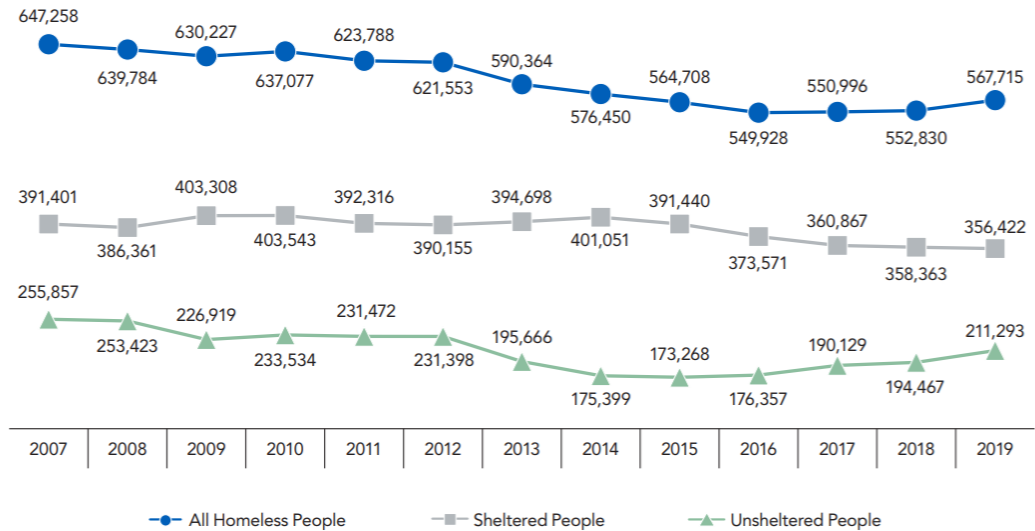
*The implementation of this Framework, and the development of additional tools and materials,  
is being collaboratively guided by the following partners:*

Center on Budget and Policy Priorities • National Alliance to End Homelessness  
National Innovation Service • National Healthcare for the Homeless Council  
National Low Income Housing Coalition • Urban Institute  
Barbara Poppe and associates • Matthew Doherty Consulting

# NUMBER OF PEOPLE EXPERIENCING HOMELESSNESS AT A POINT IN TIME

(SOURCE: HUD 2019 AHAR PART 1)

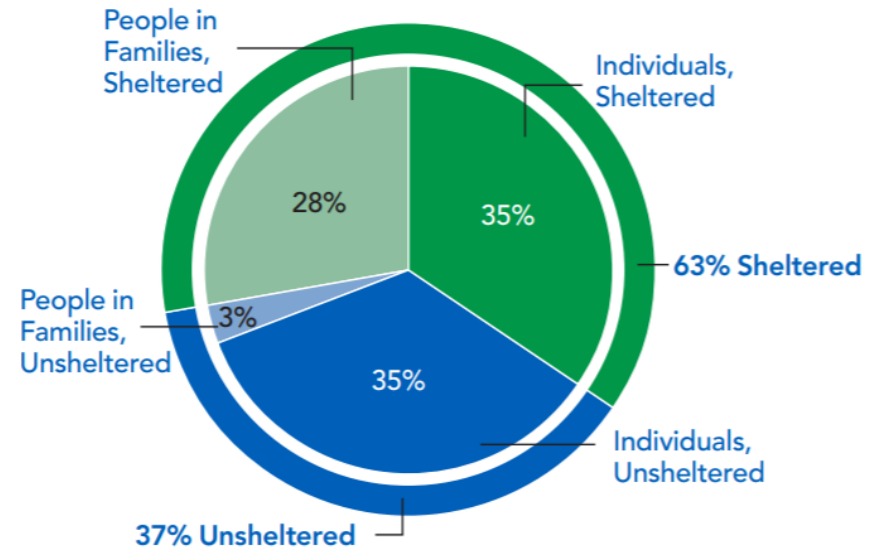
EXHIBIT 1.1: PIT Estimates of People Experiencing Homelessness  
By Sheltered Status, 2007–2019



# HOUSEHOLD TYPE IN 2019

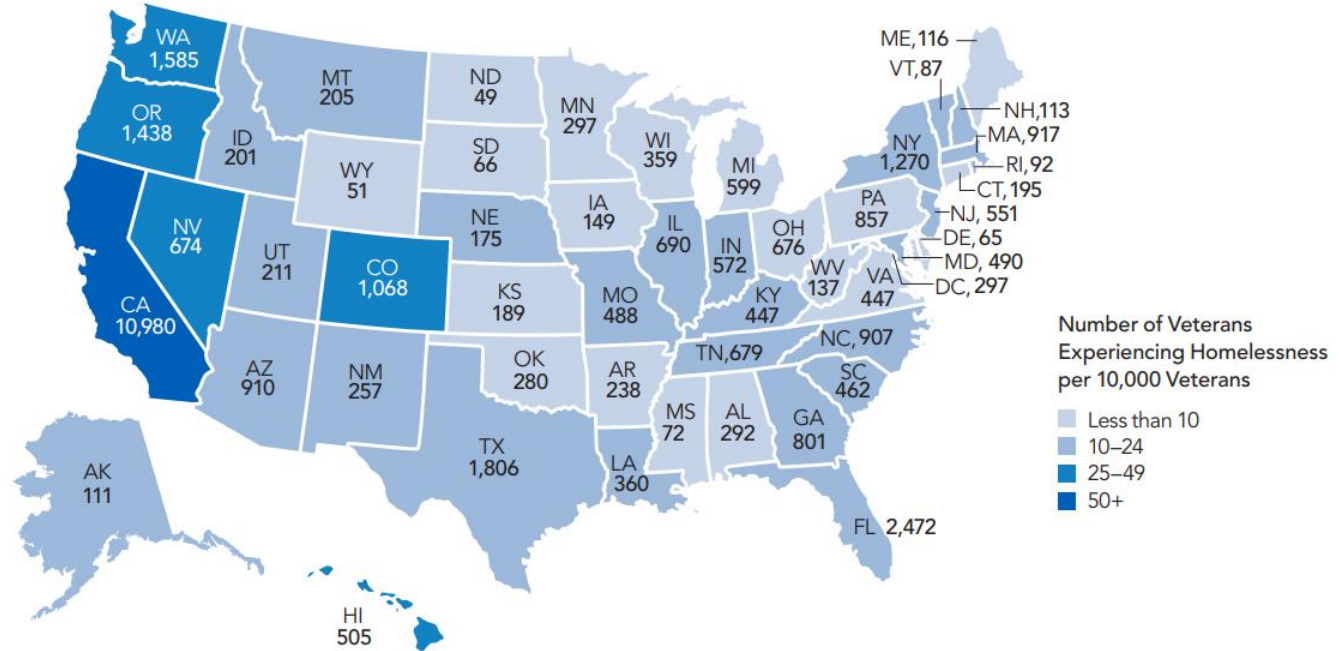
## EXHIBIT 1.2: Homelessness

By Household Type and Sheltered Status, 2019



# VETERANS BY STATE IN 2019

JUST OVER 37,000  
VETERANS WERE  
EXPERIENCING  
HOMELESSNESS ON A  
SINGLE NIGHT IN JANUARY  
2019, OF WHOM 61  
PERCENT WERE STAYING  
IN EMERGENCY SHELTERS  
OR TRANSITIONAL  
HOUSING PROGRAMS

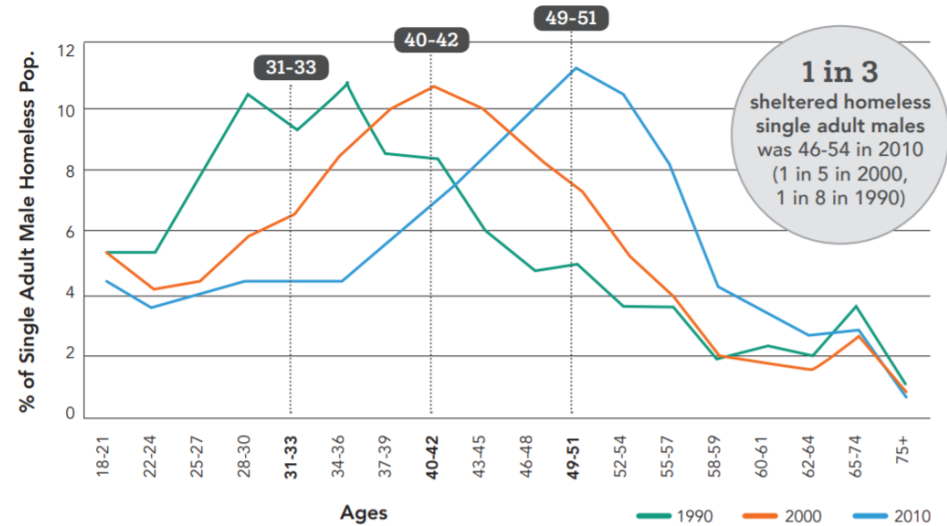


# HOMELESS POPULATION IS AGING

(SOURCE: *THE EMERGING CRISIS OF AGED HOMELESSNESS*: DENNIS CULHANE, DAN TREGLIA, THOMAS BYRNE, STEPHEN METRAUX, RANDALL KUHN, KELLY DORAN, EILEEN JOHNS, MARYANNE SCHRETZMAN)

Figure 1: Age Distribution of Adult Male Shelter Users in the United States

Source: Culhane et al. (2013)/ U.S. Census Bureau Decennial Census Special Tabulation





# IMPACT OF COVID-19

(SOURCE: ESTIMATED EMERGENCY AND OBSERVATIONAL/QUARANTINE CAPACITY NEED FOR THE US HOMELESS POPULATION RELATED TO COVID-19 EXPOSURE BY COUNTY; PROJECTED HOSPITALIZATIONS, INTENSIVE CARE UNITS AND MORTALITY; DENNIS CULHANE, DAN TREGLIA, KEN STEIF, RANDALL KUHN, THOMAS BYRNE)

- Approximately 200,000 single adults were sheltered on a given night in January 2019 (199,531; US HUD, 2019). To reduce density by 50% while maintaining current capacity would require the addition of 100,000 units.
- 211,293 adults and persons in families were enumerated as unsheltered in 2019. Assuming a 40% undercount, approximately 300,000 beds are needed to provide accommodations to all unsheltered persons.
- Of the projected 500,000 total beds needed at a 40% infection rate at a given time, 200,000 of these beds should be suitable for observation of symptomatic persons or persons under quarantine.
- At a cost of approximately \$25,000 per unit per year, we estimate the annual cost of meeting this need at \$10 billion.
- Assuming a premium of \$7,500 per unit per year for more private accommodations would require an additional \$1.5 billion for those 200,000 beds.
- The total estimated cost to meet the additional need is approximately \$11.5 billion annually.

# RACIAL DISPARITIES

- Communities of color have been disproportionately impacted both by the virus itself and by the related economic crisis.
- Hardship, joblessness, and the health impacts of the pandemic itself are widespread, but they are particularly prevalent among Black, Latino, Indigenous, and immigrant households.
- These disproportionate impacts reflect harsh inequities — often stemming from structural racism — in education, employment, housing, and health care.
- Black, Latino, and immigrant workers are likelier to work in industries paying low wages, where job losses have been far larger than in higher-paid industries.

## AND

- HUD data released in January 2020 showing that in January 2019, Black people accounted for 40 percent of those experiencing homelessness, although they make up only 13 percent of the U.S. population. Latinx people made up 22 percent of the homeless population but only 18 percent of the population.

# Use new funds strategically and wisely.

The needs are great but smart planning and execution will help more families and individuals while also helping communities emerge from the pandemic even stronger. Communities that use the framework will be more effective and cost-efficient. Key principles include:

## 1. Advance racial justice and equity

Both homelessness and the pandemic shine a light on racial and economic inequities in our nation so new funds should help eliminate disparities in communities – not exacerbate them.

## 2. Address the highest needs first

People who are unsheltered, older, disabled, medically fragile, literally homeless and extremely low income should be helped first. Start by addressing needs of people who are currently experiencing homelessness.

## 3. Grow Partnerships

By reinvigorating partnerships with a broad range of organizations and mainstream systems there will be more resources and you can reach deeper into impacted communities.

## 4. Get people into housing

The best health intervention is stable housing. Stable housing is necessary for economic recovery.

## 5. Act quickly

Business as usual will not work. We must act quickly in the context of the pandemic and the growing economic crisis.



# WHAT IMPACTED COMMUNITIES ARE TELLING US

In June 2020, NIS conducted ten focus groups with people from groups that tend to be marginalized within the homeless system. These groups included Asian; Black; Latinx; Native and Indigenous; Pacific Islander, Lesbian, Gay, Bisexual and Queer, Transgender; People living with Disabilities; People with Former Justice-System Involvement; and People with other Systems Involvement.

- 1. Reimagine emergency shelter options:** Large congregate-style shelters that warehouse individuals, lack private & safe living space, have inadequate services, and often apply rigid rules to gain and retain access, are actively causing harm to marginalized groups. CDBG-CV and ESG-CV should be used to help move toward abolishing large congregate shelters and instead create systems that *house* people rather than warehouse them. Doing so now during COVID-19 has added benefits.
- 2. Build, support, and fund dignity-based services led by the communities most impacted by homelessness:** As ESG-CV dollars are used to develop new service delivery models, communities should partner with marginalized community members with lived experience to design the models and develop new performance management systems that prioritize ongoing feedback from people who are experiencing homelessness. Dignity-centered care and service delivery must become the standard across all services and systems.

# WHAT IMPACTED COMMUNITIES ARE TELLING US

- 3. Develop affordable housing in the most impacted communities and targeted to those most impacted by structural inequity:** Housing justice agendas must also take into account the historical and systemic racism that have given rise to the precarity that many communities are facing today. This includes redlining policies in housing that kept marginalized communities from owning property and centuries of economic exclusion policies that have kept marginalized communities locked out of the high paying job markets and without generational wealth.
- 4. Remove police from the homeless response system:** People experiencing homelessness have consistently reported extremely high levels of unhelpful police engagement; for historically marginalized communities these encounters can too often lead to harassment, violence and death. As communities plan their ESG-CV and CDBG-CV expenditures it's clear that these dollars should not be used to fund policing activities--inclusive of 'outreach' teams that include police.

We are revising the phases because we now know they are not linear.



### PHASE 1: IMMEDIATE ACTIONS

#### Public Health Response: Emergency Protective Measures to Flatten the Curve

Focus on equitably protecting all people experiencing unsheltered and sheltered homelessness from COVID-19 infection and illness

- **Unsheltered People:**
  - Increase outreach and create additional hygiene resources (handwashing stations, showers, laundry) for people in unsheltered locations.
- **Shelters:**
  - Ensure social distancing in current congregate facilities.
  - Stand up new non-congregate shelter for high-risk, symptomatic, overflow, and people in unsheltered locations.
- **Housing**
  - Continue housing people through normal channels.
- **Diversion and Prevention:**
  - Implement jurisdiction-wide moratoria on evictions.
  - Support people in PSH and RRH.
  - Link to employment.
- **Other Key Activities:**
  - Collect data for planning
  - Engage people with lived expertise into planning.



### PHASE 2: SHORT-TERM ACTIONS

#### Public Health and Economic Recovery Response: Effective and Equitable Re-Housing

Adds a greater focus on effective and equitable use of resources to re-house people experiencing sheltered and unsheltered homelessness.

- **Unsheltered People:**
  - Sustain and expand efforts to support, screen, test, and safely shelter people who are unsheltered.
  - Engage people with lived expertise and other partners to increase outreach, especially in rural areas.
- **Shelters:**
  - Begin re-housing people placed into non-congregate or overflow shelter.
  - Re-house people in congregate or unsheltered locations.
- **Housing**
  - Begin landlord engagement activities.
  - Begin re-engagement of coordinated entry.
  - Begin cross-system planning.
- **Diversion and Prevention:**
  - Scale up efforts to prevent loss of housing among people in PSH and RRH programs.
- **Other Key Activities:**
  - Implement equity-based decision making protocols.
  - Use data to project need for different interventions and inform equity-based decisions.



### PHASE 3: MEDIUM-TERM ACTIONS

#### Economic Recovery Response: Reduce New Entries into Homelessness

Adds a greater focus on reducing new entries into homelessness through diversion and prevention strategies.

- **Unsheltered People:**
  - Re-house people living in unsheltered locations and increase support for unsheltered people.
- **Shelters:**
  - Scale up non-congregate shelter as needed
  - Implement or increase housing-focused case management in shelter
- **Housing**
  - Move people from CARES-funded RRH into PSH if needed
  - Work with PHAs and other housing agencies to access vouchers for households in CARES-funded RRH who need long term assistance.
- **Housing (cont'd)**
  - Prevent evictions due to economic crisis for extremely low income and marginalized persons first. Plan for higher income (30-80% AMI) at-risk households
- **Diversion and Prevention:**
  - Divert households from homeless systems when possible
  - Engage partner systems (TANF, Child Welfare, Justice) for prevention activities.
- **Other Key Activities:**
  - Use data to refresh projections or need for different intervention and assess equity impact.



### PHASE 4: LONGER-TERM ACTIONS

#### Economic Recovery and Public Health Preparedness: Strengthen Systems to Advance Racial Equity and Prepare for Future Crises

Adds a greater focus on strengthening systems to be better prepared for future crises and for achieving racial justice and equity.

- **Unsheltered People:**
  - Monitor re-housing efforts for people living in unsheltered locations.
- **Shelters:**
  - Close non-congregate and overflow shelters by moving people into housing.
  - Assess feasibility of replacing all congregate with non-congregate shelter in light of public health risk.
  - Connect COVID-related homelessness assistance efforts to employment systems.
- **Housing**
  - Assess and plan additional activities and targeting for marginalized and highly-impacted communities
- **Diversion and Prevention:**
  - Scale diversion.
  - Conduct homelessness prevention for at-risk households, prioritizing below 30% AMI households first.
- **Other Key Activities:**
  - Conduct review of COVID response to inform lessons learned for planning, including impact of equity-focused practices.

# SUPPORTING MATERIALS

## Materials

- Coordinated blast email from partners
- Making the Case
- Equity-Based Decision Making
  - Guide
  - Checklist
- Briefs: Serving Historically Marginalized Communities
- At-A-Glance Matrix: How to Fund COVID-19 Homelessness Responses with CARES Act Funding
- Equitable Geo Targeting Tool
- Additional Implementation Tools

## Videos, Multimedia and Outreach

- Video: Introduction to the Framework
- Video: Making the Case
- Video: Prioritizing ESG-CV Funds
- Video: Introducing EBDM
- Video: Strategic Funding Matrix
- Videos: Serving Marginalized Populations
- Video: Local Planning Highlights
- Micro-site for Framework Materials
- Outreach to Industry Groups
- Outreach to Elected Officials and S1 Communities

## Why should your community use the framework and equity-based decision-making?

To make communities healthier and reduce the spread of the coronavirus, we need to prioritize helping homeless people get to safer settings.

Helping people who are unsheltered move to healthier settings will make our streets and public spaces healthier for everyone. Healthier settings include apartments, non-congregate settings, or appropriately decompressed emergency shelters.

The framework will help you be more successful in making the wisest decision with limited resources within a time-constrained environment.



Overcrowded and improperly configured congregate emergency shelters can contribute to community spread so reducing overcrowding and expanding spaces is critical to making communities healthier.

Quick placement in housing will make shelters and streets healthier for everyone. Partnering with businesses, healthcare, and other community organizations will make these efforts more successful.

Many more people are losing their jobs due to COVID-19 than can be helped with the amount of assistance available. By committing to helping the people most at risk of homelessness, scarce resources will achieve better results. Targeted homelessness prevention and diversion are proven tools to do this.

By strengthening your public-private response to homelessness, your community will be safer and healthier for everyone.

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# RACIAL JUSTICE AND EQUITY COMPONENTS

Each product related to the framework has a racial justice and equity component. Examples include:

- Why funding recipients should prioritize highly impacted communities
- A guide to equity-based decision-making
- How to involve people with lived expertise in decision-making and program design
- How to use data and mapping technology to serve historically marginalized neighborhoods
- Partnering with non-traditional organizations to improve access by hardest-hit populations, including Black, Latinx and American Indian/Alaska Native households
- Identifying strategies that can be used to outreach to and serve historically marginalized communities
- Tools to have sustained impact by eliminating disparities
- Data collection to track progress on outcomes by race/ethnicity and make mid-course corrections when needed

# LONG TERM CHANGE CLOSE UP



## PHASE 4: LONGER-TERM ACTIONS

### **Economic Recovery and Public Health Preparedness: Strengthen Systems to Advance Racial Equity and Prepare for Future Crises**

Adds a greater focus on strengthening systems to be better prepared for future crises and for achieving racial justice and equity.

- **Unsheltered People:**
  - Monitor re-housing efforts for people living in unsheltered locations.
- **Shelters:**
  - Close non-congregate and overflow shelters by moving people into housing.
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  - Connect COVID-related homelessness assistance efforts to employment systems.
- **Housing**
  - Assess and plan additional activities and targeting for marginalized and highly-impacted communities
- **Diversion and Prevention:**
  - Scale diversion.
  - Conduct homelessness prevention for at-risk households, prioritizing below 30% AMI households first.
- **Strengthening Systems for the Future:**
  - Conduct review of COVID response to inform lessons learned for planning, including impact of equity-focused practices.

# OPPORTUNITIES FOR INNOVATION AND CHANGE

- Institutionalizing racial justice and equity practices, including partnership with people with lived expertise
- Partnerships with non-traditional groups
  - Other systems
  - Community and Neighborhood Organizations
  - Veterans Organizations and Partners
- Integrating the needs of Veterans in emergency management planning
- Dignity-based services
- Re-imagining shelter and outreach responses
- Coordinated entry processes
- Scaling diversion
- Targeting prevention
- Evaluating outcomes

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Ann Oliva, Visiting Senior Fellow

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# The COVID Framework: Where Does Your Organization Fit?

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Jeff Quarles  
Director GPD National Program Office  
VA



2020 NCHV Annual Conference

# THE COVID FRAMEWORK: WHERE DOES YOUR ORGANIZATION FIT?

Jeffery L. Quarles MRC, LICDC

Director, Grant and Per Diem National Program Office



# Public Health Considerations for Homeless Programs

- How we protect and improve their health Veterans and other persons we serve in our communities
- Providing safe environments that reduce spread of communicable diseases
- Aligning with local health department practices in your community
- Developing processes that continue to support access to homeless services
- Coordination with healthcare resources







# The Past- Pre-COVID



- Limited VA homeless program guidance on communicable disease in our homeless programs
- Individual program office responses to inquires/silos
- Options for social distancing/isolation spaces limited
- Capacity to provide remote services limited



# United States COVID-19 Cases and Deaths by State

Reported to the CDC since January 21, 2020

**USA**  
**6,916,292**  
**TOTAL CASES**  
+41,310 New Cases  
CDC | Updated: Sep 24 2020 12:18PM

**USA**  
**201,411**  
**TOTAL DEATHS**  
+1,136 New Deaths  
CDC | Updated: Sep 24 2020 12:18PM

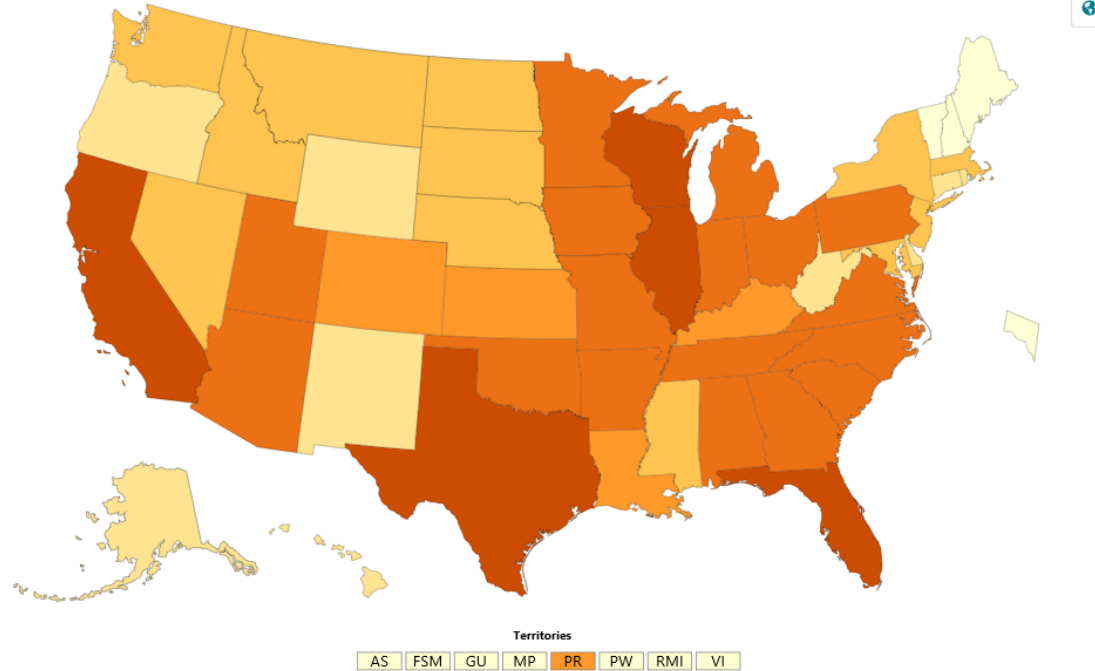
**USA**  
**302,715**  
**Cases in Last 7 Days**  
CDC | Updated: Sep 24 2020 12:18PM

Cases in Last 7 Days by State/Territory

State/Territory	Cases in Last 7 Days
Texas	44,827
California	24,507
Florida	19,136
Wisconsin	13,782
Illinois	13,098
Georgia	10,922

Cases in Last 7 Days   Total Cases   Cases per 100,000   Deaths in Last 7 Days   Total Deaths   Deaths per 100,000

US COVID-19 Cases Reported to the CDC in the Last 7 Days, by State/Territory



# The Present- New Normal

- Promoting safe environments for homeless Veterans and staff
  - Keeping informed on updated guidelines from CDC, state and local health departments, VA
  - Facility designs and processes that support social distancing/isolation
  - Educating homeless Veterans on safe hygiene practices
  - Continued use of Personal Protective Equipment, cleaning supplies, etc....
  - Developing internal protocols/procedures to guide staff in providing safe services
  - VA Testing protocols



# Present- New Normal



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- Creativity/Flexibilities
  - Funding flexibilities
    - CARES Act funding
  - Programmatic flexibility
    - Demonstration with GPD Case Management/HUD-VASH partnership
    - Providing remote services for hotel
- Continuous communication
- Continue to keep an eye on the mission
  - Exit to permanent housing



# The Future



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- What have we learned that will shape our services going forward?
- What flexibilities that were developed do we need to keep?
- Continued transformation of transitional housing
  - Capital grant to develop individual living units
    - Reduce the amount of congregate settings
  - Is there an expansion of Transition in Place?



Thank you...





# Thank You!

## Q&A

