

Homeless System Response: Special Population Rehousing Strategy—People Experiencing Unsheltered Homelessness

Background

Unsheltered homelessness continues to present communities with the complex challenges of meeting the immediate and long-term needs of people experiencing homelessness while ensuring public health and safety. These challenges have been exacerbated by the emergence of the pandemic due to the high transmission rate of COVID-19, vulnerable health status of individuals living in unsheltered locations, closure of critical public spaces such as libraries, and reduced shelter capacity due to COVID-19 precautions.

In recent years, many communities have successfully employed strategies that have begun to reduce unsheltered homelessness; however, approaches should be revisited due to changes in available resources and new concerns created by COVID-19. Communities across the U.S. face different circumstances regarding the extent of unsheltered homelessness and should target their response to local factors such as geography, weather, funding, emergency shelter and housing availability, COVID-19-related challenges, etc. Effectively addressing the multitude of challenges requires a multi-pronged approach centered on rehousing individuals from unsheltered locations into housing as quickly as possible. This document outlines six key strategies to assist communities in ending unsheltered homelessness.

Key Strategies for Addressing the Needs of People Experiencing Unsheltered Homelessness

Work to understand community needs and embed racial equity considerations in planning your response.

Engage an [inclusive group of key partners](#)—including people with lived expertise, BIPOC, outreach teams, culturally specific organizations, service providers, etc.—to get a full understanding of the current conditions and needs of people experiencing unsheltered homelessness in your community. Collect and [analyze data](#) from [quantitative and qualitative sources](#) to understand the landscape of unsheltered homelessness locally (including whether there are racial disparities in the population experiencing unsheltered homelessness; being engaged by outreach; and exiting the street to permanent housing, shelter, or other housing locations).¹ Leverage the expertise of your inclusive group of partners to go beyond the data to understand the immediate needs of people experiencing unsheltered homelessness; what people need in order to move into housing; what barriers stand in their way; and how barriers may differ depending on race, ethnicity, or other factors. Work with this group to [co-create an inclusive response](#) to unsheltered homelessness that considers system-level changes to the homeless response system as well as provider- and program-level changes.

Accelerate rehousing from unsheltered locations.

Traditionally, rehousing in many communities has included making permanent housing placements from emergency shelter. However, rehousing directly from the street is also an effective and safe way to limit exposure to COVID-19 while securing the long-term stability of people experiencing unsheltered homelessness.

¹ See the “Background” and “Analyze Needs” section of [Creating Cohorts for Your Rehousing Strategy](#) for more on an inclusive process of assessing needs for specific population cohorts.

Key strategies to accelerate rehousing for people experiencing unsheltered homelessness include:

- a. Make changes to the [coordinated entry system](#) (CES) to ensure that people experiencing unsheltered homelessness with the highest risk of severe illness or death from COVID-19, greatest service needs, and other vulnerabilities are prioritized for assessment and referred quickly to permanent housing.
- b. Plan and implement a [housing surge](#) targeting people experiencing unsheltered homelessness. COVID-19 Emergency Solutions Grants (ESG-CV) funds can be used to [ramp up rapid rehousing \(RRH\)](#) and target people experiencing unsheltered homelessness. One of the most critical elements to accelerating rehousing efforts is developing partnerships with landlords that are willing to reduce barriers to entry (background checks, credit checks, etc.) for tenants served through RRH, permanent supportive housing (PSH), and other programs. Consider using the [increased flexibility of ESG-CV funds](#) to provide financial incentives and employing other [landlord engagement strategies](#) to increase the housing supply available for your rehousing effort.
- c. Ensure that housing providers are prepared to provide wraparound supports for people experiencing unsheltered homelessness, many of whom have [high-acuity needs](#). This may require enhancing services in RRH and PSH programs and expanding linkages to organizations providing social services, including culturally specific organizations. RRH providers should be prepared to support tenants with [connections to long-term subsidies and supports](#) as needed to ensure they can maintain housing stability.
- d. Train and support outreach providers in using [housing problem-solving strategies](#) to work with people experiencing unsheltered homelessness who may be able to connect to permanent housing without dedicated crisis-system resources. Although many clients may need housing assistance and housing stabilization services to obtain housing, others may be best served with light-touch assistance such as conflict mediation to help with family reunification or support obtaining private-market housing and connecting to intensive health and mental health services.

Provide robust street outreach that is coordinated, permanent housing-focused, and trauma-informed.

The most effective street outreach efforts provide access to the full menu of services available in the community. Therefore, outreach teams should be coordinated across service providers, funding streams, and even non-traditional partners through the CES in the geographic area. The Continuum of Care (CoC) can convene street outreach stakeholders across state or locality, including law enforcement, public health and medical providers, behavioral health and substance use treatment providers, homeless service providers, and the ESG recipient to develop or strengthen an inclusive, person-centered approach to assistance.

The CoC, street outreach providers, and key local partners should collectively:

- a. Agree to and prioritize [core components of outreach](#) and coordinate efforts. Outreach programs can have very different goals; therefore, committing to a minimum set of goals that all programs can agree on is essential to effectively delivering street outreach services. For example, providers could all agree to use a person-centered, harm reduction approach that is non-judgmental and non-coercive. An agreement by all providers to incorporate a focus on permanent housing in their work can have a strong impact on efforts to address unsheltered homelessness. When an area has more than one group conducting outreach, establish a shared street outreach schedule and coordinate geographic coverage and targeted groups across outreach teams.
- b. Identify other partners in the area who can provide additional resources and assistance. Employees and volunteers at places frequented by people experiencing homelessness (including gas stations, convenience stores, libraries, and soup kitchens) should be familiar with the outreach providers and should know how to connect clients to services when necessary. Partner with the [justice system, managed care, other health care partners](#), and other systems around discharge

planning to avoid releases to unsheltered situations and to coordinate efforts to engage and serve shared clients.

- c. Work to understand differences in outreach outcomes and engagement by race, ethnicity, and other factors. Explore how effectively local outreach is currently affecting BIPOC, people with disabilities, people with justice histories, and people from other historically marginalized populations. Where there are gaps, work to understand the causes and develop strategies to make outreach efforts more inclusive. Engage people with lived expertise and culturally specific organizations and other groups with a history of successfully engaging BIPOC and people from other marginalized groups to understand how to modify outreach approaches and other services to be more effective.
- d. Ensure that [evidence-based practices](#) are used across systems of care conducting outreach. Trauma-informed care, motivational interviewing, and critical time intervention are among the most effective practices when engaging individuals experiencing unsheltered homelessness. Consistency in service delivery can be increased by outreach service providers and volunteers committing to these practices through formal training. Training may include an expansion of service provider competency in trauma-informed care to include a foundation in [racial trauma-informed care](#).
- e. Establish agreements regarding data collection, [data sharing](#), and referrals that are specific to the pandemic. Homeless services outreach providers can share and update information in the [Homeless Management Information System \(HMIS\)](#); however, other systems of care, such as medical or behavioral health systems, may use other information systems to record engagements and contacts with people experiencing street homelessness. Working through the processes to [share data across systems](#) to identify high-acuity individuals and targeting services in response is an efficient use of outreach resources.

Support basic health and safety needs.

Decreased access to public spaces and facilities has hindered the ability of people experiencing unsheltered homelessness to meet the basic needs of safety and hygiene. Using [inclusive public space management](#) principles, communities should ensure that people in encampments and other unsheltered situations have access to the resources and services required to provide for basic needs and COVID-19-specific needs. [Centers for Disease Control and Prevention \(CDC\) guidance](#) is available to guide practices for safely providing services in encampments during the pandemic and [enhancing safety in your homeless response system](#).

Streamline pathways to emergency shelter for clients when moving directly to permanent housing is not an option.

The COVID-19 pandemic has placed additional demands on emergency shelters, and in many cases decreased the number of beds available within the community. The [Winter Planning Resources](#) collection includes several tools and resources that communities can use to project sheltering capacity needs, create an emergency plan to meet escalating levels of need, and consider alternative approaches to sheltering. Due to the urgent need to house people experiencing unsheltered homelessness and the potential severity of their needs, communities should work towards reducing barriers to entry to all available options for emergency shelter, while still [maintaining appropriate COVID-19 protocols](#). Further, ensuring that individuals and households can remain in shelter to connect to housing and service opportunities is critical, so this is an opportune time to [re-evaluate shelter rules](#) that may unnecessarily exit people from emergency shelter to unsheltered locations. In addition, providers may consider using ESG-CV and other funds to add staffing, pay volunteers, offer hazard pay, and cover other costs to ensure that staffing is adequate to support the safe implementation of [low-barrier shelter practices](#).

Use [data recorded in HMIS](#) and other relevant sources to gain an understanding of the race, ethnicity, and other characteristics of who is obtaining access to emergency shelter, non-congregate shelters (NCS), and temporary shelters locally and identify any inequities in accessing the homeless system. Such an evaluation can highlight racial disparities in outcomes and provide a crucial opportunity to course correct. For example, data from early in [Los Angeles'](#) COVID-19 response led to concerns about disproportionate access by White individuals, which led to a series of recommendations to refine processes.

Target prevention to reduce new experiences of unsheltered homelessness.

Reducing the number of people entering unsheltered homelessness is the final key strategy for ending homelessness in places not meant for human habitation. Communities are in different places in terms of enforcing evictions, shelter capacity, and increases in homelessness driven by the economic impact of COVID-19. For that reason, it is essential to analyze local data and qualitative information from people experiencing homelessness to understand where people are coming from and develop strategies to reduce inflow from those locations and circumstances. Street outreach stakeholders should be involved in planning and discussion about the community's [prevention framework](#) and holistic prevention efforts should be multi-tiered and targeted to groups of individuals most in need of assistance.

Specifically, communities should coordinate with other [systems of care](#) to reduce discharges from institutions to unsheltered homelessness and to [target prevention](#) to people most likely to enter homelessness. In addition, ensuring [equitable access and delivering culturally responsive prevention strategies](#) can help to reduce the inflow of BIPOC, who are overrepresented in the homeless system and more likely to experience longer lengths of stay once they enter, as well as a higher rate of returns to homelessness after exit. See [Effective and Efficient Prevention Programs](#) for examples of prevention efforts to fit local needs.