

Rural and Suburban Ohio

Response to Homelessness during the COVID-19 Pandemic

Nicole DuBois, Samantha Batko, and Abby Boshart

PRIMARY PARTNERS IN THE COVID-19 HOMELESSNESS RESPONSE

As the Continuum of Care (CoC) collaborative applicant, the [Ohio Development Services Agency](#) (ODSA) received COVID-19 relief federal homelessness assistance funding and regranted to agencies across the state.

ODSA contracts with the [Coalition on Homelessness and Housing in Ohio](#) (COHHIO) to lead and staff the functions of the CoC. COHHIO provided grantees with technical assistance throughout the pandemic and participated in working groups with the Ohio Department of Health to help craft guidance for addressing the needs of vulnerable populations.

Providers such as [Community Action Agency of Columbiana County](#), [Catholic Charities Diocese of Cleveland](#) in Lorain County, and [Great Lakes Community Action Partnership](#) in northwestern Ohio led the local response with state and philanthropic support and funding.

Ohio's Balance of State Continuum of Care (CoC) covers 80 of 88 counties—most of the state outside its major cities. Counties range from rural farmland (with few to no emergency shelter beds) to the suburbs surrounding Columbus and Cleveland (with larger shelters, more robust housing services, and some street outreach). The number of people in the state experiencing homelessness has increased since 2016, reaching an estimated 3,577 on any given night in 2020. The CoC has focused on adding permanent housing programs, including rapid re-housing, in each county.

In March and April 2021, Urban Institute researchers spoke with stakeholders from five rural and suburban Ohio organizations to understand the core components, successes and challenges, and lessons learned during the pandemic for homelessness services. During the pandemic, the Coalition on Homelessness and Housing in Ohio (COHHIO) disseminated policies and best practices from the Centers for Disease Control and Prevention and other federal agencies. COHHIO also supported CoC members through webinars and individualized technical assistance and advocated on their behalf with state agencies to prioritize the COVID-19 homelessness response. The Ohio Development Services Agency (ODSA) distributed federal grant resources, including from the CARES (Coronavirus Aid, Relief, and Economic Security) Act, to cover provider expenses such as overtime, hazard pay, and safety equipment.

Most counties' initial response focused on making congregate shelters safer for clients and staff, thus limiting exposure to the virus. Nearly a quarter of shelter providers in the CoC used hotel rooms to create noncongregate options, but most implemented safety measures in existing spaces or added congregate sites. COHHIO also encouraged agencies to focus on rapid re-housing and rental assistance. These efforts were successful in keeping people safe: stakeholders reported limited spread of COVID-19 among people experiencing homelessness and emphasized that they could assist more people than they had before the pandemic.

COVID-19 HOMELESSNESS RESPONSE

Because Ohio, a home rule state, grants broad authority to localities, neither ODSA nor COHHIO mandated policies or established rigid guidance for providers' response. Each agency tailored services to local needs, with ODSA and COHHIO providing funds and technical assistance. The first priority in most places was to institute health precautions in congregate shelters, including spacing out beds,

equipping facilities with plexiglass dividers, and adding sanitation stations, personal protective equipment, and videoconferencing capacity. COHHIO established the Pandemic Emergency Fund to help providers adapt their shelters and provided agencies with guidance on training staff to recognize COVID-19 symptoms and establish screening protocols. Across the state, these local efforts proved effective. As one system planner described it:

Our biggest success was early on, particularly across the shelter system...Our providers were really good about implementing health and safety precautions, deconcentrating, and implementing noncongregate shelter options...Those efforts had a direct impact on our providers and communities to mitigate the spread of coronavirus in our congregate facilities...I can look at our positive test rates, and they're tiny—a tiny, tiny fraction of the people in shelter. I definitely believe that was our biggest success.

The providers we spoke with observed that demand for shelter decreased at the onset of the pandemic. Anecdotally, they heard that people did not want to enter shared spaces and were therefore more willing to endure their living situations. As the pandemic dragged on, providers saw requests for shelter increase, particularly in November and December of 2020. Providers opened warming centers to add needed capacity.

Depending on their shelter infrastructure and needs, some providers used hotels to supplement bed numbers or add noncongregate options. In April 2020, COHHIO began working with the Ohio Hotel and Lodging Association to identify hotels willing to work with service providers. By April 2021, 34 of the 143 emergency shelters within the CoC, most in midsize population centers or suburbs, had added hotel options. Of the 49 providers ODSA routinely funded, 17 used pandemic relief funding for hotels. Many providers operated their shelters and hotel rooms simultaneously. Three shelters, however, closed congregate facilities and moved operations to hotels for several months because of insufficient staff or old facilities that could not be adapted to fit public health guidance. One provider closed its shelter between April and June of 2020, fully moving operations to hotels with the support of private funding, and later operated the shelter at 50 percent capacity.

From the outset, local agencies also leveraged additional federal funding allocated through ODSA for homelessness prevention and rapid re-housing. COHHIO advised agencies to prioritize these resources for people at greater risk of complications from COVID-19, including those who were older and had health conditions, and to focus on disproportionately affected populations, including people of color. COHHIO modified its homeless management information system to better track people with COVID-19 risk factors and to create prioritization reports on whom to target with resources. COHHIO also launched Housing Now for Homeless Families to expand homelessness prevention and rapid re-housing resources and reach an additional 3,500 households via an allocation of Ohio's Temporary Assistance for Needy Families funding.

CENTERING RACIAL EQUITY IN THE RESPONSE

According to Ohio Human Services Data Warehouse records, nearly half the people who used homelessness services in 2017 identified as Black even though the state's population is about 12 percent Black. This illustrates sharp disparities in homelessness that are caused by structural and historical racism in the housing, health care, criminal legal, and other systems.

Noting this reality, COHHIO asked providers to ensure an equitable COVID-19 response. Some suggestions included eliminating barriers to shelter and housing, decreasing reliance on law enforcement for settling disputes or disturbances, developing a screening tool to advance racial equity in rental assistance programs, and considering different points of view and historical factors in setting policies and procedures. One provider targeted outreach for rental assistance programs to neighborhoods with higher proportions of people of color.

Moving forward, COHHIO will strategize how to more successfully engage clients with lived experience in system planning and governing.

EFFICIENCY AND CREATIVITY IN THE RURAL RESPONSE

Homelessness services in rural places are often provided by the primary (or only) human services agency in the surrounding area, such as a community action agency. In addition to an emergency shelter, rural providers may run housing programs such as rental and utility assistance and housing counseling, along with a host of other programs, from rural transportation to workforce development to health care.

Although this setup comes with challenges, it means providers are deeply embedded in communities and can streamline services across programs. As one provider described, “Everyone is cross-trained, so there’s no gap in service time to ensure that, if they have located housing, we can utilize our funds to rapidly re-house them, pay security deposits and those types of things.”

For example, rural providers worked creatively to enroll eligible households in rental assistance. One enrolled parents of children in its Head Start and energy assistance programs. And it set up methods for receiving documentation by text message and in drop boxes. It also informed landlords it had worked with previously and managers of federally assisted properties about the program on tenants’ behalf. Through these strategies, rural providers were able to meet the needs of their communities.

Finally, communities implemented new or expanded existing emergency rental assistance programs. The rural providers we spoke with expressed that the federal rental assistance—sometimes combined with additional county funds—was sufficient to meet community need, so they did not need to prioritize among qualified applicants. One provider was able to cover 3 to 15 months of rental assistance tailored to an individual household’s level of need, which the provider said helped support people until staff were confident the clients would be truly stable.

PRIMARY CHALLENGES IN IMPLEMENTING THE COVID-19 HOMELESSNESS RESPONSE IN RURAL OHIO

Rural providers are challenged by a lack of resources and staffing and a sparse community services landscapes. As one system planner observed:

I think the other challenge here, and this is also everyone else’s challenge, is our providers are just barely head-above-water right now. I mean, there are lots and lots of resources out there, which is a great problem to have. But our providers always struggle with basic staff capacity. And then with the pandemic, they’ve lost staff, they’ve lost volunteers. People are trying to hire, they’re trying to rehire. And I feel like every single provider I talked to...is talking about months with vacant positions, but they’re also trying to ramp up their programs and their efforts.

Barriers manifested in each facet of the response:

Public health. Because in Ohio much of the state power is delegated to localities, state agencies are limited in their ability to issue directives and instead offer guidance. During the pandemic, this dynamic meant the public health responses varied across counties, sometimes drastically. One homelessness service provider worked closely with the county health department to prioritize vaccinations for clients and staff. In another county, the health department mandated that only people who had been prescreened, referred by their doctors, and visited the site could be tested for COVID-19. Consequently, the provider was limited to monitoring symptoms.

Congregate shelters. Shelters in rural Ohio are often in repurposed spaces. One such shelter operated out of an 11-bed motel. The provider rented a single-family home to add bed space, but when this still proved insufficient, staff converted their office space into a room. Staff were forced to work out of their vans in the motel parking lot or commute between their homes and the shelter when needs arose. This, combined with inadequate funds, meant that

the shelter did not have 24/7 on-site staffing. Other providers simply could not expand their space and had to permanently reduce capacity, forcing staff to advise people to sleep in their vehicles if they could not secure hotel space.

Noncongregate shelters. Rural areas suffered from a lack of hotel and motel options. Some programs found that motels were fully occupied by people living there full time or that other programs were using them for the same purposes. And some hotels refused to take clients or imposed requirements such as keeping a credit card on file.

Even when programs could get hotel or motel space, they needed staff. Another complication was transportation for clients, including those who tested positive for COVID-19, putting staff and other clients at risk of infection. Many programs could not provide the services that they wanted and that their urban counterparts offered, such as 24/7 staffing and nursing support. Staff worried about the mental and emotional effects on clients of insufficient support and were concerned that clients could have conflicts with other guests or hotel management.

In addition, Ohio did not secure a Federal Emergency Management Agency match for noncongregate shelters. Although providers did receive funding for noncongregate shelters through ODSA, without the match, these programs were prohibitively expensive to maintain at scale or for long periods.

Rapid re-housing and rental assistance. Providers described a tight rental market that slowed rapid re-housing placements. Stakeholders described varying responses: one provider found that landlords were receptive and even grateful to receive payment, while another found landlords were not easily enticed. Some providers saw sizable increases in the average length of time in shelter—for example, from 30 to 100 days. Strategies to address these challenges, such as hiring a housing navigator or landlord liaison, were not possible because of resource constraints.

HOMELESSNESS SERVICES IN OHIO MOVING FORWARD

Every stakeholder we interviewed emphasized the Herculean effort it took to implement a crisis response in an underresourced field. One spoke of admiration for staff members, observing:

I give a lot of credit to the people who do this work day in and day out because it [was] scary in the beginning, exhausting, humbling...If they decided not to come to work, there'd be nothing that I could do. We'd have to close down. So it's just really remarkable, the commitment that the staff of our shelter made to continuing to help people under really difficult circumstances.

Several spoke of the power of additional resources, particularly in communities that could provide only emergency shelter and little else in the form of diversion, rental assistance, or permanent housing programs. For example, some counties received money to implement homelessness prevention services that had not been funded since the Homelessness Prevention and Rapid Rehousing Program was implemented in 2009 in response to the Great Recession. COHHIO created sample program guidelines, such as a screening tool for advancing racial equity in client populations, and assisted communities in building capacity. COHHIO emphasized the importance of helping people in shelter exit to permanent housing, a push that had begun years earlier with a rapid re-housing initiative. Providers described the significance of emergency rental assistance programs in particular. As one said,

I feel like one of the big successes was to assist people who have not had the chance at having assistance before.

Providers described their commitment to maintaining services as much as possible and learning lessons from the pandemic. One rural provider expressed a desire to maintain noncongregate shelter with more individual and private spaces, as well as internet access. Although this organization's normal operating budget of around \$75,000—covering rent, utilities, staff salaries, and all other expenses—will not allow it to implement these and other reforms, it remains committed to envisioning and delivering better person-centered services for the community.