

## MEMORANDUM

**Date:** March 22, 2021

**To:** Marisa A. Zapata, PhD  
Director, PSU-HRAC

**From:** Lauren E. M. Everett  
Graduate Research Assistant, PSU-HRAC

**Subject:** Updates on COVID-19 response, housing, and people experiencing homelessness nationwide, March 15 - 21.

### News:

1. A [new report](#) from the Government Accounting Office finds that while federal, state and local moratoriums have reduced evictions, they are less effective than they could be due to a [lack of outreach, education and enforcement](#).
2. The Los Angeles Times Editorial Board makes the case for why localities need to continue running [hotel and motel room programs](#) for people experiencing homelessness, as the pandemic continues. FEMA will reimburse 100% of the cost for the rooms. In [Washington D.C.](#), as in other localities, advocates are urging the city government to take advantage of the reimbursement to expand the program to serve the over 600 people on the waiting list. There is also concern that current program participants are not being placed in permanent housing quickly enough.
3. In [New Jersey](#), as in other cities across the U.S., landlords have been engaging in illegal lock-out evictions to circumvent eviction moratoriums and remove tenants who have not been paying rent.
4. In [New York City](#), advocates argue that the Metro Transit Authority's new rules about subway use - including a prohibition on occupying stations for more than an hour - discriminates against houseless New Yorkers at a time when support is needed more than ever.
5. Meanwhile, Housing Rights Initiative filed suit against 88 brokerage firms and landlords in New York City for [discriminating against people with housing vouchers](#).
6. In [Toronto](#), residents of four large encampments are being moved into hotels. The city has rented 250 rooms in a downtown hotel where residents will receive meals and have access to supportive services.
7. In [Portland, OR](#) and King County, WA (as well as other locations) hotel shelter programs have had a positive impact on participant health and wellbeing. Municipalities across the country are [beginning to acquire hotels and motels](#) to serve as long term affordable housing, often using a combination of federal, state and local funds.

8. The National Low Income Housing Coalition released a report on the state of the nation's affordable housing, that finds [a deficit of 6.8 million rental homes](#) that are affordable and available to households who make 30% of their area median income.

## National Low-Income Housing Coalition (NLIHC) weekly call and updates (March 15)

### The American Rescue Plan Act overview:

1. [Housing provisions](#) in the ARP
2. Estimated allocations of [homelessness assistance grants](#)
3. Senate democrats' estimates of the [Emergency Rental Assistance](#) allocations
4. An analysis of how [the ARP could make a permanent impact](#) on the country's social safety net.

**Richelle Friedman, Director of Public Policy, Coalition on Human Needs:** The Child Tax Credit (CTC) is a \$2,000 tax credit families received for children under 17. Because the credit was based on work prior to the signing of the American Rescue Act a few weeks ago, many families didn't receive the credit because they earned too little. Families in the lowest income bracket received around \$800 in tax credits regardless of how many children they have, while higher earners received closer to the entire \$2,000. Now all children are eligible to receive the full credit without a work or earnings requirement. It has also been increased from \$2,000 per child to \$3,000 for children 6-17, and to \$3,600 for children under age 6. It also includes a full extension of the benefits to Puerto Rico, which corrects a long-standing limitation where only families with 3 or more children there could claim the credit. If a child has a SSN, the parent can file a tax credit for the child, regardless of whether they have a SNN (which is the case with many immigrants who are working legally). The inclusion of this child tax credit is a big deal and is the main factor behind the predictions that the ARA will cut child poverty in half. Other provisions are the extension of unemployment benefits and the \$1,400 stimulus check. These policies represent an average of about 20% of the average annual income for the one fifth of Americans who are the poorest. Also, instead of receiving the CTC in one lump sum next tax season, there's an option to receive a portion in July. This is only a temporary change, but advocates are already strategizing about how they can make it permanent. Many families who will benefit most from this may not pay taxes because they don't have to, so it's important to reach out to those families and let them know they should file taxes. Read more [here](#).

**Q:** What is the maximum income to receive the CTC?

**A:** For the regular CTC, around \$400,000. For the new expanded one, the maximum amount will phase out for heads of households making \$112,000 and married couples making \$150,000.

**Q:** When will families begin seeing these?

**A:** If they choose to receive tax payment early, probably in July. Some families may want to receive monthly payments, but it's unclear if the IRS can accommodate that.

**Q:** How would people who have never filed taxes and don't have a SSN be eligible?

**A:** If families know they haven't in the past earned enough money to be eligible for the CTC, they might not have filed. Now they're going to want to file. There's also a thought going forward that maybe if we make this permanent it can be distributed through Social Security or some other agency that has infrastructure to do monthly payments.

**Jackie Vimo, Economic Justice Policy Analyst, National Immigration Law Center:** Some good news on eligibility for the \$1,400 stimulus payments. The first CARES Act checks excluded people who didn't file taxes with a SSN. The second one allowed you to receive a check if at least one parent had a SSN. In this last bill it's really simple: if you have a SSN you get the check, and that includes dependents regardless of whether either parent has a SSN. Unfortunately it's not retroactive so there isn't a fix for the other two payments. If you're a Greencard holder or a naturalized citizen you're usually not eligible for social service programs like Section 8, but immigrants are eligible for rental assistance and some of these other emergency relief measures. It's important to note that states have to make immigrants eligible in their local guidelines as well. The volunteer tax assistance programs are a good place for people to get support with their taxes and receive these benefits. The last thing I'll say on the subject of public charge is that this administration will not be defending the previous administration's policy, so we'll be reverting to previous criteria from 1999. This means there are no more concerns about housing negatively impacting immigrants through the public charge rule. There are a few states that are considering a challenge to the current public charge policy, such as Texas.

[\*Eligibility for Assistance Based on Immigration Status\*](#) FAQ

**Dr. Kathryn Leifheit, Postdoctoral Researcher, UCLA Fielding School of Public Health & Dr. Chelsea Shover, Assistant Professor-in-Residence, UCLA David Geffen School of Medicine:** I'm Kate, and we'll be talking about our report of elevated mortality rates among people experiencing homelessness and COVID-19. This research has not been peer reviewed yet so the results should be viewed as preliminary data. People experiencing homelessness are at increased risk of COVID-19 exposure and infections. Lack of permanent shelter means there's an inability to mitigate exposure and difficulty preventing infections. Health authorities have reported a high instance of positive testing for the virus among this population. There have been large outbreaks at encampments and shelters. There's also an increased risk of serious illness and death from COVID-19, and this is due to accelerated aging among this population. The life expectancy among chronically homeless people is between 42 and 52 years. All of this means there is an increased risk of serious COVID-19 outcomes for people experiencing homelessness. Yet there is little data to gauge these outcomes, and few jurisdictions are prioritizing this population for vaccinations. This is an interconnected problem, as lacking the data leads to deprioritization, which leads back to a lack of data. The case fatality rate (CFR) tells us while populations need the vaccine most urgently. To get these CFRs we searched for specific COVID case and death counts on websites from major urban areas that are population centers across the US. We extracted the most recent case and death counts for people experiencing homelessness, and compared them to the CFRs for the overall population. This data was from February of 2021.

Our first finding was that data is scarce. Less than 10% of the jurisdictions we looked at publish this data for people experiencing homelessness specifically. Our second finding was that there is an elevated mortality risk among the houseless population. The fatality rate among people experiencing homelessness is 50% higher in Los Angeles than for the general population, however this relationship ranges widely in different jurisdictions. When we summarize across the jurisdictions, people experiencing homelessness are 1.3 times higher (a 30% higher risk) to die from COVID than the general population. In Los Angeles the data is also disaggregated by age, and that shows us that in the younger groups there is a much higher fatality rate for houseless people than the general population. In the 65 plus group there's an interesting reversal in the trend. We think this is because if people reach age 65 while experiencing homelessness they might be much less frail than the general population.

**Dr. Shover:** The main conclusion is that there's not much data on COVID and houseless people. When we were able to find that data it showed that there was an elevated risk, especially at young ages. This points to a need to prioritize this medically vulnerable population. There was considerable variation across different locations, and there may be a number of reasons for that. One thought is that jurisdictions define homelessness differently, e.g. not including couch surfing or other informal arrangements. In Los Angeles it's the case that there's more surveillance testing (regular proactive testing) in shelters and encampments than in the general population - which is a good thing - and what this means is that in these settings you are more likely to find asymptomatic and mild cases. This suggests that the estimates we come up with might underestimate how much higher they are than the general population. The reason we did this study now, even though there is a dearth of data, is because California just opened up their eligibility criteria for the vaccine to people under 65 with co-morbidities. So the timing of this study is to help make the case that unhoused people, especially in congregate settings, should be eligible for the vaccine. We also call on jurisdictions to start tracking housing status as part of routine surveillance testing. For most places there isn't even data, though we know intuitively that the same high risk level is likely the case. The Los Angeles Times recently wrote an article about how unhoused Angelenos are 50% more likely to die if they contract the virus, so I feel like this research (and other research in this realm) is having an impact.

[Read the full report here.](#)

**Elissa Margolin, Director, Housing Action New Hampshire:** In February of 2021 our regional public health networks were scheduling on-site vaccination clinics at all of our shelters across the state. As our state vaccination plan was developed we did some advocacy and were really pleased when the plan named the houseless population specifically. However shortly thereafter we noticed that an informational document did not mention this population specifically. We learned that policymakers wanted to target vulnerable populations more broadly, so we focused on trying to get the vaccines distributed as quickly as possible for the unhoused population. The department itself was really interested in trying to increase uptake (vaccination), which entailed educating people about the safety of the vaccine. I was invited to present before the regional health networks. They were tasked with finding the populations experiencing disproportionate negative health outcomes,

and I was able to match them with shelter leaders. For the most part things went very smoothly. Uptake for the shelter population varied significantly, with large shelters having lower vaccination rates (about 30%). We were also able to get staff vaccinated in most cases, though not in all regions. Even where there were barriers there were other solutions, such as a partnership with Walgreens. Lessons learned were that we were meeting public health where they were; had an important relationship with philanthropy; and we had already launched our own statewide testing program for shelters with the University of New Hampshire so that helped that we had all of the information we needed to transition into vaccination.

**Katie West, Manager, Homes Rhode Island, Housing Network of Rhode Island:** We're (HRI) coordinated by the Housing Network and have about 80 member organizations. We're focusing on increasing funding for affordable housing, for rental subsidies, and for permanent supportive housing. On March 2nd we had a special election in Rhode Island that had several bonds to vote on. We advocated for \$65 million for housing and community revitalization. We won \$45 million for purchase and renovation of affordable housing, and \$20 million for community revitalization which includes open spaces, mixed-use projects and infrastructure. We had been advocating for a housing bond for a while, so this was introduced in early 2020 and expanded in the summer to address the needs of communities who have been most impacted by the virus. As for evictions, our distinct courts have been allowing evictions to be filed since November. Now as of February the courts issued an administrative order allowing landlords to challenge declarations of hardship from tenants. We sent letters in February to the chief Judge indicating our concerns about this change. In August last year a motion was introduced to issue a moratorium on non-essential evictions. Over 100 people signed up to testify, both tenants and landlords. Our house passed a source of income bill and we're optimistic that it will be passed by the Senate.

**Melina Lodge, ED, Housing Network of Rhode Island:** For our prior programs we did get money out the door, but not across as many communities as we would like to. We have the FHA administering the program this time (previously United Way), and we're hoping that will result in wider outreach and technical assistance when needed. We're also going to make a real effort to be flexible around the documentation requirement, while still meeting the guidelines. It's sounding like we will be able to process payment directly to tenants under circumstances where the landlord refuses to cooperate, which was an issue with the first round of assistance. We're also trying to coordinate with the courts and with utility companies. The goal is to be more flexible this time and I think that will be really advantageous in getting more money out the door.

**Cathy ten Broeke, Assistant Commissioner ED, Minnesota Interagency Council on Homelessness:** I lead the state's interagency council on homelessness, which is a cabinet level body. I think the fact that we had this level of attention on the issue prior to COVID really helped in terms of the level of commitment and priority for that group. Then when the pandemic began the governor put together work groups targeting parts of our COVID response, and asked me to co-chair our "at-risk" group, which included people experiencing homelessness. We use the same kind of data that the previous presenters (the epidemiologists) use to make the case. We were able to use state funds to decompress shelters and set up about 2,100 hotel rooms around the state so

that people could isolate. When the vaccine became available it made sense to continue the focus on these vulnerable populations. We have the data to show what happened during COVID. While we kept the overall cases pretty low, what we did know is that people experiencing unsheltered homelessness are far more likely to end up in the ICU. Vaccinating in homeless settings is going to take time, for a variety of reasons. It can't be done in one vaccination clinic day. We asked for the ability to start in February knowing that it would take several months. [This is the exact language](#) we have in our state's vaccine plan. With all that said this hasn't been easy by any means. We've had to hire some contractors to fill the gaps in some cases, and there are still many gaps around accessibility and getting people connected. We see the variants as being especially challenging and scary.

### Other resources:

1. Next City's webinar series [Beyond The First 100 Days](#) will focus on recovery through the lenses of economic growth, housing, and environmental sustainability. They will take place March 31.
2. The NLIHC's [Virtual Housing Policy Forum 2021: A New Day](#) will take place March 30-31.
3. The Joint Center for Housing Studies at Harvard will host a webinar for the release of the [Improving America's Housing](#) report on March 25, and a presentation on [Advancing Transit-Oriented Communities and Planning for Equity](#) in Los Angeles on March 26.
4. The CDC's [updated guidance](#) on testing in homeless shelters and encampments.