Evaluation of California's Project Roomkey Program

Project Roomkey (PRK) was an innovative statewide effort established by the State of California in 2020 at the onset of the coronavirus (COVID-19) pandemic. Overseen by the California Department of Social Services (CDSS), PRK placed people experiencing homelessness who were medically vulnerable and unhoused– staying on the street or in congregate shelters– into non-congregate shelters: ***hotel rooms, motel rooms, or trailers***. The use of these non-congregate shelters, "PRK sites," was intended to (1) protect the health of program participants by limiting their exposure to COVID-19 and (2) minimize the anticipated strain on the health care system by limiting the spread of the virus.[1] PRK participants also received limited on-site supportive services. ***California was the first to establish this approach***.

PRK served approximately 62,000 people in total during its period of operation. The program was its most robust across the state from April 2020 through June 2021, peaking at more than 16,000 committed hotel/motel rooms in October 2020. Generally, after June 2021, the program began to slowly ramp down.

PRK Participant Feedback

"Having a safe place to sleep every night makes a world of difference in being able to search for jobs."

"I can't be on the streets with my conditions. My kidneys are ok – living here has allowed me to take my medicine. I have a place to put my insulin [I take 2 different kinds]. Sleeping on the cement is bad on my hips [I'm getting a hip replacement]. I am taking my medicine and seeing the doctor since living here – previously I would skip appointments, and I haven't missed any since moving in."

"They provided laundry services and sheets. There were nurses, doctors and housing services. They helped me with my forms and got me vouchers so I could get an ID. They'd help you with anything. They gave you clean clothes, toiletries. Anything I asked I got it. They give you an avenue to get what you need, and they send you where you need to go. They helped you get on your feet. They help with housing services."

Key Findings

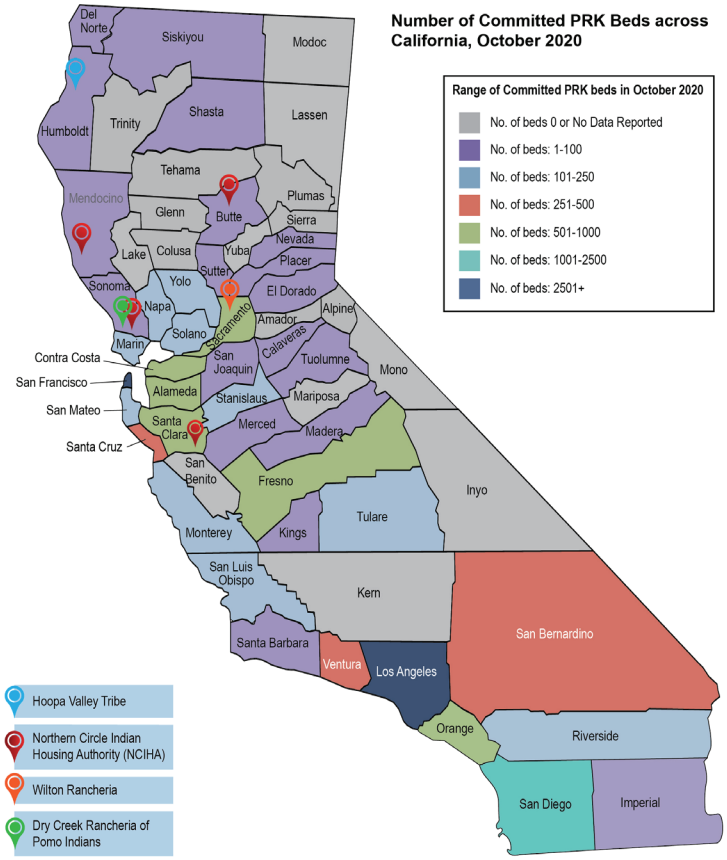
- Not only did PRK meet its original goal of saving the lives of people who were experiencing homelessness but the program enhanced how interim housing is designed and operated in some communities across California.
- California's government and its robust infrastructures for providing services to people experiencing homelessness supported a quick design and implementation of Project Roomkey. PRK also encouraged new partnerships to form among local government agencies and homeless service and health care providers. The quick design and program implementation and infusion of federal, state, and local resources to create and operate this program were unprecedented in their speed and scale.
- PRK sites had features that are often not available in other emergency shelters or interim housing settings. Most PRK participants reported having a positive experience at the hotels and motels. This model for providing shelter gave people autonomy, privacy, and safety. Communities reported that some PRK participants had previously been unwilling to use shelter programs. PRK enabled some participants to receive health care and other services for untreated health conditions for the first time since they began experiencing homelessness.

1 Hernandez, J. (June 1, 2020). Letter to All County Welfare Directors and Federally Recognized Tribal Governments. Project Roomkey Initiative. California Department of Social Services. https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACWDL/2020/ACWDL_Project_Roomkey_Initiative.pdf

How Project Roomkey Worked

Recruiting Hotels and Motels. Identifying and recruiting hotels and motels for PRK took a tremendous effort by state, county, local, and Tribal governments and homeless system providers. Some counties struggled to find hotel or motel owners willing to participate in the program, while others had less difficulty. The hotel and motel buildings that participated in PRK varied in size and age. Both major hotel chains and smaller, family-operated motels participated in the program.

Participant Eligibility Criteria. Each county or Tribal jurisdiction developed its own eligibility criteria for PRK in coordination with local public health offices and CDC guidance. Typically, the focus was on people age 65 or older or with a preexisting condition that increased their vulnerability to the virus. Underlying conditions included chronic lung disease or moderate to severe asthma or chronic obstructive pulmonary disease; serious heart conditions immunocompromise; severe obesity; diabetes, chronic kidney disease or undergoing dialysis; and liver disease.



Supporting Services. All communities tried to address participants' needs by providing varying levels of supportive services at the PRK sites. On-site services included physical health care, behavioral health care, assistance with activities of daily living, benefits assessments, case management, housing navigation, and transportation. Some PRK participants required a higher level of care than community and homeless service system leadership anticipated. Because most communities designed their PRK program to serve older adults, some participants had age-related challenges such as needing help with activities of daily living and cognitive impairments. Some had severe physical disabilities that required accessibility modifications or other supports. Some had been experiencing unsheltered homelessness for prolonged periods and had to relearn how to live indoors. At some PRK sites, nurses provided continuous support and health monitoring.

Participants Exiting PRK. According to data provided by CDSS, across California 22 percent of PRK participants exited to permanent housing. Another 11 percent went to temporary housing – temporarily staying with friends or family, transitional housing, or motels that were not part of PRK. Twenty-five percent went to other emergency shelters, and 15 percent to an unsheltered setting. Despite their vulnerable health conditions, only four percent exited to institutional settings such as hospitals, board and care, nursing homes, or substance use treatment facilities. Approximately 23 percent of PRK exit destinations were recorded as unknown (18%) or other (5%). ***HMIS data from three counties suggest that, the longer someone stayed in PRK, the less likely they were to exit to homelessness and the more likely they were to exit to permanent housing***.

This evaluation was funded by the **California Health Care Foundation** and the **Conrad N. Hilton Foundation**.

For questions about the evaluation, please contact: **Nichole Fiore**
Principal Associate, Abt Global
Nichole.Fiore@abtglobal.com