HOUSING IS HEALTHCARE:
Challenges, Best Practices, and Policy Recommendations to Improve FEMA Programs to House People Experiencing Homelessness in Non-Congregate Shelters During the Pandemic

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NATIONAL LOW INCOME HOUSING COALITION

ALAYNA CALABRO

NOAH PATTON

SARAH SAADIAN

TABLE OF CONTENTS

INTRODUCTION

The COVID-19 pandemic clearly demonstrates that housing is healthcare and underscores the critical need for people experiencing homelessness to be stably housed to stay well and to stop the spread of the virus. To address the health and housing needs of people experiencing homelessness, Congress provided critical resources in the "Coronavirus Aid, Relief, and Economic Security (CARES) Act," including billions of dollars for FEMA's Disaster Relief Fund. As the pandemic spread, first prompting President Trump's National Emergency Declaration and now Major Disaster Declarations for all 50 states, the District of Columbia, and four territories, FEMA has taken on a larger role in COVID-19 response. FEMA determined that certain non-congregate sheltering costs will be reimbursable under the Public Assistance (PA) program, allowing state and local officials to request reimbursement for moving people experiencing homelessness to non-congregate settings where they can safely isolate or quarantine.

People experiencing homelessness and people with disabilities who live in congregate settings are among those individuals who have been hardest hit by the pandemic, suffering from high rates of severe illness and death from coronavirus. People who are homeless and contract coronavirus are twice as likely to be hospitalized, two to four times as likely to require critical care, and two to three times as likely to die than others in the general public. If unchecked, as many as 20,000 people who are homeless could require hospitalization and nearly 3,500 could die. The COVID-19 pandemic has devastated people with disabilities and other individuals residing and working in nursing homes, psychiatric hospitals, and other congregate settings. People living in congregate settings comprise less than 1% of the U.S. population, but nearly 50% of coronavirus deaths.

The pandemic has tested homeless service providers and community leaders in ways we could never have imagined. Such providers have worked tirelessly to use FEMA PA funds to address the urgent needs of people experiencing homelessness. NLIHC spoke with partners across the country to learn about the challenges they faced in implementing FEMA PA funds to house people experiencing homelessness in hotels and the strategies they employed to overcome these barriers. Some of the issues raised by our partners mirror persistent barriers to using FEMA resources seen in past disasters, including the agency's lack of transparency and narrow interpretation of need. Others, however, reflect new challenges resulting from the unprecedented nature of using federal funds for this purpose.

This report documents the hurdles state and local governments and homeless service providers faced when implementing FEMA PA funds, as well as highlights success stories and opportunities to apply lessons learned to a future pandemic or the next wave of this one. The report also provides recommendations to policymakers on how to reform FEMA programs to ensure that disaster housing response and recovery efforts prioritize the needs of the lowest-income and most marginalized survivors, including people experiencing homelessness.

ROLE OF FEMA IN COVID-19 RESPONSE

The coronavirus pandemic is uncharted territory for the country's disaster response and recovery effort. In March 2020, President Donald Trump announced a nationwide Declaration of Emergency regarding the coronavirus pandemic, making available critical resources from the Federal Emergency Management Agency (FEMA) to help address public health needs in states and localities. State, territorial, tribal, and local (STTL) government entities and certain private non-profit (PNP) organizations are eligible to apply for the FEMA Public Assistance Grant Program (PA) as a result of the declaration. The 501(b) declaration allows for PA category A (debris removal) and category B (emergency protective measures) to be provided. This has been provided with the typical 75% federal government match.

FEMA's PA program typically provides resources to allow communities to respond quickly to and recover from major disasters or emergencies. Given the lack of structural damage and debris caused by a pandemic, PA Category B: Emergency Protective Measures resources have been used during the current crisis. Under Category B, state and local governments receive reimbursement for eligible emergency protective measures taken to respond to the COVID-19 pandemic. Emergency protective measures include "activities taken to eliminate or reduce an immediate threat to life, public health or safety, or significant damage to improved public or private property in a cost-effective manner." Such measures include "evacuation and sheltering."

Generally, FEMA does not provide PA funding for emergency sheltering in non-congregate environments such as hotels, motels, and dorms, despite the need after past disasters. Given the heavy usage of and strain on the current homeless shelter system, FEMA applied its statutory flexibility during the pandemic to offer cost reimbursement for non-congregate medical sheltering under the PA program. The term "medical sheltering" is meant to address the specific needs directly resulting from this Public Health Emergency. For purposes of eligibility under the COVID-19 declarations, FEMA may approve reimbursement for some non-congregate sheltering for health and medical-related needs, such as isolation and quarantine resulting from the public health emergency. All such non-congregate sheltering must be approved by the FEMA Regional Administrator for such costs to be reimbursed. This approval should come before non-congregate sheltering begins – although in limited circumstances FEMA may approve the sheltering after the fact.

For more information on non-congregate sheltering and FEMA during the COVID-19 pandemic please refer to FEMA's factsheet on the subject. Learn more from NLIHC's guidance for working with FEMA during COVID-19 and toolkit outlining the program's scope in states around the country.

CHALLENGES, LESSONS LEARNED, AND POLICY RECOMMENDATIONS

Despite the many unprecedented challenges, there are opportunities to build on the lessons learned from the pandemic so that our nation is better prepared for future disasters. Using FEMA PA funds to address the urgent health and housing needs of people experiencing homelessness during the pandemic was an unprecedented undertaking, and while many homeless service providers and communities faced challenges, they have proven that it is possible to quickly act to keep people experiencing homeless safe during a public health emergency. As stated by Supervisor Mark Ridley-Thomas of the Los Angeles County's Project Roomkey, "There's no example like it. We have to be smart about the use of our resources, and so I say to you that this shows progress, and we need to replicate it. We need to build on it."

ELIGIBILITY CRITERIA

A significant challenge facing local officials and homeless service providers has been FEMA's narrow eligibility criteria. As we have seen with other major disasters, the agency's inflexible and arbitrary requirements, rigid interpretations of rules, and confusing and bureaucratic processes have prevented individuals from accessing much-needed FEMA resources.

For example, FEMA approved a narrow eligibility standard for California's Project Roomkey program. Eligibility under Project Roomkey is limited to individuals experiencing homelessness who are medically "high risk," individuals who have been exposed to coronavirus, and individuals who have tested positive for the virus. These strict eligibility protocols complicated the process of moving people into hotels in San Francisco. Using sorted lists of eligible individuals, outreach workers spent days attempting to find specific people while passing countless others who were homeless and in desperate need of a hotel room to safely isolate.

"This is a huge problem with the system…This approach, by design, leaves thousands of people, particularly the elderly, on the street," said San Francisco Board Supervisor Matt Haney. Despite these challenges, the non-congregate sheltering programs in San Francisco have been effective in keeping hotel residents safe amid the public health crisis. "There's more healing happening in these hotels than anyone can imagine," said Supervisor Haney.

A very limited number of states were able to receive a more expansive eligibility standard. For example, Connecticut received the most expansive eligibility standards of any Category B non-congregate program. Connecticut's program includes all residents of congregate shelters.

Getting to Yes: Working with FEMA to Fund Non-Congregate Shelter During COVID-19

After reviewing the agreements made between FEMA and seven states with statewide plans for FEMA-reimbursable, non-congregate sheltering of individuals experiencing homelessness, NLIHC identified where state and local advocacy can have the greatest impact on the scope of assistance provided by FEMA to address the need for non-congregate shelter. The full report, Getting to Yes, outlines the varying scope of assistance available to state governments under Category B for non-congregate sheltering of people experiencing homelessness and other individuals living in congregate settings. The memorandum also provides case studies and key information for advocates seeking to maximize FEMA resources in their states.

Below are four recommendations for advocates working with FEMA to fund non-congregate shelter during the COVID-19 pandemic:

– Recommendation 1: To ensure the broadest eligibility for FEMA resources, advocates should urge state public health officials to release guidance explicitly stating that providing non-congregate shelter is needed for all people living in congregate settings, including people experiencing homelessness, as a public health imperative. Defining public health needs more narrowly would likely result in fewer FEMA resources.

– Recommendation 2: Advocates should call for clarity on program rules, including rules related to reimbursement eligibility, the use of matching funds, and the duplication of benefits, in any agreement reached between FEMA and state officials.

– Recommendation 3: Advocates should work with their governors and state emergency management agencies to ensure requests to FEMA for statewide non-congregate sheltering reimbursement include the entire population identified in the state's public health directive. Advocates should work with emergency managers and elected officials to ensure that the needs of individuals experiencing homelessness and others living in congregate settings, such as people with disabilities, are included in the scope of their disaster planning.

– Recommendation 4: Advocates should urge elected officials to share information about all available resources with organizations working directly with individuals living in congregate settings, including housing and homeless providers.

Spotlight on Massachusetts: Lessons Learned

Establishing relationships with state and local officials can help advocates garner support for requesting broad authorization from FEMA to provide non-congregate shelter to all individuals experiencing homelessness. Advocates in Massachusetts have worked on an ongoing basis to convince Governor Charles Baker and his administration to seek expanded authorization from FEMA to provide non-congregate shelter to people experiencing homelessness regardless of their COVID-19 status. Advocates, including the Massachusetts Coalition for the Homeless and Greater Boston Legal Services, have worked with the state legislature to build support among the executive branch for requesting expanded FEMA reimbursement eligibility. Seventy state legislators sent a letter to the Baker administration requesting that it work with the Massachusetts Emergency Management Agency (MEMA) to outline the public health need for providing non-congregate shelter to all individuals experiencing homelessness and request expanded authorization from FEMA to do so. While the Massachusetts executive branch has failed to adopt broader language in its request for re-authorization, support from the state legislature has elevated advocates' persistent calls for executive action.

POLICY RECOMMENDATIONS

Congress and FEMA must take every action to save lives and prevent outbreaks of coronavirus or a future pandemic disease among people experiencing homelessness and other individuals living in congregate settings. Rather than creating and implementing numerous categories of ineligibility, FEMA should employ broad-based categories of eligibility, with the aim that every at-risk person receives the assistance to which they are entitled. Ensuring that everyone has access to a safe, stable home during the COVID-19 pandemic is not only a moral imperative – it is a public health necessity. It has never been clearer that housing is health care.

In past disasters, FEMA has often interpreted current law to deny assistance to people who were experiencing homelessness prior to a disaster. During the COVID-19 pandemic, however, FEMA has interpreted the law much more broadly, determining that people who were homeless prior to the disaster are eligible for non-congregate shelter. This demonstrates that FEMA can interpret the law much more

broadly to serve people experiencing homelessness during other major disasters but chooses not to. In future disasters, FEMA should use the same creativity and broad eligibility utilized during the pandemic to ensure that people experiencing homelessness are able to access needed resources during other major disasters.

GUIDANCE & TRANSPARENCY

During the pandemic, homeless shelter and service providers often lacked critical information needed from FEMA, such as expiration dates and application processes, to plan and interface with the PA program. FEMA's failure to release clear guidance regarding program rules, such as reimbursement eligibility, the use of matching funds, and duplication of benefits, led to delays among county and local decisionmakers who feared they would be unable to secure FEMA reimbursements for the cost of moving people to safety.

Lack of clear guidance from FEMA and distrust of its reimbursement process impacted San Francisco's participation in Project Roomkey. Concerns about whether FEMA would reimburse the costs of hotels and FEMA's requirement that governments spend the money first have contributed to the Bay Area's "slow, piecemeal response" to housing people experiencing homelessness in non-congregate settings.

Moreover, FEMA often refrained from accepting extension requests until the last moment, creating confusion and concern that the agency would abruptly stop reimbursing hotel rooms. Project Roomkey programs in Los Angeles County, San Francisco, and Orange County have started to wind down due to uncertainty around FEMA reimbursement, well before the threat to public health has ended. These jurisdictions are phasing out their hotel programs under the assumption that FEMA will stop reimbursing hotel rooms, forcing officials to abruptly shut down hotels before the opportunity to move residents into permanent housing.

POLICY RECOMMENDATIONS

The health and safety of people experiencing homelessness and other marginalized populations depend on greater clarity and transparency by FEMA. Congress should require full transparency from FEMA on all materials related to state reimbursements for non-congregate sheltering. FEMA should ensure that all documentation surrounding the request, approval, and justification of non-congregate sheltering reimbursement is made publicly available online and in a timely manner. This would improve transparency and the ability of housing and homeless service providers to utilize the PA program to the most effective extent possible.

At a minimum, FEMA should be required to make publicly available monthly the number of people currently housed in FEMA-reimbursable hotels and other non-congregate shelters by state; the number of people who were previously experiencing homelessness prior to participation in the non-congregate shelter program by state; and copies of every state request for non-congregate shelter and every letter of approval and/or denial by FEMA. The agency should be directed to develop and make publicly available plans to ensure that individuals have permanent, stable housing prior to ending FEMA assistance. Requiring FEMA to report this data will help policymakers and service providers better understand FEMA's role in providing non-congregate shelter to individuals experiencing homelessness.

COST-SHARE REQUIREMENT

FEMA funding through the PA program is provided at the regular 75% federal cost-share. The cost-share requirement places significant strain on state and local budgets already depleted from COVID-19 response.

Housing advocates in Oregon, for example, point to FEMA's cost-share requirement as a significant barrier to convincing county officials to request FEMA reimbursement for non-congregate shelter for people experiencing homelessness.

POLICY RECOMMENDATIONS

Congress should direct FEMA to provide full reimbursement to state and local governments for PA emergency protective measures. These provisions would cover all eligible PA costs and allow FEMA to provide assistance in advance rather than requiring states to be reimbursed later.

LOCAL COORDINATION AND CAPACITY

Coordination between federal, state, and local governments and nonprofit organizations can continue to be improved, and more focus should be provided to building the capacity of local stakeholders.

While FEMA PA does cover the cost of "wrap-around" services for individuals staying in non-congregate shelters, many non-profits have been experiencing severe staffing shortages and financial strain. In addition, the task of moving an entire shelter and accompanying services to another location – sometimes more than one location – can place further stress and strain on housing or homeless services providers.

In most Project Roomkey hotels, for example, the programs include 24/7 security, health services from on-site medical staff, and on-site case management typically provided by a nonprofit agency. Project Roomkey imposed significant demands on service providers, but according to Phil Ansell, head of Los Angeles County's Homeless Initiative, they did not turn down an owner willing to lease rooms based on concerns about capacity.

Spotlight on Tennessee: Lessons Learned

Collaboration between Tennessee's emergency management personnel and Continuum of Care (CoC) helped streamline efforts to move people experiencing homelessness into hotel rooms amid the pandemic. Weekly calls between emergency management personnel and Tennessee's Continuum of Care (CoC) helped the two parties develop and agree on a plan to achieve their shared deliverables. The CoC played a critical role in introducing emergency personnel to local organizations and coordinating efforts with housing and homeless service providers. Tennessee's CoC and emergency personnel management have worked together for many years, enabling an effective mobilization of resources.

POLICY RECOMMENDATIONS

Disaster response efforts should be led first and foremost by community-based organizations located in the areas they serve. State and local officials should engage existing community-based networks that have trusted relationships with marginalized communities to develop and implement non-congregate sheltering plans that meet the urgent needs of people experiencing homelessness.

Collaboration between state and local emergency personnel and community-based organizations can help bridge the divide between federal protocol and the implementation of programs on the ground. Establishing and strengthening longstanding relationships before and beyond disasters can ensure emergency personnel and local organizations effectively and efficiently meet the immediate sheltering needs of people experiencing homelessness during a disaster.

UNDERUTILIZED PROGRAMS

As authorized by the Stafford Act, FEMA can administer a wide suite of disaster assistance programs designed to be deployed rapidly to address the broad range of challenges faced by individuals during and after a disaster, including housing instability, financial stress, and the need for legal services. Despite this broad authority, FEMA did not activate the Disaster Housing Assistance Program (DHAP) and Individual Assistance (IA) programs, including the Transitional Shelter Assistance (TSA) program and Individual and Households (IHP) assistance.

DHAP plays a critical role in providing safe, decent, and affordable homes to individuals with the greatest needs after a disaster, including low-income seniors, people with disabilities, people experiencing homelessness, and others. Under DHAP, individuals receive longer-term rental assistance and wrap-around services. Under TSA, disaster survivors may be eligible to stay in a participating hotel or motel for a limited period and have the cost of the room covered by FEMA. FEMA's IHP assistance provides financial and direct services to eligible individuals affected by a disaster, including rental assistance, lodging expense reimbursement, direct housing assistance, and financial assistance for necessary expenses and serious needs directly caused by the disaster.

Instead of activating these existing programs, FEMA placed the responsibility of quickly designing and establishing new programs on overburdened state and local governments, causing further delays in getting assistance to America's lowest-income and most marginalized individuals.

POLICY RECOMMENDATIONS

To help address the broad health, housing, and economic impacts of the coronavirus pandemic, FEMA should have considered activating its Individual Assistance (IA) programs, including TSA and IHP assistance to ensure that low-income households and people experiencing homelessness could be quickly housed. Although these programs were not created for a pandemic response, they could have been immediately deployed to serve households in need as a result of the coronavirus pandemic, rather than requiring overburdened state and local governments to quickly design and stand up new programs.

FEMA has the capacity and infrastructure through the TSA program to address issues related to acquiring hotels and standing up non-congregate sheltering programs. Rather than require every local jurisdiction to negotiate independently with hotels, FEMA could have activated TSA to negotiate on a broader scale to move people experiencing homelessness into safer, non-congregate sheltering more swiftly.

NLIHC's concerns about FEMA's failure to address the long-term housing needs of survivors through its TSA program are well-documented. To be eligible for TSA, participants typically must verify that their pre-disaster residence is within the disaster area, which presents eligibility concerns when it comes to individuals experiencing homelessness. FEMA should waive this burdensome requirement and remove barriers that make TSA inaccessible to many low-income survivors.

Additional funding is also needed to build the capacity of nonprofit organizations to establish and operate non-congregate shelter programs.

MOTEL NEGOTIATIONS

Under FEMA's PA program, local jurisdictions are responsible for independently negotiating with hotel property owners. Complicated negotiation processes and reluctant property owners slowed efforts to move individuals experiencing homelessness into motel rooms.

Los Angeles County officials, for example, cite the limited number of hotel owners willing to participate in Project Roomkey as a significant barrier to swiftly housing eligible individuals in local hotel rooms. A report from the city of Los Angeles' Chief Legislative Analyst sheds light on the challenges government officials

faced when attempting to secure hotel rooms for Project Roomkey. While the owners of more than 20,000 properties expressed interest in the program, concerns about how participation in the program would impact a hotel's brand, issues related to insurance and indemnity, and logistical issues were among the obstacles to successfully negotiating contracts.

Some motel owners have been reluctant to house people experiencing homelessness due to unfounded concerns – rooted in racist and classist stereotypes – about property damage and the potential for hotels to turn into hospitals. One lender threatened to pull its financing if the hotel moved forward with Project Roomkey, and another company stated outright it would not house people experiencing homelessness in any of its hotels. Heather Rozman, the executive director of the Hotel Association of Los Angeles, reports that some local hotels found Project Roomkey's contracting process "extremely complex." According to Rozman, limited information on the program from government officials complicated the process.

Officials in Butler County, Ohio also encountered challenges in finding hotels willing to participate in the program. "We've probably talked to every hotel in the region in the course of the last month-and-a-half and some are in, some are out," said Butler County Emergency Management Agency Director Matt Haverkos. After spending significant time searching for hotels and negotiating a lease, Butler County commissioners signed a $25,000 contract with a local hotel. A month later, however, the hotel backed out of the deal.

NIMBYISM

Resistance from local officials and community members stymied projects to house people experiencing homelessness in hotels and motels. This resistance slowed down and even dismantled hotel programs, putting people experiencing homelessness and their communities at greater risk of the coronavirus.

Project Roomkey's heavy emphasis on local decision-making and implementation led to significant challenges for several jurisdictions seeking to provide non-congregate housing for people who are homeless. Residents in several Los Angeles cities, including Covina, Laguna Hills, Rosemead, Hacienda Heights, San Dimas, Lawndale, and Bell Gardens, objected to Project Roomkey, contending that efforts to provide safe shelter for people experiencing homelessness at local hotels would put their communities at risk during the pandemic. As more resistance mounted from these cities, U.S. District Judge David O. Carter ruled that Los Angeles County could use city property to address the crisis, consistent with Governor Newsom's emergency declaration.

The ACLU urged Governor Gavin Newsom to use his authority to commandeer motel rooms to allow people experiencing homelessness to safely isolate and quarantine, rather than requiring jurisdictions to independently negotiate rentals. Activists in Los Angeles, including the Legal Aid Foundation of Los Angeles, urged Mayor Eric Garcetti and the county Board of Supervisors to use their emergency powers to seize hotels and motels. County officials argued that negotiating with hotel owners is preferable to commandeering rooms. Some experts noted that forcing hotel owners to lease rooms, while legal, could add to the time it takes to secure rooms.

In several instances, resistance from local officials and community members directly impacted hotel owners' willingness to sign contracts with cities and counties. In Plymouth, Massachusetts, a hotel owner canceled his contract after members of the Select Board voted to oppose the plans to provide safe shelter for people experiencing homelessness, citing concerns that it would put community members "in harm's way." A hotel in Florence, Kentucky pulled out of a contract with two housing organizations after Mayor Diane Whalen opposed the plans due to alleged zoning violations, the safety of first responders and citizens, and concerns that the hotel guests would violate social distancing protocols.

Spotlight on New York: Lessons Learned

In New York, vocal NIMBY voices urged officials to prematurely move people temporarily residing in hotels back to congregate settings. Mayor Bill de Blasio announced a plan to move individuals living with disabilities from the Harmonia shelter in Manhattan and families with children at the Flatlands shelter in Brooklyn to other facilities across the city to accommodate men experiencing homelessness who were being forced out of an Upper West Side hotel by NIMBYs.

The Legal Aid Society has taken a two-pronged approach to combat resistance from local officials and community members, including PR campaigns and litigation. Some of the most virulent advocates for expelling people experiencing homelessness from local hotels have used the press to generate false accounts of incidents that vilify the hotel residents. Legal Aid has worked with individuals and groups to counter false claims about the residents and spread awareness of the program's critical public health aspect.

The organization called attention to the lasting impacts of Mayor de Blasio's capitulation to the vocal NIMBYists: "This decision will have a long-term consequence by emboldening intolerance, so every time the City tries to site a shelter, or any other necessary services that people think they should not have to live near, bigots will express themselves in vile terms and demand the same preferential treatment from City Hall."

Legal Aid also announced it was preparing a lawsuit against the city's plan to force individuals with disabilities from the accessible hotels and Harmonia and Flatlands shelters to other facilities that lack the necessary services to accommodate their needs. While the city's efforts are ongoing, Josh Goldfein of Legal Aid Society notes the PR campaign has been effective in building community support by highlighting the public health benefits of providing stable space for people experiencing homelessness to safely isolate and quarantine.

TRANSITION TO PERMANENT HOUSING SOLUTIONS

The lack of affordable and available homes to the lowest-income renters is a primary barrier to moving people experiencing homelessness who are temporarily residing in hotels to permanent housing. While jurisdictions across the U.S. are developing plans to transition people temporarily residing in FEMA-funded motels into permanent housing, the shortage of affordable and available homes hinders these efforts. There is widespread concern that participants will be pushed back into homelessness when FEMA ends its program – a crisis that is preventable and predictable.

Governor Gavin Newsom announced on June 30 Project Homekey, the next phase of California's COVID-19 response. Under Project Homekey, counties will partner with the state to acquire and rehabilitate hotels, motels, vacant apartment buildings, and other housing types to provide permanent housing for people experiencing homelessness. The program, funded through $550 million of the Coronavirus Relief Fund and $50 million from the state's general fund, will enable local governments to move some people residing in FEMA-funded hotels into permanent housing. Project Homekey may face similar NIMBY challenges faced by the state's temporary non-congregate sheltering programs. The California Department of Housing and Community Development has allocated all available Homekey funding – more than $627 million to 45 applicants and 71 projects totaling 4,646 units.

While the city of Los Angeles and its Housing Authority have commitments for 11 properties and are negotiating for additional properties that would provide 842 units in total, Marston and other county officials do not expect there to be enough available housing to move everyone participating in Project Roomkey directly into permanent placements. San Francisco aims to move the 2,340 hotel guests into permanent housing, but the city's tight housing market means some residents will be connected to other

options, including congregate shelters, sanctioned encampments, housing vouchers, or a city-funded bus ticket to anywhere in the country where they have a place to reside.

The existing overwhelming demand for affordable housing across the country is further exacerbated by an influx in need resulting from the pandemic's economic fallout. Vermont, for example, has moved some individuals and families who were residing in FEMA-funded hotels into longer-term housing, but service providers continue to report an increase of people who have recently lost their housing and need assistance. FEMA is expected to continue reimbursing Vermont for the hotel voucher program through mid-October, and the state has no immediate plans to end the program, which is currently housing approximately 1,100 people experiencing homelessness. Vermont officials are rushing to prepare for winter by acquiring and renovating congregate shelters to accommodate social distancing and expanding housing vouchers. These actions, however, do not address the underlying need for affordable homes, prompting the state to offer grants to landlords to refurbish more housing units. Advocates continue to urge state officials to purchase local motels with CARES Act funding.

POLICY RECOMMENDATIONS

Before FEMA ends its PA programs, the agency should activate the Disaster Housing Assistance Program (DHAP) to help transition individuals into permanent housing solutions, rather than allowing individuals to be pushed back into homelessness. Democratic and Republican administrations recognized DHAP as a best practice for disaster recovery and determined that HUD – not FEMA – should lead on longer-term housing solutions given the agency's expertise on large-scale housing challenges, extensive experience providing housing assistance, and network of state and local housing agencies. Despite the clear need and a successful track record, FEMA has refused to activate DHAP after recent disasters, rejecting requests by governors, dozens of members of Congress, homelessness and housing advocates, and survivors. For more information, see NLIHC's DHAP factsheet and a comparison of DHAP and alternative programs.

Congress should permanently authorize DHAP and automatically activate it after every major disaster to provide longer-term housing assistance and wrap-around services to low-income survivors. Such assistance should be provided to eligible survivors for as long as it is needed.

Until we address the underlying shortage of homes affordable and available to the lowest-income people, we will face the same housing crisis during the next pandemic, natural disaster, or economic recession. Congress must invest in proven solutions, like the national Housing Trust Fund and housing vouchers, at the scale necessary to address the underlying cause of the affordable housing crisis: the severe shortage of affordable and available homes for people with the lowest incomes. The private market cannot and will not, on its own, build and operate homes extremely low-income families can afford. We need a sustained public commitment to ensure the lowest-income households have decent, stable, accessible, and affordable homes.

RACIAL AND OTHER INEQUITIES

As with other disasters, the federal response to the COVID-19 pandemic has underscored deep inequities in our nation's disaster housing response and recovery system and the urgent need for reform. COVID-19 is exacerbating preexisting racial inequities entrenched in our country's healthcare, housing, and economic systems. The impact of the coronavirus will not be shared equally across the country; rather, communities of color are experiencing the burden and impact of the coronavirus disproportionately. Black and Native people – who, even before the pandemic, faced higher rates of homelessness and housing instability – are most at risk of severe illness and death due to the coronavirus, and Black and Latino people are disproportionately harmed by the resulting economic impacts.

In Los Angeles, the availability of hotel rooms for people experiencing homelessness is not evenly distributed. Less affluent areas with predominantly Black and Latino populations and high rates of

coronavirus, such as South Los Angeles, have fewer hotels available than whiter, wealthier cities, such as Santa Monica. While the coronavirus has devastated dense, heavily Latino D.C. neighborhoods, where many residents live in overcrowded housing and are in jobs deemed "essential," fewer than five percent of federally-funded hotel rooms have housed Latinos. While D.C. officials report promoting the city's hotel program, organizers who work with Latino communities highlight the need for targeted outreach efforts that reach marginalized residents, including those with limited English proficiency.

Congress should address barriers to a complete and equitable disaster housing recovery and reform federal disaster and response efforts to be inclusive and intersectional. We must ensure that affordable housing investments and federal disaster recovery resources reach all impacted households, including those with the lowest incomes and those most marginalized.

POLICY RECOMMENDATIONS

Congress should center racial equity when making the investments and systemic reforms needed to address the short- and long-term impacts of the coronavirus pandemic. Equity must be a central and explicit goal of federal disaster housing

response and recovery efforts, and each stage of the response and recovery must be examined and reformed to ensure that federal, state, and local efforts actively dismantle systems of oppression. All emergency response, long-term recovery, and mitigation actions must be designed and pursued in a manner that addresses and prioritizes the needs of the lowest-income survivors, people of color, seniors, people with disabilities, immigrants, and other protected classes. All such actions must also be explicitly anti-racist: analyzed to determine if they exacerbate, leave in place, or ameliorate existing or historic patterns of segregation and discrimination in housing and infrastructure, and remedied accordingly.

NLIHC, the National Alliance to End Homelessness, the Center on Budget and Policy Priorities, and National Health Care for the Homeless Council have developed the *Framework for an Equitable COVID-19 Homelessness Response*, which provides guidance for how homelessness systems can leverage the CARES Act and approval of other funding sources, such as FEMA PA, to simultaneously conduct emergency protective measures and plan for recovery-oriented uses of these funds. All components of the framework, which will be continuously updated, include a racial justice and equity lens.

CONCLUSION

State and local efforts to house people experiencing homelessness in FEMA-funded hotels during the coronavirus pandemic represent an unprecedented use of federal funds. As our country prepares for a future pandemic or the next wave of this one, we hope the lessons learned from this experience, including the challenges and the various strategies employed to overcome these barriers, can be applied to future efforts to address the urgent health and housing needs of people experiencing homelessness and others living in congregate settings, including people with disabilities. Congress and FEMA should also change policies where needed to better utilize PA funds for future disasters.

DISASTER HOUSING RECOVERY COALITION, C/O NATIONAL LOW INCOME HOUSING COALITION
1000 Vermont Avenue, NW | Suite 500 | Washington, DC 20005 | 202-662-1530 | www.nlihc.org

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