



## Introduction

During the COVID-19 pandemic, many Continuums of Care (CoC) and broader homeless systems recognized that new partnerships were necessary to support the public health emergency response for people experiencing homelessness. This document outlines the structure, roles and responsibilities, and activities of an emergency response committee. HUD encourages CoCs to consider creating emergency response committees to prepare for and respond to future public health crises, natural disasters, or other emergency events. The CoC emergency response committee also aligns with larger [community-wide response efforts](#) given its specific focus on the response for people experiencing homelessness.

## Equity Commitment

Including people in leadership, partnership, implementation, and evaluative roles who are reflective of people with lived experience of homelessness and those representing minoritized groups in the local community optimizes the group’s ability to ensure equitable perspectives, power sharing, and access to life-sustaining services during a natural or public health disaster.

## Structure and Roles

Having the emergency response committee seated within the CoC structure, similar to a Homeless Management Information System (HMIS) or coordinated entry committee, facilitates the connection to essential groups and people experiencing homelessness. Alternatively, a community could seat an advisory council within its municipal or county structure, with the CoC as a standing member. For the purposes of this document, all guidance will assume the committee is a function of the CoC.

In an emergency, it is important to know who to call upon for support, information, and resources. Clarity in committee roles, communication structures, and responsibilities is essential to plan for managing emergencies and quickly activating crisis plans. CoCs are encouraged to maintain, or if necessary, reinstate emergency response committees.

Emergency Response Committee Core Roles and Representatives	
CoC Leadership	<p>Committees may be chaired by and/or staffed by the CoC or Collaborative Applicant and act as a representative of the CoC and communications conduit to the local network of homeless service providers.</p> <p>The chair contributes to agenda setting and leads the meetings, ensures action items and other tasks have been completed, and serves as the committee representative in other community settings. To ensure shared power and responsibility, the chair should be a rotating position, with rotation frequency determined locally.</p>

Emergency Management Representative	Emergency management groups and agencies are key crisis event partners. With the ability to activate different tools available through local or state emergency management agencies, the connection between a CoC and emergency management remains critical, even in non-crisis times.
Public Health Representative	Departments of public health are vital partners in crisis and non-crisis times. Public health expertise is essential to communicate health-related information and guidance and connect to resources and medical services. Maintaining a close relationship with public health is key for ongoing collaboration and coordination to support homeless populations.

Other committee members may include the following (*not an exhaustive list*):

<b>CoC Partners</b>	
Street Outreach Teams	Street outreach teams should be deployed by the CoC, when it is safe to do so, to determine how unsheltered people are impacted by the emergency and assess their needs. Street outreach teams are often most familiar with unsheltered individuals' locations and can quickly gain situational awareness and assess needs.
Shelters	Shelters provide lifesaving services for those in need in times of crisis. They bring together large groups of people and are key in keeping people safe, disseminating information, and serving as central hubs or locations where other organizations can meet with people.
Day and Drop-In Centers	Day and drop-in centers are locations to which people experiencing homelessness go for services and be included in primary coalition groups activated when a crisis occurs.
Victim Service Providers	Victim service providers offer trauma-informed, survivor-specific services and should be integrated into all crisis response plans.
Permanent Housing Providers	Include permanent supportive housing and rapid rehousing providers in any emergency response that affects the full community so they may mitigate any disruption in supportive service provision for their tenants.
<b>Community and Service-Oriented Partners</b>	
Faith-Based Organizations	Many faith-based organizations serve people experiencing homelessness but may not be closely connected to the CoC. Establishing and maintaining a connection to faith partners is important for a comprehensive homeless response system that can coordinate quickly in times of crisis.

Culturally Specific Providers	Groups with a history of successfully engaging culturally specific populations in the community will provide expertise and guidance on how to modify approaches and services to be appropriate for all people.
LGBTQ+ Providers	Organizations with a history of serving LGBTQ+ adults and youth are important partners for making services and accommodations safe and welcoming for LGBTQ+ individuals during a disaster.
Behavioral Health	Behavioral health is a central system that supports people experiencing homelessness. Partners can often offer specific resources to support behavioral health needs during times of crisis.
<b>Health Partners</b>	
Healthcare for the Homeless	Many larger communities have one or more <a href="#">Healthcare for the Homeless</a> affiliates dedicated to providing healthcare to people experiencing homelessness. During COVID-19, many Healthcare for the Homeless affiliates functioned similarly to departments of public health in their engagement and care of vulnerable people.
Hospital Systems	Ensuring hospital systems have an awareness and understanding of people experiencing homelessness, including their locations and specific needs, will support a hospital's ability to offer enhanced services for this vulnerable population.
Federally Qualified Health Centers (FQHCs)	Many Federally Qualified Health Centers serve marginalized groups and are a natural liaison between CoCs and vulnerable people who need healthcare services but may be reluctant to access homeless services.
Other Healthcare Partners	Communities should look to other health partners in their community, including harm reduction coalitions, substance use treatment programs, gender-affirming providers or healthcare centers, and HIV/AIDS coalitions.
<b>Local and State Government Entities</b>	
Local Governments	Cities, counties, parishes, etc. take some part in leading and managing different aspects of emergencies. Having direct lines to leadership, funding mechanisms, or other unique support that local governments provide makes them priority groups to have in a coalition.
Public Safety	Law enforcement groups are central to ensuring people are kept safe, especially in chaotic times such as search and rescue, crowd management, and locating vulnerable people. The inclusion of law enforcement and its impact on partners should be discussed with the

	emergency response committee to ensure any involvement is trauma-informed, focused on care, and not punitive in nature.
Tribes	Local Tribes should be invited and encouraged to participate in community-wide emergency preparedness. Although sovereign nations typically have their own emergency preparedness infrastructure, it is critical to coordinate activities between the CoC and the Tribe(s) to ensure Native and Indigenous people are supported on or off of reservation land.
Other Government Partners	Municipal partners such as public utilities, parks, fire departments, etc. can supplement crisis support plans and should be contacted to determine levels of support and capacity during times of crisis.

## Responsibilities

### During an Emergency

Committee responsibilities should focus on people experiencing homelessness during an emergency. Responsibilities include:

- Connecting with groups able to support a particular emergency response (e.g., activation of non-congregate shelter).
- Collaborating with emergency response authorities to incorporate local thresholds for when an organized response is activated (e.g., transmission rates, outbreak status).
- Defining which outcomes, outputs, and activities are the CoC’s responsibility and which are outside its scope and resources (e.g., the public health department initiates quarantine protocols).
- Identify roles and responsibilities of CoC-supported organizations during an emergency (e.g., food distribution, supportive service delivery).
- Outline CoC member expectations for continuity of communication (e.g., contingency plans for communicating if electricity is disrupted for days or cell towers are destroyed, and for operations if daily CoC activities are disrupted).
- Coordinate ongoing participation in local training and educational opportunities for the CoC (e.g., enhanced sanitation protocols, isolation-in-place implementation).

### During Non-Crisis Times

Activities that an emergency response committee should complete in non-crisis times include the following.

## Written Plan of Action

CoCs should create emergency plans, similar to [severe weather protocols](#), that outline roles and responsibilities. These documents provide a guide to help the system know which groups to activate when a crisis arises and how to quickly assemble necessary

groups. Templates that CoCs can adapt have been released by [Ready.gov](https://www.ready.gov), [the Federal Emergency Management Agency \(FEMA\)](https://www.fema.gov), and the [Centers for Disease Control and Prevention](https://www.cdc.gov).

Although every community’s plan will look different based on local characteristics, several components are critical to all effective emergency plans.

Emergency Plan Components	
Definitions	<p>A definitions section is helpful to establish a baseline of knowledge. Example definitions include:</p> <p><i>Disaster</i>—any occurrence or series of occurrences that would significantly disrupt the normal operations of an agency and possibly jeopardize the safety, health, and well-being of agency staff. The following classifications are used in defining a disaster:</p> <ul style="list-style-type: none"> <li>• Accident—fire, explosion, medical, transportation, etc.</li> <li>• Environmental—earthquake, hurricane, power failure, etc.</li> <li>• Public health—pandemics, infectious disease outbreaks, etc.</li> <li>• Human origin—riot, sabotage, arson, physical violence, etc.</li> </ul> <p><i>Emergency</i>—any occurrence or condition that requires prompt and immediate action to remedy any possible negative effects.</p> <p><a href="#"><i>Emergency Support Function</i></a>—provide the structure for coordinating federal interagency support for a federal response to an incident.</p> <p><a href="#"><i>Recovery Support Function</i></a>—a Department of Health and Human Services recovery support function assisting local community-led recovery efforts to restore and improve public health, healthcare, and social service networks affected by disasters and health emergencies.</p>
Contact Information	<p>An emergency plan should include contact information for shelters, CoC member organizations, and key groups necessary to call in during times of crisis. Listings should include the organization name, contact information, the name and title of the person in a particular role identified, and, when possible, a backup contact.</p>
Decision Makers	<p>Define who or what entities have the authority to make decisions in your community. There will not be one entity that makes all decisions as entities have different authorities and/or jurisdictions. Example: <a href="#">The Maine Department of Health &amp; Human Services Continuity of Operations Plan</a>.</p>
Communication Plan	<p>A communication plan is a critical disaster tool that documents how, and with whom, CoCs should share information during a crisis. CoCs can assume that public health officials will be primarily responsible for communicating with the public during a health emergency, including issuing guidance on key aspects of mitigation</p>

	<p>efforts such as vaccination, sanitation, and reporting. For natural disasters, local emergency management is the primary point of contact for information about evacuation routes, shelters, and other pertinent information. It is important to understand and expect that information will change over time as an emergency evolves, which underscores the importance of open and clear communication channels between CoC leadership, local emergency management, and public health officials.</p>
<p>Activation Thresholds</p>	<p>Activation thresholds are the determinations of when a crisis response should be activated. The decision to activate the plan is tailored to the situation and based upon anticipated (or actual) impact and severity. Examples of threshold questions and decisions can be found in this <a href="#">FEMA template</a>.</p>
<p>Transportation</p>	<p>Communities should plan for how people experiencing homelessness will access services when transit systems are unavailable. Emergency plans should identify alternative methods of transportation such as organization-owned vans, buses, etc., and include provisions for transporting individuals with disabilities.</p>
<p>Safety Planning</p>	<p>Communities should plan for where people experiencing homelessness can go to receive immediate lifesaving services such as shelters, medication access, food and infant formula, and mental health and substance abuse services. Communities should define what services are time-critical and create a plan to ensure access to them.</p>

## Planning Work

During non-crisis times, emergency response committees should focus on the following:

- Review and refine existing crisis response plans that impact people experiencing homelessness and other vulnerable populations.
- Study critical emergency management information such as evacuation routes and shelter-in-place locations.
- Plan for different inclement weather events, including longer-term issues like the winter season and extreme heat as well as one-time weather events such as hurricanes or floods.
- Determine budget considerations needed to activate and implement an emergency plan.
- Review and refine existing sanitation standards for emergency shelters and places where unsheltered people congregate.
- Take inventory of personal protective equipment and other crisis-related supplies.
- Practice community-wide preparedness exercises for different crisis events.

- Attend disaster preparedness training programs.
- Evaluate previous disaster responses (see the section on after-action debriefs below).

### **Meeting Frequency**

Although meeting frequency will vary based on need, this committee should convene at least quarterly during non-crisis times to prepare for future events, review actions taken in past emergencies, and ensure that new people serving in essential roles review and understand committee objectives and documents and are welcomed into the group.

### **After-Action Debriefs**

After an emergency passes, the group may consider formally documenting actions taken during the emergency, including successes and lessons learned. Specifics might include communication between groups, what entities were involved, when and how they were activated (i.e., thresholds for activation), the duration of their involvement, funding (including how it was secured), and the process/protocols utilized during the emergency. Each emergency will be unique with different specifics to be discussed; this [template from USAID](#) may help inform local agendas.

## **Conclusion**

During the COVID-19 pandemic, effective emergency response management has been paramount in protecting the most vulnerable people in our communities. As a new phase of the pandemic begins alongside an increasing number of large-scale natural disasters, taking the time to address emergency management and response through CoC governance structures will better prepare CoCs for future responses. Having key partners at the table, including those with lived experience of homelessness and those representing minoritized groups, can help ensure those experiencing homelessness have access to necessary services in an emergency. By embracing these efforts, CoCs can build scalable plans for disaster response that are easily adapted and quickly activated to ensure equitable and non-interrupted service delivery.

*If your community needs additional assistance, HUD recommends submitting a request for technical assistance. Requests can be made through the [HUDEXchange Technical Assistance Portal](#). If technical assistance resources are available and the request is approved, a HUD technical assistance provider can offer on-call or onsite technical assistance depending on the complexity of the need.*