People Experiencing or at Risk of Homelessness Should Be a Priority in State COVID-19 Responses

Center on Budget and Policy Priorities

The Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security (CARES) Act provide critical resources to help families and individuals weather the pandemic and resulting economic crisis. States and localities have an essential role in ensuring that these and other resources reach those who need it most — including people experiencing or at risk of homelessness — to address their interrelated housing, health, and economic needs.

Before the crisis, over 500,000 people were experiencing homelessness on any given night. Now, people without homes are among those facing COVID-19's most severe consequences, including high infection rates, and, for older adults and those with pre-existing health conditions, increased risk of severe complications or death. Living in shelters or on the streets makes it almost impossible to observe social distancing or have access to other virus avoidance practices, like frequent hand-washing. Moreover, these risks fall especially hard on groups already experiencing disproportionate homelessness, including Black and Hispanic people, American Indians and Alaska Natives, survivors of family violence, LGBTQ+ youth, young adults "aging out" of the foster care system, and people returning home from jails and prisons.

Many of these same groups, especially Black and Hispanic people, now face greater risk of losing their housing as unemployment and illness cut into their income and make it harder to pay rent, early evidence suggests. The potential rise in overall homelessness threatens to overwhelm an already strained support system, leaving people unable to access needed services and making it harder for them to recover financially. The risk of homelessness will likely remain elevated with high unemployment expected through 2022 and many experts expecting additional waves of infections.

States should use existing and newly available resources to address the most urgent housing, health, and economic needs — including those of people experiencing or at risk of homelessness. Cross-sector partnerships that recognize the interconnectedness of these needs will be critical; for instance, meeting health needs in isolation leaves people's housing and financial stability vulnerable, and vice versa. States should improve how housing, health, and other systems work together to address disparities and deliver the range of supports people need to survive the crises and ultimately thrive.

Housing

The "Framework for COVID-19 Homelessness Response," a joint CBPP and National Alliance to End Homelessness project, identifies a range of strategies to help people with urgent shelter and housing needs during and after the immediate crises, including safer shelter options and rental assistance to re-house people and prevent homelessness. The framework also identifies ways to align existing programs with new resources to support these strategies, including the following new CARES Act funds that supplement existing homelessness and affordable housing programs:

- $4 billion in Emergency Solutions Grants (ESGs) to help states provide emergency shelter, to fund up to two years of rental assistance, and to provide a range of other services for people experiencing homelessness;

- $5 billion in Community Development Block Grants that states and localities can use to cover up to three months of rental assistance, among other important services; and

- $150 billion to state and local governments through the Coronavirus Relief Fund, which states can use for many purposes, including new emergency rental assistance programs.

People experiencing homelessness. States should direct existing homelessness program and CARES Act funds to help shelters and homelessness service providers implement social distancing and disinfecting procedures and scale up new shelter alternatives, such as using hotels to shelter people with underlying health conditions and those exposed to or recovering from COVID-19. Communities need increased medical respite care options for people who don't have a home to return to after being hospitalized for COVID-19. Funds should also support partnerships between the homelessness and health care systems — including hospitals, health care centers, public health agencies, and behavioral health providers — to coordinate health and housing responses for people experiencing homelessness.

States should embrace a "housing first" approach, focusing on re-housing people as quickly as possible, rather than requiring people to participate in behavioral health or other services as a prerequisite to getting housed. Lack of affordable housing is the primary cause of homelessness, and permanent housing is the safest solution for both the public health emergency and people's long-term well-being. Many states already fund rental assistance for people experiencing homelessness, and they can build on this infrastructure to expand rental assistance now. All states should

tap the expertise of local homelessness Continuums of Care and public housing agencies to direct funds to those who need it most, including residents of the hardest-hit neighborhoods and people with the greatest barriers to housing.

People at risk of homelessness. Policymakers should use available funds for rental assistance to prevent more people from losing their homes. Many low-income people who were already struggling to keep up with rent due to a lack of affordable housing are at even higher risk of homelessness as the economy contracts and layoffs mount. To keep people safely housed, local, state, and federal governments have enacted a patchwork of eviction moratoriums, but these critical policies do not cover all renters, and many will fall behind on rent during the moratoriums and face eviction once they're lifted. States and cities such as Delaware and Chicago are providing emergency rental assistance, which is especially critical for people exiting settings at greater risk of coronavirus exposure — for example, nursing homes, psychiatric facilities, jails, and prisons — and for others at high risk of homelessness, like former foster youth and people fleeing family violence. The heightened need for rental assistance will last long after the public health emergency as unemployment will likely remain high, especially for many people of color, people with disabilities, and people with the lowest incomes, including many who will have difficulty finding employment during the economic downturn.

Health Care

People experiencing homelessness disproportionately experience physical and behavioral health conditions but face significant barriers to quality health care. The pandemic and economic crisis are exacerbating these barriers, in part by limiting the availability of care coordination services that help overcome them. Community-based behavioral health providers often deliver case management that helps many people experiencing homelessness access care, housing, food assistance, and other resources, but many of these providers are reducing staff and are at risk of closing due to growing financial pressures. States should prioritize the use of Medicaid and grants to provide COVID-19 testing and care for those infected and provide health care for people experiencing homelessness.

Leveraging Medicaid. The Affordable Care Act's (ACA) Medicaid expansion significantly increased health coverage rates for people experiencing homelessness and is uniquely equipped to help cover their behavioral health and care coordination needs. While states need a greater and longer-lasting increase in the federal share of Medicaid funding (the "FMAP") to address their budget shortfalls, the Families First Act's temporary FMAP increase is helping states avoid cuts and improve access to care during the crisis, including for Medicaid beneficiaries without homes.

To fully leverage Medicaid during the public health and economic crises, states should take up the ACA's expansion (if they have not already). They should also make it easy for eligible people to enroll in Medicaid, fully use its ability to provide telehealth services, improve access to COVID-19 testing, and ease access to prescription medications. Many states are already using Medicaid waiver and state plan authorities tied to the emergency to take these and other steps to make services more accessible. For instance, to help people experiencing or at risk of homelessness who have underlying health conditions stay safe and meet their basic needs during the pandemic, Rhode Island used a state plan amendment to create a new "Emergency Case Management" benefit to cover services that homeless service agencies provide.

Using new and existing grants to fill gaps in care. Such gaps include paying for services Medicaid doesn't cover, supporting struggling community-based providers, improving access to telehealth, and providing COVID-19 screening and testing. States can use CARES Act funds to supplement existing grant programs and address the urgent health needs of people experiencing homelessness. For example, the $4 billion in ESG can fund medical respite and outreach, in addition to shelter and housing needs. And $100 million in Emergency Response Grants from the Substance Abuse and Mental Health Services Agency can support behavioral health care for uninsured people experiencing homelessness.

Other Basic Needs

Lack of a reliable mailing address or access to a phone, computer, or transportation makes it harder for people experiencing homelessness and housing instability to work, apply for jobs, and access assistance. The pandemic and economic crisis have intensified the need for assistance, which can contribute to housing stability by covering a security deposit on a new rental unit or giving families more income at the end of the month to cover rent. States should help people experiencing and at risk of homelessness meet their basic needs by:

- Collaborating with homelessness services providers and others to make the Supplemental Nutrition Assistance Program accessible to people who can't apply in person and don't have a phone or computer to apply remotely;

- Removing barriers to cash assistance under Temporary Assistance for Needy Families — such as work requirements and time limits — and creating new or expanding existing emergency assistance programs;

- Maximizing unemployment insurance benefits and helping eligible people without homes gain access; and

- Helping people without addresses or who have not recently filed tax returns receive federal stimulus payments.