



## SUPPORTING EXIT FROM TEMPORARY SHELTERS DURING COVID-19

MAY 2020

These materials were prepared as part of the Rapid Response Network, a joint initiative between the **California Mental Health Services Oversight and Accountability Commission** (MHSOAC) and **Social Finance, Inc.** to support jurisdictions in fast-paced research and decision making driven by COVID-19.

The network aims to **facilitate connections** among jurisdictions facing similar challenges, and to supplement that shared experience with **support from external experts**—in order to deliver fast, customized, digestible research and analysis that strengthens local capacity.

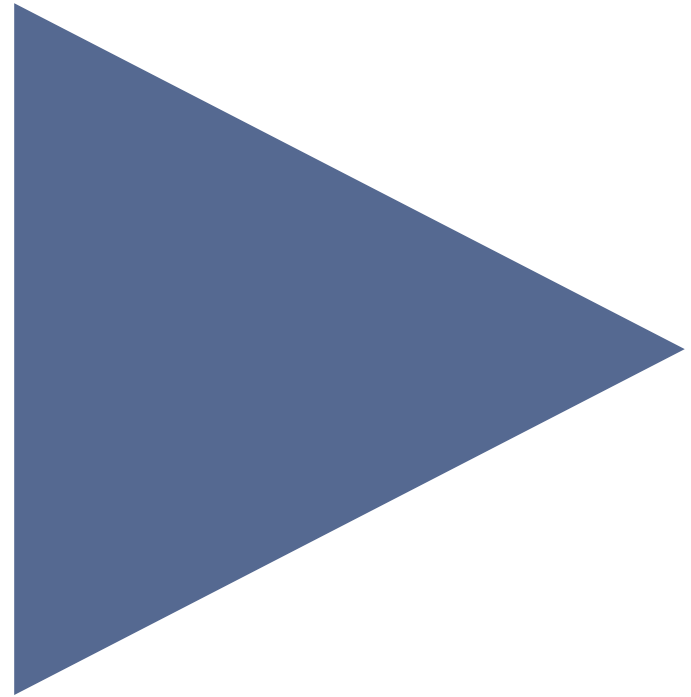
**We recognize that the pace of these responses means that they are likely to be both incomplete and imperfect.** If you have suggestions for improvement or questions about these materials, we would love to hear from you. Please email Jake Segal ([jsegal@socialfinance.org](mailto:jsegal@socialfinance.org)) or Sean Burpoe ([sburpoe@socialfinance.org](mailto:sburpoe@socialfinance.org)).

*With gratitude for the support of the Robert Wood Johnson Foundation and invaluable in-kind support from GLG, which supports the RRN through access to their expert network.*

## ▶ CONTEXT

- Since the pandemic began, jurisdictions have utilized **hotel and motel rooms to house individuals experiencing homelessness** – particularly those most vulnerable to poor health outcomes.
- However, jurisdictions are now grappling with **how to exit individuals from these temporary shelters**.
- This is a unique opportunity – a proportion of the population experiencing homelessness is being housed within the system, and this may be a **once-in-a-generation opportunity to move these individuals into permanent housing**.
- Some potential opportunities include:
  - **Purchasing currently occupied hotel/motel units** to house individuals;
  - **Engaging closely with landlords** to match individuals to vacant units;
  - **Creatively leveraging federal funding for homelessness** included in the CARES Act.

# ▶ STRATEGIES FOR EXITING INDIVIDUALS INTO HOUSING



► STRATEGIES TO FACILITATE ENTRY INTO HOUSING DURING COVID-19  
 Many jurisdictions are expediting the process of coordinated entry to facilitate housing for those individuals at higher-risk of falling ill from COVID-19

<b>Chicago</b>	<ul style="list-style-type: none"> <li>Housing providers <b>must remove any barrier that impedes the rapid placement of participants</b> in housing, including waiving documentation requirements and background checks.<sup>1</sup></li> <li>Coordinated entry prioritization can be set aside <b>to prioritize permanent housing for those individuals placed in isolation and quarantine assessment</b> (or otherwise deemed as high-risk).<sup>1</sup></li> </ul>
<b>Washington State</b>	<ul style="list-style-type: none"> <li>Waived the coordinated entry requirement <b>to prioritize chronic homelessness or length of time homeless.</b><sup>2</sup></li> <li>Do not require <b>source documentation of housing status or income.</b><sup>2</sup></li> <li><b>Imminent risk of homelessness eligibility extended</b> to include households that may face eviction when moratorium is lifted or are otherwise unstably housed.<sup>2</sup></li> </ul>
<b>Connecticut</b>	<ul style="list-style-type: none"> <li>Prioritize <b>rapid re-housing openings for individuals 60 years and older.</b><sup>3</sup></li> <li>Partnering with CT Association of Realtors and Connecticut Coalition of Property Owners, and other associations of landlords to <b>identify existing housing vacancies.</b><sup>4</sup></li> </ul>
<b>Cincinnati / Hamilton County</b>	<ul style="list-style-type: none"> <li>Coordinated entry will <b>prioritize individuals with priority factors.</b> These priority factors are informed by the CDC, with modifications.<sup>5</sup> <ul style="list-style-type: none"> <li>While third-party verification of priority factors is preferred, <b>self-verification is acceptable.</b><sup>5</sup></li> <li>Clients with <b>multiple priority factors</b> will be prioritized before those with fewer.<sup>5</sup></li> </ul> </li> </ul>
<b>Phoenix</b>	<ul style="list-style-type: none"> <li>Created a <b>COVID-19 illness complications risk screening and stratification tool</b> to be used in coordinated entry to improve screening and prioritization of persons at high risk of serious illness due to COVID-19.<sup>6</sup></li> </ul>
<b>Delaware</b>	<ul style="list-style-type: none"> <li>Using DEMA funding to <b>support individuals needing isolation and/or quarantine.</b></li> <li>Exploring ways to <b>leverage funding to advance into permanent housing</b> those that were placed into temporary housing during COVID-19.</li> </ul>

# EXAMPLE: CITY OF PHOENIX COVID-19 ILLNESS COMPLICATIONS RISK SCREENING AND STRATIFICATION TOOL<sup>6</sup>

This is for SHELTERED and UNSHELTERED This is for INDIVIDUALS as well as WHOLE HOUSEHOLDS Designed to be administered by non-medical homeless service staff				
Title	COVID-19 Illness Complications Risk Screening			
Category	Item	Weight	Question Ty	Picklist Options
Intro Options	Homeless service providers are working with individuals and families to talk about risks of the current respiratory infection called COVID19 that has been spreading. We would like to use this information to help connect you with resources to improve safety. May we ask you a few questions as well as try to answer any of yours?		Header	
	How are you feeling today? --> if symptoms, complete COVID SubAssessment		Header	
Question:	The following conditions may indicate an increased risk of complications from COVID-19. Does anyone in the household have, or been told they have, any of the following risks?		Header	
		1		50-59
	Advanced Age	2	Picklist	60-69
		3		70+
	Lung disease or need to use an inhaler	1	Picklist	Yes/No/Client Doesn't Know/Client Refused/Data Not Collected
	Heart Disease	1	Picklist	Yes/No/Client Doesn't Know/Client Refused/Data Not Collected
	High Blood Pressure	1	Picklist	Yes/No/Client Doesn't Know/Client Refused/Data Not Collected
	High Cholesterol	1	Picklist	Yes/No/Client Doesn't Know/Client Refused/Data Not Collected
	Diabetes	1	Picklist	Yes/No/Client Doesn't Know/Client Refused/Data Not Collected
	Liver Disease	1	Picklist	Yes/No/Client Doesn't Know/Client Refused/Data Not Collected
	Kidney Disease	1	Picklist	Yes/No/Client Doesn't Know/Client Refused/Data Not Collected
	Currently Pregnant	1	Picklist	Yes/No/Client Doesn't Know/Client Refused/Data Not Collected
	Due Date		Date Field	
	Currently have Cancer	2	Picklist	Yes/No/Client Doesn't Know/Client Refused/Data Not Collected
	HIV / AIDS	2	Picklist	Yes/No/Client Doesn't Know/Client Refused/Data Not Collected
	Other immune comprised	2	Picklist	Yes/No/Client Doesn't Know/Client Refused/Data Not Collected
	Other immune compromised details		Text field	Text
	Does not know their medical history or refuses to answer questions. <i>*Look up age for additional score</i>	1	Picklist	Yes/No/Client Doesn't Know/Client Refused/Data Not Collected
	Details or questions for review by a medical professional (leave blank if none)		Text field	Text
	Possible Pts	13		

- Tool standardizes the process of coordinated entry for individuals experiencing homelessness during COVID-19.
- Individuals are asked a series of questions to measure their risk of becoming ill due to COVID-19.
- The maximum score is 13 points, and individuals are assessed over three categories: age, pre-existing conditions, immune compromised status

## ► PRIORITIZING THE MOST MEDICALLY VULNERABLE

Many jurisdictions are amending the CDC definition of medical vulnerability to account for their local context

### CDC guidelines<sup>7</sup>

- People **65 years and older**
- People who **live in a nursing home or long-term care facility**
- People of all ages **with underlying medical conditions, particularly if not well controlled**, including:
  - People with chronic lung disease or moderate to severe asthma
  - People who have **serious heart conditions**
  - People who are **immunocompromised** – cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with **severe obesity** (body mass index [BMI] of 40 or higher)
- People with **diabetes**
- People with **chronic kidney disease** undergoing dialysis
- People with **liver disease**

### Washington, D.C.<sup>8</sup>

- Mimic the CDC guidelines, **except for smoking as a component of being immunocompromised** (due to prevalence in population).

### Chicago<sup>9</sup>

- **Over the age of 60**
- Have any of the CDC-identified underlying medical conditions
- **Youth, families and unsheltered participants**

### Cincinnati / Hamilton County<sup>5</sup>

- **Pregnant or breastfeeding women**
- **Individuals ages 55+**
- One of the CDC-identified underlying medical conditions

# NATIONAL ALLIANCE TO END HOMELESSNESS: A FRAMEWORK FOR COVID-19 HOMELESSNESS RESPONSE<sup>19</sup>



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

Create system-wide testing and/or screening protocol and route people to appropriate options based on need (asymptomatic, symptomatic, high-risk, COVID positive)

- **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.
- **Prevention/Diversion:**
  - 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 in planning.



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

Develop policies and practices that support people in non-congregate or overflow shelters exiting to housing, not back to unsheltered locations.

- **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.
- **Prevention/Diversion:**
  - 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.



## MEDIUM-TERM ACTIONS Economic Recovery Response: Reduce New Entries into Homelessness

Continue to implement CDC/HHS guidance in homeless programs and systems.

- **Unsheltered People:** Re-house people living in unsheltered locations and increase support for unsheltered persons.
- **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.
- **Prevention/Diversion:**
  - 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 of need for different interventions and assess equity impact.



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

Strengthen connection between homeless and public health/emergency management systems to prepare for future crises.

- **Unsheltered People:** Monitor re-housing efforts for people living in unsheltered locations.
- **Shelters:**
  - Close non-congregate and overflow shelters by moving residents into housing.
  - Assess the feasibility of congregate shelter as a common practice in light of pandemic.
  - Connect COVID related homeless assistance to employment systems.
- **Housing:**
  - Assess and plan additional activities/targeting for marginalized/highly impacted communities.
- **Prevention/Diversion:**
  - Prevent evictions due to economic crisis for higher income populations as appropriate (30-80% AMI).
- **Other Key Activities:**
  - Conduct review of COVID response to inform lessons learned for planning, including impact of equity-focused practices.

According to the National Alliance:

- Immediate, short-term, and medium-term actions **should already be underway**
- Longer-term actions **should be underway by the end of June**



## ▶ IMPROVING ENGAGEMENTS WITH LANDLORDS

There is opportunity for jurisdictions to re-think how they engage with landlords to find available housing

### *Strategies for landlord engagement*

- It's important for there to be a **dedicated team that is responsible for landlord engagement**. This allows for the coordination of landlord engagement strategy across entire systems.<sup>10</sup>
- There is an opportunity **to use federal funding** – such as ESG grants – **to support landlord and tenant mediation**.<sup>11</sup>
- Jurisdictions can explore **using public-private partnerships** to locate available units more quickly – such as **collaboration with realtor agencies and landlord organizations**.<sup>4</sup>

You have a home, we have a resident!

The Montgomery County Continuum of Care and the Department of Health and Human Services, Services to End and Prevent Homelessness is seeking vacant housing units to match with households who are looking for housing. Amidst this public health emergency it is even more critical to ensure that everyone has access to safe housing. Housing is the best health care. Help us empty the shelters! We have set the goal of housing at least 75 households by the end of May. Will you help us reach this goal? Please complete the form below with information about your available unit, and a member of our housing location team will get back to you within 48 hours.

Thank you for being a partner in our campaign to provide Housing 4 All in Montgomery County.

This survey is specifically for landlords, property managers, and property owners to share information on available units. If you are a resident in need of support, please reach out to MC311 at 240-777-0311 for assistance.

\* Required

1. I am representing:

myself

a property/management company

**You have a home, we have a resident!, Montgomery County, MD CoC**

Chicago  
CONTINUUM  
of Care

Chicago COVID-19 Expedited Housing Initiative: Landlord Survey

The COVID-19 crisis has made vulnerable populations even more vulnerable, and the Chicago Continuum of Care (CoC) is looking to our valued landlord partners during this time to commit to helping us provide housing to those who need it most. The need for housing is more important than ever and we've initiated a concerted outreach effort to help find people a permanent home.

Our CoC is developing an initiative to house a large number of households who are affected by the COVID-19 crisis. The success of this initiative hinges on the strength of our landlord partnerships. We are prepared to support you as much as possible in this process by way of rental assistance and responsive case management for those who find a home in one of your units.

Thank you for your support in filling out this information!

1. Full Name of Landlord/Property Management Company \*

2. Housing Locator Name, if applicable

**Chicago COVID-19 Expedited Housing Initiative: Landlord Survey, Chicago CoC**

## ▶ ADDITIONAL OPTIONS FOR ENGAGING WITH LANDLORDS

### **Incentivizing landlords to house individuals experiencing homelessness**

- The City of San Diego will pay landlords \$500 for the first unit rented to a family or individual experiencing homelessness and \$250 for each additional unit. Landlords will also receive up to two times the contract rent in security deposits, an average of \$100 in utility assistance per household and a contingency fund to cover expenses that exceed the security deposits.<sup>20</sup>
- The Boston Housing Authority (BHA) is utilizing CARES Act funding is offering landlords a one month's rent bonus incentive when landlords lease to a BHA voucher family in a Boston apartment.<sup>21</sup>

### **Rehab vacant buildings to increase the stock of housing**

- Legislation in Vermont aims to “get existing housing back on the market, give landlords some income, create jobs, improve neighborhoods and help alleviate homelessness.”<sup>22</sup>

### **Utilizing federal funding for targeted landlord engagement for rapid re-housing opportunities**

- A sample RFP from the City of Buffalo suggests using CARES Act ESG-CV funds for housing search and placement, including landlord engagement.<sup>23</sup>

# ▶ HUD GUIDANCE FOR FACILITATING ENTRY INTO HOUSING

**COVID-19** Homeless System Response: Changes to Coordinated Entry Prioritization to Support and Respond to COVID-19

**Background**

As Continuum of Care (CoCs) across the country respond to the COVID-19 pandemic, many are asking about the role of Coordinated Entry (CE) in their response efforts. HUD strongly encourages CoCs to contact local public health departments, Healthcare for the Homeless agencies, and other local health partners to ensure the unique needs and opportunities related to the homeless service system are incorporated. CoCs can take steps now to implement community changes to further protect and prioritize families and individuals experiencing homelessness. Coordinated Entry remains a requirement for CoC and ESG projects and can be used to meet urgent housing needs associated with COVID-19 risk factors. CE policies have the potential to protect those most vulnerable to the virus' severe effects by speeding up connections to permanent housing for people at high risk of COVID-19 complications.<sup>1</sup> CE system grants may be utilized to review and adapt workflow, intake, assessment, and service approaches that may impact participants' access to services and housing.

**Changes to Coordinated Entry Prioritization to Support and Respond to COVID-19**

CE systems should actively evaluate policies and procedures affecting access and interventions for different subpopulations based on vulnerability to public health outbreaks. Communities are always encouraged to evaluate and adjust their prioritization policies based on evolving information and circumstances, including new or improved data, changing needs and priorities, and available resources. The spread of COVID-19 has created new, urgent needs and has shifted priorities in communities throughout the country. With new and expanded resources available through the CARES Act, communities should make sure their prioritization criteria efficiently and accurately targets resources to families and individuals impacted by or at high risk of being impacted by COVID-19. This is a crucial moment to make these changes as systems like justice and healthcare are rapidly updating their operations in response to the outbreak; both of which could dramatically impact the flow of families and individuals into homelessness.

**What populations need to be prioritized for permanent housing due to COVID-19?**

During this public health crisis, people at high risk of developing severe COVID-19 symptoms (those 65+ and people of all ages with underlying medical conditions, per the CDC) are at higher risk of death than most others living in congregate settings or unsheltered. Rehousing this high-risk population will limit the spread and impact of COVID-19, so prioritization policies should support swift assessment and rehousing for anyone meeting ANY of the risk factors indicated by the CDC. CoCs should continue working with local health partners, including public health authorities, and monitoring CDC guidance to maintain an updated understanding of who is most vulnerable to severe illness or death from COVID-19 and adjust prioritization criteria as appropriate. The science is changing as we learn more about COVID-19 and the CE assessment and prioritization process needs to adapt accordingly.

One original goal of creating CE systems was to ensure that we were not leaving out the most vulnerable among those experiencing homelessness. However, despite the implementation of CE systems, Black people, people of color, and LGBTQ+ identified people continue to have longer periods of homelessness, longer times to be housed, and higher

**COVID-19** Homeless System Response: Equity-Driven Changes to Coordinated Entry Prioritization

**Implement changes to Coordinated Entry (CE) policies to protect those most vulnerable to the virus' severe effects. Utilize CE system grants to adapt workflow, intake, and service approaches**

**Why**

Black people and people of color experience disproportionate impacts of COVID-19. CE assessment and prioritization processes should actively address the health and housing disparities that contribute to high vulnerabilities.

**How**

Identify the prioritization impact of shifts to non-congregate shelter, as well as diversion or release efforts of jails, prisons, hospitals, and other institutions. Identify who is likely to shift to a lower priority as a result of CE prioritization changes and determine alternative supports and resources available for help.

**When**

CE access and assessment providers, current or former participants with lived experience, working groups, CoC and HMIS Lead agencies, and ESG recipients should evaluate, update, and implement changes to the CE prioritization strategy **with urgency**. Communities have accomplished convening, updating, and implementing in as little as 10 days.

Click here for a supported task list to complete this strategy and related documents from this community only. [Data collection from HUD-CEP team meeting in response to COVID-19](#)

**COVID-19** Landlord Engagement: Reset your Community's Critical Partnerships During COVID Response

**Why Now?**

Private market landlords, property managers, owners, and public housing authorities are responding to the same conditions impacting housing crisis response systems nationwide. As everyone faces new or changing conditions and uncertain futures, Emergency Solutions Grants (ESG) recipients in partnership with Continuum of Care (CoCs) should prioritize working with landlords and property owners to house people experiencing homelessness. A proactive, affirmative landlord engagement system is one of the most efficient means of increasing the supply of available rental units in your community. In this document, "landlord" refers to any public or private owner or manager of a rental property.

**Getting Started**

Landlord engagement needs to function at a system level across your community to:

- Avoid duplicated or redundant engagement efforts
- Ensure providers and direct staff are not competing against each other for limited resources
- Communicate a clear and coherent message about the need to community members and landlords

First, designate a dedicated organization(s) responsible for:

- Coordinating strategy and engagement on behalf of the system
- Setting up system-level workgroup(s) dedicated to landlord engagement and retention
- Providing staff responsible for recruiting and maintaining relationships on behalf of the system
- Assessing how the current environment has shifted landlord practices or preferences
- Making adjustments to continue system-level engagement with social distancing, remote protocols and practices that align with landlord preferences, e.g. online applications submission, virtual showings, drop boxes, and virtual meetings
- Creating risk mitigation funds accessible to CoC and ESG projects

The CoC's governance and written standards and ESG written standards should reflect and promote this strategy. The following planning and action steps will allow your system to quickly improve or develop a rapid response landlord engagement strategy. In this document, "landlord" refers to any public or private owner or manager of a rental property.

**Communication Planning**

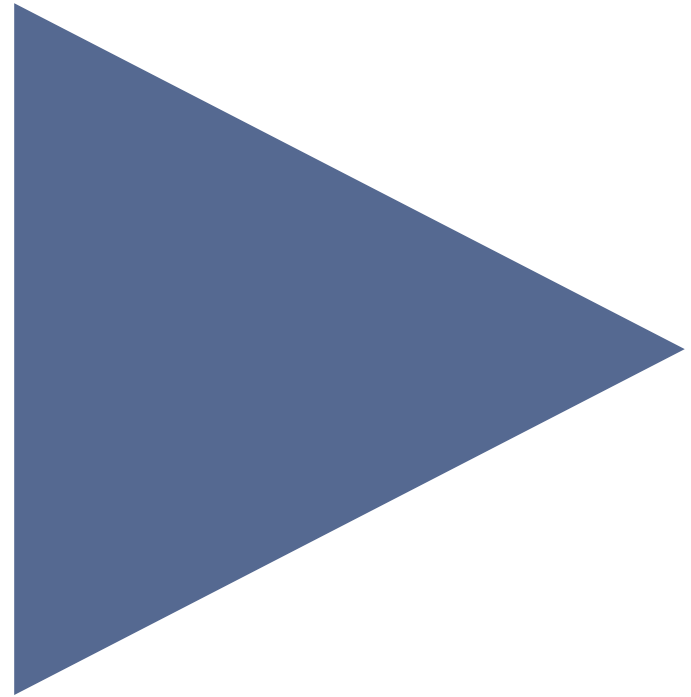
1. **Lead with equity** by addressing the disparities that people of color face in accessing and maintaining stable housing:
  - Utilize translation services
  - Solicit feedback and collaboration from individuals and families with lived experience of homelessness
  - Engage multi-cultural service providers equipped to communicate with and between people for whom English is not spoken or is a second language.
  - Consult with minority communities and representatives who can address fears and misconceptions of changes to operating policies and procedures, both within your agencies and by landlords.

**Changes to Coordinated Entry Prioritization to Support and Respond to COVID-19, HUD**

**Equity-Driven Changes to Coordinated Entry Prioritization, HUD**

**Landlord Engagement: Reset your Community's Critical Partnerships During COVID, HUD**

## ▶ MOTEL ACQUISITION AND CONVERSION



## ► MOTEL ACQUISITION AND CONVERSION: OVERVIEW

As many individuals experiencing homelessness are being housed in hotels, there is an opportunity to purchase and convert structures into PSH units

*There was momentum for motel acquisition and conversion prior to the pandemic...*

- A local non-profit in [San Diego](#) converted an EZ-8 motel into an 82-room residence.
- The [Colorado Coalition for the Homeless](#) converted a Quality Inn into a 139-unit residence.
- The [Austin City Council](#) approved the purchase and conversion of a Rodeway Inn in South Austin.

*But there is increased opportunity given the use of motels as temporary housing*

- The [City of San Diego and the San Diego Housing Commission](#) are exploring purchasing distressed hotels using Moving to Work and CDBG funding.
- The [City of Missoula](#) purchased the Sleepy Inn to provide housing during the pandemic and permanent housing when the emergency is over.
- [King County, WA](#) purchased an Econo Lodge to function as a quarantine facility for COVID-19 patients – though it is unclear whether it will be converted into housing after COVID-19.

## ▶ SPOTLIGHT ON MISSOULA MOTEL ACQUISITION

The motel will provide housing during the pandemic and be the site of permanent affordable housing when the emergency is over

- The City of Missoula approved the **purchase of the Sleepy Inn motel** on April 20, 2020.<sup>24</sup>
- The site currently serves as an **isolation and quarantine unit** for individuals experiencing homelessness.<sup>25</sup>
- After the pandemic, the motel will be demolished to create a **mixed-use, mixed-income property** with public funds and private partners.<sup>25</sup>
- The City is using **Tax Increment Financing (TIF)** to fund the purchase.<sup>25</sup>
- Additionally, the motel sits in an **Opportunity Zone**, so developers can get federal tax breaks if they build there.



- **Missoula homeless population (PIT):** 260<sup>26</sup>
- **Percentage of population unsheltered:** 20%<sup>26</sup>
- **Number of supportive housing units:** 150<sup>27</sup>
- **Sleepy inn purchase price:** \$1.1M<sup>24</sup>
- **Funding for purchase:** Tax Increment Financing<sup>25</sup>

# ▶ MOTEL ACQUISITION AND CONVERSION: COMMON CHALLENGES

Zoning, funding, and community backlash are the most frequent challenges to converting motels into PSH units

## Zoning and other regulations

- Commercial or short-term facilities (like motels) and residential facilities **are zoned differently**.
  - **Land use restrictions:** zoning codes set forth the allowable land uses for various zoning districts, which in some cases do not permit supportive housing.<sup>12</sup>
  - **Development standards:** differences in standards between commercial and multi-family zones, including setbacks, building separation, open space, and others.<sup>12</sup>

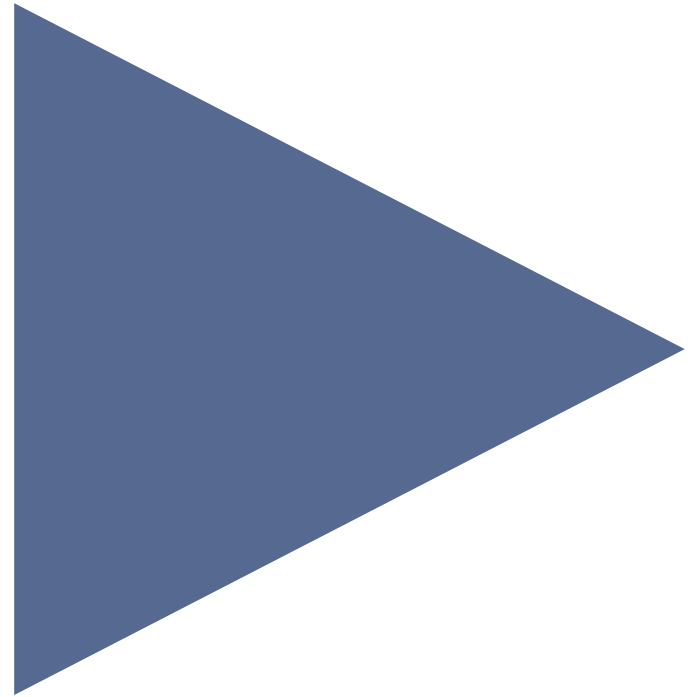
## Funding and time

- Jurisdictions need to **piece together different funding streams** to fund motel conversion projects.
  - **Common funding mechanisms include** local tax credits, CBDG grants, low-income housing tax credits, local appropriations, and tax exempt bonds.<sup>13, 14</sup>
- Projects will need to undergo an **environmental impact report** and may need to (a) **re-zone any potential facility** before beginning the conversion process or (b) **conduct larger overhauls to zoning policy** – all of which takes time.<sup>15</sup>

## Community backlash

- Despite the appeal of housing individuals experiencing homelessness, residents may **have a not-in-my-backyard (NIMBY) attitude**.<sup>16</sup>
  - Will there be **security issues**?
  - What will happen to the **value of my property**?
  - Will there be **land-use concerns** (parking, density, etc.)?
- Particularly during COVID-19, there is concern that **housing individuals experiencing homelessness in hotels** may increase the spread of the disease.<sup>17</sup>

## ▶ UTILIZING FEDERAL COVID-19 RELIEF FUNDS





## ▶ UTILIZING FEDERAL COVID-19 RELIEF FUNDS

The CARES Act provides \$9B in ESG and CDBG funding – and some flexibility on using those funds<sup>11</sup>

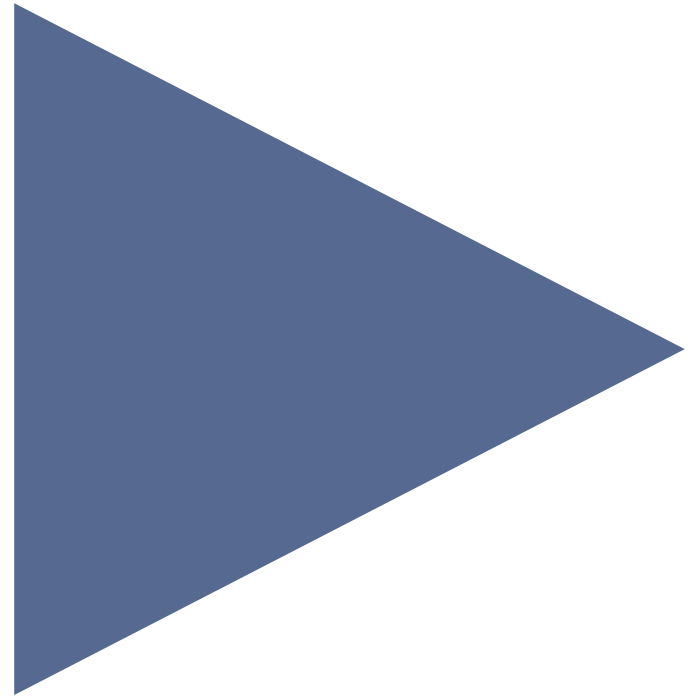
	Overview	Total funding	Potential uses
<b>Emergency Solutions Grants (ESG)</b>	<ul style="list-style-type: none"> <li>Can be used to provide assistance for unsheltered /sheltered individuals experiencing homelessness</li> <li>Eliminates need for matching funds</li> <li>Eliminates environmental standards for temporary shelters</li> <li>Increases administrative allowance to 10%</li> </ul>	<ul style="list-style-type: none"> <li><b>\$4 billion total in funding</b> <ul style="list-style-type: none"> <li><b>\$2 billion</b> to jurisdictions that received an allocation under FY20 formula</li> <li><b>\$2 billion</b> to highest-risk communities</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>Short-term uses:</b> <ul style="list-style-type: none"> <li>Lease hotels/motels</li> <li>PPE</li> <li>Services to individuals in emergency shelter/non-congregate settings</li> </ul> </li> <li><b>Medium / long-term uses:</b> <ul style="list-style-type: none"> <li>Housing navigation services to support people moving into non-congregate settings and out of non-congregate settings into permanent housing</li> <li>Landlord and tenant mediation</li> </ul> </li> </ul>
<b>Community Development Block Grants (CDBG)</b>	<ul style="list-style-type: none"> <li>Can be used to cover expenses to prevent, prepare for, and respond to COVID-19 incurred by a State or locality</li> <li>Eliminates 15% cap on amount of grant that can be used for public service activities</li> <li>Eliminates environmental standards for temporary shelters</li> <li>Increases administrative allowance to 10%</li> </ul>	<ul style="list-style-type: none"> <li><b>\$5 billion total in funding</b> <ul style="list-style-type: none"> <li><b>\$2 billion</b> to jurisdictions based on CDBG FY2020 formula</li> <li><b>\$1 billion</b> to jurisdictions based on transmission risk, number of cases, and housing disruption</li> <li><b>\$2 billion</b> based on number of cases, and economic outlook</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>Short-term uses:</b> <ul style="list-style-type: none"> <li>Lease hotels/motels</li> <li>Establish data collection systems to track racial disparities</li> <li>Testing site at a shelter, encampment, supportive housing development</li> </ul> </li> <li><b>Medium / long-term uses:</b> <ul style="list-style-type: none"> <li>Capital for acquisition/rehab of non-residential building into permanent housing</li> <li>Installation of broadband infrastructure at supportive housing sites</li> </ul> </li> </ul>

**Please see the document [here](#) for a more exhaustive list of potential uses**

## ► RESOURCES FOR UTILIZING FEDERAL FUNDING

Various resources are available to support employers and employees navigating how to best support each other during at this time

Type	Resource Link
National Alliance to End Homelessness	<a href="#"><u>COVID-19: Federal Resource Guideline Series</u></a>
Corporation for Supportive Housing	<a href="#"><u>Approved Federal Stimulus and Allowable Uses Applicable to Supportive Housing</u></a>
Homebase	<a href="#"><u>Using Existing, Repurposed, or New Funding to Respond to COVID-19</u></a>



# ▶ MOTEL ACQUISITION AND CONVERSION: CHECKLIST

Not all motels are necessarily strong candidates for conversion<sup>14,18</sup>



What is the **configuration of the building**? Does the building design provide for adequate security? Can the perimeter of open space areas be secured to create safe play and recreation areas and a sense of “neighborhood”?



What is the **building condition**? Will it be financially feasible to refurbish the building? Does the building suffer from extensive code violations?



How are the **units configured**? Are the rooms large enough to serve as stand-alone studio apartments? Can they be effectively combined into larger apartments?



How **many rooms** are there in the hotel/motel? After conversion, will there be enough units to support employment of an on-site manager and on-site maintenance staff?



Do the units have kitchenettes? Will existing plumbing and wiring support installation of kitchen appliances?



Is the **post-conversion per-unit acquisition cost** low enough to permit affordable rents? The per-unit calculation should take into account the number of units that will be lost in the conversion process.



Is the neighborhood conducive to your target population? Is the building located on a transit corridor? Are supportive social services available in the vicinity? Is the neighborhood suitable for families with young children?



Is the **motel fully occupied**? How many “long-term” residents are there? Will it be possible to stage rehabilitation work so that existing residents can remain in place and move to new units as they are completed?

## REFERENCES

1	<i>Chicago Continuum of Care</i>	<a href="#">COVID-19 Expedited Housing Initiative: Brief Overview</a>
2	<i>Washington State Department of Commerce</i>	<a href="#">Temporary Changes and Suspensions for Coordinated Entry, Performance and Consolidated Homeless Grant funds due to COVID-19 Response</a>
3	<i>State of Connecticut Department of Housing</i>	<a href="#">Rapid Re-Housing Prioritization &amp; Paperwork Requirements during State's Declaration of Public Health &amp; Civil Preparedness Emergency</a>
4	<i>Connecticut Coalition to End Homelessness</i>	<a href="#">Frequently asked questions</a>
5	The Homeless Clearinghouse, Cincinnati/Hamilton County Continuum of Care Board	<a href="#">Coordinated Entry COVID-19 Prioritization Policy</a>
6	<i>Homebase</i>	<a href="#">Summary and Index of Key Resources</a>
7	<i>CDC</i>	<a href="#">People Who Are at Higher Risk for Severe Illness</a>
8	<i>TBD</i>	<a href="#">TBD</a>
9	<i>Chicago Continuum of Care</i>	<a href="#">Chicago Coordinated Entry Temporary Prioritization Plan</a>
10	<i>HUD</i>	<a href="#">Landlord Engagement: Reset your Community's Critical Partnerships During COVID</a>
11	<i>CSH</i>	<a href="#">CARES Act Eligibility and Recommended Uses for States and Local Jurisdictions</a>
12	<i>City of Pasadena</i>	<a href="#">Zoning code text amendment to add sections 17.50.075 and 17.61.055 to the zoning code to allow conversions of hotels and motels to affordable housing and title 4 amendments to waive or reduce fees for conversions</a>
13	<i>City of Pasadena</i>	<a href="#">Ramada Inn Frequently Asked Questions (FAQ) – 10/11/18</a>
14	<i>City of Austin, TX</i>	<a href="#">Motel Conversion: Frequently Asked Questions</a>
15	<i>Bisnow</i>	<a href="#">Housing Developers See New Opportunities With Old Motels</a>
16	<i>LA Times</i>	<a href="#">Editorial: Don't let NIMBYs — or weak-kneed politicians — stand in the way of homeless housing</a>
17	<i>U.S. News and World Report</i>	<a href="#">Seattle-Area Officials Buy \$4 Million "Quarantine" Motel</a>
18	<i>Meyers Nave</i>	<a href="#">Motel Conversion: Creating Permanent Affordable Housing</a>
19	<i>National Alliance to End Homelessness</i>	<a href="#">A Framework for the COVID-19 Homelessness Response</a>
20	<i>KBPS</i>	<a href="#">San Diego Asks Landlords To Rent Units To Homeless Through Incentive Program</a>
21	<i>Boston Housing Authority</i>	<a href="#">BHA offers private landlords one month's rent to house voucher families during COVID-19</a>
22	<i>The Barre-Montpelier Times Argus</i>	<a href="#">Walz: Fighting homelessness</a>
23	<i>City of Buffalo</i>	<a href="#">COVID-19 Housing Stability Program</a>
24	<i>Missoula Current</i>	<a href="#">"The need is now:" City Council approves motel purchase as quarantine shelter</a> <a href="#">Missoula Hopes Motel Purchase Will Solve Short- and Long-Term Housing Problems</a>
25	<i>Next City</i>	
26	<i>Montana Homeless Data</i>	<a href="#">2019 Montana Homeless Survey</a>
27	<i>Missoula Housing</i>	<a href="#">Homeless Programs</a>