Navigating the Needs of Unhoused Populations Amidst COVID-19

October 14, 2020



Stronger Counties. Stronger America.





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

- This webinar is being recorded and will be made available online to view later or review at www.naco.org/webinars.
- The questions box and buttons are on the right side of the webinar window. Type your question into the "Questions" box at any time during the presentation, and the moderator will read the question on your behalf during the Q&A session.
- The question box can collapse so that you can better view the presentation. To unhide the box, click the arrows on the top left corner of the panel.
- If you are having technical difficulties, please send us a message via the questions box on your right. Our organizer will reply to you privately and help resolve the issue.





National Association of Counties

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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

#HousingEquity

Developed by the National Alliance to End Homelessness Center on Budget and Policy Priorities National Low Income Housing Coalition National Health Care for the Homeless Council

https://endhomelessness.org/wpcontent/uploads/2020/04/COVID-Framework-4.29.2020-1.pdf

- 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

https://endhomelessness.org/wp-content/uploads/2020/04/COVID-Framework-4.29.2020-1.pdf



Public Health and Economic Recovery

Homelessness System Planning for the Most Effective Use of COVID-19 Funding



PHASE 1: IMMEDIATE ACTIONS

Public Health Response:

Emergency Protective Measures to Flatten the Curve

Focus on equitably protecting all people experiencing unsheltered and sheltered

- **Unsheltered People:**
- o Increase outreach and create additional hygiene resources (handwashing stations, showers, laundry) for people in unsheltered
- Shelters:
- o Ensure social distancing in current congregate
- o Stand up new non-congregate shelter for high-risk, symptomatic, overflow, and people in unsheltered locations.

homelessness from COVID-19 infection and illness

- Housing
 - o Continue housing people through normal channels.
- Diversion and Prevention:
- o Implement jurisdiction-wide moratoria on evictions
- o Support people in PSH and RRH.
- o Link to employment.
- . Strengthening Systems for the Future:
- o Collect data for planning
- o Engage people with lived expertise into planning and decision-making.



PHASE 2: SHORT-TERM ACTIONS

Public Health and Economic Recovery Response: **Effective and Equitable Re-Housing**

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

- **Unsheltered People:**
- Sustain and expand efforts to support, screen, test, and safely shelter people who are unsheltered.
- o Engage people with lived expertise and other partners to increase outreach, especially in
- Shelters:
- o Begin re-housing people placed into noncongregate or overflow shelter.
- o Re-house people in congregate or unsheltered locations.

- o Begin landlord engagement activities.
- o Begin re-engagement of coordinated entry. o Begin cross-system planning.
- Diversion and Prevention:
- o Scale up efforts to prevent loss of housing among people in PSH and RRH programs.
- Strengthening Systems for the Future:
- o Implement equity-based decision making
- Use data to project need for different interventions and inform equity-based



PHASE 3: MEDIUM-TERM ACTIONS

Economic Recovery Response:



PHASE 4: LONGER-TERM ACTIONS

Economic Recovery and Public Health Preparedness:





CoC-Survey-Result....pdf ^



CLP_Policy-Focuse....pdf ^



Community-COVI....pdf ^



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 shelter s 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!

National Association of Counties

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MOBILE COUNTY UNIFIED COMMAND AND COVID19 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



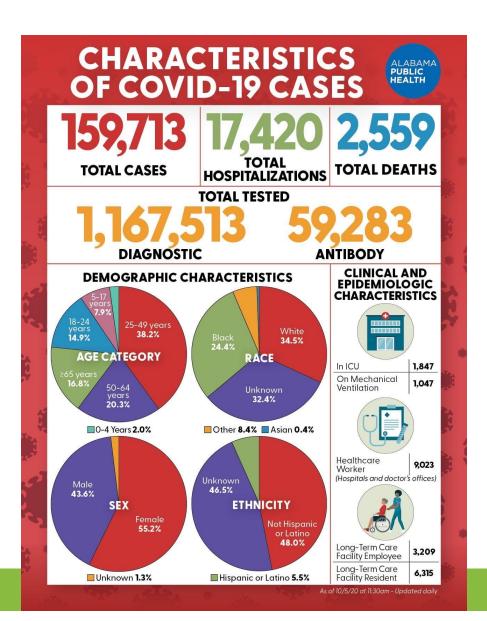
Our Community

- 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

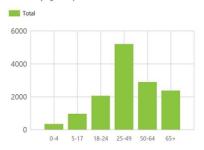
~4.9M population





Status

COVID-19 By Age Group



Age Group	Cases	Died
0-4	346 (2.5%)	1 (0.3%)
5-17	968 (7.0%)	0 (0.0%)
18-24	2066 (14.9%)	1 (0.3%)
25-49	5196 (37.5%)	13 (4.2%)
50-64	2895 (20.9%)	62 (20.1%)
65+	2379 (17.2%)	232 (75.1%)

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

COVID-19

13,868

26 1
Hospitalized

2,099

8 1



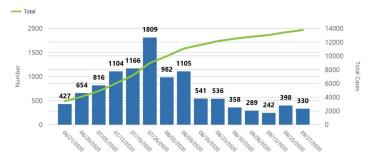
Died 310

11

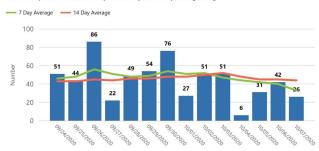
Presumed Recovered *

October 8, 2020

COVID-19 By Week of Report Date



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



*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 32 days or more since the case

This report was generated by The SSI Group on behalf of the Mobile County Health Department on 10/8/2020 8:10:09 AM 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.





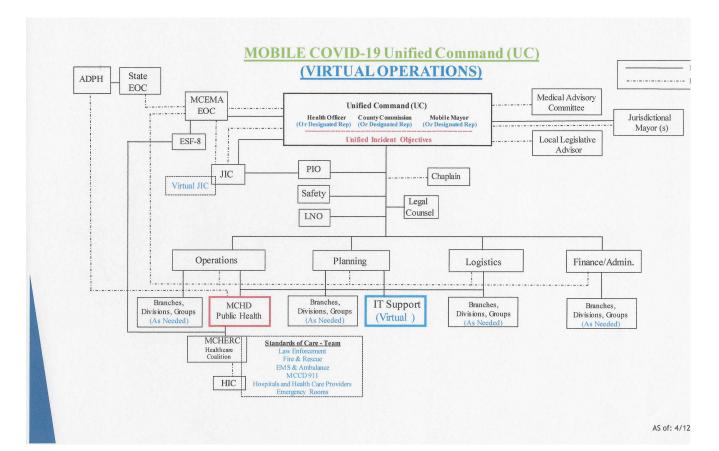




COVID-19 Unified Command



Mobile Co. Unified Command





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

UC Objectives

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







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 Mark@shelterhouseiowa.org





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?



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



 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



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)



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

Mark Sertterh Associate Executive Director Shelter House, Iowa City, IA Mark@shelterhouseiowa.org







Please type your questions in the "questions" box now.





THANK YOU!

Additional questions or feedback?

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