NATIONAL GOVERNORS ASSOCIATION

People Experiencing Homelessness

November 19, 2020

Moderator

NATIONAL GOVERNORS ASSOCIATION

•••

Carl Amritt
Senior Policy Analyst
National Governors Association

NATIONAL GOVERNORS ASSOCIATION

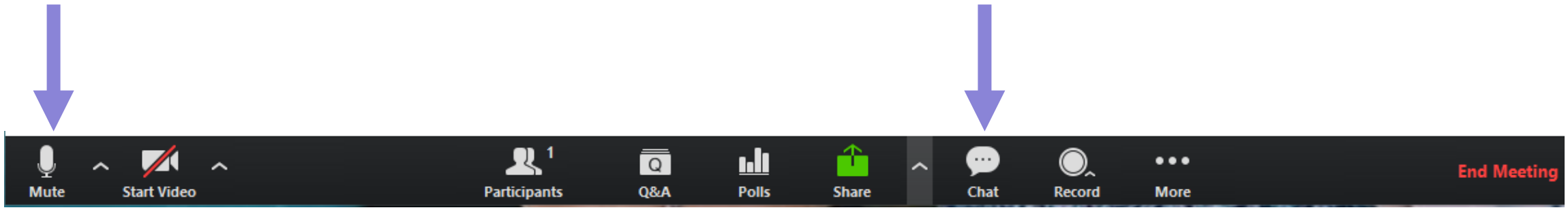
Housekeeping

- If you experience technical difficulties, please contact **Carl Amritt** via the chat or at CAmritt@NGA.org.

Unmute yourself to ask a question.

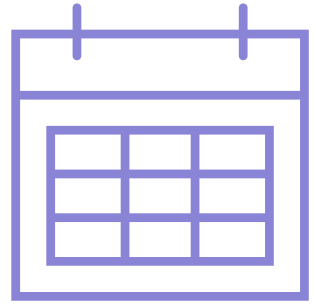
OR

Send a private chat to NGA staff, panelists, group members or the entire audience.



NATIONAL GOVERNORS ASSOCIATION

Agenda



I. **Welcome and Introductions**

II. **Ann Oliva**

Visiting Senior Fellow, Center on Budget and Policy Priorities

III. **Barbara DiPietro, Ph.D.**

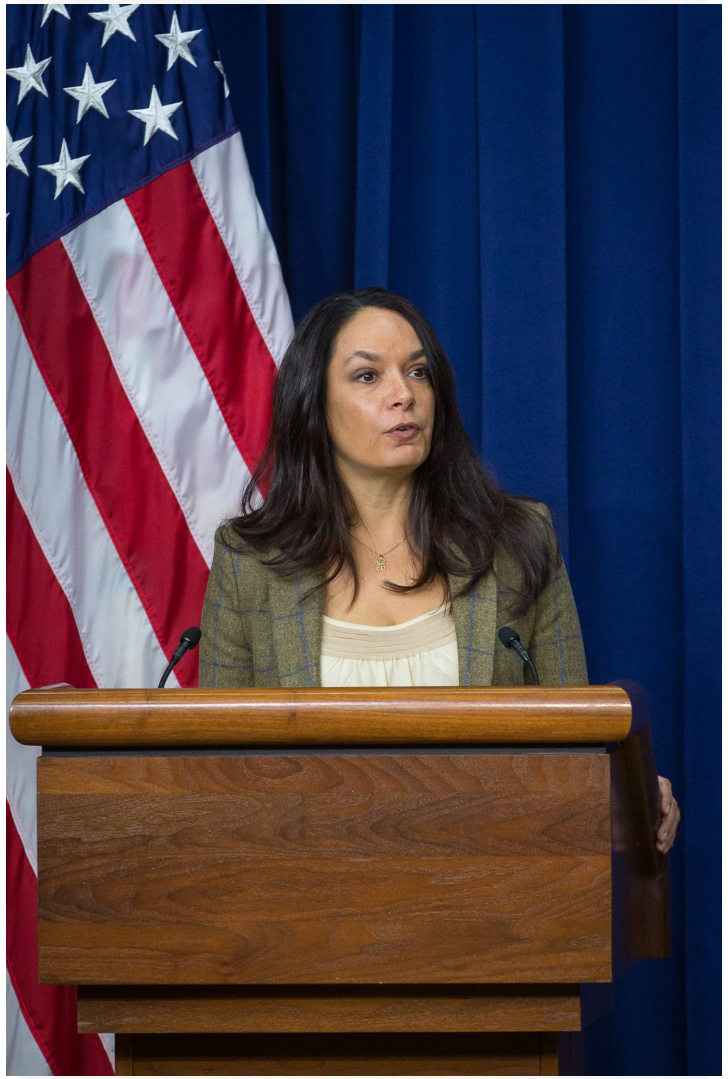
Senior Director of Policy, National Health Care for the Homeless Council

IV. **Haley Pfeiffer Haynes**

Chief of External Affairs, North Carolina Office of Recovery and Resiliency

V. **Question & Answer**

Speaker



Center on Budget and Policy Priorities

• • •

Ann Oliva

Visiting Senior Fellow

Center on Budget and Policy Priorities

NATIONAL GOVERNORS ASSOCIATION

The Framework for an Equitable COVID-19 Homelessness Response

#HousingEquity

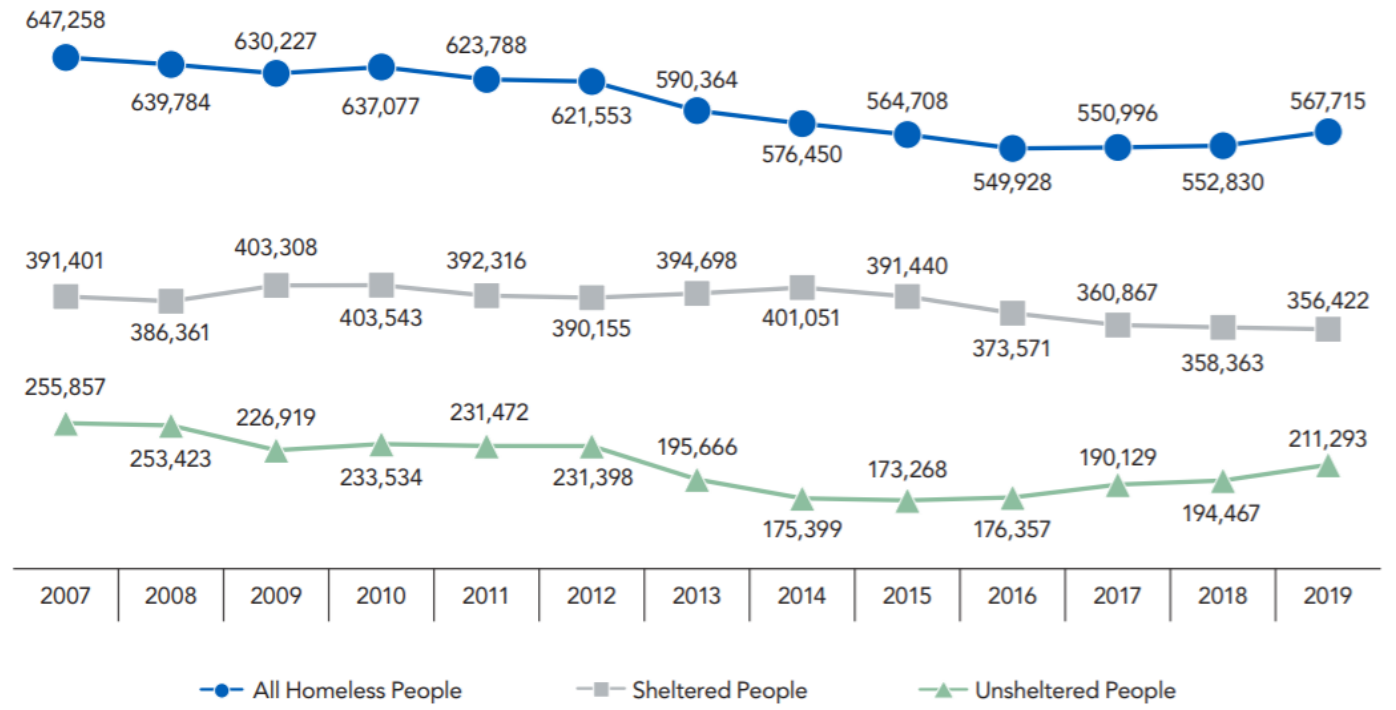
The implementation of this Framework, and the development of additional tools and materials, is being collaboratively guided by the following partners:

Center on Budget and Policy Priorities • National Alliance to End Homelessness
National Innovation Service • National Healthcare for the Homeless Council
National Low Income Housing Coalition • Urban Institute
Barbara Poppe and associates • Matthew Doherty Consulting

NUMBER OF PEOPLE EXPERIENCING HOMELESSNESS AT A POINT IN TIME

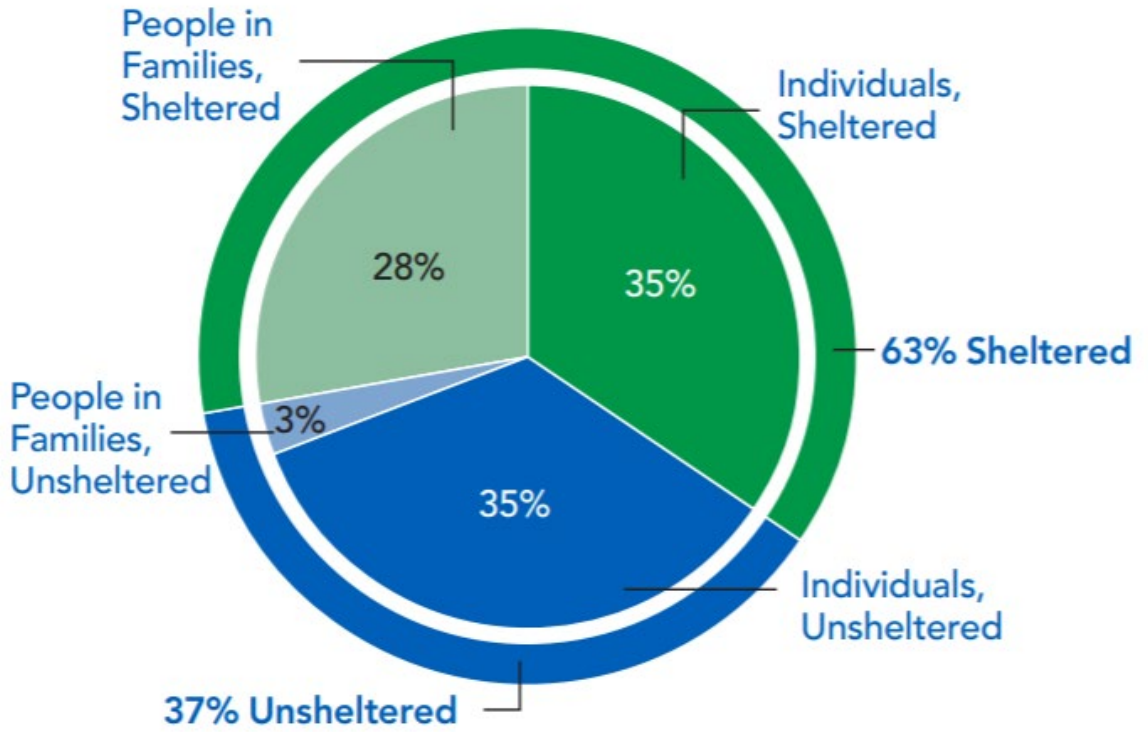
(SOURCE: HUD 2019 AHAR PART 1)

EXHIBIT 1.1: **PIT Estimates of People Experiencing Homelessness**
By Sheltered Status, 2007–2019



HOUSEHOLD TYPE IN 2019

EXHIBIT 1.2: **Homelessness**
By Household Type and Sheltered Status, 2019

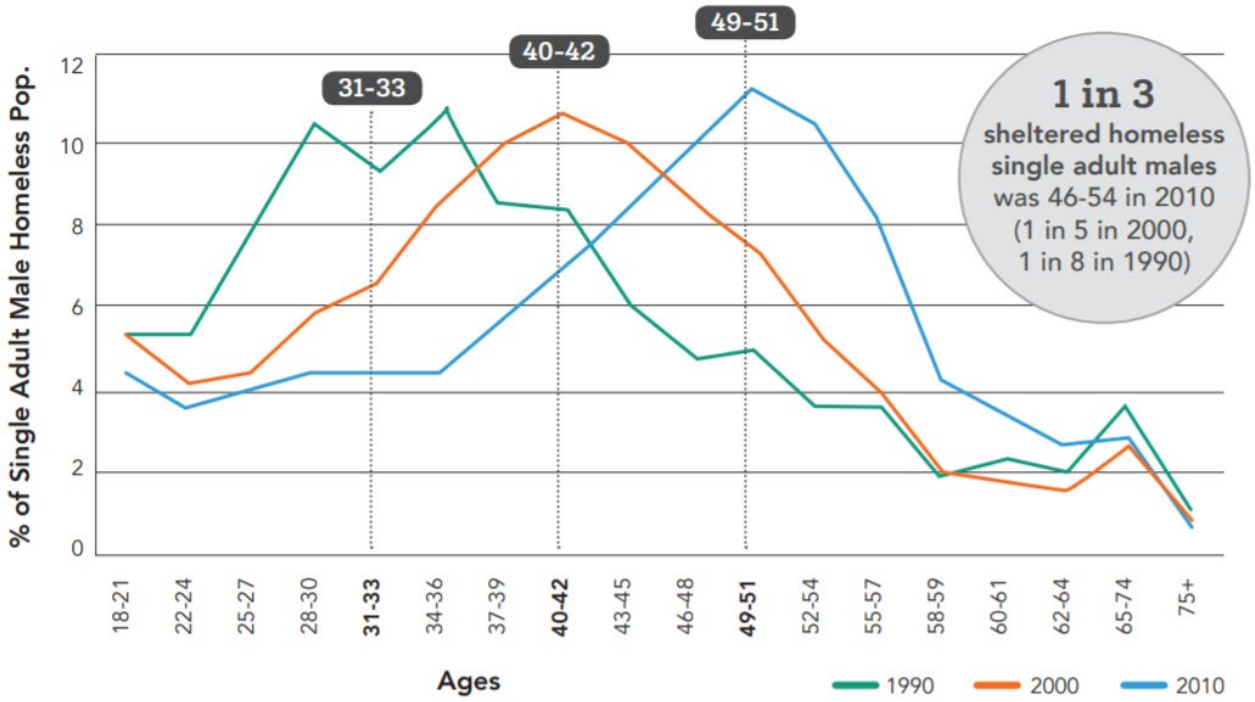


HOMELESS POPULATION IS AGING

(SOURCE: *THE EMERGING CRISIS OF AGED HOMELESSNESS:* DENNIS CULHANE, DAN TREGLIA, THOMAS BYRNE, STEPHEN METRAUX, RANDALL KUHN, KELLY DORAN, EILEEN JOHNS, MARYANNE SCHRETZMAN)

Figure 1: Age Distribution of Adult Male Shelter Users in the United States

Source: Culhane et al. (2013)/ U.S. Census Bureau Decennial Census Special Tabulation



IMPACT OF COVID-19

(SOURCE*: ESTIMATED EMERGENCY AND OBSERVATIONAL/QUARANTINE CAPACITY NEED FOR THE US HOMELESS POPULATION RELATED TO COVID-19 EXPOSURE BY COUNTY; PROJECTED HOSPITALIZATIONS, INTENSIVE CARE UNITS AND MORTALITY;* DENNIS CULHANE, DAN TREGLIA, KEN STEIF, RANDALL KUHN, THOMAS BYRNE)

- Approximately 200,000 single adults were sheltered on a given night in January 2019 (199,531; US HUD, 2019). To reduce density by 50% while maintaining current capacity would require the addition of 100,000 units.
- 211,293 adults and persons in families were enumerated as unsheltered in 2019. Assuming a 40% undercount, approximately 300,000 beds are needed to provide accommodations to all unsheltered persons.
- Of the projected 500,000 total beds needed at a 40% infection rate at a given time, 200,000 of these beds should be suitable for observation of symptomatic persons or persons under quarantine.
- At a cost of approximately $25,000 per unit per year, we estimate the annual cost of meeting this need at $10 billion.
- Assuming a premium of $7,500 per unit per year for more private accommodations would require an additional $1.5 billion for those 200,000 beds.
- The total estimated cost to meet the additional need is approximately $11.5 billion annually.

RACIAL DISPARITIES

- Communities of color have been disproportionally impacted both by the virus itself and by the related economic crisis.
- Hardship, joblessness, and the health impacts of the pandemic itself are widespread, but they are particularly prevalent among Black, Latino, Indigenous, and immigrant households.
- These disproportionate impacts reflect harsh inequities — often stemming from structural racism — in education, employment, housing, and health care.
- Black, Latino, and immigrant workers are likelier to work in industries paying low wages, where job losses have been far larger than in higher-paid industries.

AND

- HUD data released in January 2020 showing that in January 2019, Black people accounted for 40 percent of those experiencing homelessness, although they make up only 13 percent of the U.S. population. Latinx people made up 22 percent of the homeless population but only 18 percent of the population.

Use new funds strategically and wisely.

The needs are great but smart planning and execution will help more families and individuals while also helping communities emerge from the pandemic even stronger. Communities that use the framework will be more effective and cost-efficient. Key principles include:

1. Advance racial justice and equity

Both homelessness and the pandemic shine a light on racial and economic inequities in our nation so new funds should help eliminate disparities in communities – not exacerbate them.

2. Address the highest needs first

People who are unsheltered, older, disabled, medically fragile, literally homeless and extremely low income should be helped first. Start by addressing needs of people who are currently experiencing homelessness.

3. Grow Partnerships

By reinvigorating partnerships with a broad range of organizations and mainstream systems there will be more resources and you can reach deeper into impacted communities.

4. Get people into housing

The best health intervention is stable housing. Stable housing is necessary for economic recovery.

5. Act quickly

Business as usual will not work. We must act quickly in the context of the pandemic and the growing economic crisis.

The Framework's Five Action Areas

The range of strategies and activities that communities need to implement, across systems and partners, in response to the health and economic impacts of the COVID-19 pandemic can be overwhelming. Informed by conversations with our partners, and through learning from the experiences of a diverse range of communities, the Framework is organized into five (5) Action Areas and guidance is provided for the strategic use of funding for each Action Area:

- **Action Area A: Unsheltered People** – Prioritizes activities focused on providing people experiencing unsheltered homelessness with access to essential safety and hygiene resources, but especially on connecting unsheltered people to non-congregate shelter opportunities for the purposes of social distancing, isolation, or quarantine, and on connecting unsheltered people to health care services and paths to permanent housing. Recognizing that people experiencing unsheltered homelessness are always vulnerable to health and safety risks, the Framework calls upon communities to strive to drastically reduce unsheltered homelessness through housing and public health focused strategies.

- **Action Area B: Shelters** – Prioritizes activities focused on the establishment of non-congregate emergency sheltering for purposes of social distancing, isolation, and quarantine and efforts to keep people safer within decompressed congregate shelter settings. Communities are called upon to sustain and expand sheltering opportunities during the pandemic and to strive to transform their sheltering system to focus on non-congregate environments and other safer models of sheltering people, in order to be better prepared for future public health crises and to create more welcoming and efficient systems.

- **Action Area C: Housing** – Prioritizes activities focused on expanding efforts and capacity to end people's homelessness – including both unsheltered people and people staying in existing or new shelter options – through access to diverse models of housing and services. This focus on housing people is essential both during the initial response to the COVID-19 pandemic and throughout the period of economic recovery. This Framework calls upon communities to expand housing resources and options, to strengthen landlord engagement efforts, and to ensure equitable access to resources and equitable outcomes.

- **Action Area D: Diversion and Prevention** – Prioritizes activities focused on reducing new entries into shelter or unsheltered homelessness through diversion practices and prevention strategies that target people with the greatest risks of homelessness, including people who have previously been homeless, people most impacted by the COVID-19 health and economic crises, people with the lowest incomes, and people whose support networks have fewer resources.

- **Action Area E: Strengthening Systems for the Future** – Prioritizes activities to strengthen homelessness response systems moving into the future, with greater focus on permanently embedding racial justice and equity principles and approaches, strengthening homelessness response and rehousing operations, stronger partnerships across systems and sectors, and better preparedness for future health crises and disasters.

SUPPORTING MATERIALS

Materials

- ☑ Coordinated blast email from partners
- ☑ Making the Case
- Equity-Based Decision Making
  - ☑ Guide
  - Checklist
- ☑ Briefs: Serving Historically Marginalized Communities
- ☑ At-A-Glance Matrix: How to Fund COVID-19 Homelessness Responses with CARES Act Funding
- ☑ Equitable Geo Targeting Tool
- Case Studies on Health Care/Housing

Videos, Multimedia and Outreach

- Video: Introduction to the Framework ☑
- Video: Making the Case ☑
- Video: Prioritizing ESG-CV Funds ☑
- Video: Introducing EBDM ☑
- Video: Strategic Funding Matrix ☑
- Videos: Serving Marginalized Populations ☑
- Video: Local Planning Highlights ☑
- Micro-site for Framework Materials ☑
- Outreach to Industry Groups ☑
- Outreach to Elected Officials and S1 Communities ☑

TOOLS STATES CAN USE

At-a-Glance Matrix: Prioritizing Among Potential Uses of CARES Act Funding

step 1 Is your community's unsheltered population high or low?

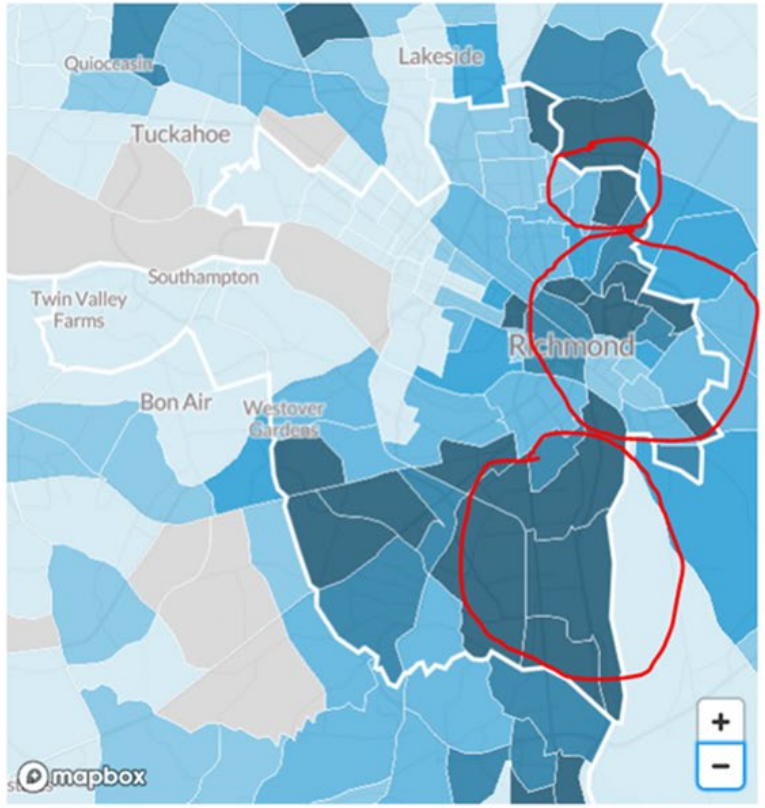
step 2 What interventions are needed in your community?

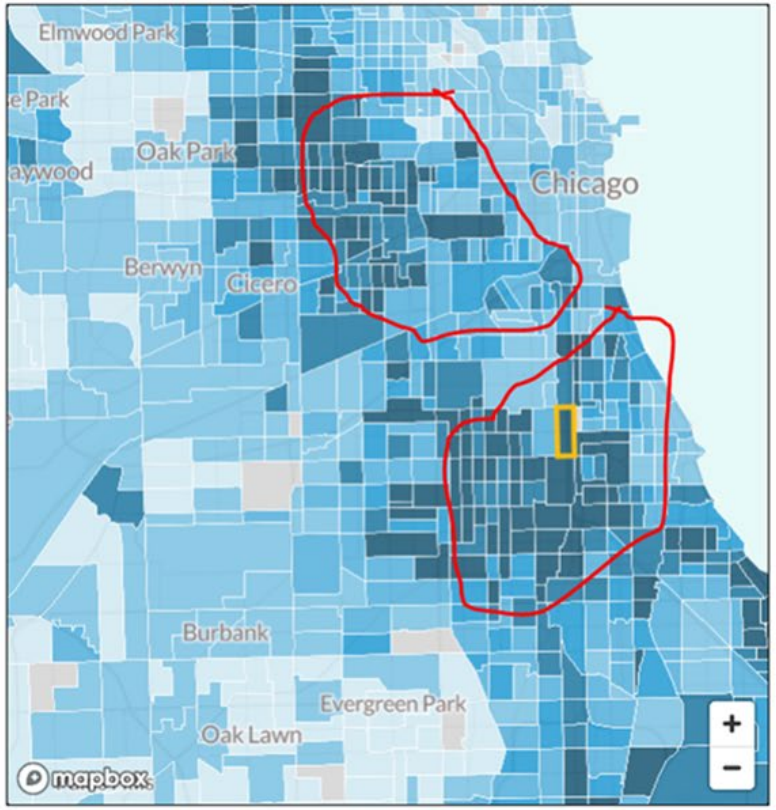
step 3 What funding sources should you prioritize?

		Key CARES Act Funding Source			FEMA	
		CRF	ESG-CV	CDBG-CV	Public Assistance Program	
If high, start with these interventions and then complete those below:	Stand up and sustain non-congregate emergency shelters to support deconcentration of existing shelters (per CDC Guidelines) and to be able to provide safe sheltering opportunities to people who are unsheltered	2	3	2	1	The priority is to create additional space to accommodate people who are unsheltered and to replace shelter capacity lost due to need to decompress congregate shelters.
	Purchase hotels or other properties to expand supply of non-congregate shelter, affordable rental housing, and/or permanent supportive housing	1	–	2	–	The priority is to create additional space to accommodate people who are unsheltered.
	Outreach and other supports for people in unsheltered locations (CDC Guidelines)	1	2	–	–	Only fund if existing outreach coverage is inadequate.Focus efforts on rehousing and providing help to maintain hygiene, food, and PPE.
If low, start with these interventions:	Rapid rehousing for people at high risk of poor health outcomes due to COVID (CDC guidelines)	1	2	3	–	
	Diversion Diversion to help households avoid entry into homelessness and rapid resolution for households who don't need more intensive housing help to exit homelessness quickly	1	3	2	–	Focus first on those who have recently exited rapid rehousing programs or are currently in rapid rehousing or permanent supportive housing with inadequate rental assistance.
	Targeted homelessness prevention for formerly homeless people who may be at highest risk of losing their housing.	1	3	2	–	
step 4 Are the interventions above funded? If funded, focus on the following:	Targeted homelessness prevention for extremely low-income households who: • are at high risk of homelessness • reside in neighborhoods that experience high rates of entries into homelessness.	1	–	1	–	Continue to prioritize high risk people ahead of other households

PREVENTION

Meaningful Prevention Targets Resources





ACTION AREA B EXAMPLE

Use Funding Strategically Throughout Response

- **FEMA Public Assistance:**
  - Category B – Emergency Protective Measures can pay for non-congregate shelter and creation of safer congregate shelter environments, activities which should be included in the Public Health Order and FEMA application. Category B authorization is usually provided in 30-day increments and terminates at the end of the declared public health crisis.
  - Local jurisdictions or service providers should coordinate closely with local and state officials regarding extensions of authorizations and documentation of reimbursable costs, and should contact their local Office of Emergency Management to receive PPE through FEMA channels and other sources.
- **ESG, ESG-CV, CDBG, CDBG-CV** for shelter operations, services, and activities to rehouse people out of such settings, for all populations.
- **CDBG, CDBG-CV** can be used for testing, purchase of equipment and supplies, social distancing activities.
- **Federal Coronavirus Relief Funds** provided to State and local jurisdictions can be used flexibly to address many different needs through and have been used in some jurisdictions to acquire sites for sheltering / interim housing programs.
- **HHS/CDC COVID-19 funds** through state and local jurisdictions for a variety of public health activities, including controlling COVID-19 in high-risk settings and protecting vulnerable or high-risk populations.
- **CSBG COVID/CARES funding** flows through Community Action Agencies for services to low income persons, including people experiencing homelessness.
- **VA Grant and Per Diem and Health Care for Homeless Veterans** for shelter operations for Veterans.
- **VA Grant and Per Diem CARES Act** lifted the maximum per diem cap to help cover costs of social distancing, safety, transportation, and other protective measures and can support alternate placement to decompress settings.
- **SSVF CARES funding** can be used to support the decompression of shelters.
- **VA HCHV and Homeless Patient Aligned Care Teams (H-PACTs)** for screening activities.

Why should your community use the framework and equity-based decision-making?

To make communities healthier and reduce the spread of the coronavirus, we need to prioritize helping homeless people get to safer settings.

Helping people who are unsheltered move to healthier settings will make our streets and public spaces healthier for everyone. Healthier settings include apartments, non-congregate settings, or appropriately decompressed emergency shelters.

The framework will help you be more sucessful in making the wisest decision with limited resources within a time-contrained environment.

Overcrowded and improperly configured congregate emergency shelters can contribute to community spread so reducing overcrowding and expanding spaces is critical to making communities healthier.

Quick placement in housing will make shelters and streets healthier for everyone. Partnering with businesses, healthcare, and other community organizations will make these efforts more successful.

Many more people are losing their jobs due to COVID-19 than can be helped with the amount of assistance available. By committing to helping the people most at risk of homelessness, scarce resources will achieve better results. Targeted homelessness prevention and diversion are proven tools to do this.

By strengthening your public-private response to homelessness, your community will be safer and healthier for everyone.

WHAT IMPACTED COMMUNITIES ARE TELLING US

In June 2020, NIS conducted eleven focus groups with people from groups that tend to be marginalized within the homeless system. These groups included Asian; Black; Latinx; Native and Indigenous; Pacific Islander, Lesbian, Gay, Bisexual and Queer, Transgender; People living with Disabilities; People with Former Justice-System Involvement; and People with other Systems Involvement.

1. **Reimagine emergency shelter options.**
2. **Build, support, and fund dignity-based services led by the communities most impacted by homelessness.**
3. **Develop affordable housing in the most impacted communities and targeted to those most impacted by structural inequity.**
4. **End criminalization and remove police from core homelessness response.**

RACIAL JUSTICE AND EQUITY COMPONENTS

Each product related to the framework has a racial justice and equity component. Examples include:

- Why funding recipients should prioritize highly impacted communities
- A guide to equity-based decision-making
- How to involve people with lived expertise in decision-making and program design
- How to use data and mapping technology to serve historically marginalized neighborhoods
- Partnering with non-traditional organizations to improve access by hardest-hit populations, including Black, Latinx and American Indian/Alaska Native households
- Identifying strategies that can be used to outreach to and serve historically marginalized communities
- Tools to have sustained impact by eliminating disparities
- Data collection to track progress on outcomes by race/ethnicity and make mid-course corrections when needed

OPPORTUNITIES FOR INNOVATION AND CHANGE

- Institutionalizing racial justice and equity practices, including partnership with people with lived expertise
- Partnerships with non-traditional groups
  - Other systems
  - Community and Neighborhood Organizations
- Dignity-based services
- Re-imagining shelter and outreach responses
- Coordinated entry processes
- Scaling diversion
- Targeting prevention
- Evaluating outcomes

HOW TO REACH ME

Ann Oliva (she/her), Visiting Senior Fellow
Center on Budget and Policy Priorities
aoliva@cbpp.org

Speaker

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Barbara DiPietro, Ph.D.
Senior Director of Policy
National Health Care for the Homeless Council

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Equity and Policy Preparedness during Public Health Emergencies:

People Experiencing Homelessness

Barbara DiPietro, Senior Director of Policy

November 19, 2020

COVID-19 & HOMELESSNESS: RESPONDING TO A HIGH-RISK GROUP

Why High Risk?

- Poor health
- Congregate settings
- An aging population
- Limited ability to follow public health advice
- History of stigma & discrimination

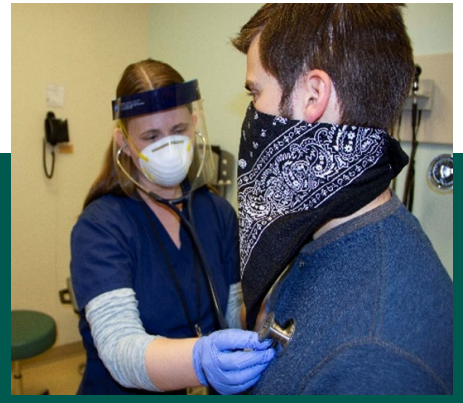
Building Off C19 Successes

- Recognition of risk & special needs
- More partners at the table
- Focus on transitioning to permanent housing
- More services included in non-congregate shelter
- Expanded service access via telehealth

FIVE HEALTH CARE FOCUS AREAS

1. Make homelessness a **state-wide priority** during C19 response
2. Consider **housing** as health care
3. Prioritize C19 **testing** and **vaccines**
4. Start/continue **non-congregate I&Q programs** *(short-term response)*

   Start/expand **medical respite care** programs *(longer-term response)*
5. Maximize **Medicaid**



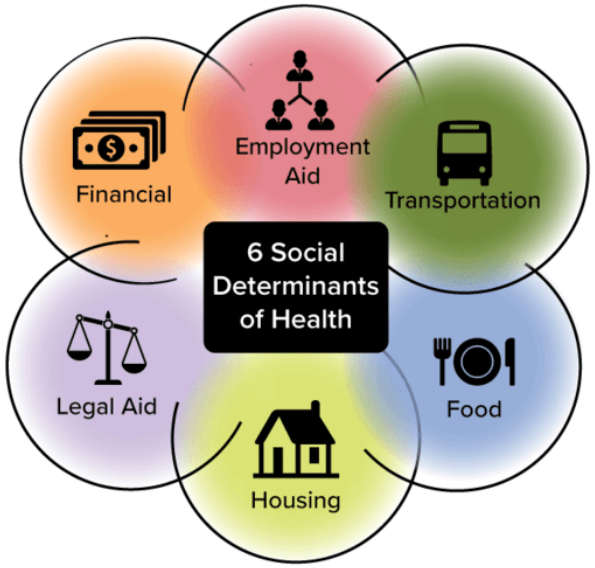
NATIONAL HEALTH CARE *for the* HOMELESS COUNCIL

MAKE HOMELESSNESS A STATEWIDE C19 PRIORITY

1. Identify **homelessness as a specific "special population**" in state response plans & prioritize targeted activities
2. Direct **state/local public health authority & emergency response teams** to engage service providers and coordinate response plans
3. Create a **statewide C19 working group**/task force on homelessness (perhaps leveraging existing groups)
4. Focus on both **ending** homelessness (housing) and **preventing** homelessness (stop evictions)

CONSIDER HOUSING AS HEALTH CARE

- Key social determinant of health
- National Academy of Sciences Report (1988):
  - → Poor health causes homelessness
  - → Homelessness exacerbates existing conditions and creates new ones
  - → The experience of homelessness makes it harder to engage in health care
- **Emphasize partnerships between state housing and health agencies**
- CDC's Eviction Order: "*housing stability helps protect public health…*"



PRIORITIZE C19 TESTING AND VACCINES

- **Conduct large-group testing events** in homeless settings (shelters and encampments)
- **Report testing data** to CDC-NHCHC Dashboard!
- **Prioritize frontline health care and shelter staff** who serve people who are homeless for **vaccine**
- **Prioritize individuals** who are homeless for **vaccine**

NATIONAL HEALTH CARE *for the* HOMELESS COUNCIL

Issue Briefs:

- COVID-19 & the HCH Community: Strategies for Proactive Universal Testing
- COVID-19 & the HCH Community: Comprehensive Testing & Services For People Experiencing Homelessness

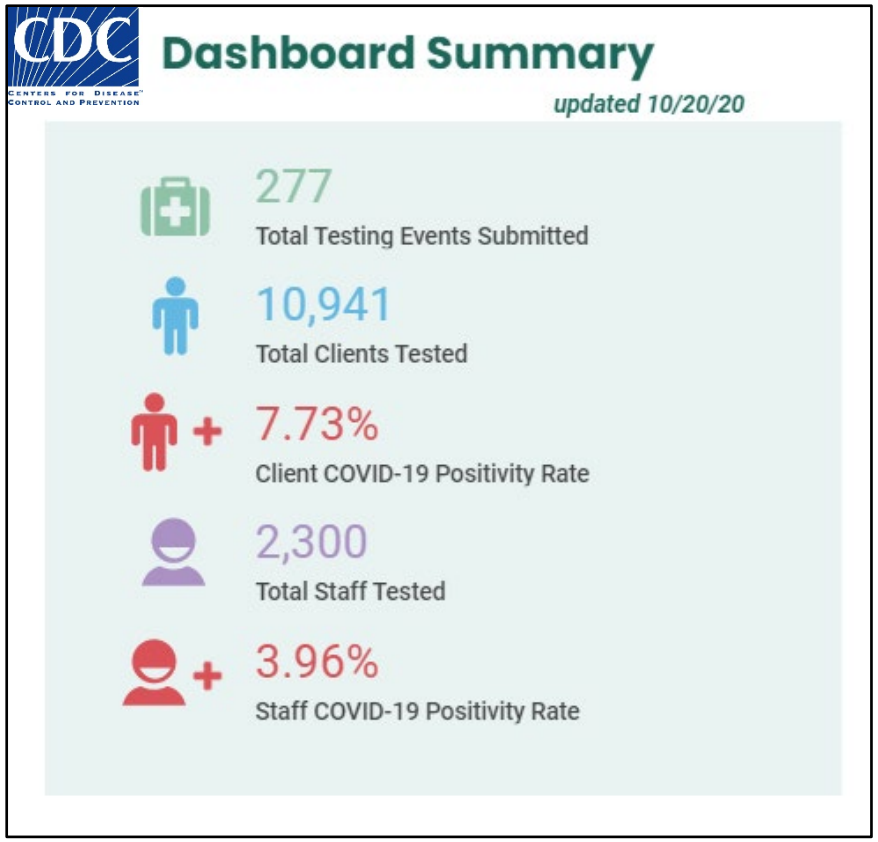
DATA DASHBOARD:
COVID-19 TESTING AMONG HOMELESS POPULATIONS

What: CDC-NHCHC project collecting data on testing events

Goals: Better understand the impact of COVID-19 on this vulnerable group, and to inform public health actions going forward

Scope: Types of tests, client/staff test results, symptoms, demographics

*** <u>Request local/state health authorities submit testing results</u> ***



NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Dashboard outcomes & reports:
Universal COVID-19 Testing at Homeless Service Sites
Survey (only asks a few questions):
Universal COVID-19 Testing and Influenza and COVID-19 Vaccine Events at Homeless Service Sites

START/CONTINUE NON-CONGREGATE I&Q PROGRAMS (SHORT-TERM)
START/EXPAND MEDICAL RESPITE CARE PROGRAMS (LONG-TERM)

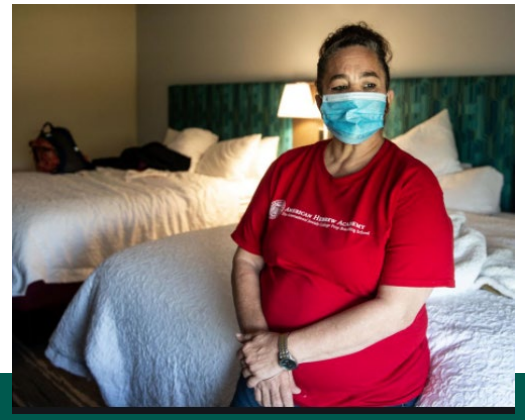
Congregate setting: better than nothing

Non-congregate setting: better approach

MEDICAL RESPITE CARE PROGRAMS

Acute and post-acute medical care for people experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets, but not ill enough to be in a hospital

- **Venues:** shelters, free-standing, motels, apartments, housing programs, etc.
- **Services:** primary care, mental health, substance use treatment, medication management, health education, care coordination, benefits, housing assistance
- **Staff:** Clinical (physician, nurse, social worker/therapist, addiction counselor) and non-clinical (case management, community health worker, etc.)
- **Funding:** Medicaid/MCO, hospital community benefit, public/private grants

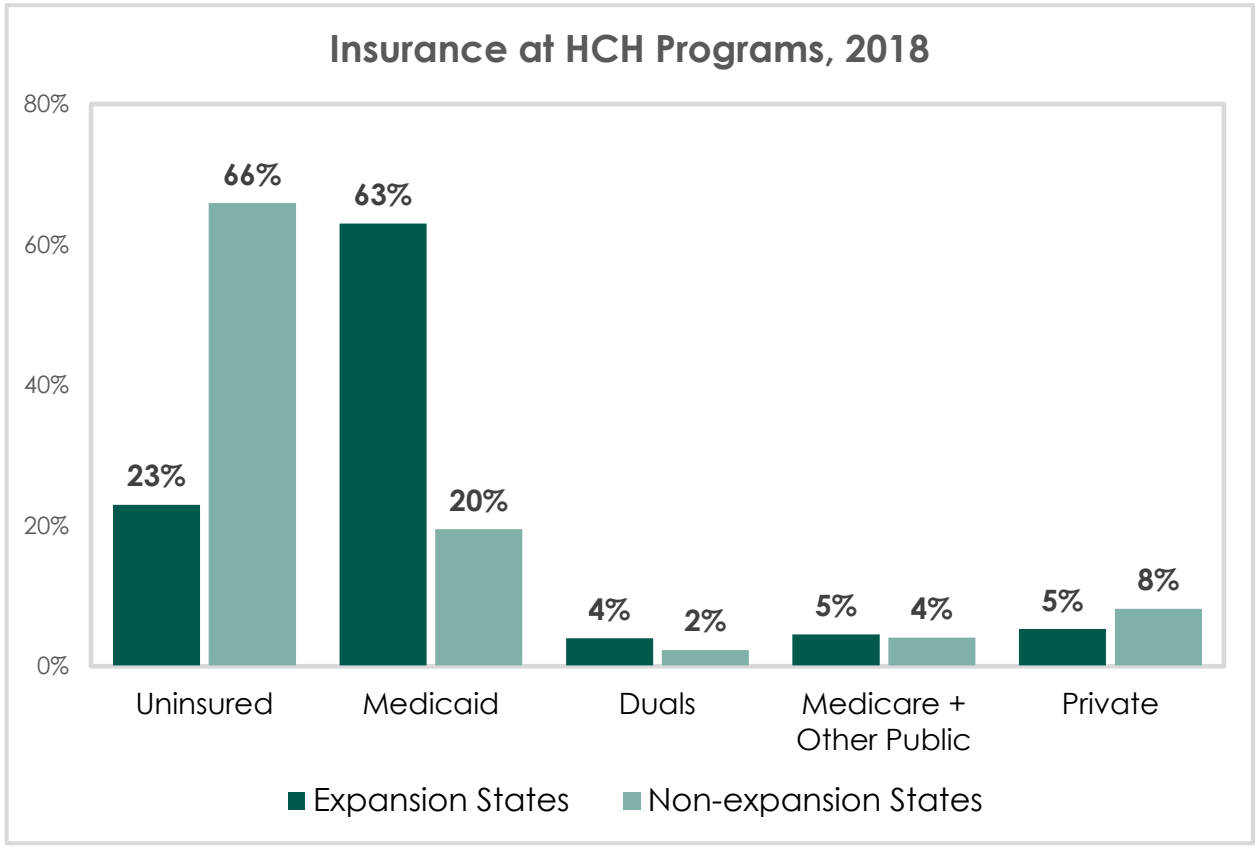


NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Resources:
- Defining Characteristics of Medical Respite Care
- COVID-19 & the HCH Community: Medical Respite Care & Alternate Care Sites
- National Institute for Medical Respite Care (NIMRC)

MAXIMIZE MEDICAID

- High health care needs = **comprehensive & coordinated services**
- Improves health **outcomes** and housing **stability**
- **Waiver flexibilities** allow for added services (e.g., tenancy support services in housing programs)
- **Improvements in coverage** needed in all states (eligibility, continuous coverage, seamless enrollment, etc.)

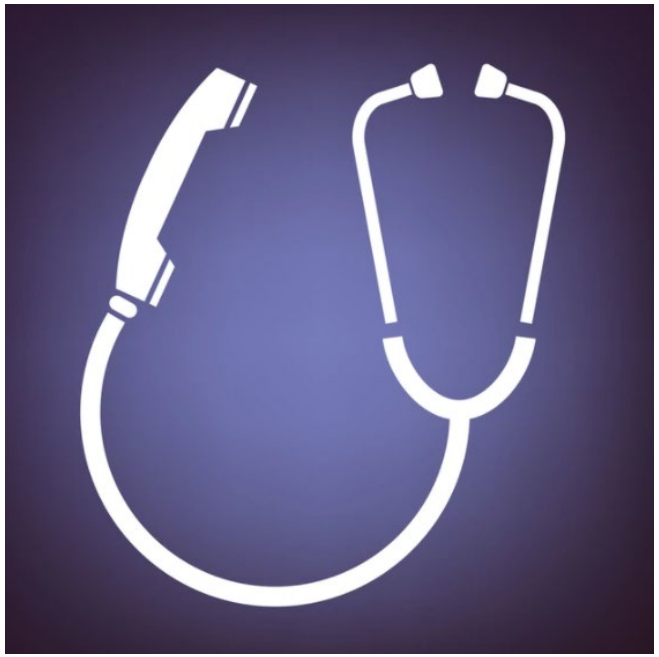


NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Resources:
- Insurance Coverage at HCH Programs, 2018
- Health Affairs: Five Ways Medicaid Expansion Is Helping Homeless Populations Ten Years After The ACA Became Law

MEDICAID & TELEHEALTH: NEED FOR PERMANENT POLICIES

*** Current flexibilities only authorized until end of PHE ***



State Medicaid policies helpful:

- → Retain **audio-only visits**
- → Retain **flexibility in originating & distant sites**
- → Retain waiver of pre-existing patient-provider relationship
- → Keep ability to obtain patient verbal consent to care
- → Ensure payment parity regardless the type of visit
- → Eliminate prior authorizations for telehealth

Resource: Issue brief coming soon!

RECAP: FIVE HEALTH CARE FOCUS AREAS

1. Make homelessness a **state-wide priority** during C19 response
2. Consider **housing** as health care
3. Prioritize C19 **testing** and **vaccines**
4. Start/continue **non-congregate I&Q programs** *(short-term response)*

   Start/expand **medical respite care** programs *(longer-term response)*
5. Maximize **Medicaid**

RESOURCES & CONTACT INFO

- COVID-19 & the HCH Community: Needed Policy Responses for a High-Risk Group
- Homelessness & Health: What's the Connection?
- COVID-19 & the HCH Community: Strategies for Proactive Universal Testing
- COVID-19 & the HCH Community: Comprehensive Testing & Services For People Experiencing Homelessness
- Data Dashboard: Universal COVID-19 Testing at Homeless Service Sites
- Data Entry Site: Universal COVID-19 Testing and Influenza and COVID-19 Vaccine Events at Homeless Service Sites
- Defining Characteristics of Medical Respite Care
- COVID-19 & the HCH Community: Medical Respite Care & Alternate Care Sites
- **National Institute for Medical Respite Care (NIMRC)**
- Insurance Coverage at HCH Programs, 2018
- Health Affairs: Five Ways Medicaid Expansion Is Helping Homeless Populations Ten Years After The ACA Became Law

Barbara DiPietro, Ph.D.

Senior Director of Policy

National Health Care for the Homeless Council

bdipietro@nhchc.org

www.nhchc.org

@BarbaraDiPietro

@NatlHCHCouncil

Speaker

• • •

Haley Pfeiffer Haynes
Chief of External Affairs
North Carolina Office of Recovery and Resiliency

NATIONAL GOVERNORS ASSOCIATION

HOPE

HOUSING OPPORTUNITIES AND PREVENTION OF EVICTIONS PROGRAM

N★C DPS DEPARTMENT OF PUBLIC SAFETY

November 19, 2020

NCORR
NORTH CAROLINA OFFICE OF RECOVERY AND RESILIENCY

- In the wake of Hurricane Florence (2018), Governor Roy Cooper established the North Carolina Office of Recovery and Resiliency (NCORR) to lead the state's efforts in rebuilding smarter and stronger following 2 devastating hurricanes.
- Established within the Department of Public Safety.
- NCORR manages U.S. Department of Housing and Urban Development (HUD) funding in two grant types:
  - **Community Development Block Grant for Disaster Recovery (CDBG-DR) funds, and**
  - **Community Development Block Grant for Mitigation (CDBG-MIT)**
  - Both focused on helping folks that have low- to moderate-income.

CREATION OF HOPE

- NCORR's expertise in administering special federal grant funds led Gov. Cooper to task this office with standing up a statewide rent and utility assistance program in August.
- Initially, $94 million in Coronavirus Relief Funds were allocated to NCORR:
  - $28 million from federal Community Development Block Grant – Coronavirus (CDBG-CV) funding.
  - $66 million from CARES Act Coronavirus Relief Fund (CRF) money.
  - Due to overwhelming demand, additional $23 million of CDBG-CV funds and $50 million of CRF funds were allocated after the application intake period began on October 15, bringing the total allocation to $167 million.

HOPE PROGRAM
GENERAL ELIGIBILITY

- Renters who have been affected by the economic impact of the coronavirus pandemic.
- Have a household income that is 80% of the area median income or lower, and
- Are behind on their rent or utilities when they apply.
  - Program pays eligible expenses that were due on or after April 1, 2020.
  - The HOPE Program is a grant program, not a loan program.

RENT ASSISTANCE

- Pays rent payments on behalf of applicant.
- Is available for up to six months, including back and future rent (at least one month must be past due when applying).
- Is paid directly to landlords that agree to participate in the program.
- Program defaults to 6 months rent paid to promote housing stability during the pandemic.
- For those with written lease, the full rent amount is paid.

LANDLORD AGREEMENTS

Participating landlords must agree to:

- Stop and dismiss any eviction proceeding against the renter and not pass legal fees onto the renter,
- Not evict the renter for non-payment of rent for the remainder of the lease or 90 days after assistance ends, whichever is longer,
- Not increase the rent or impose new fees during the term of the lease, and
- Maintain a safe and habitable dwelling for the renter.

UTILITY ASSISTANCE

- Is available for up to six months of past due utility payments.
- Assists with essential utilities, such as:
  - Electricity.
  - Water
  - Sewer/wastewater.
  - Natural gas.
  - Propane.
- Is paid directly to the utility provider.

MAKING APPLYING SIMPLE & FAST: SIMPLIFYING DOCUMENTATION

- Current monthly household income (self-certification),
- Identification to prove identity and linkage to the rented property,
  - Proof of citizenship or immigration status is NOT a part of the program requirements
- Proof of occupancy of the rental,
- Copy of a lease (for rent assistance),
  - Oral leases also permissible, but additional conditions may apply.
- Copy of utility bills or statements (for utility assistance).

PROGRAM DELIVERY

- Partnering with 20 non-profits and local units of government engaged in homelessness prevention as sub-recipients.
- Applications accepted online application and by phone by 211.
- All materials provided in English and Spanish, including the online application and social media.
- Application intake was open for 3 weeks, receiving over 43,000 eligible applications.

BUILDING CAPACITY AND PROGRAM MANAGEMENT

- Presently engaged in hiring 125 staff to help to build capacity to move applications through the process.
- Seeking to establish data sharing with larger utilities providers to expedite the confirmation of past due utilities and issue payments in large batches.
- Executive Order 171 issued by Governor Cooper on October 28, protecting all eligible HOPE applicants from eviction through the end of 2020.
- Carefully monitoring whether landlords are declining the participate in the program.

QUESTIONS?

Haley Pfeiffer Haynes
Chief of External Affairs
(919) 817-0382
haley.pfeifferhaynes@ncdps.gov

haley.pfeifferhaynes@ncdps.gov

Questions?

Upcoming Webinars

Webinar #4: People Who Are Incarcerated
Thursday, December 17, 2020 | 2:00 – 3:30 PM ET

Register at: https://rb.gy/ejyksq