

Operationalizing temporary shelter settings for homeless populations during the COVID-19 pandemic

We have outlined some of the strategies state and local governments are deploying to provide alternate shelter spaces and isolation areas for homeless populations, who are particularly at-risk for both contracting and spreading the COVID-19 virus. Strategies include leasing vacant hotel rooms, repurposing public facilities like convention halls and recreation centers, utilizing temporarily vacant dormitories and office space, and constructing tent hospitals.

The purpose of this document is to provide information on where these strategies have been implemented, how they are implemented, and some of the health implications to consider.

Summary Findings

- Infection and illness can be transmitted rapidly in congregate settings, even if bed spacing complies with social distancing guidance.
- Frequent monitoring of symptoms is critically important, including routine temperature checks, screening for symptoms, and prioritized testing.
- Local governments should have clearly defined protocols for disinfecting, isolating, and relocating residents after someone tests positive or develops symptoms.
- Some governments are using these congregate settings as a temporary housing solution until private rooms can be secured in hotels, which appears to be a best-practice.

Non-hotel shelter settings

Though many localities are utilizing hotels to house homeless populations, this may not be financially feasible for all cities and counties. Additional examples of shelter settings are outlined below, along with recommendations for how to transform these settings into safe and effective housing options to protect vulnerable populations from infection.

When considering alternative shelter spaces for homeless populations, governments must consider the intended population (symptomatic or healthy; vulnerable or low-risk), strategies for diligently monitoring symptoms in congregate groups, and the longer-term plan for managing the risk of infection among homeless during the pandemic.

Recreation centers, conference centers, and sports arenas

In mid-March, [Covington, KY](#) converted its convention center into an intermediate alternative shelter space while the city developed a longer-term plan to secure hotel rooms. The “pop-up” shelter was [created in about 8 hours](#) with the help of local nonprofits, emergency management, restaurants, and government officials. Sixty-five people were able to stay at the center at a time, which was staffed by local shelter employees. Nurses checked temperatures of all residents every four hours, and the space included a designated isolation area for anyone experiencing symptoms. Two weeks after opening, [this temporary shelter closed](#) and homeless residents were moved into local hotels.

[Los Angeles, CA](#) converted 42 recreation centers into temporary homeless shelters with a goal of housing and providing meals for 6,000 people. However, [capacity was scaled back](#) significantly to comply with social distancing recommendations. Beds at the centers were funded by city and state dollars along with FEMA reimbursements and the Salvation Army and local shelters donated supplies. When a [resident tested positive](#) at one of the centers, there were delays in cleaning and relocating others who may have been exposed. A number of groups have criticized how the situation was handled, which resulted in some residents [leaving the shelter](#) without any of their belongings.

[In Detroit, MI](#), the Detroit Neighborhood Service Organization is operating a homeless shelter out of the Williams Recreation Center. However, reports suggest that overcrowding is occurring, and much more support is needed to repurpose additional alternative sites. Individuals with COVID-19 symptoms are staying at a separate Salvation Army location that has individual rooms and bathrooms. Detroit has recently included homeless shelters in the category of congregate groups who are receiving [15-minute test kits](#). Though temperature checks are being performed at the door, nurses are only visiting warming centers and shelters every two days.

[Cincinnati, OH](#) is using a recreation center to house individuals who are symptomatic so they can be monitored in “isolation” for 14 days. Initial capacity for the recreation center was 10 beds, with the capacity to expand to 20 beds. Funding was provided by a local foundation, and the American Red Cross is providing supplies. [Homeless advocacy groups](#) are urging localities to use dormitories and hotels instead of recreational centers to limit transmission. Cincinnati is also considering repurposing municipal buildings and using [Rapid Rehousing](#) to work with landlords.

In Portland, OR, the [Oregon Convention Center](#) (130 beds) and [Charles Jordan Recreation Center](#) (120 beds) have been transformed to provide temporary housing for homeless individuals who do not have symptoms of infection. Both locations were chosen because they have showers, bathrooms, and kitchen facilities. There is a call for employees across county departments to volunteer to staff the two centers, similar to what is done during severe weather emergencies.

Dormitories

The use of college dormitories has been part of the conversation across the country, but governments have been slow to embrace this potential strategy. Dormitories feature a variety of room types, including suites with a bathroom, which may be uniquely suited to house homeless families. If significant numbers of the low-risk population can be housed in dormitories, this could take pressure off the overburdened shelter system.

It's likely worth having conversations with local universities to get a sense of their willingness to participate in efforts to house vulnerable populations. The [University of Michigan](#) has stated readiness to use dormitories for “whatever purpose needed”, but it appears the conversation so far has been around hospital capacity.

[Hampshire College in Amherst, MA](#) will be utilizing a vacant residence hall to house homeless individuals who have been diagnosed with COVID-19 but are not sick enough to stay in the hospital. There are eight dormitory rooms, each with a private bathroom, which will allow individuals to self-isolate while they recover. Hampshire College will be providing three meals per day for residents in the dormitory, which will be staffed by medical and security professionals. Notably, staffing for the dormitory could be challenging and officials worry it may derail the project.

North Carolina has [received approval from FEMA](#) to turn vacant hotels, motels, dormitories, and other spaces into alternative housing for homeless populations, with an estimated 16,500 spaces available for transformation. These spaces will mostly be used for individuals who tested positive for COVID-19, individuals who may have been exposed to COVID-19 and are told to self-quarantine, and individuals at highest risk for complications due to medical conditions or age.

[Suffolk University in Boston, MA](#) is providing 172 beds for homeless individuals, and the location will be co-managed by a local shelter and the Boston Public Health Commission.

[Santa Fe is turning dormitories into housing](#) for homeless individuals who need to self-isolate after being tested for COVID-19, as well as impoverished and medically frail individuals who do not need testing. Sixty beds are currently available, with 50 more opening next week. A second dormitory will be used to house COVID-19 positive homeless people. Both dormitories are owned by the city, and have not recently been used for student housing.

Trailers and recreational vehicles

[California has deployed \\$50 million](#) to purchase over 1,000 trailers and lease hotel rooms to isolate homeless individuals presenting symptoms, and provide housing for vulnerable populations. Trailers are a particularly appropriate option for those that need to self-isolate, and may be rapidly deployed, though scale is likely limited. They also may be particularly useful in rural areas with limited access to shelter facilities.

Temporarily vacant office space

It doesn't appear that unused office buildings have been transformed into temporary homeless shelters yet, but organizations and localities are discussing this as a potential option. Many local businesses are looking for ways to help their community respond to COVID-19, and there may be an opportunity for using this type of space.

Hotel shelter settings

Based on reports, state and local governments are enlisting the support of hotels on a case by case basis. In California, the State conducted outreach to hotels across the state to assess their willingness to participate in such a program; Chicago enlisted the [assistance of a hotel trade group](#) to identify willing partners.

Reports suggest that hotels are eager to participate in these programs, as they currently have very little to no revenue coming in, and many have had to close. Room rates, paid by the government, are far below market price.

While some local governments have taken over entire hotels, the model in Chicago, in which the City leverages existing hotel staff, appears to be the most logistically viable. Hotel staff – kitchen, janitorial, laundry – [remain on the job](#), receive training in appropriate public health measures, but do not interact with quarantined guests. Public health workers from the Chicago Department of Health are charged with monitoring quarantined individuals placed in the hotel.

Apart from being more logistically feasible – in that the City does not have to fully staff the hotel in which individuals are taking shelter – this model has the added benefit of keeping service workers employed during the crisis. San Diego County, where local governments have [secured 1,300 hotel rooms](#) to house homeless individuals displaying symptoms associated with COVID-19, is operationalizing a similar model.

In other cities, [such as New York](#), where hotels are at or near zero occupancy and workers have already been let go, local governments are completely taking over the hotel. Reports suggest that some of the delays that [California localities have faced](#) in filling hotel rooms with homeless individuals have stemmed from staffing delays.

How are alternative shelter sites providing meals?

Alternative shelter sites all appear to be dedicated to providing homeless populations with three meals per day, both to ensure proper health and to keep individuals on site and off the streets. However, providing adequate food service appears to be one of the most significant challenges.

Local governments are leveraging a number of potential strategies. Cambridge, MA is [contracting with local restaurants](#) to provide meals to shelters, ensuring homeless individuals have access to food while also supporting local businesses. San Francisco dedicated a \$5 million emergency fund to support homeless populations, in part to deliver meals to a variety of locations in which homeless individuals will be housed during the crisis. In L.A., the Los Angeles Unified School District is providing meals to individuals sheltered at recreation centers. And in Chicago's model, all quarantined individuals staying in hotels are provided three meals a day from the hotels' on-site catering staff.

While a central challenge, it does appear that creative solutions can be found, particularly because the restaurant industry has suffered considerably during the outbreak and is likely looking for ways to keep up some stream of revenue.

Additional considerations

- *Act swiftly.* How quickly local governments are able to operationalize these schemes is vitally important. The longer we wait, the more people get sick, and the harder it will be to quarantine everyone. In addition, the quicker states and local governments are able to identify hotels and other locations to partner with, the more likely it is that governments will be able to utilize existing staff in providing food and janitorial services.
- *Cast a wide net for partners.* Reports suggest that many organizations are willing to help, both for the sake of public health and the sake of their business. While the cost of these projects is certainly a consideration, contractors brought on to help in these efforts – be they hotels, construction firms, or restaurants – will likely provide service for a reduced rate in order to keep money flowing through the doors and contribute to the broader effort to stem the virus. The driving principle behind these operations has been to act now, and worry about costs later.
- *All facilities, including existing shelters, require adequate staffing during the crisis.* Homeless shelters typically depend on volunteers, and reports suggest that the number of individuals volunteering during the crisis has declined significantly. Therefore, in addition to increasing the amount of space available, emergency funding should be dedicated to increasing the number of front-line staff able to implement best-practice in shelters and encampments. In addition, any new facilities used to house high-risk homeless individuals will require an influx of trained staff.
- *Triage populations based on need.* While some homeless individuals are chronically homeless and face severe mental health issues, other individuals and families may be temporarily or situationally homeless, needing relatively minor supports to obtain stable and sustainable housing. Increasing funding for rapid rehousing for low-barrier populations could help to relieve the burden on shelters as more people seek help. Alternative shelter settings such as dorms and hotels may also be better suited for low-barrier groups.
- *The CARES Act includes funding to support many of the initiatives outlined above.* The CARES Act, signed into law on 3/27/20, includes [\\$4 billion for Emergency Solutions Grants](#) (ESG), to be used to support homeless assistance and homelessness prevention activities to mitigate the impacts of coronavirus. Of that funding, \$2 billion will be distributing using the existing ESG formula within 30 days, and \$2 billion will be distributed using a new formula that considers needs related to COVID-19 response. This funding can be used for emergency shelter facilities, personal protective equipment, infectious disease prevention training, and hazard pay for homeless service providers.
 - In addition, the bill includes \$5 billion in Community Development Block Grants (CDBG), which can be used for rental assistance, \$1.25 billion in Tenant-Based Rental Assistance (TBRA), and \$1 billion in Project-Based Rental Assistance (PBRA). Targeting rental assistance to the highest risk groups could be another way to help isolate those most vulnerable, or those exhibiting symptoms.

- The bill also includes cash payments of \$1,200 for most adults – it will be critical to ensure homeless individuals receive this funding.
- *FEMA funding can be used for non-congregate solutions.* Some governments have used FEMA funding to pay part of the cost of housing eligible individuals in hotels and dormitories, including [California](#) and [North Carolina](#) (described above). [FEMA has released guidance](#) outlining what the funding can be used for and which populations are eligible. States and local government entities are eligible to apply for the public assistance, which will be provided at a 75% federal cost share.