Navigating the Needs of Unhoused Populations Amidst COVID-19

October 14, 2020
Today’s Agenda

• Setting the Stage: Homelessness and COVID-19
  – Susie Sinclair-Smith
    Chief Executive Officer
    Montgomery County Coalition for the Homeless

• County Perspective: Mobile County, Ala.
  – Tina Sanchez
    Environmental Grant Director
    Mobile County Commission

• County Perspective: Johnson County, Iowa
  – Sara Barron
    Executive Director
    Johnson County Affordable Housing Coalition
  – Mark Sertterh
    Associate Executive Director
    Shelter House

• Open Q&A
Reminders and Tips

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National Association of Counties

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October 14, 2020

Susie Sinclair-Smith, Chief Executive Officer
Montgomery County Coalition for the Homeless, Inc.

MONTGOMERY COUNTY, MARYLAND
Coronavirus and Homelessness

- People experiencing homelessness are uniquely vulnerable to contracting COVID-19, and to experiencing harsher effects of the virus. These effects disproportionately impact people of color.

- Studies predict a 40% increase in the number of people experiencing homelessness due to economic impact of pandemic

- The COVID crisis creates urgency for systems reform that makes homelessness rare, brief and non-recurring including eliminating entry barriers that people experiencing homelessness face in accessing mainstream services including primary and mental health care, employment and housing
The public health and economic crises created by the global COVID-19 pandemic are disproportionately impacting people experiencing homelessness, communities of color and people with disabilities and/or underlying health conditions.

Homelessness assistance systems, most of which are strained in normal circumstances, are struggling to keep up with demand and be incorporated sufficiently into community-level public health and economic recovery activities.

This crisis could be long-lasting – and we know that the longer the crisis lasts, the harder it will become for people experiencing homelessness and those with low or extremely low incomes to meet their basic needs, with Black, Latinx, and Indigenous people hit the hardest.

Significant new funding to support the responses needed for this unprecedented situation is in the process of being allocated at the federal, state, and local levels and is represented to date in this Framework.
Public Health and Economic Recovery Homelessness System Planning for the Most Effective Use of COVID-19 Funding

PHASE 1: IMMEDIATE ACTIONS

Focus on equitably protecting all people experiencing unsheltered and sheltered homelessness from COVID-19 infection and illness.

Increase outreach to unsheltered populations

Ensure that social distancing and other CDC protocols are followed in congregate facilities with a special focus on high risk and symptomatic populations

Continue housing people through normal actions

implement a jurisdiction-wide moratoria on evictions

Support formerly homeless people in Permanent Supportive Housing and Rapid Rehousing

Collect Data for planning
PHASE 2: SHORT-TERM ACTIONS

Adding a greater focus on effective and equitable use of resources to re-house people experiencing sheltered and unsheltered homelessness.

Sustain and expand efforts to support, screen, test, and safely shelter people

Rehouse people in congregate and overflow shelters and those who are living on the street

Engage landlords towards providing housing opportunities subsidized with new funding

Scale up efforts to prevent loss of housing among people in Permanent Supportive and Rapid Rehousing Programs

Use data to project need for different interventions – prevention, diversion, housing stability supports and housing placements
Phase 3: Medium-Term Actions

Adding a greater focus on reducing new entries into homelessness through diversion and prevention strategies.

Continue re-housing people who are living outside or in congregate shelters

Scale up shelters needed for social distancing and increase housing-focused case management

Among those in CARES funded Rapid Rehousing, move people into Permanent Supportive Housing who need it and work with PHAs to access vouchers for those who need long-term assistance

Prevent evictions due to economic crisis and marginalized persons first and then plan for higher income households

Divert households from homeless systems when possible engaging partner systems (TANF, Child Welfare and Justice) for prevention activities and continue to use data to project needed interventions
Phase 4: Longer-Term Actions

Adding a greater focus on strengthening systems to be better prepared for future crises and for achieving racial justice and equity.

Continue re-housing people who are living outside or in congregate shelters
Assess feasibility of replacing congregate facilities with smaller shelter in light of public health risk
Connect COVID related homeless assistance efforts to employment systems
Conduct homelessness prevention for at risk households, prioritizing below 30% AMI households first
Conduct review of COVID response to inform lessons learned for planning
Montgomery County, Maryland thanks NACO for the opportunity to join you today!

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MOBILE COUNTY
UNIFIED COMMAND
AND
COVID-19 SHELTERING

Tina Sanchez
Mobile County Environmental Services
October 14, 2020
Overview

• Background info
• Status of COVID-19
• Overview of Mobile County Unified Command
• COVID+ Sheltering Challenges
• Lessons Learned
Our Community

• One of two coastal counties in Alabama
  • Second largest in the state: ~413,000
  • County seat is in the City of Mobile

• 3 Commission Districts
• 11 incorporated cities and towns

• History of cross jurisdictional and inter-agency cooperation and collaboration

• Mobile County Emergency Management Agency
Alabama

• ~4.9M population
**COVID-19**

**Total Cases:** 13,868

**Hospitalized:** 2,099

**Deaths:** 310

**Presumed Recovered:** N/A

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**COVID-19 By Week of Report (June 28, 2020 - October 8, 2020)**

- Week 20: 1,421
- Week 21: 1,450
- Week 22: 1,759
- Week 23: 1,767
- Week 24: 1,586
- Week 25: 1,993
- Week 26: 2,089
- Week 27: 2,105
- Week 28: 2,082
- Week 29: 2,075
- Week 30: 2,089
- Week 31: 2,082
- Week 32: 2,075
- Week 33: 2,105
- Week 34: 1,993
- Week 35: 1,767
- Week 36: 1,586
- Week 37: 1,759
- Week 38: 1,767
- Week 39: 1,450
- Week 40: 1,421

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**COVID-19 By Age Group**

- 0-4: 346 (2.5%)
- 5-17: 968 (0.7%)
- 18-24: 2066 (14.9%)
- 25-49: 5196 (37.5%)
- 50-64: 2895 (20.9%)
- 65+: 2379 (17.2%)

**COVID-19 Reported In The Last 14 Days With 7-Day and 14-Day Moving Average**

- Day 1: 51
- Day 2: 64
- Day 3: 86
- Day 4: 85
- Day 5: 76
- Day 6: 51
- Day 7: 6
- Day 8: 42
- Day 9: 26
- Day 10: 31
- Day 11: 51
- Day 12: 14
- Day 13: 6
- Day 14: 6

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**Status**

- Race: African American - 4569 (33.0%) Cases, 162 (52.4%) Died
- Native American/Alaska Native - 12 (0.1%) Cases, 0 (0.0%) Died
- Asian - 104 (0.8%) Cases, 2 (0.6%) Died
- White - 3392 (24.5%) Cases, 125 (40.5%) Died
- Other/Unknown - 5773 (41.7%) Cases, 20 (6.5%) Died

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*Cases are presumed recovered if it has been 14 days or more since the case tested positive if they were not hospitalized, or if it has been 21 days or more since the case tested positive if they were hospitalized, or if hospitalization was unknown. All deaths excluded.*

This report was generated by The SG Group on behalf of the Mobile County Health Department on October 9, 2020, using data from previous day. All data are preliminary and subject to change as we continue to investigate reports of COVID-19 disease in Mobile County residents.
What is Unified Command?

• Traditionally, a tool for first responders and emergency managers and integral to the Incident Command System

• An authority structure where the role of incident commander is shared by two or more individuals, each already having authority

• Responding agencies and/or jurisdictions with responsibility for the incident share incident management.
COVID-19 Unified Command
Mobile Co. Unified Command
Objectives

Protection of Health of First Responder, Medical personnel, and Infrastructure Personnel

Protection of Health of Mobile County Citizens

Implement strategies and appropriate community measure in order to minimize spread of CV-19

Deploy strategies to minimize death from CV-19

Facilitating and sharing of best practices for adequate and effective treatment

Coordinate and supply personnel with PPE and equipment

Facilitate and share best practices to work towards mitigating the negative impact of the medical and economic crisis

Prepare for Recovery

Daily and Timely Factual Communication to Internal and External Stakeholders

Objectives not listed in priority order
COVID-19 Unified Command Brief Agenda

- Opening Remarks from Each Incident Commander:
  - City of Mobile Mayor Sandy Stimpson
  - Mobile County Commissioner Merceria Ludgood
  - Mobile County Health Department Dr. Bert Eichold

- Review Objectives - EMA
  - Modifications (as needed)

- Introduction of Unified Command Organization Chart - EMA

- Situational Brief
  - Operational Planning & Support Snapshot
    - Last 24 Hours
    - Next 24 Hours
    - Tasking & Review of Open Action Items
    - Challenges

- Open Discussion

- Closing Remarks
Situational Brief Update

- EMA Director Level Updates
- Public Safety Director Level Updates
- Sheriff Level Updates
- Epidemiologist/Community Health Updates
Sheltering Challenges

• COVID+ individuals are not allowed to stay in local homeless shelters.

• Homeless Task Force (UC and Salvation Army, Red Cross) worked to identify a solution:
  • What would it take to stand up a shelter for COVID+ unhoused males?
    • Facility
    • Medical care
    • Operations (staff, wrap around services, etc)
    • Funding
Sheltering Challenges

- Facility - City of Mobile Recreation Center
- Medical Care – Health Department
- Operations - ????
- Funding – Mobile County Commission and Mobile County Health Department

- Operations challenge would require either contract support or National Guard support.
Sheltering Challenges

• Non-congregate Shelter Option
  • FEMA Public Assistance Program could provide funds for sheltering alternatives
    • hotels, motels, or other appropriate facilities for people with no other safe place who need to quarantine or isolate in response to COVID-19. Wrap around services also eligible.
  • One segment of the target population are indigent or homeless individuals who are exposed to or test positive for CV-19 who do not require hospitalization.
COVID+ Homeless Shelter Status Today

• Given that the State of Alabama Non-congregate sheltering is an option approved by FEMA:

  • Non-congregate sheltering for up to 10 individuals.

  • Stand up the COVID+ Homeless Shelter if numbers begin to increase to threshold.

  • UC Briefings Continue and Task Force is on Stand-by
Lessons Learned

• No easy answers or quick solutions with regard to COVID related services for the homeless.

• Working together as a Unified Command has led to a more coordinated, effective response across the spectrum of activities (e.g., Joint Information Center, PPE supply distribution).

• The UC framework established a foundation for more effective response to, and recovery from, disasters and increases our community resilience.
Homelessness And COVID-19

Mark Sertterh
Associate Executive Director
Shelter House, Iowa City, IA
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Who We Are

Johnson County, Iowa
- Population ~150,000
- 83% White/7% African American
- University Town

Shelter House
- Serve over 900 people in shelter each year
- Year round 70 bed shelter for adults and families and additional 40 more seasonal beds in the winter
- Extensive Rapid Rehousing Program
- Own 46 units of Permanent Supportive Housing (building 36 more units)
- 55% served white/40% served African American
COVID-19

87 people in emergency shelter on 3/15/20
● Capacity with meeting social distancing was 40
● 12 people actively had symptoms

Public Facilities started to close
● Library
● Recreation Center
● Food Banks
● Meal Sites

So what do we do? Where do people go?
Community Response

Slow Response:
• Public Health
• Emergency Management

Initial Public Response:
• Closed public buildings (libraries, rec centers)

Non-Profits led the charge, but had no resources:
• Need for hotels to de-populate shelters
• Need for access to testing
• Need for isolation for COVID +
• Need for PPE/Cleaning Supplies for staff and client safety
Community Response

- City and County agreed to partner with local hotels to de-populate congregate shelters (including DV shelter).

Key People/Story:
Johnson County ambulance staff became contact
- Came over to deliver PPE and saw many folks symptomatic in shelter
- Triaged people to find people most in need of hotels (symptomatic)
- Worked with local hospital for immediate testing
- Arranged County transportation to testing sites and to hotels
Community Response

Additional local funds for housing to reduce number of people experiencing homelessness

- Local Housing Trust Fund
- County/City funds/Federal funds for eviction/homelessness prevention
- Targeted non-traditional providers to market available funds for prevention to different population groups (immigrants, mobile home parks, people of color)
Community Response

Preparing for winter:
• Public facilities are still closed
• Shelter max capacity still down
• Satellite shelter capacity will be down

Ongoing Solutions:
• County/City/Non-profits working together for day/warming shelters
• Allocating continuing additional local funding for eviction/homelessness prevention
Homelessness And COVID-19

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Please type your questions in the “questions” box now.
THANK YOU!

Additional questions or feedback?

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