


# The role of homelessness community based organizations during COVID-19

Cotina Lane Pixley<sup>1</sup> | Felicia A. Henry<sup>2</sup> | Sarah E. DeYoung<sup>2</sup>  | Marc R. Settembrino<sup>3</sup>

<sup>1</sup>Disaster Science & Management Program,  
University of Delaware, Newark,  
Delaware, USA

<sup>2</sup>Department of Sociology & Criminal Justice,  
University of Delaware, Newark,  
Delaware, USA

<sup>3</sup>Department of Sociology & Criminal Justice,  
Southeastern Louisiana University,  
Hammond, Louisiana, USA

## Correspondence

Sarah E. DeYoung, Department of Sociology  
& Criminal Justice, University of Delaware,  
Newark, DE 19716, USA.  
Email: [sedeyoun@udel.edu](mailto:sedeyoun@udel.edu)

## Abstract

People experiencing homelessness are vulnerable to disasters and hazards and are at risk for contracting COVID-19. In this study, we gathered data from 10 community-based organizations (CBO's) in the United States that work to provide services for people experiencing homelessness. The combined CBO's span across rural, urban, and a mixture of both settings. We identified three needs that the CBO's indicated to be urgent: (1) the increased need for basic services among guests/clients, (2) new organizational challenges for the CBO's, and (3) issues related to emergency management and disasters. Among these urgent needs, respondents also indicated the need for emotional support for staff and volunteers experiencing burnout during the COVID-19 response. They also expressed some unique aspects of new care delivery systems, such as clients' willingness to engage in rehabilitation programs because of noncongregate sheltering options corresponding with those support services.

## KEYWORDS

community-based organizations, COVID-19, homelessness, housing, pandemic, sheltering

## 1 | OVERVIEW

In a 2019 report by the Department of Housing and Urban Development, 567,715 people were in emergency sheltering, transitional housing, or were unsheltered in the United States (Department of Housing and Urban Development, 2019). When the global pandemic of COVID-19 arrived in late 2019 and early 2020, vulnerable

groups—especially the unsheltered, were at higher risk for exposure and transmission (Kar et al., 2020). There are compounding factors that make the housing availability crisis more severe for people during and after disasters. These include increased social distancing in physical homeless shelters, creating a reduced capacity, new job losses from economic devastation associated with the pandemic, and lapses in social safety nets. Failures in mass testing for COVID-19 in spring of 2020 further exacerbated the outbreaks and hotspots in the United States. Homeless individuals are also at a higher risk for seeking emergency services as a form of primary care (Bowen et al., 2019; Moore & Rosenheck, 2016) increasing their likelihood of COVID-19 exposure in a hospital setting.

In March of 2020, there was an outbreak of COVID-19 in a Kings County Washington day center homeless shelter and those who tested positive included staff members and guests of the center (Tobolowsky et al., 2020). Since that time, multiple COVID-19 outbreaks have been reported throughout the United States in day centers and other shelters supporting homeless community members (Recede, 2020), and early research indicated outbreaks at homeless shelters throughout the United States (Mosites et al., 2020). Congregate sheltering creates a high risk setting for outbreaks, which is why Federal Emergency Management Agency set forth guidelines for prioritizing noncongregate sheltering in preparation for the 2020 hurricane season (Federal Emergency Management Agency, 2020). Noncongregate sheltering includes hotels, motels, and other forms of housing. By August of 2020, city level officials and advocacy groups throughout the United States mobilized with state and federal resources to leverage coronavirus relief spending on bolstering resources for sheltering locations and resources for housing. For example, in Denver, Colorado, funds for phase two relief included \$11.9 million allocated specifically for emergency sheltering (Andrews, 2020). The spending of phased funding is managed at the city level and includes funds for physical shelter supplies and expansion, childcare facilities, nonprofits, educational resources, public health initiatives, and relief for small businesses (Denver Department of Finance, 2020). In the White House Executive Order signed on August, 8th, 2020 the text outlined ways in which homeless people are more vulnerable to COVID-19, albeit the text pointed to provisions already in place from the Coronavirus Aid, Relief, and Economic Security Act, or CARES Act and legislation from the Federal Housing Finance Agency to suspend foreclosures. Little is known about the ways in which the global COVID-19 pandemic impacts unsheltered people and organizations supporting unsheltered people. In this research paper, we provide a brief overview of literature on homelessness in emergencies and disasters, along with data and findings we collected from 10 community-based organizations (CBO) in the United States during the summer of 2020.

## 2 | LITERATURE

Disasters highlight inequity in social systems, especially disparities in conditions of basic human rights such as food, safety, and housing (Fothergill & Peek, 2004). While contexts vary in terms of the root cause of lack of sheltering, being unhoused is associated with a reduced quality of life (Tsai et al., 2019) mental illness (Smartt et al., 2019), and morbidities (Amato et al., 2019). Organizations supporting vulnerable community members need to adapt quickly in crisis situations because it is literally a matter of life and death for the people who are unsheltered. Implications from findings can inform future CBO planning related to pandemics and natural hazards. Homelessness is a burgeoning area of research, both internationally (e.g., Adib et al., 2016; Worthman & Panter-Brick, 2008) and in the United States (Morton et al., 2018).

In disaster research, there have been fewer studies on the landscape of homelessness and natural hazards than research on outcomes for the housed population. Findings from Settembrino's (2016; 2017a, 2017b) and Vickery's (2015) research suggests that the experiences of homeless individuals during disasters are exacerbated by the stigma, environmental exposure, and failed support systems. Moreover, Gin et al. (2016) found that CBO's serving homeless guests need additional support to prepare for and respond to disasters. Research by Fogel (2017) suggests that unsheltered people are "resilient" in disaster scenarios and adapt to their surroundings. Additionally, Fogel's findings suggest that unsheltered individuals may view the disaster as an opportunity to find work or new

resources. However, it is important to avoid romanticizing poverty through the narrative of “resilience”, especially because the meaning of resilience is often vague in disaster studies (Saja et al., 2019). On the other hand, it is also important to avoid describing unsheltered people solely through a lens of vulnerability which assumes that they are unskilled and incapable of negotiating complex disaster events. For example, Settembrino (2017a, 2017b) demonstrates how unsheltered homeless men demonstrate high levels of self-efficacy through their knowledge of various camping and survival techniques, as well as activating social networks to obtain shelter in times of need. To delve into the specific issues that unsheltered people face in disasters and the CBO's that work with these community members, we next describe the literature addressing pre-disaster homelessness.

## 2.1 | Predisaster homelessness and housing

The experiences of predisaster homeless with disasters is complex and socioeconomic vulnerability increases mortality and morbidity for the predisaster homeless (Otto et al., 2017). This is related to the concept of differential impacts in disasters (Perry, 2018) and root causes of vulnerability (Wisner et al., 2004). For unsheltered people, the disparity of access physical shelter and protection from natural hazards makes disasters more likely to be physically dangerous and to be associated with worse mental health outcomes (Brown et al., 2013).

The disaster literature describes ways in which marginal, vulnerable and special populations are at risk to disasters. Homelessness is the most extreme state of marginalization and reflects destitution and a denial of basic human rights (Walters & Gaillard, 2014; Watson et al., 2016). Homelessness is inextricably linked to social exclusion—which can exacerbate disaster vulnerability because of the lack of social capital, political power, and other critical resources (Van Straaten et al., 2018). Housing policies—such as the halting of evictions during the COVID-19 pandemic (Furth, 2020) are decided by elected officials and the people that vote for them. People who are homeless have less political power (Ruth et al. (2017), which reproduces their vulnerability.

There are also inherent physical vulnerabilities in living unsheltered. Exposure to severe weather, not presidentially declared disasters, can result in injury or death for the pre-disaster homeless. Specifically, extreme heat can increase the potential for heat stroke, dehydration, and exacerbate cardiovascular renal and respiratory conditions (Cagle, 2009; Harvey, 2018; Otto et al., 2017; Yang & Jensen, 2017). Gender, health, age, and race also increase vulnerability, mortality and morbidity in the predisaster homeless in extreme heat events (Cagle, 2009; Harvey, 2018). Women have higher rates of mortality caused by “physiological and thermoregulatory differences” and time spent in location with inadequate air flow or cooling (Otto et al., 2017). The extent to which resources, services, and power structures are available pre-event and predisaster to the homeless may mean that marginalization and inequity currently occurring will continue after disaster (Walters & Gaillard, 2014) and the COVID-19 pandemic.

## 2.2 | Postdisaster homelessness and housing

Housing is the single greatest component of all losses after a disaster in terms of economic value and damage (Comerio, 1997). After the 2010 earthquake in Haiti for example, the greatest impacts came from loss of buildings and infrastructures and resulted in the lack of other necessities (Yu et al., 2010). Housing type matters in disasters, as does the type of resident. Those who are the most socially vulnerable, and face social inequities tend to live in less stable housing and thus suffer greater post disaster loss and damage (Burby et al., 2003; Levine et al., 2007; Peacock et al., 2014).

Homelessness cannot be examined without considering root causes, such as housing precarity. Renters, in particular are vulnerable to losing housing after disasters (Lee & Van Zandt, 2019). New evictions during the pandemic may be associated with higher rates of homelessness (Benfer et al., 2021). Difficulties in recovery also

rings true for low income homeowners; low income people depend on public disaster assistance, and arduous rules and ineligibility make it unlikely that low income homeowners can rebuild (Mueller et al., 2011). Additionally, public housing structures are vulnerable in disasters. Many of them become destroyed and are not rebuilt, resulting in mass displacement (Hamideh & Rongerude, 2018). All of these factors create scenarios in which individuals and families may be pushed into homelessness following a disaster.

Many individuals who experience housing loss during a disaster experience “double victimization”—heavy disaster damages and being forced to move (Yun & Waldorf, 2016). Another double disaster is that many communities prone to disasters after face high rates of COVID-19 infections and mortality (e.g., Lai, 2020). COVID-19 is exacerbating issues of poverty, economic justice, and housing instability, causing folks to be closer to the edge of losing their homes, or are homeless and/or otherwise displaced (Ellen et al., 2020; Mironova & Waters, 2020). The most vulnerable often have no access to political power; lack of representation in political arenas, and their physical displacement impacts ability to be counted among the voices within the recovery process (Bolin & Stanford, 1990; Hamideh & Rongerude, 2018; Peacock et al., 2014).

Based on these themes from the literature, combined with emerging current news stories in the United States, there will likely be new needs and ways of addressing services for unsheltered people during the COVID-19 pandemic. To understand ways in which CBO's are dealing with these new challenges—in addition to preparing for “usual” natural hazards such as the hurricane and wildfire season—we gathered data from CBO's in the United States. Our research questions were as follows:

- (1) What were the organizational challenges that homelessness serving CBO faced during the COVID-19 pandemic?
- (2) How did these pandemic-associated challenges impact clients and the community members?
- (3) To what extent did emergency management officials coordinate with homelessness serving CBO's to support new pandemic-associated protocols?

### 3 | METHOD

This is a purposive sampling approach, using open-ended and categorical data measures in a survey that we distributed to organizations working with homeless outreach, sheltering operations, and crisis care for community members. Our recruitment list included 28 organizations that the researchers knew through previous contacts in research or other projects, as well as organizations that are based in geographic areas prone to natural hazards (wildfires, hurricanes, earthquakes, and severe weather). The states included in the email recruitment list were Maryland, New York, Pennsylvania, North Carolina, Florida, California, Tennessee, New Jersey, Massachusetts, Virginia, Hawaii, and the District of Columbia. We sent emails directly to contacts within those organizations, and in some cases reached out through the “contact” portal on the organization website. We also posted the survey recruitment on a social media page for homelessness advocates and organizers. The Institutional Review Board at (University of Delaware for peer review) approved the research for this study. We collected the data throughout the months of June and July in 2020 and sent reminders approximately 2 weeks after the initial recruitment to contacts with which we were familiar.

The survey questions (on the Qualtrics platform) include items about COVID-19, urgent needs, and perceived barriers in meeting community needs during the pandemic. Additionally, the survey questions examine ways in which COVID-19 overlaps with planning for the 2020 hurricane season for organizations in the southeastern and Gulf Coast region of the United States—as well as the wildfire evacuation planning for the CBO's in California, Colorado, and other states. The survey had 30 questions, including questions about the scope of the organization, the guests that it serves, and challenges in planning for and responding to new or emerging needs during the pandemic.

To code the data, first one of the researchers created a code book based on broad themes and made the first round of preliminary codes (Saldaña, 2015). Then, two additional researchers independently coded the key open-ended items from the survey with the first-round assigned codes hidden (using the coding manual) (Appendix A). To be as accurate as possible, we included primary and secondary codes because some quotes had multiple meanings. For example, for this quote: "While we undoubtedly are working even harder than before, leadership needed to look at capacity building to better support government in their attempts to fund assistance. COVID 19 has offered opportunity to rethink the way we typically execute our mission and take our lead from changing needs and systems need for greater collaborating and consolidation in some cases." One rater coded it as Organizational challenge and resilience, the other rater coded it as Organizational Challenge and Adaptive. To check for inter-rater reliability, we checked percentage of agreement after calculating the sum of agreement across raters for each item. There were seven total open-ended questions, and percent of agreement across raters ranged from 75% agreement to 100%, with Cohen's Kappa ( $k$ ) ranging from 0.76 to 1.00 (see Appendix for code manual and breakdown of percent inter-rater agreement of codes).

## 4 | RESULTS

To screen for valid responses, we included responses to the survey that took more than 180 s to complete (3 min), and respondents that completed at least 75% of the survey items. After filtering responses, there were 10 CBO responses, with 9 organizations completing the open-ended responses. The average time spent on the survey was 21 min. All CBO respondents indicated that their organization was a nonprofit. The geographic population and region for the CBO's included rural ( $n = 1$ ), urban ( $n = 7$ ), suburban ( $n = 1$ ), and one ( $n = 1$ ) organization served both urban and suburban areas. They indicated serving monthly populations that ranged from 22 guests to 5000 with all organizations combined serving an estimated total of 10727 people per month. Of the 10 respondents, 8 indicated that their CBO was a member of the Regional Continuum of Care. Funding sources varied for the CBO's, including state, federal, private donors, foundation funding, and community-based funding. Special populations served ranged from veterans, elders, lesbian, gay, bisexual, transgender, and queer individuals, sex workers, immigrants, and other people with sensitive service needs. Many respondent CBO's provided services for multiple special populations. The role of the respondent within the CBO varied as well—from CEO of the organization, to paid staff member, and social worker.

Rather than present the findings in the order of the questions we asked, we present the findings in the following themes that we identified throughout the data: (1) increased need for basic services among guests/clients, (2) organizational challenges for the CBO's, and (3) issues related to emergency management and disasters.

### (1) Increase in needs for clients and guests

Many of the CBO respondents indicated that personal protective equipment (PPE) for the guests was important, as well as procuring supplies and services for hygiene, accessing affordable housing and access to healthcare. They also indicated an urgent need for mental health services, food, childcare, and support with job loss. Specifically, the respondents listed some of the following supplies and resources as urgently needed:

"Bathrooms, running water, food, medical attention, screening and surveillance re: COVID 19, withdrawal support, stress management, support with children's education at home, general childcare."

This comment about bathrooms is important because many public areas that unsheltered people may have relied upon for hygiene access have been restricted or close completely during the pandemic (such as toilets at public parks and in some café's or dining locations). This has implications for dignity, hygiene, privacy, and implications for being potentially harassed by law

enforcement for engaging in showering or cleaning in new or different locations (such as public beach access sites). The inclusion of childcare in this comment is also important because there were many changes in the structure of education in the United States, and planning for childcare during these shifts in remote or hybrid services can adversely impact unsheltered families. Other respondents also noted challenges and needs for food distribution, nutrition services, and mental health services. Respondents also noted how the context of all of the new remote services posed specific challenges related to outreach and support:

“Much outreach has been moved to virtual space or put on hold, and we know that the most disconnected/unstable individuals are the hardest to reach and feeling the greatest impact right now.”

“Increased DV (domestic violence) risk, symptoms of depression, economic instability.”

“There has been a stagnation of individuals leaving the shelter due to slow employment and a prejudice of property managers not wanting to rent to people experiencing homelessness for some fear that they might be ‘carriers.’”

These comments reflect the overall challenge in providing support to clients that extend beyond the “routine” (nonpandemic) support services. While interpersonal violence is can be associated with housing precarity and homelessness outside of the pandemic context, new financial fears or fears of the virus itself can prevent people from fleeing violent or abusive scenarios. Respondents also indicated that the guests are not accustomed to receiving services or support remotely, which required adaptation on the part of the clients as well as the organization. The training and protocols for staff and volunteers shifted to remote for many of the CBO's. In this next section, we describe the challenges that organizations indicated that made delivery of services more challenging.

## (2) Organizational challenges and changes

Remote services impacted the level of rapport and outreach that the CBO's were able to build and maintain with clients. It also caused new guidelines, protocols, and organizational policies that require additional time for training new staff members. A halt in cases being held in court impacted some clients' ability to transition to intake at the shelters. Respondents also indicated organizational challenges in procuring PPE for clients as well as for staff. Unfortunately, it became difficult to find new volunteers, so the cost of subcontracting had to be offset and was absorbed through the cost of housing for clients:

“Made it more costly due to need for PPE, loss of some staff due to being high risk, needed to support staff fears/stress and burnout related to risks of exposure. Still we have managed to continue serving our constituents.”

“Almost all services had to be conducted remotely except for our food pantry and emergency distributions of basic needs supplies (toiletries, diapers, food vouchers/checks).”

“Shelter operations have continued (agency pays onsite workers hazard pay at large price tag - funding uncertain for this); case management and legal services have shifted to online support.../... court dates have mostly been adjourned, leading to slower intake into some programs and leaving participants in limbo with cases pending.”

This above quote highlights that the shift to some aspects of client-support that continue to be face-to-face lead to additional organizational costs and increased risk to people working within the organization, which in this case is support services for correctional facilities clients. This occurs simultaneous to slower intake because of delays in court proceedings which leaves many clients in a difficult position and lacking the support services they would get if cases were being processed in a timely manner. This means that people who are exiting incarceration may be made to wait longer to access social services—including housing support.

Other respondents described more complexities with the program sustainability of their organizations due to new financial pressures such as a lower volunteer base:

“We are a volunteer base organization and it's difficult to find volunteers to help build so we will need to sub-contract out and it will increase the cost of homes.”

Similarly, the shift in protocols led to new costs associated with social distancing and hygiene. These new protocols included obtaining new supplies as well as training volunteers to engage in new procedures, such as daily temperature checks:

“We could do more but without safe physical location we are unable to meet to assemble kits. Not being able to get proper PPE and inventory is our challenge.”

“We expanded meal hours to prevent congestion of our dining room and passed out more grab and go meals.”

“We instituted daily temperature checks and surveillance, identified high risk individuals and tried to find alternate accommodations in some cases.”

The mode of delivery also impacts the trust that clients have in the organizations, as described in this quote:

“During the pandemic, we could not provide face-to-face services and switched to remote/tele-health services. It was challenging because we rely on the human interaction and rapport/trust building that happens when meeting with someone face.”

The aspect of trust is extremely important in reaching and supporting individuals who are unsheltered.

Some of the changes associated with the pandemic are described as positive for the organizations, because of new opportunities to leverage funding or to provide alternative ways for providing services. For example, one respondent indicated: “Some (clients/guests) have been more open to substance abuse treatment and coming into different types of shelter.” It is possible the increases in funding for some CBO's changed the sheltering scenarios and that made it more appealing for people to try treatment options. For example, the increased standards in non-congregate sheltering may offer more privacy and a sense of independence. Respondents emphasized that the new experiences during the pandemic should be harnessed by the organizations as moments to learn about new ways to adapt to crisis scenarios:

“We have adapted provide many services virtually (supplying staff and clients with technology and equipment as needed to make this possible. We've attempted to maintain agencywide collaboration and community by holding regular all staff community building meetings, and senior management meets at least weekly to stay on top of emerging challenges and changes. We secured some private funding to support additional needs.”

The comments above reflect the organizations' ability to adapt processes and funding to meet the new and evolving challenges during the pandemic, including maintaining clarity in updates to protocols for internal processes. These above comments also reflect the organizations' abilities to "leverage" the pandemic to maintain organizational continuity and to continue to meet client needs. In disasters, this level of adaptive capacity is important because crisis scenarios can offer new frameworks for solving problems (Kendra & Wachtendorf, 2007). For example, organizations that quickly shifted to remote or other services may have been able to maintain outreach and client contact.

Some of the respondents indicated that their processes served as model programs for other CBO's:

"We were required to redesign our dormitories to create adequate distance between individuals. We ended up creating areas for seniors and also areas for sick bay. We have also participated in standing up the State's first and only Quarantine and Isolation Center for homeless."

In this way, the new funds and services available through government relief programs offered CBO's a chance to highlight their strength and adaptivity.

In the next section we describe how some of these positive experiences may have been overshadowed by failures of government to support the CBO's, as well as lack of integration into the emergency management agency response efforts.

### (3) Emergency management issues

Many of the respondents indicated that their CBO's were working more closely with public health officials and organizations rather than emergency management services specifically. Some emergency management agencies assisted with PPE distribution or other services. They also indicated the importance of coordination from local to state level groups and agencies. In response to the question of specific support roles and services from emergency management, respondents indicated:

"They have done very little and without our advocacy there would have been no hotel program for the most vulnerable sheltered."

"We are funded for shelter services by DHS Dept of Homeless services, who has provided detailed guidelines on managing suspected/confirmed positive cases in shelter and helped reduce our census/allow for social distancing by providing hotel rooms to about half of the residents in our singles shelter. We have not had other assistance from other local emergency managers or disaster relief orgs."

There were also expressions of frustration when there was a lack of coordination across agencies and a fractioned response:

"The City has its own plan but fails to support local grassroots organizations."

This is important because in disasters, multi-agency coordination can lead to cascading failures in response and recovery. While the pandemic is a new situation, there are pre-existing frameworks for the ways in which agencies are supposed to communicate and coordinate to meet rapidly evolving needs. Specifically, state emergency management can coordinate with local groups under the Emergency Support Functions for Mass Care and Sheltering (EFF 6) and for Public Health and Medical Services (ESF 8) (Federal Emergency Management Agency, 2021).

In response to the question of "Prior to the COVID-19 Pandemic, was your organization included in government or other efforts for disaster and/or emergency planning?" 3 out of the 10 CBO's indicated yes. One specifically indicated yes, because of a recent disaster, "Yes, Puna recovery from volcano eruption." (Hawaii-based



CBO). One CBO respondent indicated, "As per some of our local and federal contracts, we are required to have a disaster plan in place. However, before the pandemic we were not included."

In response to the question of, "In what ways does the COVID-19 Pandemic affect your organization's ability to respond to and support guests/clients during potential disasters such as floods, wildfires, hurricanes, or earthquakes?" Many organizations indicated the pandemic would cause additional logistic complications, including the need for noncongregate sheltering:

"Thankfully we have not had to respond to these kinds of disasters, but a flood or hurricane would be disastrous for one of our shelters which lies in a flood plain. We can respond, but our response takes longer and is hampered by closures/changes to operations in all kinds of services around the city (e.g. normal food pantry we'd send clients to is no longer open or open different hours, people are not comfortable riding subway so transportation assistance can be more costly if referring to cabs, emergency shelter facilities might not be open or are already at capacity; dormitory style sleeping accommodations that might normally be suitable are now not, etc.) Everything is more logistically challenging."

"It has forced us to review our responses to other disasters in light of COVID. Social distancing will require adaptations to other elements of disaster response, e.g. general relocation to emergency shelter. Food availability due to diminishing reserves. But the Pandemic had also bolstered our capacity for fund raising, tactical planning for response, learning to quickly adapt to changing environment."

Finally, there were some responses that reflect the emphasis on delivering services because of ethics and mission of the services that the CBO offers, as well as some indication that the stress of the pandemic is affecting the mental health and well-being of the people working in the CBO's:

"We need to remember that people need us. Our clients deserve to live and they[sic] deserve to have their basic needs met."

This is important to note because this reflects the concern that organizational staff and volunteers have for the clients and community members who are unsheltered. Hazard exposure, as described in the literature section, can lead to greater loss of life, increased injuries, and additional psychological trauma for people who are unsheltered. It is also important to note that extreme heat and cold—which may not always capture the attention of mainstream news media at the same scale as large-scale disaster—can pose serious health risks to homeless individuals. This knowledge seems to weigh heavy on the respondents and they express frustration over these concerns:

"There has been an impact on the mental and emotional well-being of our staff and clients alike. Human Service staff were deemed essential by the Governor and some staff members have worked onsite, throughout the pandemic. I believe staff are starting to feel the effects of fatigue and burnout."

The protracted nature of the pandemic may also contribute to perceptions of "the worst is yet to come", causing more anxiety and fatigue by program staff and volunteers. For instance, in describing client needs, one respondent talked about the early months of the pandemic as being an early phase of an on-coming disaster:

"There has been a slow trickle of newly homeless since those folks who were sleeping on couches and doing day labor with family or friends has stopped.../... we are seeing what is the first wave of newly homeless and it will only get worse as the economy tanks."

Again, these comments reflect a sense of unease about the length of time that the organization would need to adapt to the crisis and to what extent the pandemic would propel a new wave of people into homelessness. These responses about staff well-being and mental health reflect a need for CBO's to allocate additional funds or resources to provide or refer their staff to mental health services. There are also new staffing shortages and volunteer shortages that make these instances of burnout more likely and long-lasting. In the discussion section, we describe policy implications for these emerging needs amidst the COVID-19 pandemic.

## 5 | DISCUSSION

Based on the themes from our findings, there are new urgent needs for clients because of joblessness and eviction, and other changes caused by the pandemic. There are also urgent needs for staff and volunteers in terms of burnout, fatigue, and resources for mental health. Especially as the pandemic continues, these needs will likely become more severe over time. As we wrote the initial results from these data in the fall of 2020, and there were already newer reports of clusters of COVID-19 increasing again throughout the United States. Additionally, major wildfires in California and Oregon caused mass evacuations. There were also major hurricanes—Hurricanes Laura and Sally in the Gulf coast that caused significant damage and community disruptions. It will be important to follow-up with CBO's after these events who specialize in homelessness services to identify new challenges associated with the compounding risk of hazards and COVID-19.

Our findings also indicated some organizational changes brought about by the need for remote work. The concerns by respondents was that the rapport with clients would be reduced and that delivery of care would also be affected because of remote services, versus the usual face to face. Clients who do not have access to internet services are especially impacted by the reduction in face to face outreach. Congregate areas in which clients may have previously accessed internet services such as public library space may be temporarily closed during the pandemic. When virtual services such as e-health are used, they should be carefully designed to ensure their effectiveness—for example, by integrating peer support systems into these remote and virtual services (Polillo et al., 2021). In addition to internet-based services, phone services may also be a way to engage with clients, especially in providing mental health services (Schueller et al., 2019).

Additionally, remote support services require new funding to support organizational initiatives. For example, organizations—as well as their staff, volunteers, and clients—need access to wifi. These technical considerations should be built into relief programs and funding managed by new city initiatives that provide support to homelessness servicing organizations and other nonprofits that provide services to low-income and vulnerable members of the population. Notably, some respondents suggested some clients more likely to try treatment due to the new options for additional noncongregate sheltering. Variations of ordinances and social distancing protocols at the state level will not only cause variations of CBO protocols (i.e., requirements for remote work, reduced capacity of overnight sheltering space, and other restrictions), these variations will also impact spread of COVID-19 in the broader community—rendering vulnerable people more at risk.

The respondents also indicated that emergency management officials and organizations were not integrated with homelessness services during the pandemic. The exception was a CBO based in Hawaii. This CBO indicated that they had coordinated with emergency management during the lava flow evacuations of 2018. This leads us to the question of, “Does a disaster become an opportunity to practice collaborating more with EM's and local government?”. Indeed, interagency communication is critical in disaster response (Kapucu, 2006), and the trust between agencies can be established through repeated exposure during hazard events. This is also emphasized by Benavides and Nukpezah (2020), particularly in the case study in Dallas Texas, in which a rapid re-housing program was set up through multi-agency coordination.

These findings suggest that a new call to action is needed to support CBO's during the pandemic and after pandemic recovery. At minimum, relief money should be allocated for CBO's that enables them to carry out the

following: (1) funds and resources to procure PPE for staff, volunteers, and clients. (2) New training and support that includes psychosocial support for staff and volunteers facing burn-out. This should be a blend of established research on burnout in helping professions such as social work (Smullens, 2012), combined with new state of the art research such as supporting burnout of healthcare workers during the pandemic (Sasangohar et al., 2020). Additionally, there may be organizationally context-specific programs for screening for burn-out and developing peer social support systems. There should also be extra personal days, adequate childcare, and other services available for people working in helping roles and “frontline” positions without fear of losing their jobs or roles in the CBO or organization. It is important to consider that there is likely a spectrum of the types of roles that might not be viewed as “typical” frontline roles in CBO's but actually cause considerable psychological distress during the pandemic (i.e., call-line volunteers, meal distribution volunteers, people working at the intersection of hospice, social work, and veterans services). It is also important to consider in designing new trauma support programs that staff and volunteers working in CBO's have likely experienced personal financial losses, family deaths, and other emotional trauma related to the pandemic—in addition to facing new organizational challenges and supporting new client needs.

Finally, to be better integrated with emergency management support services, representatives from CBO's should be included on weekly conference calls with county and state emergency managers for COVID-19 mitigation and control planning. While officials in mass care organizations, sheltering, and voluntary services active in disasters (VOAD's) are often included in meetings and calls during emergency management activation, the protracted crisis of COVID-19 may create new scenarios in which VOAD's, CBO's, and emergency management may continue working together—even through staff turnover across multiple agencies. Interagency collaboration is critical in disasters, (Kapucu, 2007; Ward et al., 2017) and will be especially important during the distribution of the COVID-19 vaccination

## 6 | CONCLUSION

As the pandemic continues to disrupt community systems and wreak havoc on the emotional and physical well-being of people in the United States and the world, the most vulnerable members of the population will continue to be at a greater risk for contracting COVID-19 or facing other “spillover effects” such as job loss or loss of housing. They face the conditions associated with a worsening economy, healthcare systems over capacity in areas in which COVID is surging, stretched support systems, eroding political agency, eroding power over policy processes, and a diminished sense of dignity. In addition to supportive housing programs, broader economic reform—such as an increase in minimum wage, new paths to work for people returning from incarceration, and other social programs should be included among a myriad of measures to reduce homelessness in the United States. The lessons learned from pivoting systems of care during COVID-19 may offer some additional insights to creative ways for engaging in outreach for people experiencing homelessness. Many of these CBO's rely on donor support and continued state or federal support. Mainstream political support for eliminating poverty will be important for housing and social support programs during new governmental transitions in the United States and after the global pandemic.

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## CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

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## DATA AVAILABILITY STATEMENT

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## ORCID

Sarah E. DeYoung  <http://orcid.org/0000-0001-8420-8762>

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## APPENDIX

Broad/primary codes	Secondary codes
Client needs	Employment/work
Organizational challenges	Mental health or substance use
EM issues	Basic needs; food, hygiene, tech
Other	Childcare
*	PPE/testing/vaccine

Inter-rater code calculations

<p>Questions/item</p>	<p>Outside of any disruptions to the services/support your organization provides, how has the COVID-19 Pandemic impacted your clients/guests?</p>	<p>Since the COVID-19 Pandemic began, in what ways have local emergency managers or disaster relief organizations worked to support the homeless in your region/city?</p>	<p>In what ways does the COVID-19 Pandemic affect your organization's ability to respond to and support guests/clients during potential disasters such as floods, wildfires, hurricanes, or earthquakes?</p>	<p>What else do you think we should know about the impacts of the COVID-19 Pandemic on your organization or the clients/guests that you serve?</p>
<p>Inter-rater Agreement</p>	<p>87.5% agreement</p>	<p>75% agreement</p>	<p>75% agreement</p>	<p>75% agreement</p>
<p>Questions/item</p>	<p>In what ways has the COVID-19 Pandemic impacted your organization's ability to offer primary services/supports?</p>	<p>In what ways has the COVID-19 Pandemic impacted your organization's ability to offer secondary services/supports?</p>	<p>In what ways has your organization adapted to meet new challenges or needs related to the COVID-19 Pandemic?</p>	
<p>Inter-rater Agreement</p>	<p>100% agreement</p>	<p>87.5% agreement</p>	<p>87.5% agreement</p>	

Note: Appendix: Inter-rater codes.