

# Richmond, Virginia

## *Response to Homelessness during the COVID-19 Pandemic*

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### PRIMARY PARTNERS IN THE COVID-19 HOMELESSNESS RESPONSE

**Homeward** serves as the lead planning and coordinating organization for homelessness services in the greater Richmond area.

During the pandemic, **Daily Planet Health Services**, a federally qualified health center, coordinated closely with Homeward and other service providers to develop the health response, including testing and vaccinations.

Crucial to the pandemic response were partners such as **Where We Help** (part of Richmond Urban Ministry Institute), which ran congregate and noncongregate shelter sites, providing case management, meals, and other services.

State partners at the **Virginia Department of Housing and Community Development** led emergency rental and mortgage assistance programs.

After declining steadily for a decade, homelessness in the Richmond, Virginia, area increased sharply during the COVID-19 pandemic, reaching an estimated 838 people in January 2021 from 546 people in January 2020. In recent years, the greater Richmond Continuum of Care (CoC)—which covers Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent, and Powhatan counties, in addition to the city of Richmond—focused on implementing Housing First programming, expanding diversion services to prevent people from entering shelters, and ramping up rapid re-housing. The CoC includes urban, suburban, and rural areas.

The CoC has long sought to understand racial disparities and foster equitable outcomes, supported by the Commonwealth of Virginia. In 2018, Homeward began disaggregating homelessness response systems data by race to examine trends in who became homeless and how they fared across programs. Homeward found that people experiencing homelessness were most likely to be single Black men with histories of incarceration. As one stakeholder described, “This is an injustice. It’s tied to what’s happening in the housing market. It’s tied to evictions, it’s mass incarceration.” In 2020, Virginia worked with all local CoCs to set racial equity benchmarks for addressing the disparate impact of homelessness on people of color.

The Richmond CoC carried its focus on equity and a strong network of providers and funders into its pandemic response. In March and April 2021, Urban Institute researchers spoke with representatives of four organizations that were part of Richmond’s pandemic response to understand the core components, successes and challenges, and lessons learned for post-pandemic homelessness services. Richmond’s response focused on (1) providing congregate or noncongregate same-day shelter to anyone who needed it (alongside meals, health care, and case management services) and (2) helping people stay in their housing using emergency rental assistance and diversion services. The coordinated efforts of the Richmond organizations resulted in low rates of COVID-19 transmission among both people experiencing homelessness and homelessness services staff.

### COVID-19 HOMELESSNESS RESPONSE IN RICHMOND

When the pandemic hit the US in March 2020, Homeward began hosting weekly partner calls to share updates and strategize to meet emerging needs. The first priority was to modify shelter structures and policies to keep people safe. Existing

congregate shelters housed fewer occupants and added staff so they could remain open 24/7. To compensate for lost shelter capacity, the Richmond CoC arranged for noncongregate shelter options in hotels. The state supported this strategy, supplying additional funding approved by the governor and helping with the documentation that the Federal Emergency Management Agency requires to reimburse expenses for noncongregate shelters. Hotel capacity fluctuated, but hotels remained open throughout the pandemic. The first 100 people moved into one hotel by mid-March; later, 768 people would reside in 11 hotels.

The CoC partnered with the Richmond Urban Ministry Institute (RUMI) to open a pandemic response shelter. Shortly before the pandemic, the CoC contracted with RUMI for outreach to people in an encampment that formed in early January. RUMI brought more than a decade of experience providing culturally competent services to people without homes reentering society from incarceration. Responders to the encampment noted that people living there were more willing to stay in noncongregate shelter options than in congregate facilities.

Before and throughout the pandemic, the CoC operated a housing crisis line as the main point of entry for all homelessness services. Demand for shelter and services initially dipped, reportedly because the CARES (Coronavirus Aid, Relief, and Economic Security) Act provided temporary stability through stimulus payments and enhanced unemployment insurance; stay-at-home orders also played a role. But by summer 2020, calls began increasing. Homeward ensured all crisis line staff were trained in homelessness diversion, and of the nearly 4,500 people who called in 2020, 1,500 were diverted from entering shelter. Homeward also used additional federal funding to bolster a homelessness prevention program for families of children the school district identified as at risk.

When crisis line staff could not prevent callers from becoming homeless, they made referrals to shelters that fit the caller's characteristics. Noncongregate shelter capacity was reserved for people who were medically vulnerable to COVID-19 (older than 65 or with health conditions) or had minor children. Hotels were also used as isolation and quarantine spaces for people who tested positive or were exposed to the virus and awaiting a test result. The combined capacity of shelters and hotels enabled the CoC to provide anyone in need same-day shelter access, something insufficient capacity made impossible before the pandemic. Service providers brought meals, health services, and case management to people staying in hotels and participated in regular case conferencing.

## **PUBLIC HEALTH COLLABORATION WITH HOMELESSNESS SERVICES IN RICHMOND**

As the primary community health care provider, Daily Planet Health Services played a crucial role in planning and mounting the public health response. Homeward and other service providers relied on Daily Planet to recommend proper

### **EMBEDDING COMMUNITY AND LIVED EXPERIENCE IN HOMELESSNESS RESPONSE**

In 2020, Homeward expanded its network of collaborators and organizations funded through the Richmond CoC. Previously, Homeward focused on a smaller set of providers whose primary function was housing and homelessness assistance.

Hoping to better reach and serve communities of color, Homeward formed new partnerships with Black-led and Black-serving organizations that may not have traditionally provided housing services but were embedded in their communities. Homeward trained some of these organizations in Housing First models so they could join the CoC in providing housing assistance and awarded others small grants to fund self-resolution for their clients—getting money and assistance more directly into the hands of those who needed it. These partners brought valuable knowledge and perspective to regular communication among all CoC partners.

The CoC will continue to hire staff with lived experience of homelessness in positions such as peer recovery specialist. Currently, staff with lived experience make up approximately 25 to 30 percent of all staff whom CoC providers employ.

## CENTERING EQUITY IN THE HEALTH CARE RESPONSE

The pandemic was particularly devastating to Richmond's Latinx residents, many of whom worked in frontline jobs or lived in crowded housing that did not offer adequate COVID-19 safety protections. Noticing an uptick in cases, Daily Planet Health Services partnered with agencies embedded in the Latinx community to provide better and more accessible services, including to unauthorized immigrants. Daily Planet partnered with other agencies, including a local hospital, to create COVID-19 safety education campaigns in Spanish and informational interviews with DJs on radio stations. In follow-up care for people who tested positive for COVID-19, Daily Planet staff connected households with food support and rental assistance, as needed.

bed spacing, recognize symptoms, and establish protocols for addressing exposure risks and caring for those who tested positive for COVID-19.

Daily Planet expanded and transitioned services to include telehealth and mobile stations at shelters and clinics across the city. One of its buildings was designated as a COVID-19 assessment center exclusively for testing and follow-up care to decrease the burden on the local health department and hospitals. Mobile outreach staff brought health education and services to people enduring unsheltered homelessness. Clinical staff worked with people staying in hotels to address the negative impacts of isolation, which can be especially difficult for patients with mental health or substance use disorders, by providing daily peer check-ins, visits from behavioral health clinicians and therapists, Suboxone, and medication refills. As the need for COVID-19 testing declined, capacity shifted to vaccine distribution, and as of June 2021, staff had provided more than 5,600 vaccinations across 13 locations. Throughout its pandemic response, Daily Planet remained committed to maintaining regular medical care and even connected more people in the community with primary care. The chief medical officer said: "I feel like that was one of the biggest successes: using the need for COVID-19 testing to begin an actual primary care relationship with somebody who otherwise would not have had it."

## EMERGENCY RENTAL ASSISTANCE PROVISION IN VIRGINIA

The Virginia Department of Housing and Community Development (DHCD) led the implementation of emergency rental and mortgage assistance programs across the state. The first iteration of the Virginia Rent and Mortgage Relief

Program launched on June 29, 2020, with \$50 million of the state's initial allocation from the Coronavirus Relief Fund. DHCD contracted with more than 30 agencies to administer funds locally. Beyond the requirement that renters must be at or below 80 percent of the area median income, DHCD instructed agencies to reach out to communities of color and hard-to-reach communities disproportionately affected by the pandemic, including households at imminent risk of eviction and households without internet access. This approach of pairing broad program requirements with a targeted outreach component allowed agencies to process applications and disburse funds quickly while maintaining equitable outcomes.

DHCD staff aimed to lower barriers to rental assistance—for example, by allowing households to self-certify their income and that they had experienced a negative financial impact from COVID-19. Although some stakeholders regretted that they could not more intentionally partner with community-based organizations from the beginning or solicit input on language in advertisements or documentation, assistance found the people DHCD hoped to reach. As of April 2021, around 50 percent of the households that received rental assistance were Black, and 10 percent were Latinx. And in Richmond, approximately \$7.8 million of the \$8.5 million in rental assistance went to households of color. Rental assistance continued to evolve as administrators learned from early implementation and as federal funding streams and requirements shifted to the US Treasury Department's Emergency Rental Assistance Program.

## PRIMARY CHALLENGES IN IMPLEMENTING RICHMOND'S COVID-19 HOMELESSNESS RESPONSE

Rental vacancies in Richmond—an already tight market—fell to 0.5 percent by late 2020. Providers reported that landlords were hesitant to rent during the eviction moratorium issued by the Centers for Disease Control and Prevention

and would impose high barriers such as a security deposit equal to three times the rent or proof of income. Consequently, placements through rapid re-housing declined. Stakeholders also believed the moratorium hampered placements, as evictions previously supplied the units used to rehouse people. As one stakeholder said, “So what it told us was that any movement we previously had was only because other poor people were being evicted. That’s how we move people. And that was really heartbreaking.”

The CoC maintained and supplemented programs such as rapid exit to decrease time spent in shelter, yet the average stay in shelter lengthened over the year. This challenge will become urgent as the public response to the pandemic winds down and the hotels and additional shelters disband. Homeward hopes to make a service plan for each person, ideally involving a pathway to permanent housing.

Some advocates and community members pushed back on the CoC’s shelter response. People staying in the noncongregate hotel shelters, as well as their advocates, raised concerns that moving from one hotel to another as noncongregate shelter capacity fluctuated caused anxiety. And while shelters were open to transgender individuals, a coalition of local LGBTQ organizations raised concerns that transgender people were sleeping in their cars or other places not meant for human habitation because of accessibility and safety challenges.

## **HOMELESSNESS SERVICES IN RICHMOND MOVING FORWARD**

The strong collaboration between homelessness services and health care providers kept people safe: the rates of COVID-19 infection among people experiencing homelessness were well below the state average. Staff across organizations worked together to support people throughout the system, and this comprehensive response required a quick expansion of capacity. Daily Planet started several new services and cared for more than 3,000 additional patients in 2020. The provider hired registration staff, medical assistants, and registered nurses and even started a rotational program with Virginia Commonwealth University’s medical school to employ students for testing and other services. RUMI, a new provider to the CoC in 2020, was originally contracted to serve 50 people in an encampment but eventually managed the pandemic response shelter and hotels. At its peak, RUMI provided more than 700 people with case management, meals, medication, transportation, and other services in congregate and noncongregate spaces.

This level of staffing and services will not be sustained beyond the pandemic, but components of the response will carry on. Tighter integration of the homelessness response and health care systems is one example. Daily Planet will maintain more outreach services and keep telehealth stations inside shelters. Organizations such as Homeward and DHCD, from the local to state levels, are committed to understanding best practices that emerged in the emergency pandemic response and to strengthening continuous feedback through quantitative program data analysis and qualitative participant input into programs. New and strengthened partnerships, such as the one with RUMI, will help ensure that homelessness services are reaching people who need them most urgently, including people enduring chronic homelessness and people with histories of incarceration.

More broadly, the pandemic spurred stakeholders to engage in deep systems planning. They noted gaps in their homelessness response systems, including housing options for seniors with no income and services for people with serious behavioral and physical disabilities, as well as shortfalls in the community’s available affordable housing stock. Ultimately, partners will be working together to answer one systems planner’s question: “How do we offer housing for everyone in our community?”