

SARS-CoV-2 and COVID-19

USICH spent almost all of 2020 and the start of 2021 working to contain and mitigate the COVID-19 disease that is caused by the SARS-CoV-2 virus, within the community of homelessness. The primary objective of USICH has been to **“save lives and prevent the crashing of the emergency medical system”** due to medically compromised residents of homelessness facilities and encampments. At the outset of the pandemic, USICH took a proactive “emergency management incident command system” approach to the COVID-19 response – which was informed by the unique characteristics of the homelessness community.

USICH Initiatives and Activities Launched:

Throughout the pandemic, USICH led and coordinated the overall federal containment and mitigation response efforts to COVID-19 for families and individuals experiencing homelessness. USICH worked directly with a multitude of federal agencies, front-line homelessness service providers, public health authorities, health care providers and emergency response agencies on the COVID-19 response. Additionally, USICH’s strategies and tactics relied on scientific data from doctors, epidemiologists and scientists.

The following were the key Strategic COVID-19 Response Initiatives and Activities conducted by USICH:

- The USICH Executive Director chaired the interagency Federal COVID-19 Homelessness Taskforce working within the Department of Homeland Security Federal Emergency Management Agency (DHS/FEMA) command structure of the Emergency Determination under the Stafford Act.
- Before any positive COVID-19 cases had been reported within the homelessness community, USICH set up a 24/7/168 emergency rapid response system that was led by the USICH Executive Director. Additionally, USICH supported CDC with surveillance and identification of potential hot spots throughout the United states.
- Proactively conducted front-line, on-site hot spot containment and mitigation throughout the United States. The USICH Executive Director conducted in-person tours and site visits to shelters, centers, campuses and encampments in all 50 states plus the District of Columbia, visiting more than 250 communities in under six months. These site visits included every known hot-spot facility in the United States. Additionally, the Executive Director visited with state and local health directors, governors and mayors and/or their staffs, emergency managers and continuums-of-cares. In less than six months, he made approximately 1,897 site visits, tours and meetings, and directly interacted with over

8,500 people.

- CDC and USICH worked to develop strong operational guidance and protocols, based on science, for front-line homelessness service providers to utilize in their facilities and within their programs. The *3+3 Protocols* are:
 - General Public Protocols:
 1. Must wear masks and properly utilize PPE.
 2. Maintain 6-foot distance between people.
 3. Wash hands.
 - Protocols Specific to Congregate Settings:
 4. Frequent professional level cleaning of common areas.
 5. Establish strong Isolation and Quarantine protocols.
 6. Do not eat together - separate meals by distance and/or time.
- USICH led the effort to designate homelessness services as essential critical infrastructure that were included in the “*Updated Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response.*”
- USICH hosted and led a series of interactive-virtual workshops over 11 months in partnership with the CDC and other federal agency subject matter experts with thousands of front-line homelessness service providers across the country. These interactive workshops disseminated critical information in real-time to homelessness service providers in order to proactively prepare front-line providers to defend their facilities and programs against the SARS-CoV-2 virus.
- USICH provided a wide range of technical assistance (TA) to Congressional Members, Congressional staff, federal agencies, state and local officials and direct front-line homelessness service providers on the COVID-19 response for those experiencing homelessness. USICH also distributed updated guidance regarding COVID-19 and the Coronavirus impacting people experiencing homelessness.
- USICH hosted a series of webinars for state and local government officials that focused on real-time lessons learned.
- USICH staff members have served on formal and ad hoc-response work groups including, but not limited to, Alternative Care Sites, FEMA Emergency Support Function #6 (ESF #6: mass care, emergency assistance and human services), ESF #6 Policy Cell, Financial Assistance and Food Insecurity.
- USICH has proactively working to promote the importance of influenza vaccinations within the homelessness community in order to mitigate the negative compounding

effects between the influenza and SARS-CoV-2 viruses.

- USICH provided ongoing technical assistance and subject matter expertise to the National Institute of Allergy and Infectious Diseases (NIAID), CDC's Advisory Committee on Immunization Practices (ACIP) and the CDC staff regarding the unique composition, needs and challenges of people experiencing homelessness as it relates to COVID-19 immunizations.

Outcome Data on COVID-19 and the Homelessness Community:

According to CDC, as of December 31, 2020, there were 19,943,605 total positive COVID-19 cases in the United States and, sadly, 344,497 total deaths due to COVID-19. In comparison to the community of homelessness during the same period, the preliminary data indicates that there were 9,325 positive COVID-19 cases and, unfortunately, 224 deaths due to COVID-19. Additionally, there were likely 2,786 additional positive COVID-19 cases that were not disaggregated from reports of volunteers and staff. Adding the confirmed and likely positive COVID-19 cases together yields a total of 12,111.

Because deaths are tracked more carefully and thoroughly, and through multiple channels both vertically and horizontally, the tabulation of the number of deaths is likely more precise than reported positive cases. Based on field observations, USICH believes deaths are likely undercounted by 15%, plus or minus 5 percentage points. This is due in part to report timing differences and in part to undercounting of rural areas where local agencies are less connected to national network organizations. If this observation is correct, the number of deaths likely would be somewhere between 246 and 269, increases of 10% and 20% above the reported 224 deaths, respectively.

As for positive cases within the community of homelessness, if one were to use the 1.72 ratio of deaths to positive cases that occurred within the general public in 2020 (344,497 deaths divided by 19,943,605 total positive cases), the positive cases for people experiencing homelessness likely would be between 14,241 and 15,573. The fact that the community of homelessness is tested more often and at a higher rate than the general public makes the above assumption very reasonable. Per CDC guidance, almost all hot spot facilities – regardless of size – are universally tested, while higher-census homelessness facilities almost always are tested on a regular basis.

The number of positive cases and deaths due to COVID-19 within the community of homelessness in 2020 was significantly and dramatically lower than had been predicted. It is also relatively lower than the general public and other congregate housing cohorts.

Lessons Learned:

There were many lessons learned to date that can improve future decision making in the response

to SARS-CoV-2/COVID-19 both within the homelessness community, as well as within other congregate settings and the general public.

- 1 - A sharp focus on a strong and clear mission streamlined and improved decision making.
- 2 - It was essential that front-line operating protocols were rooted in science.
- 3 - It was vital that homelessness services were designated as essential critical infrastructure.
- 4 - Proactive, fast and firm action saved lives.
- 5 - Rapid response containment and mitigation calls halted most potential outbreaks.
- 6 - In-person containment and mitigation site visits reduced the number of outbreaks.
- 7 - Virtual-workshops with front-line homelessness service providers prepared them for the fight.
- 8 - Leadership mattered!!