



# State COVID-19 Response Strategies for the Disability & Homelessness Community

**VULNERABLE POPULATIONS SHOULD BE A FOCUS IN ALL ASPECTS OF DISASTER MITIGATION**, including the current public health crisis, at the local, state, and federal levels. Direct service providers are on the front lines in helping people living with disabilities and those experiencing homelessness to remain healthy and stable in their communities during the COVID-19 pandemic. These professionals are also critical in limiting the spread of the virus. State government incident command systems, such as command centers currently managing the COVID-19 crisis in most states, must involve direct services and homelessness systems in their response and mitigation strategies.

## Key Issues Confronting Disability & Homeless Service Providers

### STAFFING SHORTAGES



Disability and homelessness service providers may experience workforce shortages if staff contract the virus, are quarantined, or have to care for family members. The result is reduced capacity to staff residential programs, homeless shelters, mobile teams, and outpatient clinics in safety net systems that were already strained.

### CASH FLOW



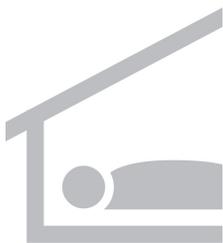
Provider agencies may be experiencing cash flow problems due to loss of revenue. Additionally, provider agencies may be asked to provide services in advance of receiving relief funds; such provider agencies often lack the financial capacity to provide services for very long without reimbursement.

### PROTECTION FOR WORKERS



Direct service providers working in direct contact with people who have tested positive are in need of personal protective equipment (PPE).

### SHELTER DEMAND



Homelessness service providers and shelter operators are struggling to maintain safe housing programs and shelters, and are trying to establish alternative locations (e.g. hotels, dormitories) where homeless individuals who have tested positive for COVID-19, or who are quarantined, can stay.

### IMMEDIATE & LONG-TERM SYSTEM CAPACITY



The homeless service delivery system is already strained.

During and after the crisis, the system will be inundated with even more people in need of assistance. Funding through the CARES Act and the Families First Coronavirus Response Act (FFCRA) will help provide some relief, but organizational capacity will need strengthening — especially related to staffing and financial management.



## Actions States Can Take Now During the Crisis

The disability and homelessness system must be factored into state level/command center mitigation and response efforts. The needs of people living with disabilities and those experiencing homelessness are met by multiple systems, and states have the ability to facilitate multi-system, multi-level response and coordination. Ensure that state agencies with oversight of health and human services engage local systems to identify and respond to needs; pull representatives of the provider community into the command center; and engage subject matter experts to provide technical assistance and consultation to the command center.

### ADDRESS WORKFORCE NEEDS

Address workforce needs by facilitating coordination with providers at the local level to share staff. Recruit Medical Service Corps or other volunteer staff to make medical, nursing, or social work graduate school students available in community-based programs.

### COORDINATE HOTEL ACCOMMODATIONS

States can leverage the U.S. General Services Administration's (GSA) contract with CLC Lodging to coordinate hotel accommodations as sheltering options when existing shelters for people experiencing homelessness are at capacity, and to provide housing options for encampments of people living unsheltered. The Federal Emergency Management Agency (FEMA) uses CLC Lodging after a disaster for its Transitional Sheltering Assistance program. CLC Lodging negotiates rates and services that can be provided at hotels. The hotels enter guest information daily into the CLC Lodging billing system, easing the administrative burden for states and reducing the effort required to work with many different hotels. States are covered under the GSA contract, and can simply contact CLC Lodging to execute a task order and credit screening to engage the services provided by CLC Lodging.

### ENSURE CONTINUITY OF SERVICES

Explore flexibilities to ensure continuity of services provided either directly or virtually. This can be done through changes to state regulations, or via waivers requested from federal agencies like the Department of Housing and Urban Development (HUD), the Centers for Medicare and Medicaid Services (CMS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

### GIVE PROVIDERS ADVANCE FUNDING

Explore ways to advance providers funding to support necessary services while awaiting federal funds. States can initiate conversations with banks and foundations to see what options they may be able to provide.

### STREAMLINE STATE PROCUREMENT PROCESSES

Consider ways to streamline state procurement processes so that federal funds can begin to flow as soon as possible. If providers are identified that are able to begin offering services immediately, there may already be emergency policies in place that can complement the procurement relief provided by the federal government in the CARES Act and FFCRA.

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*The Technical Assistance Collaborative, Inc. provides policy and advocacy leadership on affordable and permanent supportive housing and health and human services issues affecting very low-income people with disabilities and people who are homeless or at risk of homelessness.*