

COVID-19 Planning and Response: Reinforcing the Homelessness Crisis Response System: Lessons Learned from Seattle & King County

March 31, 2020

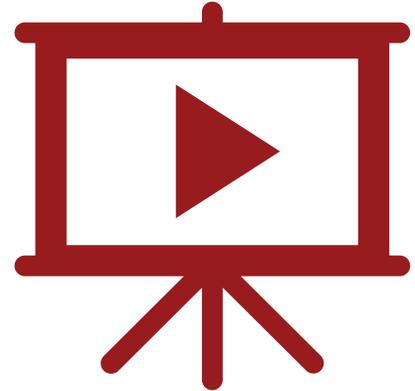
2:00pm-3:30pm ET





Webinar Format

- 90 minute webinar
- Approximately 30-35 minutes for questions
- Use the question and answer feature at any time – we will get to as many as we can during Q&A at the end of the webinar
- If you are having technical difficulties, try exiting the webinar and logging back in
- For resources and answers to more specific questions, visit [the USICH COVID-19 page](#) and/or use the [HUD Exchange Ask-A-Question \(AAQ\) Portal](#)



This webinar will be recorded and posted to www.usich.gov within 2-3 days.

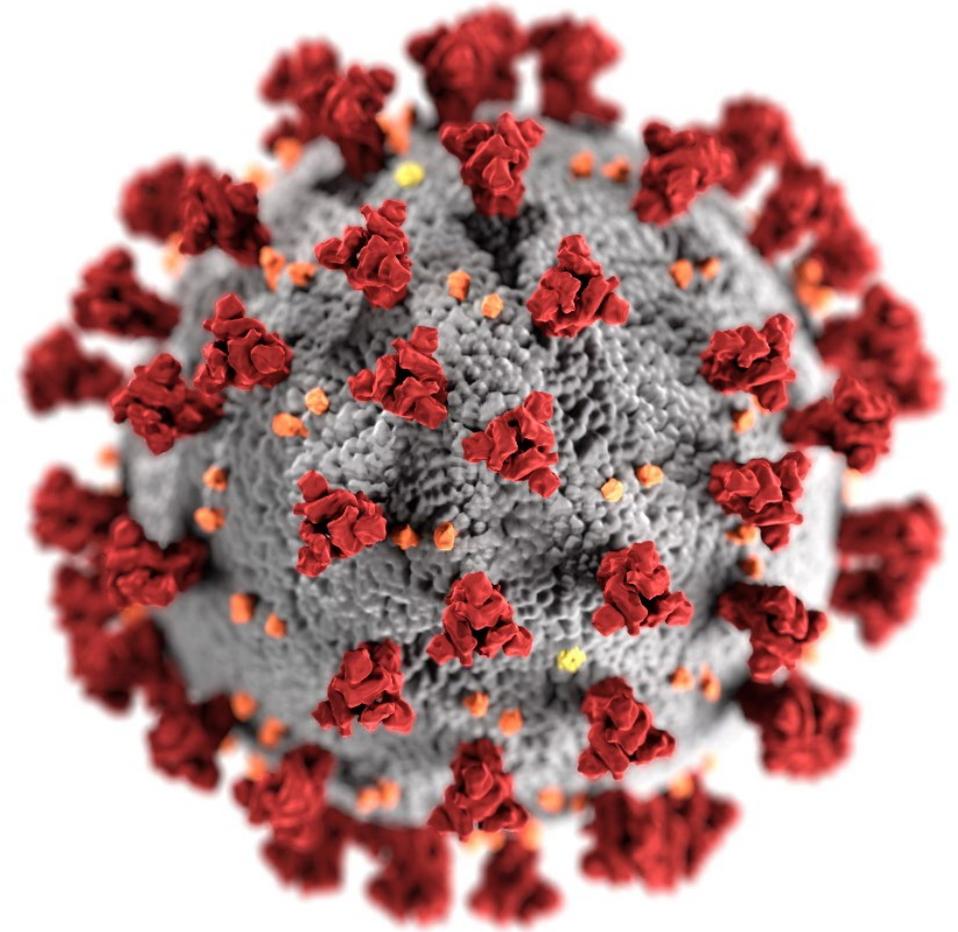


Webinar Agenda

- Intros/overview
- CDC overview – **Emily Mosites**, PhD, MPH, Epidemiologist, Centers for Disease Control and Prevention
- Seattle-King County
 - **Kate Speltz** – Homelessness Task Force Services Lead
 - **Charles Schrag** - Homelessness Response Coordinator
 - **Chante Stubbs** - Homelessness Response Unsheltered Lead
- Moderated Q&A
- Wrap-up and closing

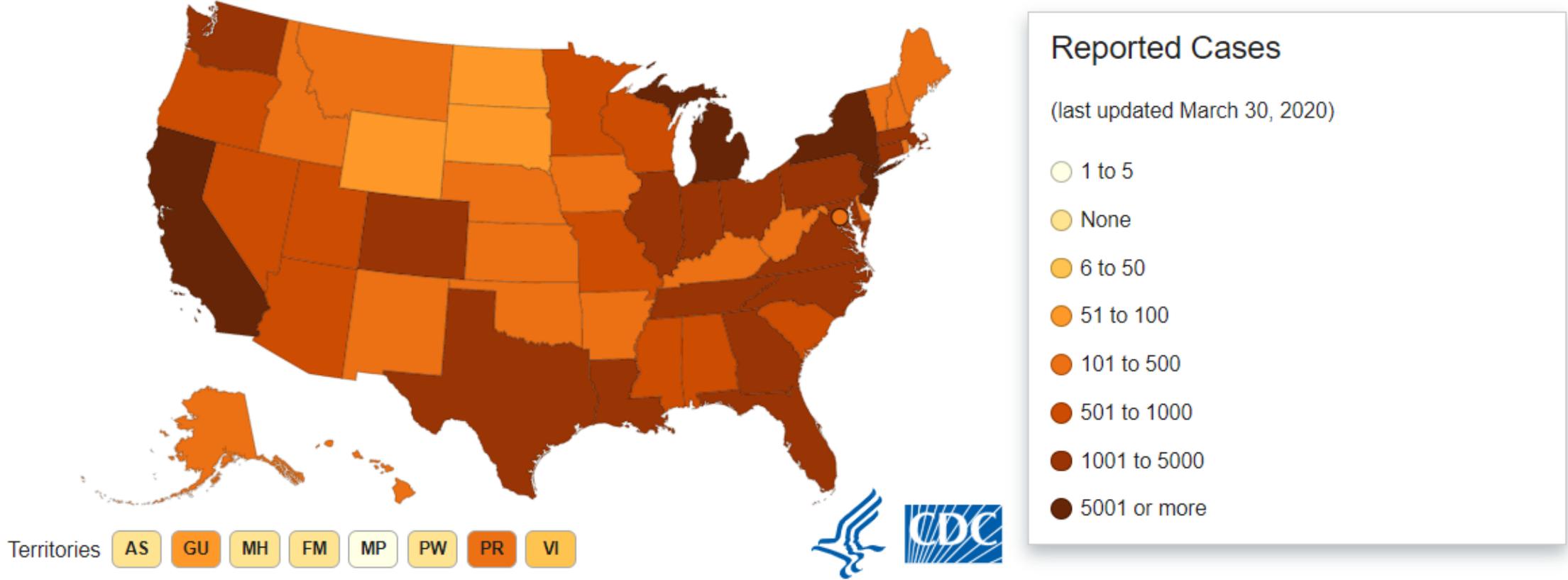
Emily Mosites, PhD MPH
At Risk Population Task Force
COVID-19 Response
Centers for Disease Control and Prevention

March 31, 2020



For more information: www.cdc.gov/COVID19

Over 140,000 cases reported to CDC as of 3/30/20



COVID-19 and homelessness

Possible higher risk of contracting COVID-19 and of severe disease

- Congregate shelters, food services, and other service facilities
- Older adults
- High prevalence of underlying medical conditions

Possible difference in trajectory of COVID-19 cases

- Cases beginning to occur over the past two weeks
- Peak of cases might be later
- Localized outbreaks



CDC guidance related to homelessness

Guidance for shelters and other service providers:

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>

Guidance for people experiencing unsheltered homelessness:

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>



New tool: Shelter screener

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/>

1. Determine if the client has a fever, by:

- Taking their temperature using a temporal thermometer (see box), or
- Asking “Have you felt like you had a fever in the past day?”

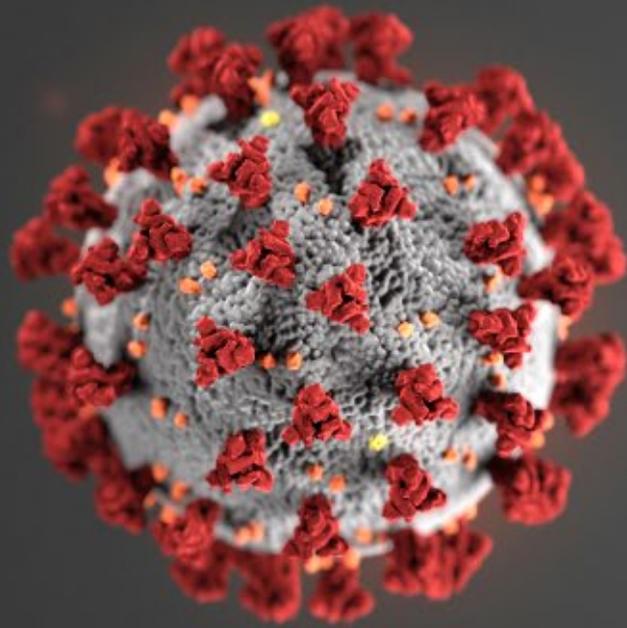
2. Ask the client “Do you have a new or worsening cough today?”

If the client has a fever **OR** a new/worsening cough:

1. Provide a facemask for the client to wear over their nose and mouth, if facemasks are available and if the client can tolerate it.
 - a. If facemasks are not available, advise the client on cough etiquette and provide tissues.
2. Notify management and appropriate healthcare providers, as available
3. Direct them to an isolation room if available, or an available space in the area designated for symptomatic persons
 - a. If your shelter does not have an area for symptomatic people, redirect the person to the location prespecified by your CoC, public health department, and community leadership
4. Let the client know:
 - a. If their symptoms worsen, they should notify someone immediately
 - b. Not to leave their room/the symptomatic area except to use the restroom
 - c. If they leave their room/the symptomatic area, they must wear a mask

Use standard shelter protocols for medical emergencies.





For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



King County Washington COVID-19 Response

Reinforcing the Homeless Response System

Kate Speltz

Charles Schrag

Chante Stubbs

Our Goal:

Slow the spread and preserve hospital capacity

- Programs/Institutions: Slow the spread by supporting programs to stay open & implement PHSKC mitigation guidance
- People: Slow the spread by keeping or getting people in the right level of sub-hospital care—so hospitals can keep providing care to those who need it.

Team Approach

- **PHSKC** Public Health—Seattle & King County (PHSKC) w/ **CDC** Input
- **DCHS** King County Department Community & Human Services
- **FMD** King County Facilities Management Division
- **HSD** Seattle Human Services Department
- **HCHN** Healthcare for the Homeless Network
- **METRO**
- **Community Partners & Providers**

Reinforce the Homeless Service System: Slow the Spread & Keep Hospitals for People Who Need Emergent Care

- Issuing Guidance for Shelters, Day Centers and housing
- Communicating with Providers
 - www.kingcounty.gov/covid/homeless
- Distributing Hygiene and Sanitation Supplies via Online Ordering
- Hygiene and Sanitation
- Shelter De-intensification
- FAST Teams to provide onsite technical assistance for shelters and day centers
- “Strike Teams”
- Unsheltered Response and Outreach Coordination



Shelter Risk Factors:

Too few shelters + too densely populated + high incidence of risk factors = highly vulnerable

- Our existing shelter system is too small, & difficulty siting/funding facilities has driven us to maximize density of people within shelters that we have
- The risk factors for who COVID-19 harms most:
 - older people,
 - people with underlying health conditions,
 - people without the means or facilities to implement Public Health guidance around hygiene, social distancing, and self-isolation/quarantine.

Limited Isolation & Quarantine Capacity

- **Isolation** (for confirmed cases) & **Quarantine** (for possible/suspected cases) are science-informed, Public Health-recommended strategies to slow the spread, “flatten the curve”, & maintain hospital capacity for emergent care—I/Q are Public Health interventions to help the community.
- Most County residents will I/Q in their own home, without oversight or awareness by their communities or neighbors.
- Some people will need publicly-provided I/Q because they have no home or because returning home would risk infecting vulnerable family members—and we cannot afford to use hospitals as proxy I/Q facilities.
- Early lessons are that individual I/Q settings require tailored supports to enable persons with substantial supportive service need to I/Q; ...but the alternative is either using hospital capacity to house the person (also voluntary) or letting the person go back into the community without any support, supervision, or awareness of where they will go.

No Pre-Existing Congregate Recovery Capacity

- We have no ready-made Emergency Congregate Care System if Hospital System overload and Shelter System inadequacy overwhelm resource-intensive I/Q approaches.
- Early indications from other countries are that hospitals will become overcrowded without other places to congregate large numbers of persons with symptoms or diagnoses, but who do not require emergent care—this approach anticipates and solves for that issue.

Coordination through Information: Key Guidance

Ensuring stakeholders have information that is easy to read, interpret, and put into action.

Day Centers

Key Considerations:

- Hydration of clients
- Staff considerations
- High Risk individuals
- Cleaning schedules

Shelters

Key Considerations:

- Appropriate use of masks
- Signage
- Increased cleaning
- Severe vs Mild symptoms

Supportive Housing

Key Considerations:

- Laundry
- Self isolation
- Cleaning communal spaces
- Visitors

Outreach-Done

Key Considerations:

- Screening Clients
- Appropriate PPE
- Engaging with clients
- Transporting clients
- Items to carry with you

Communicating with Homeless Service Providers

Website: www.kingcounty.gov/covid/homeless

- Subscription list
- Sanitation and Hygiene Info
- Guidance documents
- Host regular meetings
- Shared email address for COVID Communication
i.e. HumanServices_COVID@government.gov
- Send regular updates and alerts via email

King County
Coronavirus: Homelessness System Response

New COVID Guidance and Information

Topics Covered in this Email Update

- Reporting Concerns About a COVID-19 Cluster
- Free COVID-19 Testing for People At High Risk and Without Access to Health Care
- What to do if you were potentially exposed to someone with a confirmed case of COVID-19?
- Managing Personal Protective Equipment (PPE) Shortages
- Overdose Prevention and Harm Reduction During COVID-19 Pandemic
- Primary Care Guidance Documents
- New Online "Marketplace" for Donations
- Resources for Families with School-Age Children
- King County Hosting Semi-Weekly Calls on sanitation/hygiene and other COVID guidance for Homeless Service Providers

Reporting Concerns About a COVID-19 Cluster

Public Health - Seattle & King County has developed a form to report concerns about a case, cluster or outbreak in a healthcare or social service setting including homeless shelters and supportive or transitional housing. The form can be found [HERE](#).

In addition to the form above, if you are a homeless service provider and believe you or someone in your program was exposed to a confirmed case of COVID-19 contact our novel coronavirus call center: [206-477-3977](tel:206-477-3977). The Call Center is taking calls 8 AM to 7 PM, 7 days per week.

Public Health — Seattle & King County

Public Health Centers and other office locations

Health care services for people living homeless

Healthcare for the Homeless Network (HCHN)

COVID-19 Homelessness Response

Hepatitis A facts and resources

Health care services

For health care providers

For homeless service providers

Data and reports

Mobile medical care

About us

Home » Public Health — Seattle & King County » Public Health Centers and other office locations » Health care services for people living homeless » Healthcare for the Homeless Network (HCHN) » COVID-19 Homelessness Response

COVID-19 Homelessness Response

Sign up for COVID Homelessness Response email alerts and receive up-to-date information related to King County's COVID-19 response for people experiencing homelessness.

King County Novel Coronavirus Call Center

If you are in King County and believe you were exposed to a confirmed case of COVID-19, or if you're a healthcare provider with questions about COVID-19, contact our novel coronavirus call center: [206-477-3977](tel:206-477-3977). The call center will be open daily from 8 AM to 7 PM PST.

For general questions about COVID-19, call the Washington State Novel Coronavirus Call Center at [800-525-0127](tel:800-525-0127).

Guidance documents

- COVID-19 Clinical Decision Guidance for Outpatient Settings
- COVID-19 preparedness planning
- COVID-19 Street Outreach - Interim General Guidelines for Staying Safe
- Flowchart to Identify and Assess 2019 Novel Coronavirus — Mobile Medical Van
- Flowchart to Identify and Assess 2019 Novel Coronavirus — Phone Contact
- Flowchart to Identify and Assess 2019 Novel Coronavirus — Primary Care In-Person Visit
- Frequently Asked Questions About Homelessness and COVID-19
- Home Isolation guidance for families and individuals living in permanent supportive housing
- How and when to disinfect surfaces
- Interim guidance on COVID-19 for homeless service providers
- Interim guidance on how to care for someone with symptoms consistent COVID-19
- Overdose prevention and harm reduction guidelines during COVID-19 pandemic
- Quick tips for what shelters and other homeless programs need to know

Sanitation & Hygiene Guide for Homeless Service Providers

This guide is for staff, volunteers, clients, and residents who are involved in the day-to-day operations of shelters, tiny home villages, day centers, and other communities that serve people experiencing homelessness. It will also be useful for management staff and contract monitors who are involved in setting up, equipping, and supporting these facilities.

Stop Germs, Stay Healthy!

Wash hands often for 20 seconds

Cover coughs and sneezes

When sick, stay home

Don't touch

Public Health

Stop Germs, Stay Healthy!
Hand washing posters available in 22 languages.

COVID-19 Homeless Response meetings

Select a scheduled event in the calendar to reveal details.

hchncovid15@gmail.com

Monday, March 30

Tuesday, March 31

- 11:00am Covid-19 Question & Answer Session

Wednesday, April 1

- 2:00pm Covid-19 Homeless Service Providers Response Call

Thursday, April 2

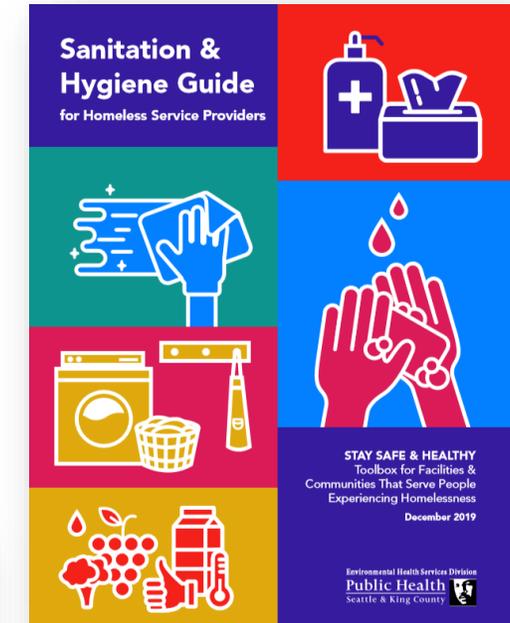
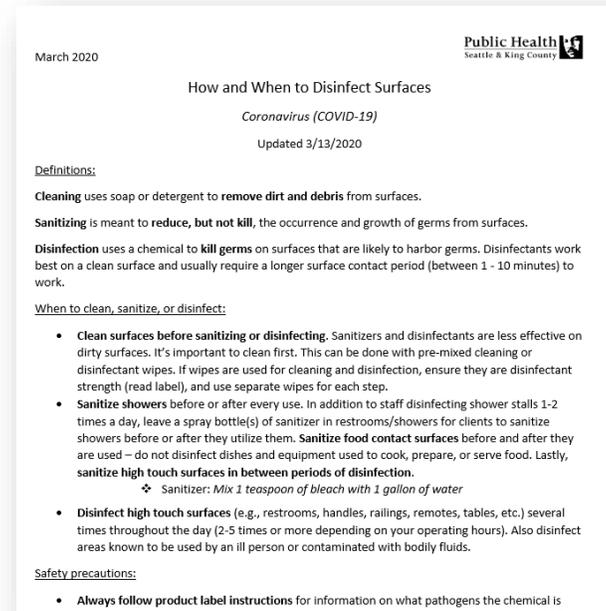
Hygiene and Sanitation Supply Distribution

- Ordering via online form
- Order early, be open to alternatives
- Distribution times twice a week
- Multiple partners:
 - King County Facilities and Maintenance Division
 - City of Seattle- Human Services Department
 - United Way- King County
 - King County Emergency Operations Center



Environmental Health: Hygiene/Sanitation and COVID Guidance

- Consultation with direct service staff
 - Consultation with providers via weekly calls and emailed questions
- Online training resources
 - Webinar
 - Sanitation and Hygiene Guide
 - COVID Specific Guidance



De-intensification of Existing Shelters

PRIORITIZATION FACTORS:

- Size of shelter and existing spacing
- Concentration of persons 60 and over

APPROACHES:

- Motel “Vouchers”
- Expanding Space for Shelters (additional locations)
- Centralized cleaning for high-traffic facilities
- Leasing Motels



- Field Assessment Support and Technical assistance (FAST) Team
- Proactive support to help programs and agencies:
 - Assess sanitation, hygiene and infection control compliance
 - Align with County approved guidance, while considering needs specific to program/agency sites
 - Assess the need for additional supplies and connect to resources
- Current focus on priority sites, determined via a vulnerability assessment

- **Challenges:**

- Ensuring appropriate staffing
- Need may outweigh FAST capacity
- Determining how to best operationalize consultations in times of low capacity

- **Lessons Learned:**

- An Integrated Clinical and Environmental Health lens is key
- Creating a system for prioritization of sites can help you:
 - pinpoint areas of greatest need, and
 - Equitably distribute FAST resources in times of low capacity
- Telephonic consultations have been successful
- Standards of Practice related to hygiene and sanitation may be extremely helpful when considering densification and/or adding additional shelter

Flow Chart for Individual and Facility Support

Call Center Responder

Determines Housing and Priority Status of Individual

Communicable Disease and Epidemiology (CD/EPI)

Case Investigation and Deploys Individual and Facility Supports

Individual Support from I&Q Team
for COVID + and Pending Test Results

Facility Support from STRIKE and MAT Teams
Follows the lead of CD/Epi and provides on site support for COVID+ cases and clusters

Initial Contact with individual, Healthcare Provider, and Homeless Service / Operator

Homeless Strike Team
works with provider to identifying close contacts, monitoring for symptom development and targeted environmental interventions to help lower the risk of spread

Apply Public Health Seattle King County
Prioritization Policy

Unit Placement
as beds are available in I/Q Facilities

MAT
On Site Testing

Unsheltered Response and Outreach Coordination

- Equipping Outreach Staff with Information and Resources

- Weekly Outreach Calls:

- Discuss Guidance
- Overview of updated and/or new information
- Opportunity for providers to voice concerns, questions, or suggestions

- Centralized supply orders:

- PPE and Hygiene supplies to help staff stay safe while in the field
- Outreach supplies to help promote social distancing and health maintenance for those who are living unsheltered, including:



Tents and Tarps



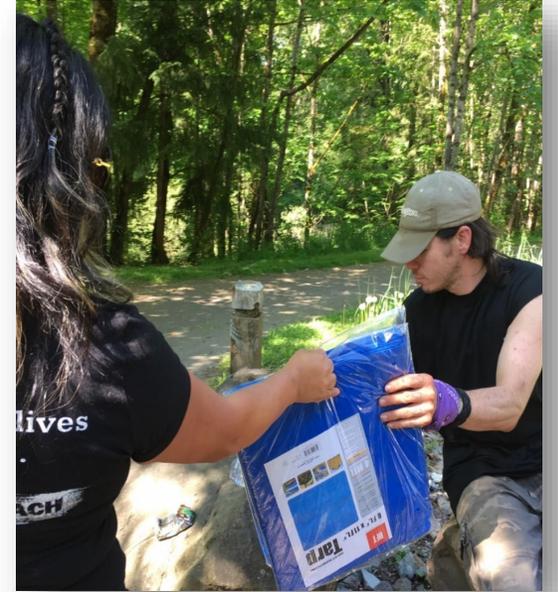
Blankets



Sleeping Bags



Socks



Unsheltered Response and Outreach Coordination Cont.

Helping people who are unsheltered stay safe

- Efforts related to food access and emergency food provision
- Deployment of temporary hand washing stations, portable restrooms, and other hygiene resources
- Continued access to medical and behavioral health care
- Access to COVID-19 testing

- Discontinuation of “sweeps”
- Identification of resources related to phone and charger access
- Provision of information to help people self-monitor their symptoms



Key Points

- No one single approach is THE answer
- Staffing is a critical constraint – particularly as programs are spread across more space or move to 24/7
- Collaboration and communication are essential to enacting a strong response
- Centralized supply orders ensures that all programs have access to supplies and resources needed
- Maintaining usual services is challenging, since staff may be redeployed to other COVID specific response system.
- Implement quickly but thoughtfully, continually learning and incorporating lessons



www.kingcounty.gov/covid/homeless





Q&A



Resources

- [CDC and Guidance for Homeless Shelters](#)
- [USICH: COVID-19 resources](#)
- Contact your USICH Regional Coordinator using our [State Data and Contacts Map](#) (click on your state to find your RC)

Resources for CoCs and Homeless Assistance Providers on the HUD Exchange

Infectious Disease Prevention & Response page on HUD Exchange

- [Infectious Disease Toolkit for CoCs](#)
- [Specific Considerations for Public Health Authorities to Limit Infection Risk Among People Experiencing Homelessness](#)
- [Questions to Assist CoCs and Public Health Authorities to Limit the Spread of Infectious Disease in Homeless Programs](#)
- Submit a question on the [HUD Exchange Ask-A-Question \(AAQ\) Portal](#)





www.usich.gov