Homelessness & COVID-19

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Housing Not Handcuffs
National Law Center on Homelessness & Poverty

@erictars @nlchphomeless #HousingNotHandcuffs
People Experiencing Homelessness are Extremely Vulnerable to COVID-19

- Unsheltered health risks
  - Chronic health conditions
  - 44% of people become unhoused after turning 50
  - Homelessness adds 10-20 years
- Key prevention measures unavailable
  - “Stay At Home?”
  - Handwashing and hygiene measures
- Homeless individuals infected by COVID-19
  - 2X to be hospitalized
  - 2-4X to require critical care,
  - 2-3X as likely to die than the general population.
• Unless individual housing units are available, do not clear encampments during community spread of COVID-19.

• Encourage spacing of tents.

• Ensure nearby restroom facilities have functional water taps, are stocked with hand hygiene materials (soap, drying materials) and bath tissue, and remain open to people experiencing homelessness 24 hours per day.

• If toilets or handwashing facilities are not available nearby, provide access to portable latrines with handwashing facilities for encampments of more than 10 people.

State of California
COVID-19 Recommended Protocol for People Experiencing Homelessness

STEP 0: Current status
- In medical care
- In a shelter
- Unsheltered

STEP 1: Screening check
- Check done while in medical facility

STEP 2: Priority & wellness categorization
- Treated & discharged (but still contagious)
- Self-presenting & discharged
- COVID + or PUI
- Presumed COVID & HIGH risk of complications
- Presumed COVID & LOW risk of complications

STEP 3: Move to destination
- Alternative Care Center
- Motels, Hotels, or Trailers
- Remain in current status (in shelter or unsheltered)

Basic screening check done by shelter/outreach staff.
If individual answers yes to triage questions, connect to centralized health staff for further evaluation and placement recommendation.
If determined low likelihood COVID+, place based on “not positive” categorization in Step 2.
See attached page for screening check procedure.
**HUD Guidance**

**Non-congregate Approaches to Sheltering for COVID-19 Homeless Response**

Continuum of Care considering non-congregate approaches to sheltering people who are homeless that are symptomatic or in high risk categories, such as seniors or people with chronic illness, should consider the following guidance when designing local approaches. Coordination with public health partners is essential in design, resource investment, and staffing considerations.

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Best Practice Approach</th>
<th>Better Approach</th>
<th>Good Approach: Shared Spaces</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Placement:</strong> Comprehensive screening and triage in place to refer to site and prioritize placement.</td>
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<tr>
<td><strong>Set-up:</strong></td>
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<td>Individual bedroom (walls on all sides and a door)</td>
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<tr>
<td>Individual bathroom</td>
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<td>Individual HVAC</td>
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<td>Personal cleaning supplies for an ill person’s room and bathroom</td>
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**Staffing:**

- Onsite healthcare
- Transportation plan for closest hospital transport
- Staff shifts and crew configuration
- Cleaning schedules
- PPE available for staff
- Non-congregate site management staff
- Case management staff
- Security

- Identifying dedicated staff to care for COVID-19 patients.
- Telehealth options
- PPE available for staff
- Non-congregate site management staff
- Security

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| **Set-up:** |
| Individual bedroom (walls on all sides and a door) |
| If no existing walls, makeshift walls that are floor to ceiling should be created to create 6ft separation |
| Limited shared bathroom with cleaning regiment |
| Bathroom should be cleaned and disinfected after each use by an ill person |
| Dedicate an entrance(s) or passageway(s) for infectious individuals when feasible. |
| Shared bedroom spaces with 6ft separation |
| Makeshift walls that are floor to ceiling (if feasible) should be created |
| Arrange all sleeping areas (including beds/cots) so that individuals are separated by putting a minimum of 6 feet between individual sleeping surfaces to prevent the spread of infections |
| Shared bathroom |
| Bathroom should be cleaned and disinfected after each use by an ill person |
| Dedicate an entrance(s) or passageway(s) for infectious individuals when feasible. |

1 Center for Disease Control: Coronavirus 2019 (COVID-19) Are you at higher risk for severe illness?  
CARES Act

• Funding
  • $4bil. ESG
  • $5bil. CDBG
  • $150 bil. Relief
  • Also
    • HHS
    • ED
    • VA

• Restrictions
  • Most restrictions/caps waived
  • No procurement/bidding req’d
  • All COVID-related costs reimbursable
  • BUT no prerequisites to receiving services
Camping & Sleeping

- "Camping" bans
  - Sleeping or resting outside
  - Using tents, blankets, etc.
- 72% of surveyed cities restrict camping in public
  - 37% of cities ban camping citywide
  - 9% = public and private land
- "Sleeping" bans
  - Universal and unavoidable conduct
- 51% of surveyed cities have at least one law restricting sleeping in public
  - 21% of cities ban sleeping in public citywide
- Punishments
  - Arrest and jail
  - Tickets
  - Property loss
Living in Vehicles

• Living in vehicles
  • Prohibits using vehicle as form of shelter and/or property storage
  • Parking restrictions
• 50% of cities have one or more laws restricting living in vehicles
  • 213% increase since 2006
• Punishment
  • Arrest and jail
  • Tickets
  • Drivers’ license suspensions, inability to register vehicle
  • Vehicle tows and impound
    • Permanent loss of property
    • Increases likelihood of using tent within 1 year of tow
Racial Equity: Economic Inequities

**Jobs vulnerable to layoffs during the Covid-19 pandemic in the US by industry**

<table>
<thead>
<tr>
<th>Industry</th>
<th>Low-wage jobs</th>
<th>High-wage jobs</th>
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</thead>
<tbody>
<tr>
<td>Food and beverage services</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Clothing and retail</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Support and accommodation services</td>
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<td>10</td>
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<td>Membership associations and organizations</td>
<td>4</td>
<td>6</td>
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<tr>
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<td>8</td>
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<td>Real estate</td>
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</table>

Note: “Low-wage” jobs are defined as making a weekly income of less than $30,347. Values are rounded.

Source: US Private Sector Job Quality Index

**RACE AND ETHNICITY OF SEVERELY COST-BURDENED RENTERS BY INCOME**

- **White, non-Hispanic**
  - Extremely Low Income: 10%
  - Very Low Income: 21%
  - Low Income: 12%
  - Middle Income: 11%
  - Above Median Income: 9%

- **Black, non-Hispanic**
  - Extremely Low Income: 10%
  - Very Low Income: 22%
  - Low Income: 18%
  - Middle Income: 6%
  - Above Median Income: 4%

- **Hispanic**
  - Extremely Low Income: 26%
  - Very Low Income: 20%
  - Low Income: 13%
  - Middle Income: 73%
  - Above Median Income: 78%

- **Other**
  - Extremely Low Income: 43%
  - Very Low Income: 49%
  - Low Income: 56%
  - Middle Income: 73%
  - Above Median Income: 78%

Source: NLIHC tabulations of 2017 ACS PUMS data. NLIHC's *The Gap: A Shortage of Affordable Homes*
Racial Equity: Health Inequities

- **Health status:** Black, Hispanic or Latinx, and American Indian and Alaska Native people are more likely to report poorer health than white individuals.

- **Living situation:** Many immigrants, indigenous families, and other low-income families of color live in doubled-up situations.

- **Work:** Many people of color and immigrants are working in frontline, essential jobs.
  - Health care, home care, grocery stores, food delivery, and agriculture
  - Less access to sick leave

- **Access to health care:**
  - Communities of color have higher uninsured rates
  - Fear and distrust can affect decision to seek care
NLCHP Recommendations

- Stop the sweeps
- Do not force people into congregate shelter
- House people in hotels, motels, trailers and/or RVs
- Increase access to hygiene and sanitation services
- Place a moratorium on vehicle ticketing, towing, and impoundment
- Immediately and safely decrease the number of people incarcerated for laws criminalizing homelessness
- Use surplus governmental property for safe camping, parking and access to supplies and services
- Prevent new homelessness by immediately halting ALL eviction and foreclosure proceedings
  - Halt termination of utility services
- Ensure that outreach workers have resources and protective gear
Take action!

[Delete before sending]

Rules for use:

1. You are free to use only with edits in highlighted boxes – any alterations to base text must be confirmed with NLCHP first, contact Rajan Bal at rthal@nlchp.org.
2. CC: Tristia Bauman at tbauman@nlchp.org and Rajan Bal at rthal@nlchp.org on any emails or make sure both get a copy of any hard copy letter sent so we can track.
3. Let Rajan know if any response is received, if policy is changed, or, after a week or so, if no policy is changed. We will be developing an online self-reporting tracking sheet at which point this process will change.

Date

City/County/State Official
Address (email or physical)

Dear [CITY/COUNTY/STATE OFFICIAL],

I write on behalf of [ORGANIZATION (“Abbreviation”)] and the National Law Center on Homelessness & Poverty (“Law Center”) to inform you that recent guidelines released by the Centers for Disease Control and Prevention (“CDC”) state that homeless encampments should not be evicted during the COVID-19 pandemic unless the city can offer individual housing units to people experiencing homelessness, and to urge you to immediately stop [arresting unhoused people for resting and sheltering in public space/conducting sweeps of homeless encampments/impounding vehicle shelters/other local practices] to comply with these guidelines. See [https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html]. This step is necessary to curb the spread of the virus and to protect against avoidable hospitalization and death among both housed and unhoused people.

[Local org description]

The Law Center is the only national legal advocacy organization dedicated solely to ending and preventing homelessness. We have published numerous reports, including Housing Not Handcuffs 2019: Ending the Criminalization of Homelessness [https://nlchp.org/housing-not-handcuffs-2019/], which includes a section about the negative impact of criminalization policies on public health, and Tent City, USA: The Growth of America’s Homeless Encampments, and How Communities are Responding collecting best practices, model policies, and case studies from across the country on how to constructively address homeless encampments. See [https://nlchp.org/wp-content/uploads/2018/10/Tent_City_USA_2017.pdf].

According to the CDC, COVID-19 primarily spreads from person-to-person, between people within six feet of each other and droplets that are expelled when a person infected with COVID-19 coughs or sneezes. Recent reports indicate that homeless individuals infected by COVID-19 would be 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 the general population. See
Connecticut shelters rapidly moving people to hotels to prevent COVID-19 outbreaks; homeless individual tests positive in Hartford

Homeless residents moved to temporary hotel housing in midst of coronavirus outbreak
Challenges
Legal Challenges

- Federal Constitutional
- Federal Statutory
- State
Housing Not Handcuffs Campaign

- Endorse
- [www.housingnothandcuffs.org](http://www.housingnothandcuffs.org)
  - Resources
    - Talking points
    - Sample legislation
  - Research
- Connect with allies
  - Housing Not Handcuffs listserv
Housing is Public Health. Housing is a Right.

This crisis presents tremendous challenges, but is bringing necessary attention to housing as healthcare.

Your support, no matter how large or small, protects and aids our most vulnerable neighbors.

nlchp.org/donate