



California Project Roomkey Statewide Evaluation: Year 1 Report

Project Roomkey (PRK) was California's statewide effort in response to the COVID-19 pandemic to protect the health of people experiencing homelessness and reduce their potential burden on the state's health care system. Funded and overseen by the California Department of Social Services (CDSS), PRK provided an alternative to staying on the street or in congregate shelters, instead placing people experiencing homelessness temporarily in hotel or motel rooms or groups of trailers.

Almost every county and some Tribal jurisdictions in California received funding to operate at least one PRK site at some point following the onset of the COVID-19 pandemic. Some communities used PRK resources solely to set up isolation and quarantine beds for people who contracted or were exposed to COVID-19. Other communities used the PRK funds and framework for non-congregate emergency shelters for people at risk for medical complications due to COVID-19. To prevent the spread of COVID-19, many emergency shelters had reduced their number of beds. PRK programs helped offset some of the decreased shelter capacity. While PRK programs were initially designed to be short-term, as the pandemic continued some evolved into longer-term interim housing programs. As of mid-2022, many communities had closed their PRK sites, but some continued to operate.

Consistent with California's requirement that all state-funded homeless programs use Housing First practices, most PRK programs had few barriers to staying in PRK sites. While programs had some supportive services, PRK participants were not required to accept services. Many PRK programs used a harm reduction approach, meaning that participants did not need to be sober to stay at a PRK site.

Quick Program Design

California communities initially designed and implemented their PRK programs in a matter of weeks during March and April of 2020. The early goal of PRK was to save lives by quickly isolating medically vulnerable people at a time when little was known about COVID-19. This urgency encouraged a new level of cooperation among stakeholders including county health and community development departments, Continuums of Care (CoCs), and homeless service providers.

Key Findings from Year 1

- **PRK provided features that often were not available in other emergency shelter or interim housing settings.** PRK provided individual rooms where people could keep their possessions and did not have to be separated from their partners or pets. **This gave people autonomy, privacy, and safety.** Many systemwide leaders and providers of services consider that PRK broke new ground for how emergency shelter and interim housing is offered to people experiencing homelessness in California.
- Communities reported that PRK participants had **greater medical and behavioral needs than the program originally anticipated.** Some communities described participants needing help with activities of daily living and some sites struggled to find funding or providers in their community to support those needs.
- **The robust infrastructures of homeless service systems in California supported a quick design and implementation of Project Roomkey.** Several governmental entities at the state came together in a matter of weeks to design a program relying on hotels and motels to serve people experiencing homelessness during the public health emergency. **The quick design and program implementation and infusion of federal, state, and local resources to this program were unprecedented in their speed and scale.**
- **The uncertainty of federal funding interfered with the implementation of a temporary program.** In March 2020, the Federal Emergency Management Agency (FEMA) announced that states or local governments could claim reimbursement for costs associated with non-congregate sheltering based on public health orders, through its Public Assistance Program Category B. However, the timeline of the reimbursement process was not clear. **Improved clarity around the FEMA reimbursement timeline would have been helpful in the implementation of this temporary program. As of mid-2022, many counties are still waiting for reimbursement.**

