

Homelessness & COVID-19

An overview of scope, root causes, and the pandemic's impact



Prepared for:
Lt Governor Sabina Matos 07/21/2021
Housing and Homelessness Summit

Prepared By:
Kristina Contreras Fox (she/her/ella)
Senior Policy Analyst

What is the state of Homelessness in Rhode Island?





January 2021 Point in Time Count

869 persons living in “Emergency Shelter” (+17%)

217 persons living in “Transitional Housing” (-14%)

181 persons living “Outdoors or in Cars” (+67%)

Total of 1,267 persons experienced homelessness on January 26th, 2021 (+14%)

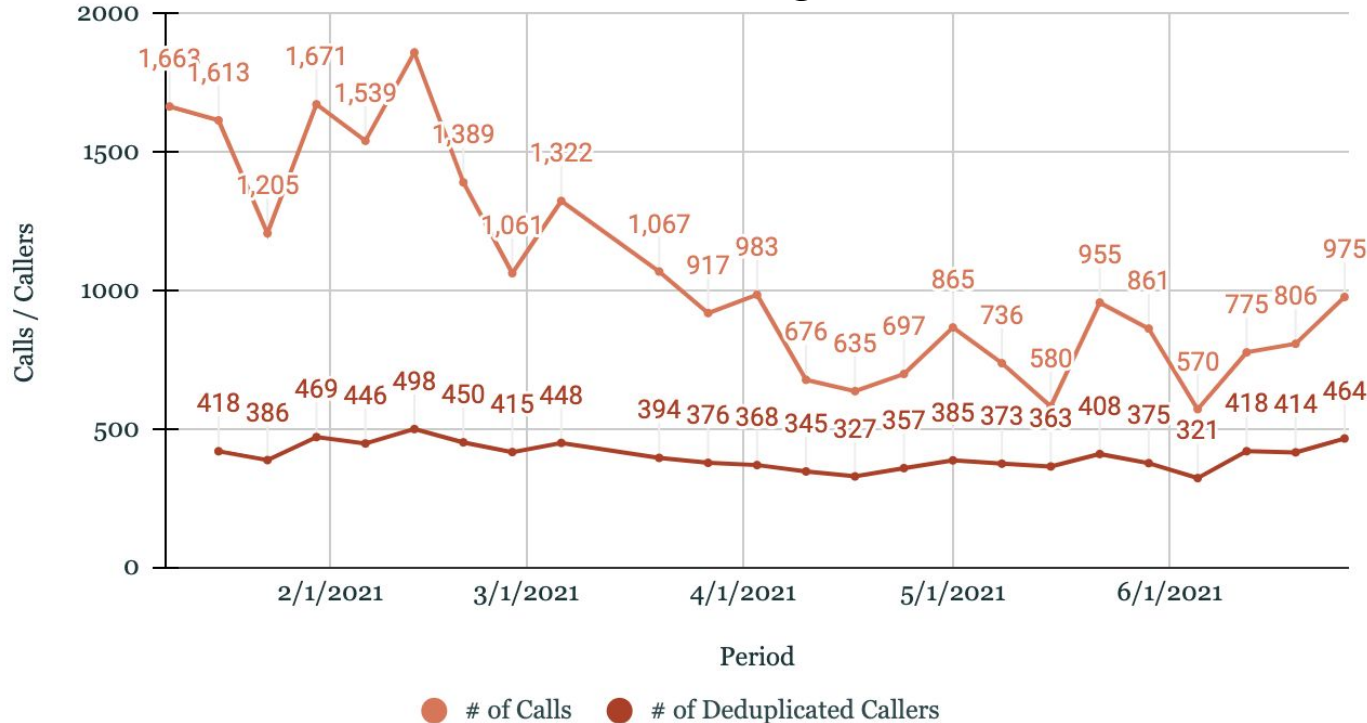
Percent shows change from 2020 Point in Time (PIT) Count.

Source: Rhode Island/HUD PIT Reports 2020 & 2021, Data includes Domestic Violence Shelters and other non HMIS participating sites.



Data from Our “Front Door”

CES Hotline Calls Seeking Shelter over Time



Source: Five9 Call Reports from 1/1/2021 - Present

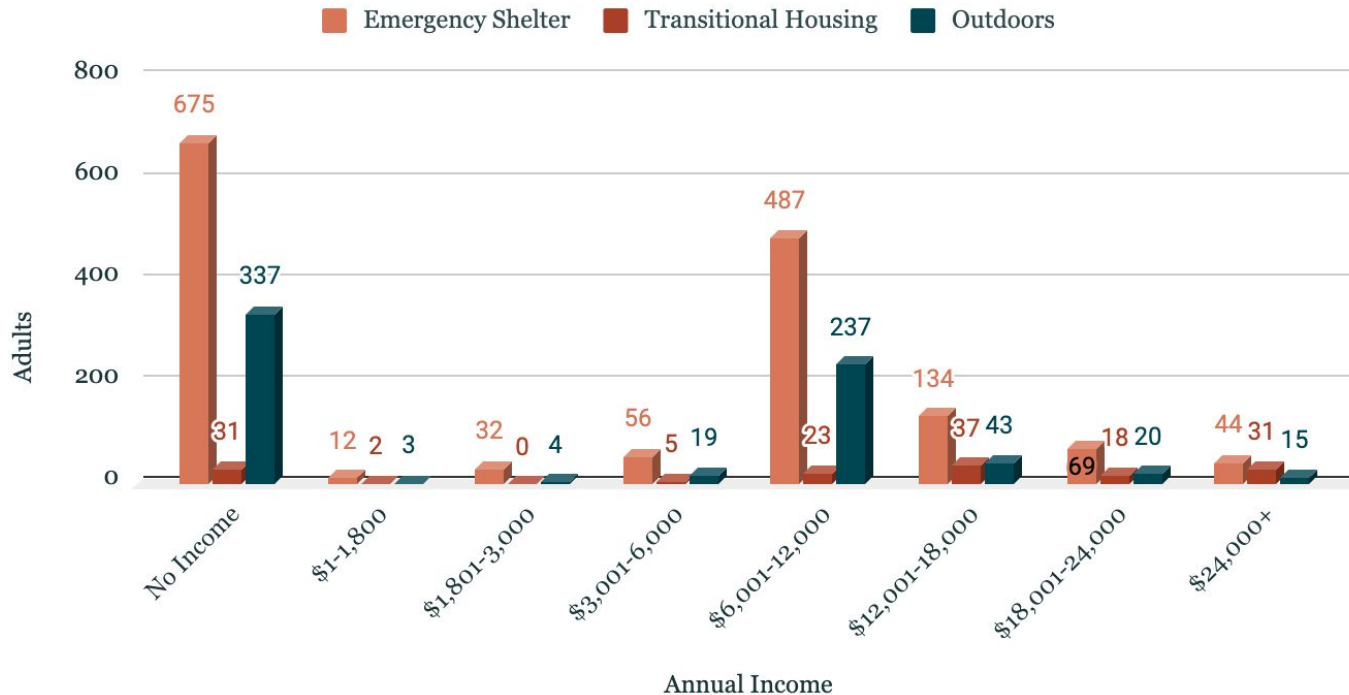
Rhode Islanders call the Coordinated Entry System (CES) Help Center when they are looking for **shelter** or **other homeless services**.

The hotline is open 365 days a year and can be accessed by calling:

401-277-4316



Who Experiences Homelessness in Rhode Island?



INCOME

Most Rhode Islanders have little or no income when they enter homelessness.

44.7% of adults have **no income**.

32.0% of adults make between **\$6,001-12,000**.

Source: HMIS, HUD CAPER Report for ES, TH, and SO 7/1/20 - 6/30/21



Who Experiences Homelessness in Rhode Island?

Race of Homeless Families by Setting

Race	Rhode Island	Emergency Shelter	Transitional Housing	Outdoors
White	80.90%	55.87%	41.49%	40.00%
Black or African American	6.60%	26.45%	41.49%	53.33%
Asian	3.40%	0.00%	0.00%	0.00%
American Indian or Alaska Native	0.50%	2.03%	0.00%	4.44%
Native Hawaiian or Other Pacific Islander	0.10%	0.00%	3.19%	0.00%
Other and/or Multiple Races	8.50%	15.65%	13.83%	2.22%

Source: HMIS, HUD CAPER Report for ES, TH, and SO 7/1/20 - 6/30/21



Who Experiences Homelessness in Rhode Island?

Ethnicity of Homeless Single Adults/Couples by Setting

	Rhode Island	Emergency Shelter	Transitional Housing	Outdoors
Non-Hispanic	85.00%	82.71%	91.23%	83.78%
Hispanic	15.00%	17.29%	8.77%	16.22%

Ethnicity of Homeless Families by Setting

	Rhode Island	Emergency Shelter	Transitional Housing	Outdoors
Non-Hispanic	85.00%	58.54%	55.32%	73.33%
Hispanic	15.00%	41.46%	44.68%	26.67%

Source: HMIS, HUD CAPER Report for ES, TH, and SO 7/1/20 - 6/30/21



Medicaid Costs Among Adults who are Homeless

Year	Homeless Adults in Medicaid	Total Healthcare Cost	Average Per Person
2016	2,536	\$ 38,421,151.00	\$ 15,150.30
2017	2,848	\$ 48,435,716.00	\$ 17,006.92
2018	3,123	\$ 55,045,687.00	\$ 17,625.90

Average annual healthcare costs per person nationally is around \$10,000.

*That's a difference of over **23 million dollars...** in 2018.*

Homelessness and housing instability increases healthcare costs for Rhode Islanders.



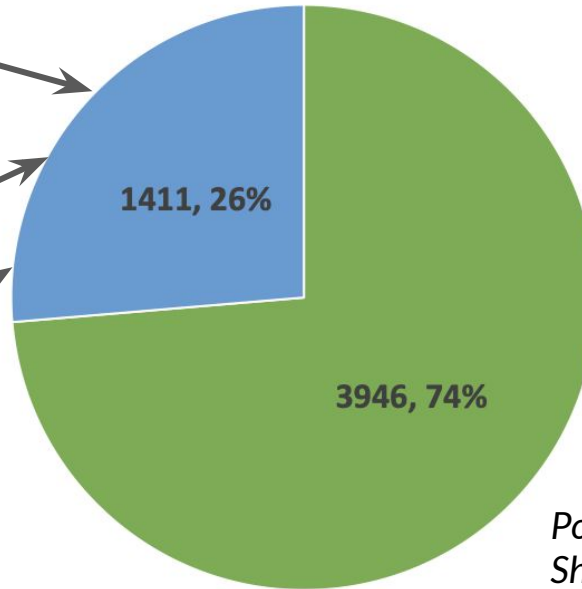
Criminal Justice and Homelessness

Justice Involvement within Homeless System

32% are Chronically Homeless

Average Age is 41

81% are Male



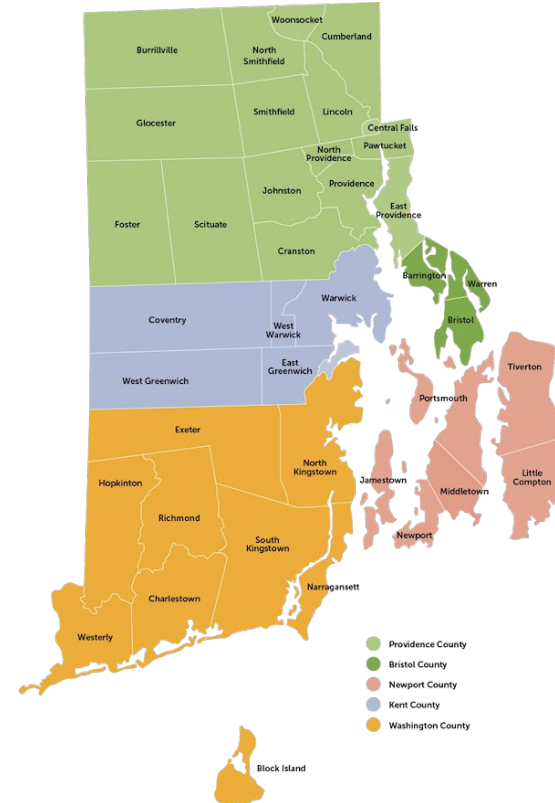
- Adults Not Involved in Correctional System
- Adults Involved in Correctional System

Population: Adults in Emergency Shelter or Seen by Outreach Workers



Why Has Homelessness Increased in Rhode Island?

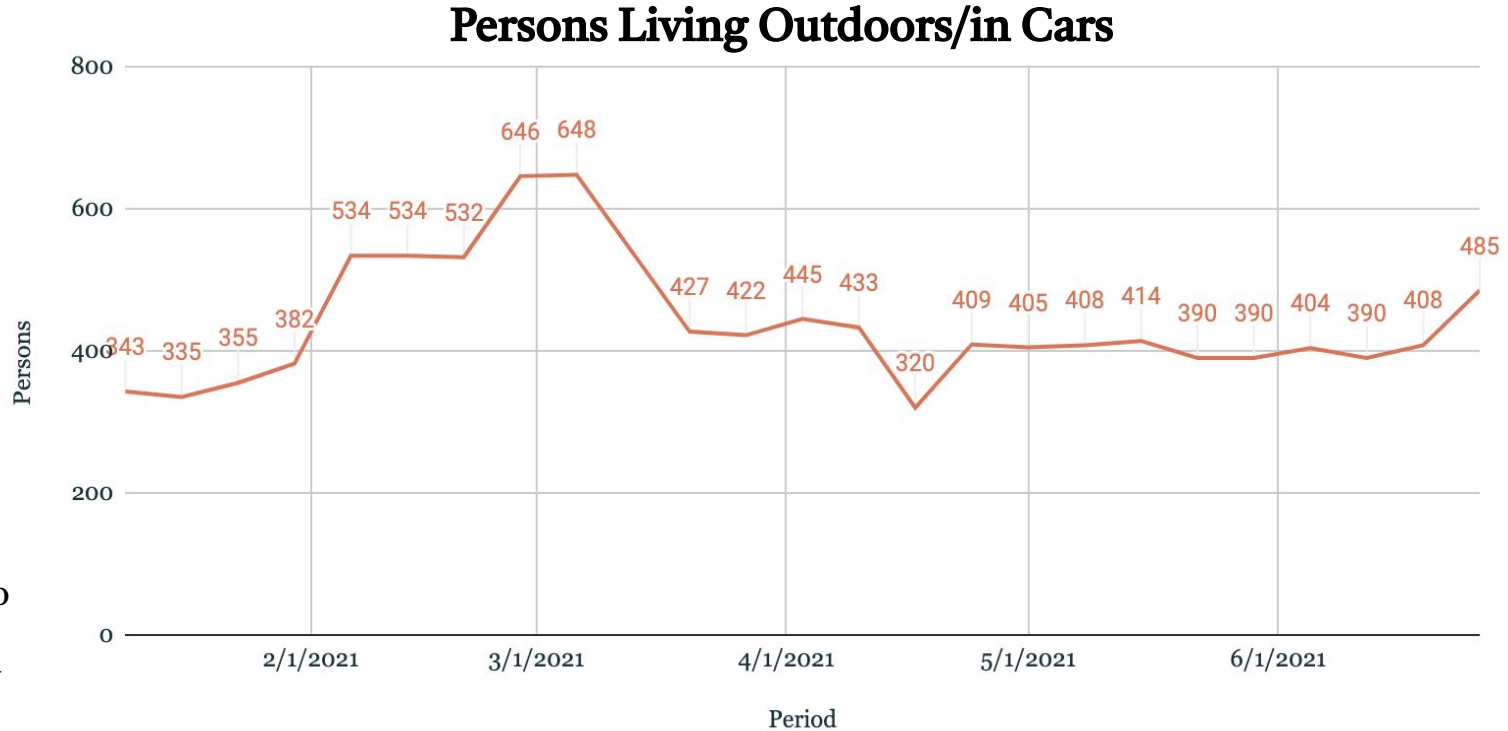
- High cost of housing vs. low wages
 - Hourly wage needed to afford a 2-bedroom apt: \$22.54; avg RI renter wage: \$14.24 (*Source: NLIHC 2021 Out of Reach report*)
 - Thousands have lost jobs/had income reduced as a result of the pandemic
- Almost total lack of affordable and available housing units
 - For every 100 Extremely Low-Income families there are only 51 affordable and available homes (*Source: NLIHC 2020 GAP report*)
- Systemic racism, exacerbated by the pandemic, eg increased eviction rates and weak inconsistent eviction/foreclosure protections



Why Has Unsheltered Homelessness Increased Dramatically?



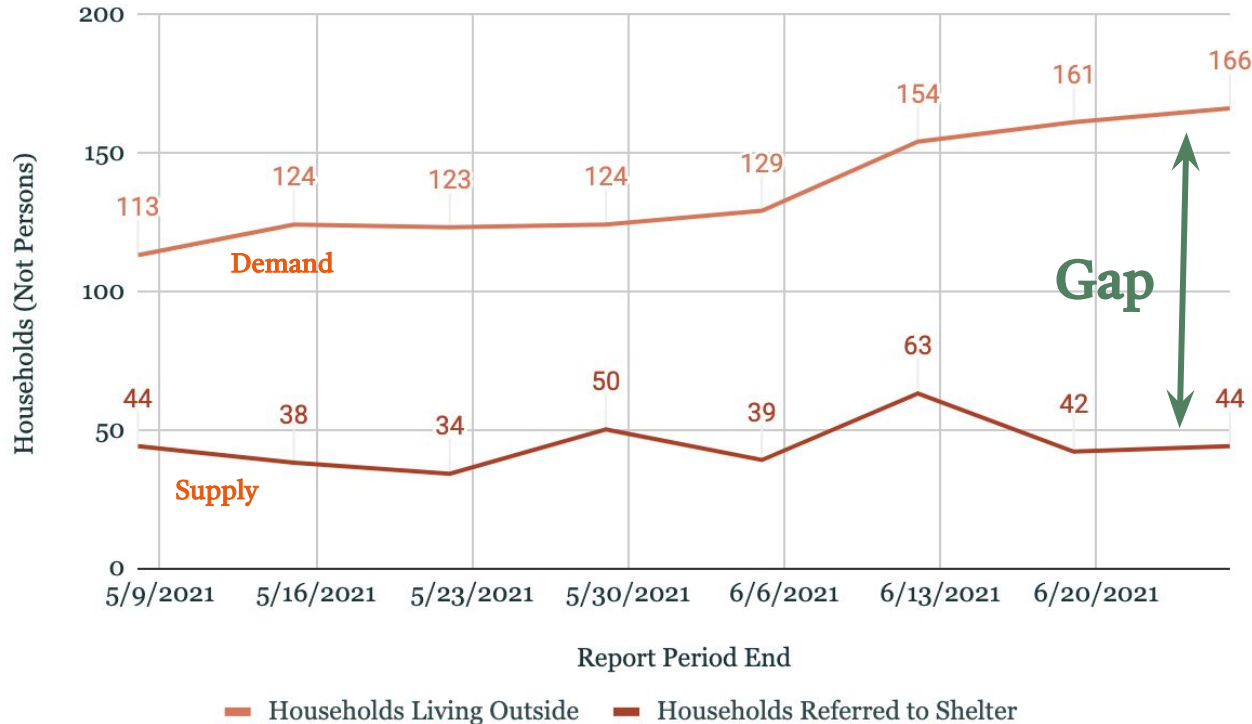
Number of Rhode Islanders staying outdoors or in cars usually decreases during winter (due to weather) and increased availability of shelter beds.



Source: CES Data in HMIS, based on Current Living Situation, number is sum is total for last 30 days



Emergency Response Supply Vs. Demand

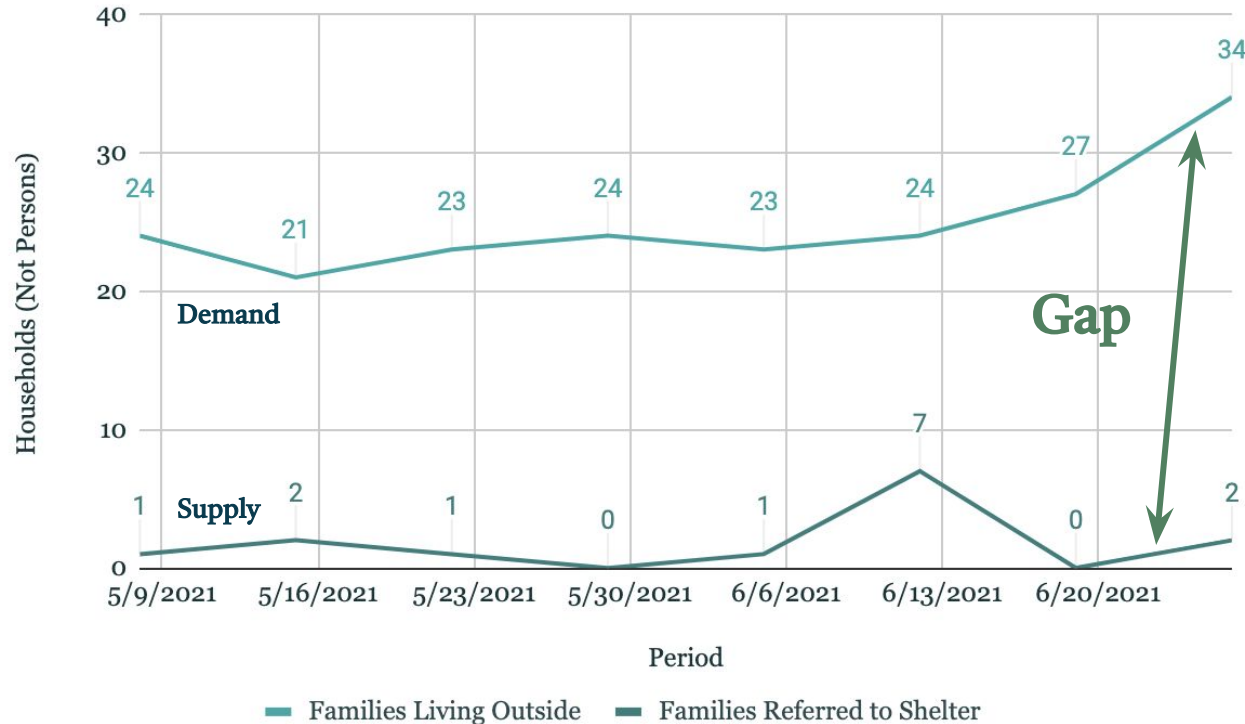


Adult Only Households

On average we have a **deficit of 92.5 of emergency housing units** (shelter, hotel room, etc.) each month to meet demand.



Emergency Response Supply Vs. Demand



Families with Children

On average we have a **deficit of 23.5 of emergency housing units** (shelter, hotel room, etc.) each month to meet demand.

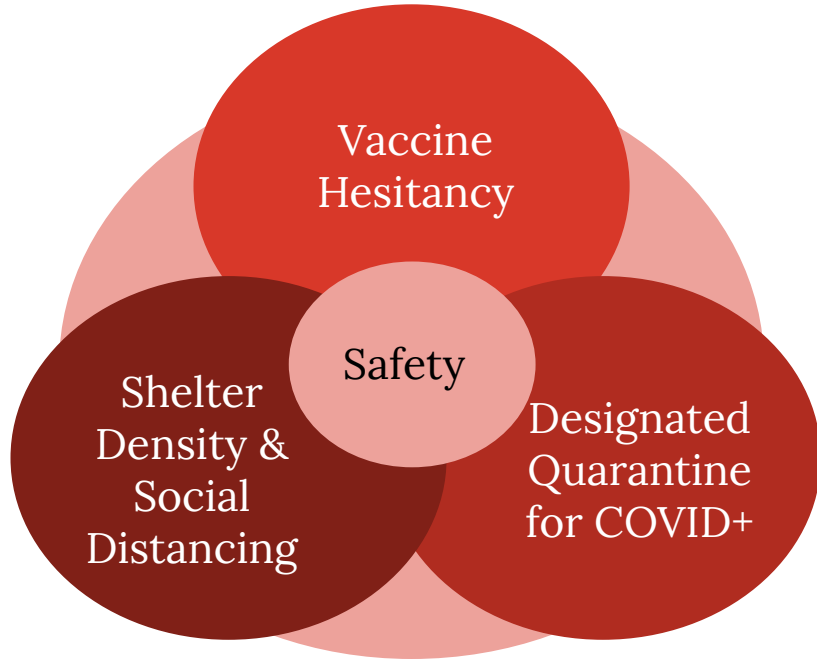


COVID-19 & Homelessness



“Re-Opening” and Homeless System

Addressing public health crisis for COVID in homeless system is reliant on several factors:

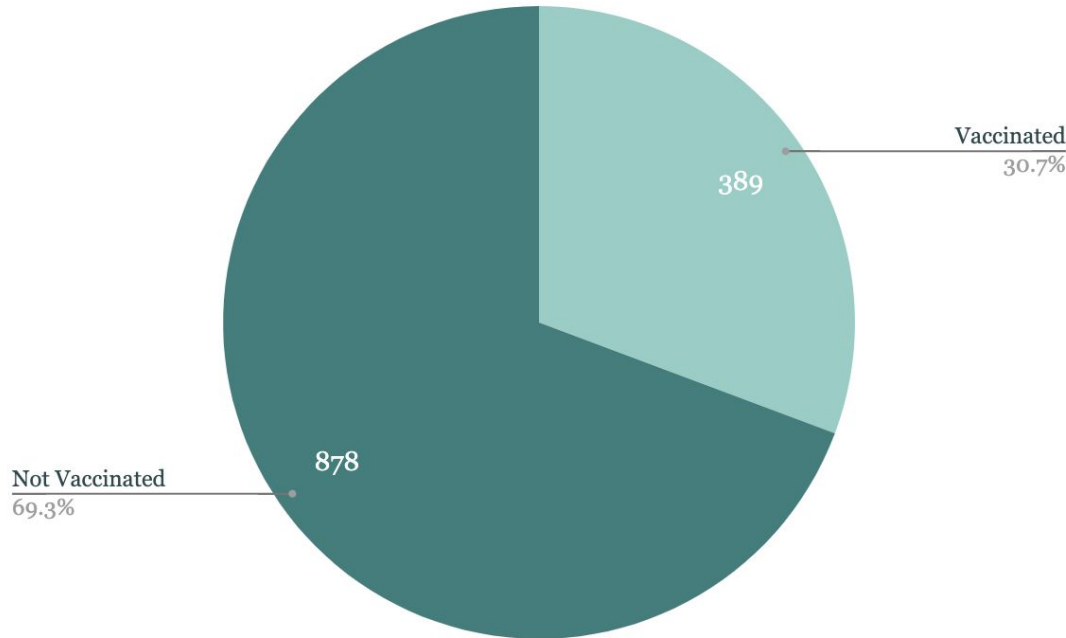


- **Vaccination Rates:** Only estimated 45% of persons experiencing homelessness are vaccinated.
- **Protections for Congregate Settings:** Most homeless shelters have shared living spaces (e.g. bunk beds in large room, with shared bathrooms) in which disease spreads rapidly.
- **Quarantine and Isolation:** Persons who test positive for COVID need a safe and secure place to recover and avoid transmitting within their shelter or encampment.

Shelter density CANNOT be increased without addressing vaccine hesitancy & ensuring consistent Q/I facilities for COVID+ homeless persons.



COVID-19 Vaccinations for Homeless Persons



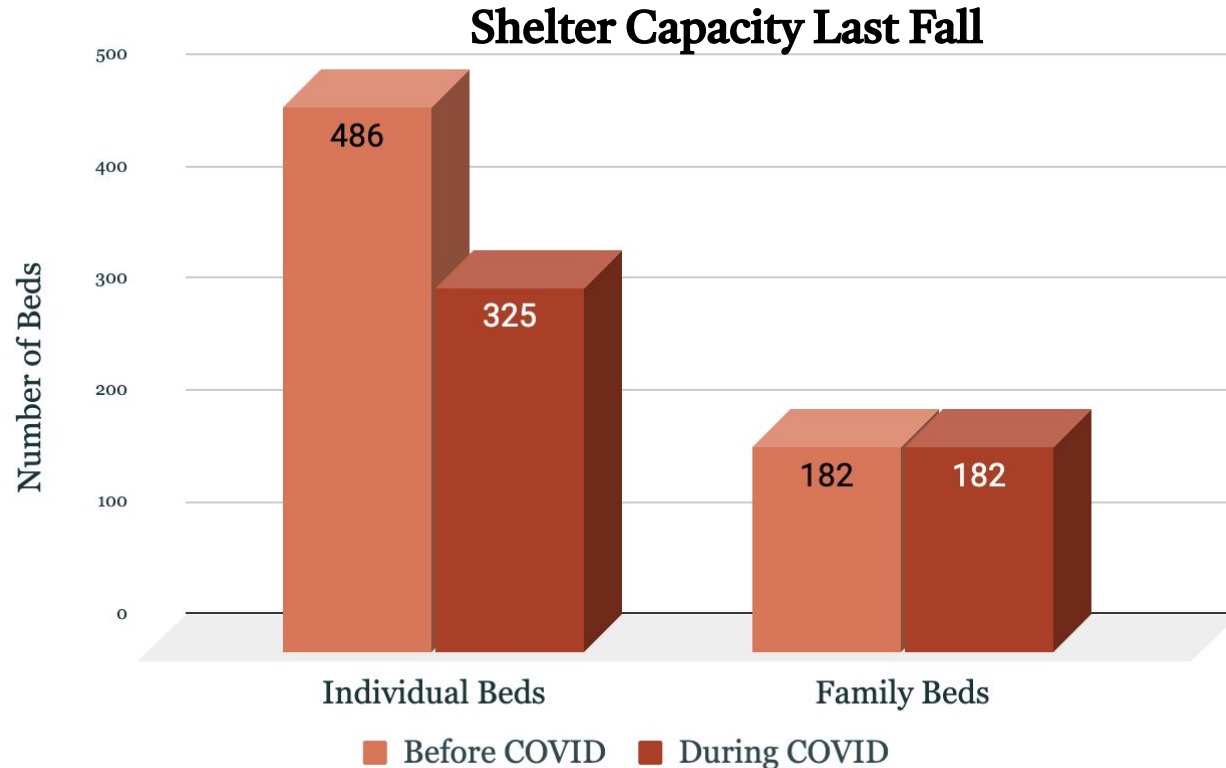
There is considerable vaccine hesitancy among those experiencing homelessness and housing insecurity.

The Coalition conducted 6 Vaccine Clinics in partnership with the Department of Health in February through April 2021.

Some clients have received vaccines through community clinics, but numbers remain low, not exceeding an estimated 45% vaccinated as of June 2021.



COVID-19 and Shelter Density Reduction



Loss of **146 Year Round Beds** to achieve social distancing within programs in summer of 2020.

Source: Year Round count based on 2020 Housing Inventory Chart, Current Count as of 10/5/2020.



History of Hotel Program



- Began in December 2020, funded primarily by FEMA, currently slated to continue through 9/30/21.
- Created to help address COVID-19 surges over the winter and help with huge spike in unsheltered homelessness.
- Operated by the RI Coalition to End Homelessness and its various partners/vendors (including Amos House, Crossroads RI, Sojourner House, Youth Pride, etc.).
- Program is filled with clients via Coordinated Entry System (CES) Hotline, focusing on individuals and families staying outdoors who are most vulnerable (e.g. elderly, medically compromised, etc.).



History of Hotel Program

Every household served in the hotel program has:

- A case manager assigned to them to assist with needs and identify housing;
- Access to regular meals or access to funds for groceries;
- Access to bus tickets or other assistance with transportation;
- Nearby or onsite supervision by trained staff (to monitor safety and provide support); &
- Access to narcan, fentanyl testing strips, and other first aid materials as needed.



Recommendations



Homeless System Recommendations

- Act with urgency to address needs of homeless and housing insecure Rhode Islanders, particularly as we face the end of the eviction moratorium.
- Include and empower those with lived experience of homelessness in the decision making and planning to address this crisis.
- Extend Emergency Hotel Program through to March 2022 (at least 6+ months) to ensure adequate space for the fall and winter.
- Expand the Coalition's Emergency Hotel Program to better meet the needs of Rhode Islanders and address the upcoming influx of newly homeless due to evictions.
- Fund other projects that expand emergency housing availability (e.g. Echo Village, etc.).



Housing Recommendations

- Expand diversion and prevention resources
- Dedicate as many resources as possible to creating affordable housing units for extremely low income persons (at or below 30% of area median income). Prioritize BIPOC communities
- Increase funding for permanent supportive housing and rapid rehousing assistance to help those who are currently homeless become housed.
- Expand incentives for landlords to increase number of units accessible for persons with housing subsidies.



COVID-19 Recommendations

- Continue COVID-19 protections (including decreased shelter density) within homeless system until vaccine hesitancy is addressed.
- Keep COVID-19 Quarantine and Isolation (QI) facility to care for COVID-19+ clients who are homeless. Continue to integrate within larger hotel project, to reduce QI costs (i.e. minimal expenses when not in use).
- Take proactive measures to prepare for additional COVID-19+ surges within the homeless system in the fall and winter.

