

# **COVID-19 Planning and Response: Assessment and Recovery Centers: Lessons Learned from Seattle & King County**

April 13, 2020

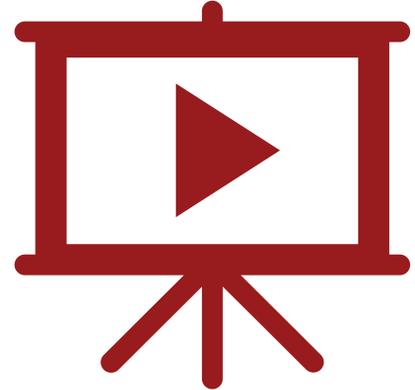
2:00pm-3:30pm ET





# Webinar Format

- 90 minute webinar
- Approximately 30 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](http://www.usich.gov) within 2-3 days.*

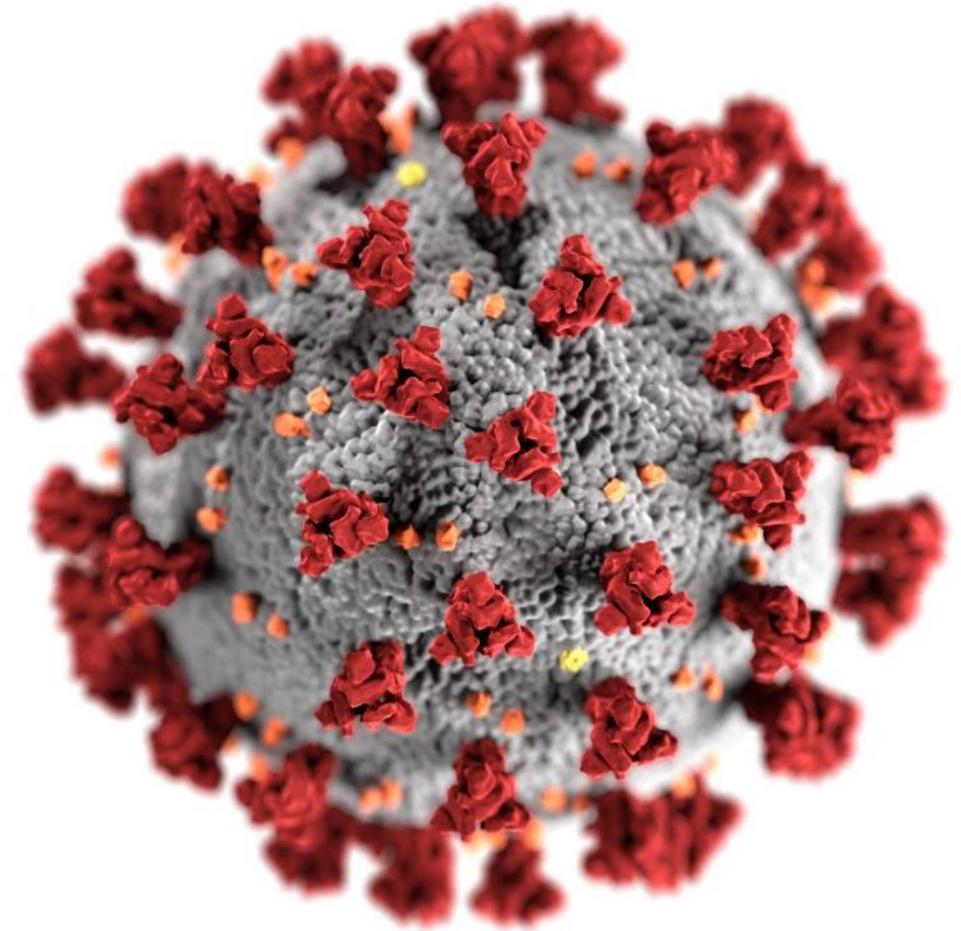


# Webinar Agenda

- Intros/overview
- CDC overview – **Emily Mosites**, PhD, MPH, Epidemiologist, Centers for Disease Control and Prevention
- HUD overview – **Marlisa Grogan**, Special Needs Assistance Specialist
- Seattle-King County
  - **Mark Ellerbrook** – Division Director, Housing & Community Development
  - **Brian Henry** – Senior Transportation Planner
- Moderated Q&A
- Wrap-up and closing

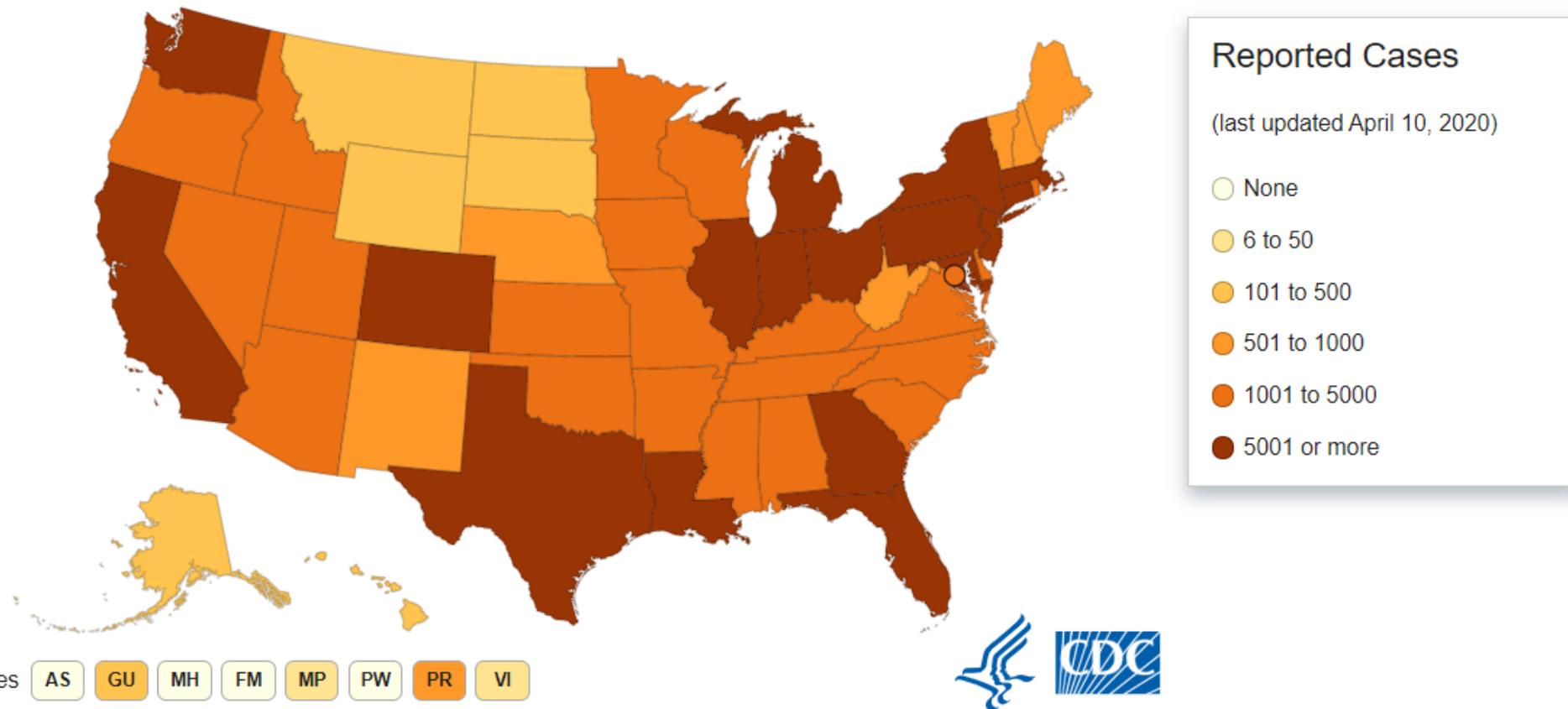
**Emily Mosites, PhD MPH**  
**At Risk Population Task Force**  
**COVID-19 Response**  
**Centers for Disease Control and Prevention**

## **COVID-19 and Homelessness**



For more information: [www.cdc.gov/COVID19](https://www.cdc.gov/COVID19)

# Over 525,000 cases reported in the United States



# CDC materials related to homelessness

Under “Schools, workplaces, and community locations”

## Interim Guidance for Homeless Service Providers

### Plan, Prepare and Respond to Coronavirus Disease 2019 (COVID-19)

This interim guidance is based on what is currently known about [Coronavirus Disease 2019 \(COVID-19\)](#). The Centers for Disease Control and Prevention (CDC) will update this interim guidance as needed and as additional information becomes available.

#### In this guidance

- Before a COVID-19 outbreak occurs: Plan
- During a COVID-19 outbreak: Act
- After a COVID-19 outbreak: Follow-up
- Readiness Resources

Persons experiencing homelessness may be at risk for infection during an outbreak of COVID-19. This interim guidance is intended to support response planning by homeless service providers, including overnight emergency shelters, day shelters, and meal service providers.

COVID-19 is caused by a new virus. There is [much to learn about the transmissibility, severity, and other features of the disease](#). Everyone can do their part to help plan, prepare, and respond to this emerging public health threat.

CDC has developed recommendations for homeless service providers about how to protect their staff, clients, and guests. The Before, During, and After sections of this guidance offer suggested strategies to help homeless service providers plan, prepare, and respond to this emerging public health threat.

### Before a COVID-19 outbreak occurs in your community: Plan

Although it is not possible to know the course of the outbreak of COVID-19 in the United States, [narrating now is the best way to protect people experiencing homelessness](#). Homeless service providers

Shelters and other service providers

Unsheltered homelessness

Frequently asked questions

Screening tool



# Communications Materials - Homelessness

## PERSONS EXPERIENCING HOMELESSNESS

### How to Protect Yourself

#### KNOW HOW COVID-19 SPREADS



- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- The best way to prevent illness is to avoid being exposed to this virus.
- The virus is thought to spread mainly from person to person.
  - » Between people who are in close contact with one another (within about 6 feet).
  - » Through respiratory droplets produced when an infected person breathes, coughs, or sneezes.
  - » These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.



**To keep others from getting sick, separate yourself from other people until your fever has been gone for at least 3 days and it has been at least 1 week since your symptoms started.**



**While you are separating yourself, make sure to**



- Avoid common areas or areas where many people gather.
- Stay at least 6 feet away (about two arm lengths) from other people.
- If you usually sleep close to someone else, make a space for yourself (or ask for help to make a space) by using dividers like sheets, curtains, or other barriers.



- If you can, use a different bathroom from other people.
- If you must be around other people, wear a mask if you have one. Or, if you are requested to wear a mask, please do.

## ■ Flyers/Posters

- Symptoms
- What to do when sick
- Social distancing
- How to take care of others
- How to protect yourself

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

# Infection Prevention and Control: Alternate Care Sites

## Coronavirus Disease 2019 (COVID-19)

CDC > Coronavirus Disease 2019 (COVID-19) > Healthcare Professionals > Infection Control



### 🏠 Coronavirus Disease 2019 (COVID-19)

Symptoms & Testing +

Prevent Getting Sick +

Daily Life & Coping +

If You Are Sick +

People Who Need Extra Precautions +

Frequently Asked Questions

Travel +

Cases & Surveillance +

## Alternate Care Sites

Infection Prevention and Control Considerations for Alternate Care Sites

### Summary of Changes

- Updated to align with the level of care categories defined in the [Federal Healthcare Resilience Task Force Alternate Care Sites \(ACS\) Toolkit](#)   , which include General (non-acute) Care and Acute Care

### Key Concepts

- Establishing alternate care sites will help address surge in the response to COVID-19.
- Since care will be provided in a non-traditional environment, it is critical to ensure these facilities can support the implementation of recommended infection prevention and control practices.

### On This Page

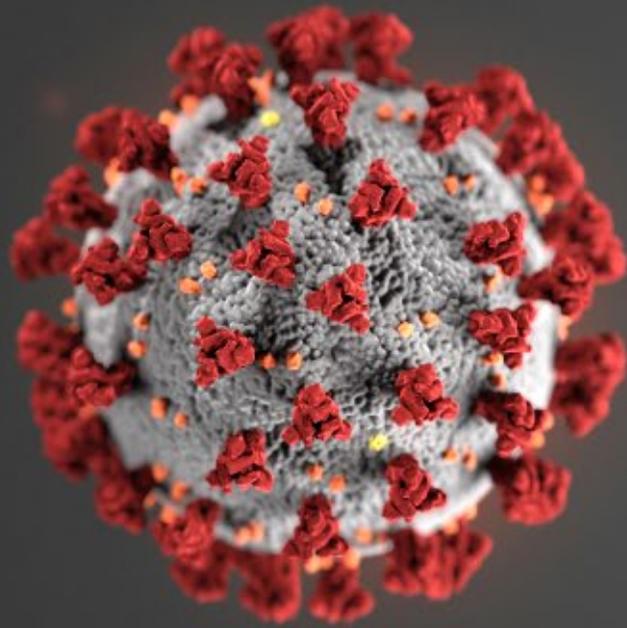
[Key Concepts](#)

[Physical Infrastructure](#)

[Services](#)

[Patient Care Considerations](#)





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



# KC COVID-19 Response

- Assessment Center/Recovery Center
  - Transportation for Pandemic Response
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MARK ELLERBROOK – DEPT OF COMMUNITY & HUMAN SERVICES

BRIAN HENRY – KING COUNTY METRO



# Context

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OUTBREAK AND RESPONSE IN KING COUNTY

# Virus Outbreak in King County

## Summary of counts:

## New since yesterday

"Since yesterday" includes new results reported to us as of 11:59 the night before. This does include delayed results from previous days.

**Positive:**

**4,117**

**+ 231**

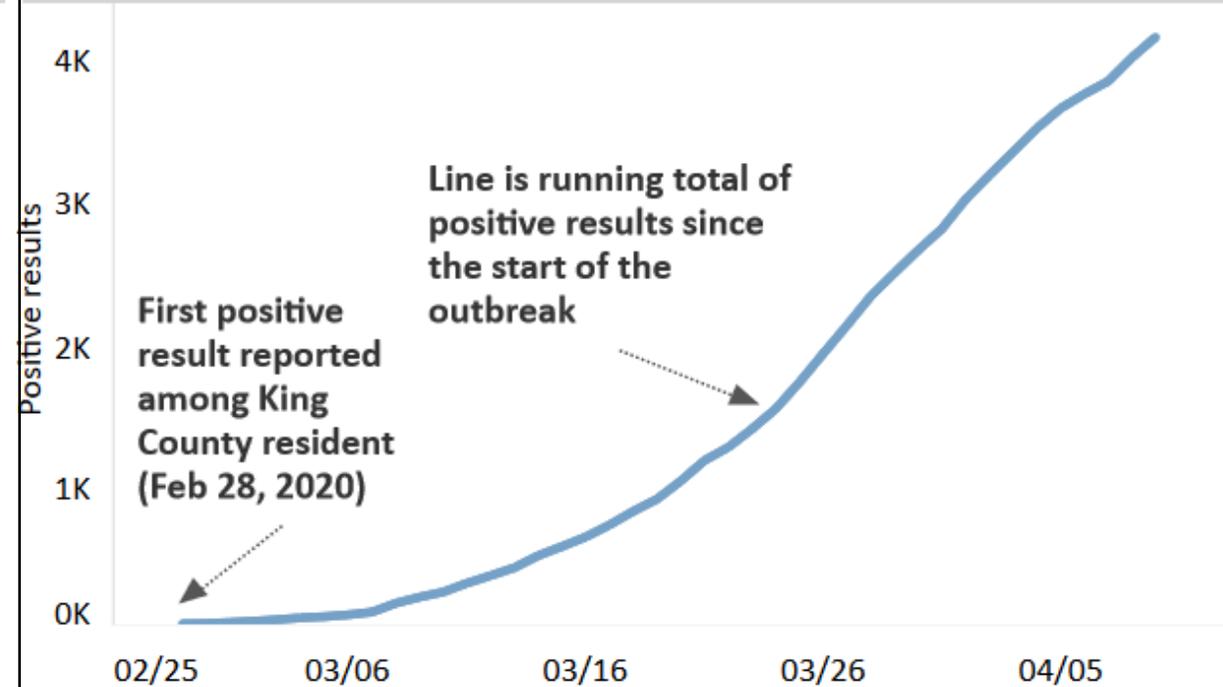
**Deaths due to COVID-19 illness:**

**277**

6.7% of positive results

**+ 19**

## Cumulative counts by test result date



# Public Health Order

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- On March 28, 2020, Health Officer Dr. Jeff Duchin issued a Quarantine Directive and Isolation Order to protect the health of our community and prevent the spread of COVID-19.
- The order requires that everyone with COVID-19 symptoms who has a test result pending shall remain in quarantine while waiting for the test results, and that everyone who has tested positive for COVID-19 shall remain in isolation until no longer infectious.

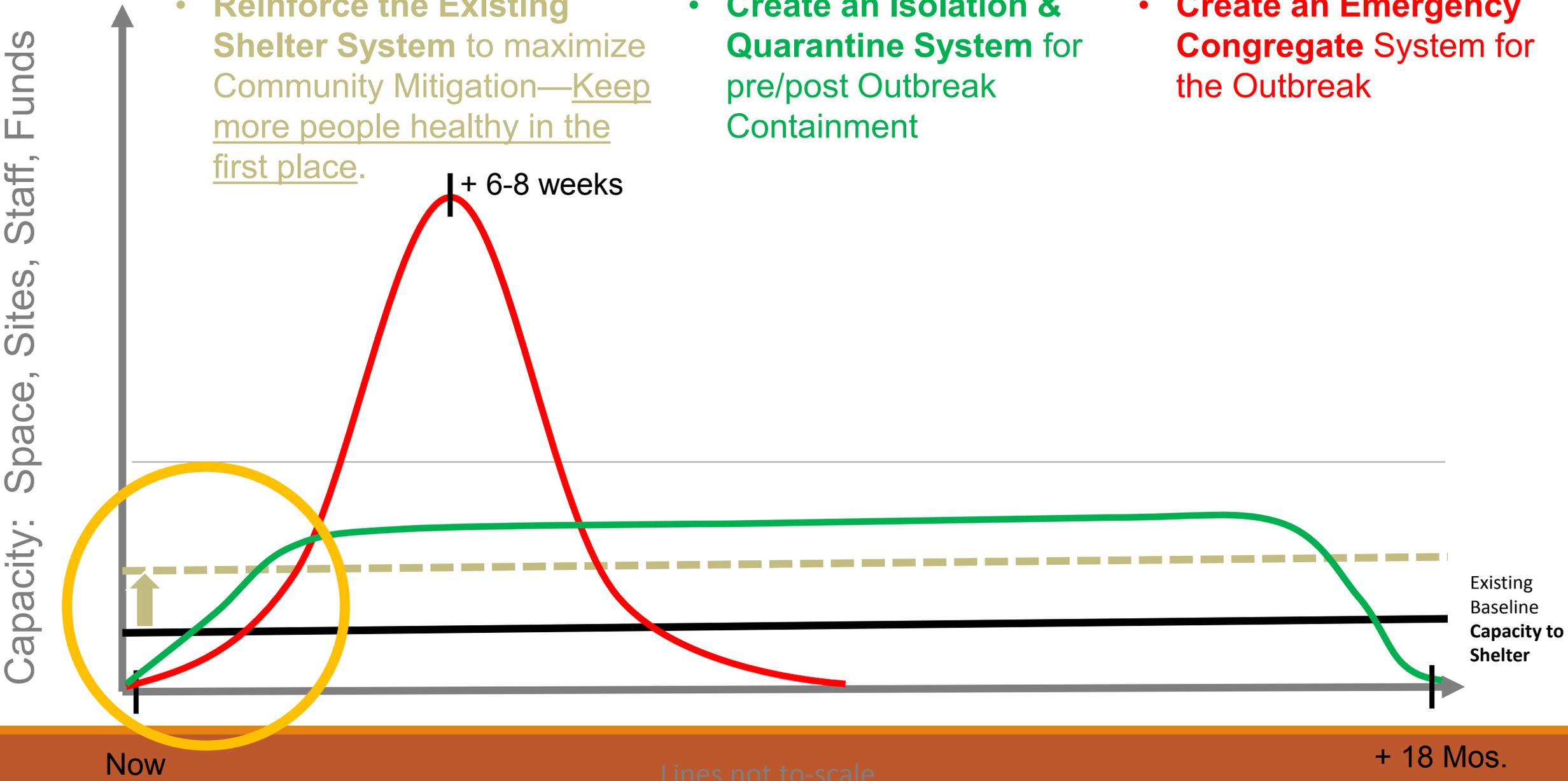
# Assessment Center/ Recovery Center

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A SURGE RESPONSE

# We have three simultaneous strategies to slow the spread

- Reinforce the Existing Shelter System to maximize Community Mitigation—Keep more people healthy in the first place.
- Create an Isolation & Quarantine System for pre/post Outbreak Containment
- Create an Emergency Congregate System for the Outbreak



Lines not to-scale

# Isolation/Quarantine vs. AC/RC

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## Isolation and Quarantine

- Is Public Health Best Practice
- Individual Rooms for People of Interest
- Quarantine
  - For people exposed
- Isolation
  - For people who are positive

## Assessment Center/Recovery Center

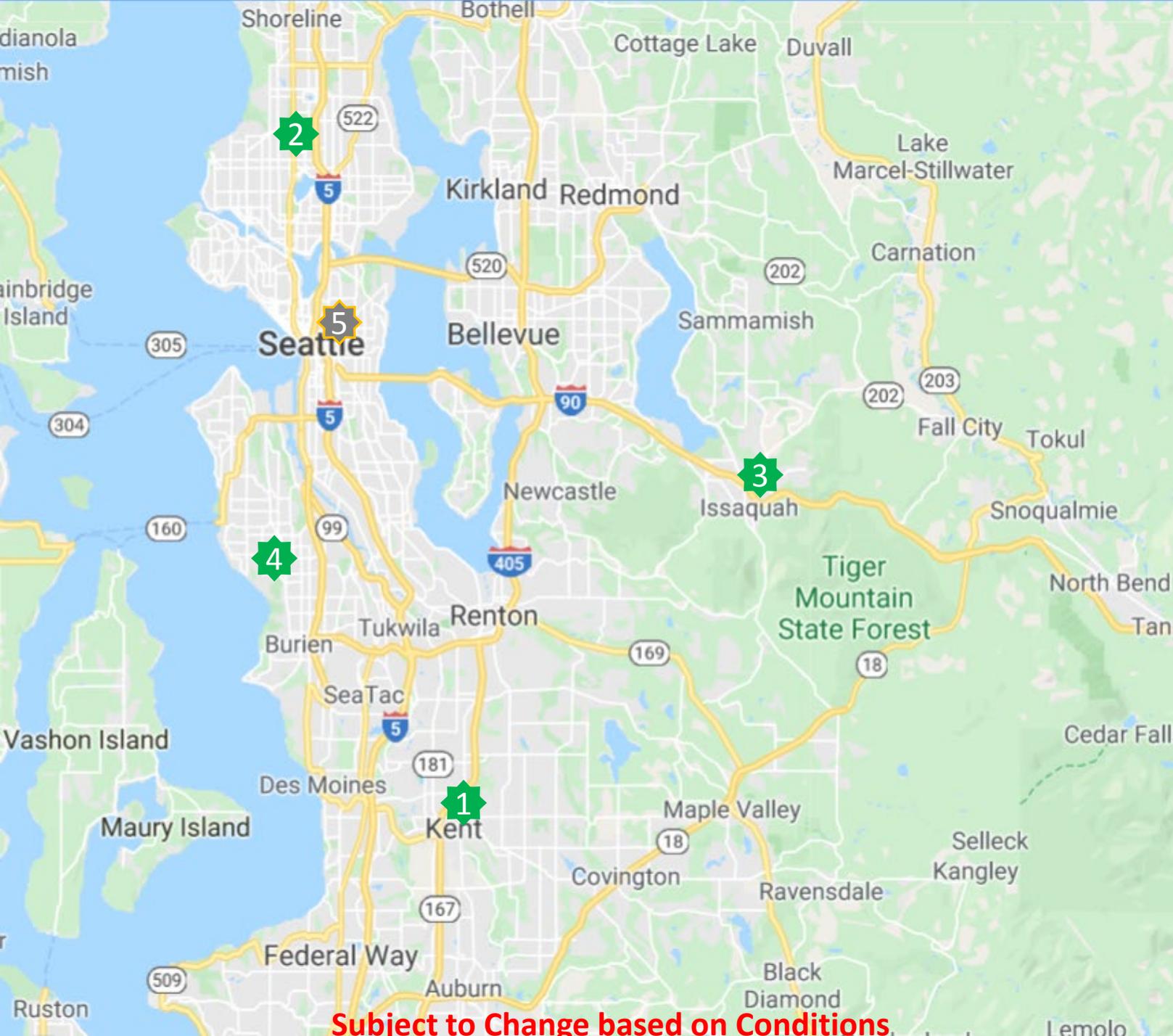
- Designed for the Surge
- Congregate Care
- Multiple Purposes
  - Assess and Recover
  - Hospital Overflow
  - Flex Space for Shelter Deintensification

## 3 Ways to *Slow the Spread* & Keep Hospitals for People Who Need Emergent Care

### 1. Reinforce & De-intensify Existing Shelters

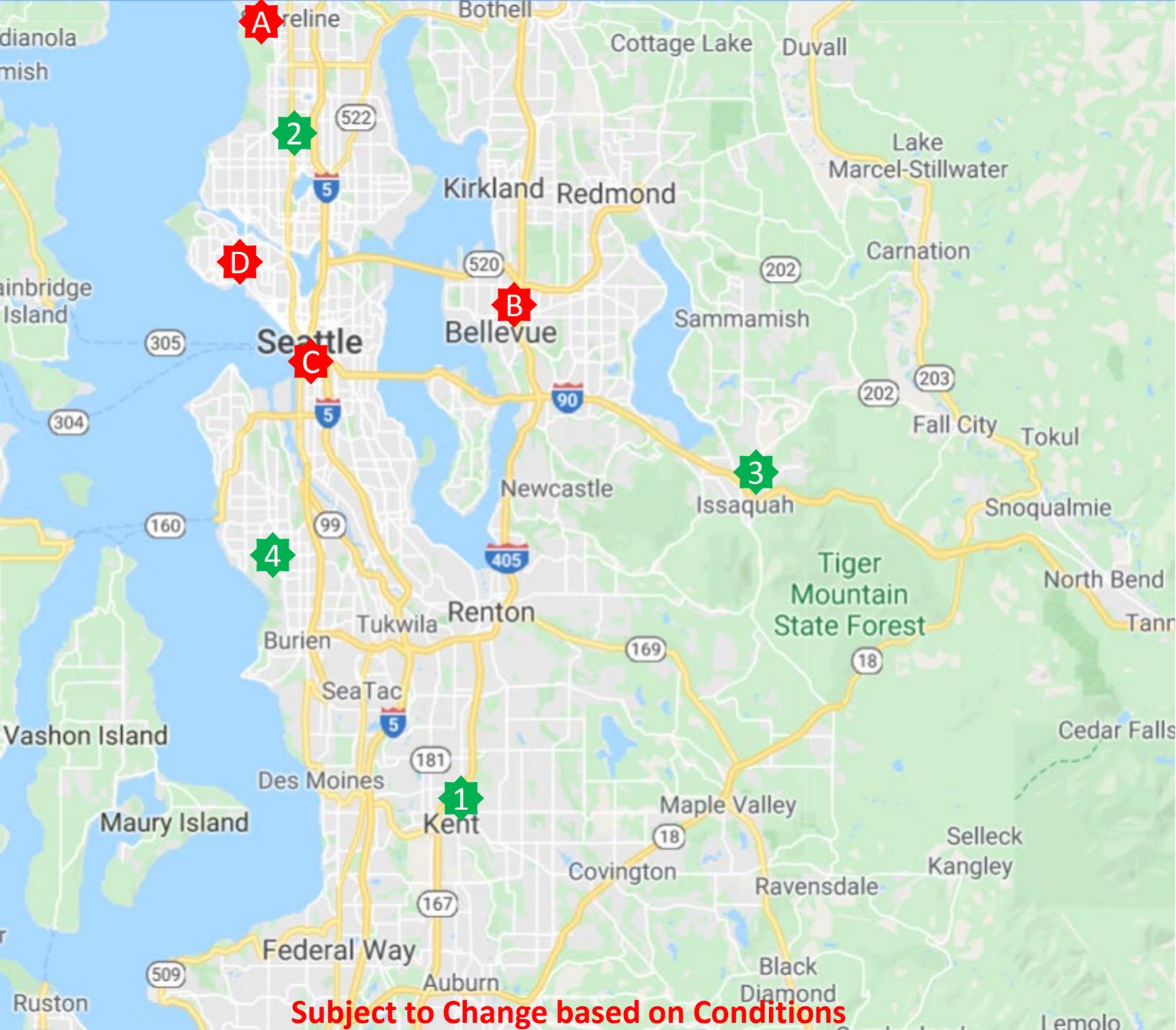
### 2. Create Isolation & Quarantine System for people who cannot be at home or people w/o a home

- 1 Central Motel (Kent) Operating**
  - I/Q for up to 79 people
  - Prioritizing guests who are likely to succeed in I/Q given level of services available onsite
- 2 Aurora (Seattle) Operating**
  - I/Q for up to 23 people
- 3 Issaquah Motel (Issaquah) Operating**
  - I/Q for up to 99 people
  - Possible use as medical step-down or cohort isolation, seeking private medical operator
- 4 Top Hat (White Center) TBD**
  - I/Q for up to 31 people
  - Prioritizing guests who are likely to succeed in I/Q given level of services available onsite
- 5 Harborview Hall (Seattle) Operating**
  - I/Q for up to 45 people w/ Medical Nexus
  - Would be operated by Harborview Hospital



**Subject to Change based on Conditions.**

### 3 Ways to *Slow the Spread* & Keep Hospitals for People Who Need Emergent Care



1. Reinforce & De-intensify Existing Shelters

2. Create Isolation & Quarantine System for people who cannot be at home or people w/o a home

3. Create Congregate Assessment & Recovery Centers (AC/RC) for shorter-term, emergency mass care to reduce hospital overcrowding

**B** Eastgate AC/RC (Bellevue)  
Congregate Assessment & Recovery for up to 140 people (initial), possible future expansion to 200 people

**D** Interbay (Seattle)  
• Recovery only for up to 72 people

**C** SoDo (Seattle)  
• Congregate Assessment & Recovery for up to 400

**A** Shoreline (Shoreline)  
• Congregate Assessment & Recovery for up to 140

**Subject to Change based on Conditions**

# What is an AC/RC?

- **“Front & Back-End” Hospital Diversion:** The primary purpose of an AC/RC is to divert non-emergent cases. Diversion may either be:
  - “front end” (ie, diverting people from going to a hospital if they do not need to) or
  - “back end” (ie, leaving a hospital because they no longer need that level of care, but they also do not have a home to which they can safely return).
- **Not a hospital; Not a “field hospital.”** Provides basic medical care for persons who do not yet--or who no longer—need hospital-level care. A person requiring hospital level care will be referred to a hospital.
- **Large (but not too large), congregate** facility designed to provide public health supervised care to symptomatic or COVID-positive adults who are not able to follow public health guidance for isolation, quarantine, or recovery in their own home.
- **An emergency-scale strategy for the peak part of the crisis**
- **An innovation**—this is not something that we’ve done before. It is a real-time response to the combination of COVID-19’s (1) world-wide scale (ie, can’t draw resources from other regions—they also need them), (2) relatively high-rates of hospitalization, (3) long isolation/quarantine times, and (4) ease of community transmission.

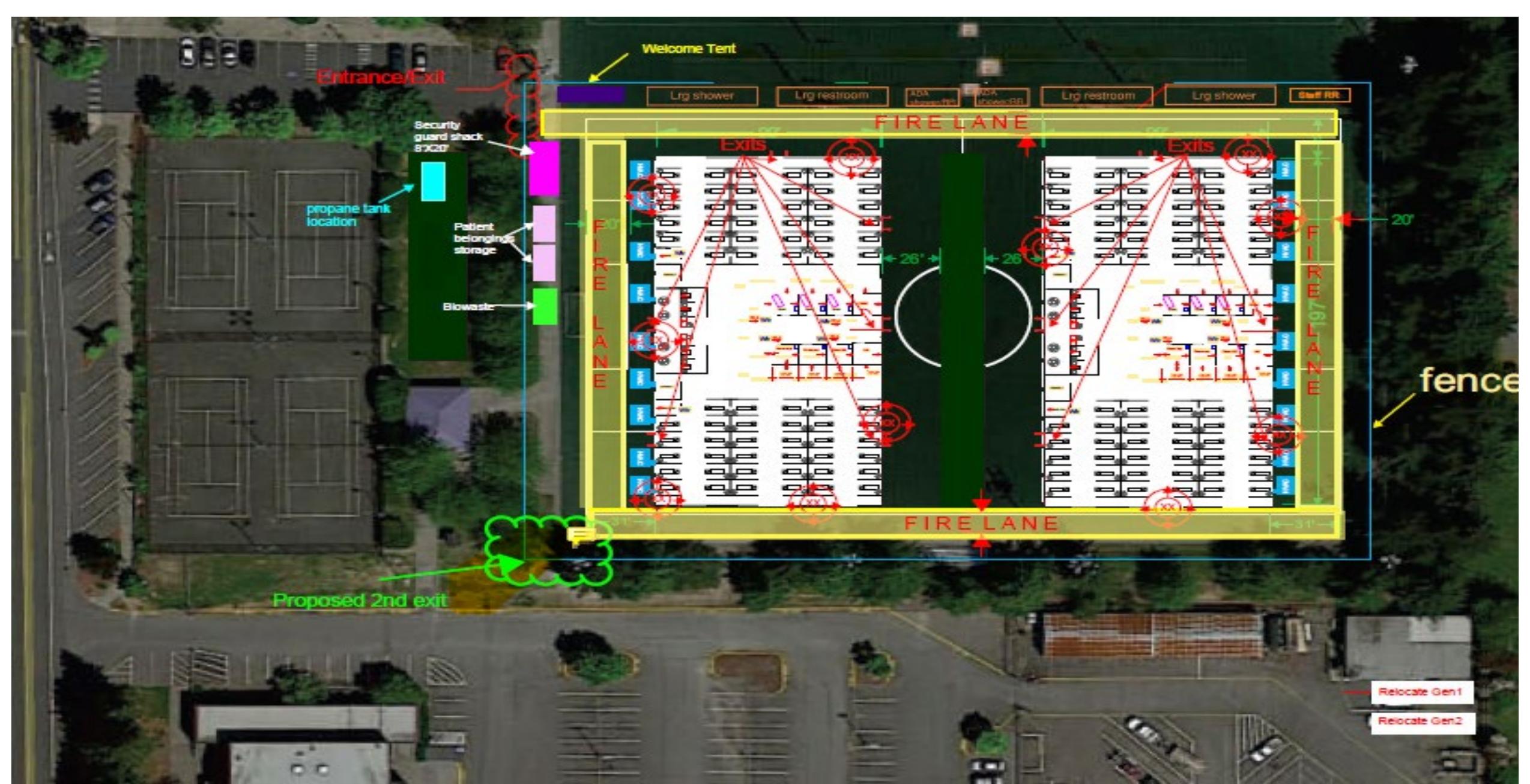
## *Alternate Purposes*

- **Mass Shelter if Needed:** The facilities themselves may subsequently serve as mass shelter for non-COVID persons
- **Shelter Reserve/Replacement**

# Concept Details

- **For Whom?:** Individual adults who cannot isolate, quarantine, or recover in their own home. Could include travelers, symptomatic or COVID positive individual who have a medically fragile / high risk individual in their home (senior, immunocompromised child, etc), or people who are homeless (sheltered or unsheltered).
- **How Many People?:** Up to 400 people at a location. Shoreline & Eastgate locations will be up to 140 people each. SoDo will be up to 400 people.
- **Staffing** (See next slide):
- **Transportation:** Transportation will be provided to and from the facility, either through aid vehicle or King County Metro vehicle.
- **Level of Care** (see model of care slide): Public health supervised care to support symptomatic and COVID positive individuals in recovery. Basic nursing, meals, monitoring of vital signs, etc. Any acute care will be provided at a licensed medical facility and will be managed through transport to the facility.
- **Testing/Procedures:** AC/RCs are designed to help address the need of the expected large number of COVID symptomatic individuals. It is possible that COVID testing could occur on site, similar to how it is now being administered at mobile and drive up facilities throughout the county. All laboratory analysis will be done off site.

King County does not anticipate care occurring on site beyond basic care necessary to promote recovery. Any acute care will be done at a licensed medical facility.



External View –  
Really Big Tent!





Inside the Tent – Flexible Space

# Internal Layout



# Client Room



# Tablets for Health and Entertainment





# Roles and Responsibilities

- **Public Health Seattle/King County**
  - Provide current/projected public health conditions & up-to-date epidemiology-informed actionable info.
  - Provide public health guidance to which AC/RC Branch tailors operations
  - Provide through existing or contracted staff health facing providers
- **Dept. of Community and Human Services**
  - Operational Leadership of AC/RC Branch and Sites (once delivered)—includes overall responsibility, laundry & food
  - Shelter, Behavioral Health Guidance and Resources
  - Ensure operational control & information flow under direction of Executive
- **Facilities Management Division**
  - Facility Acquisition, Delivery and Maintenance (includes janitorial)
  - Onsite Security
- **Emergency Operations Center**
  - EOC lead on bringing in external staff and logistics
  - Lead on supply
  - Ensure EOC Alignment

# Staffing

- **Public Health Seattle/King County**
  - AC/RC Program: Medical & Nursing Oversight
  - AC/RC Site Nursing – 25-30/100 guests
    - Includes all nursing (LPN, CNA, etc)
- **Dept. of Community and Human Services**
  - AC/RC Program: Overall Program Operation; Referral Pathways
  - AC/RC Site: Overall Site Management; Admin and Operations Support
- **Facilities Management Division**
  - AC/RC Program: Facility Materials and Set Up
  - AC/RC Site: On Site Maintenance and Repair
- **Emergency Operations Center**
  - AC/RC Program: Large Scale Facility Ordering; Connection with State and Federal Responders

# Model of Care: Core Components

## Medical care

- Vital signs
- COVID-19-specific symptom monitoring and medical management for 1-14 days of isolation/quarantine
- Chronic medical conditions – On Site
- Acute medical conditions – Off Site

## Behavioral health care

- Mental health
  - Mental health specialist and/or mental health professionals on duty 24/7 if possible
  - Psychiatrist consultation (via telepsychiatry) for psychiatric med management
- Substance use disorder
  - Coordinate with addiction medicine specialists and regulations for treatment of:
    - Opioid use disorder: Buprenorphine, methadone, naltrexone, naloxone
    - Alcohol withdrawal: CIWA protocol and benzodiazepines for delirium tremens
    - Other withdrawal medications and supportive care

## Discharge planning

Assistance with transportation, shelter placement, and other disposition considerations

# What We've Learned

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- **Act Early**
- **Be Flexible**
- **Learn by Doing...Will Not Know Everything Before First Patient Arrives**
- **Good is Good Enough**
- **Move Authority to Information**

# Transportation for Pandemic Response

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## **Problem:**

Isolation/quarantine and AC/RC sites needed a way to transport COVID-19 positive, or potentially positive, to the sites, and to and from critical medical facilities.



# Transportation for Pandemic Response

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## **Approach:**

Fully separated, subset of Access paratransit service:

- 10 ten-passenger, cutaway vans
- 20 smaller, two-passenger SUVs
- Separate base
- Independent dispatch line
- Volunteer drivers, sanitation staff
- Public Health call center
- PPE provision and training
- Public Health safety protocols



# Transportation for Pandemic Response

**Driver shield**



# Transportation for Pandemic Response

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**Driver  
shield**



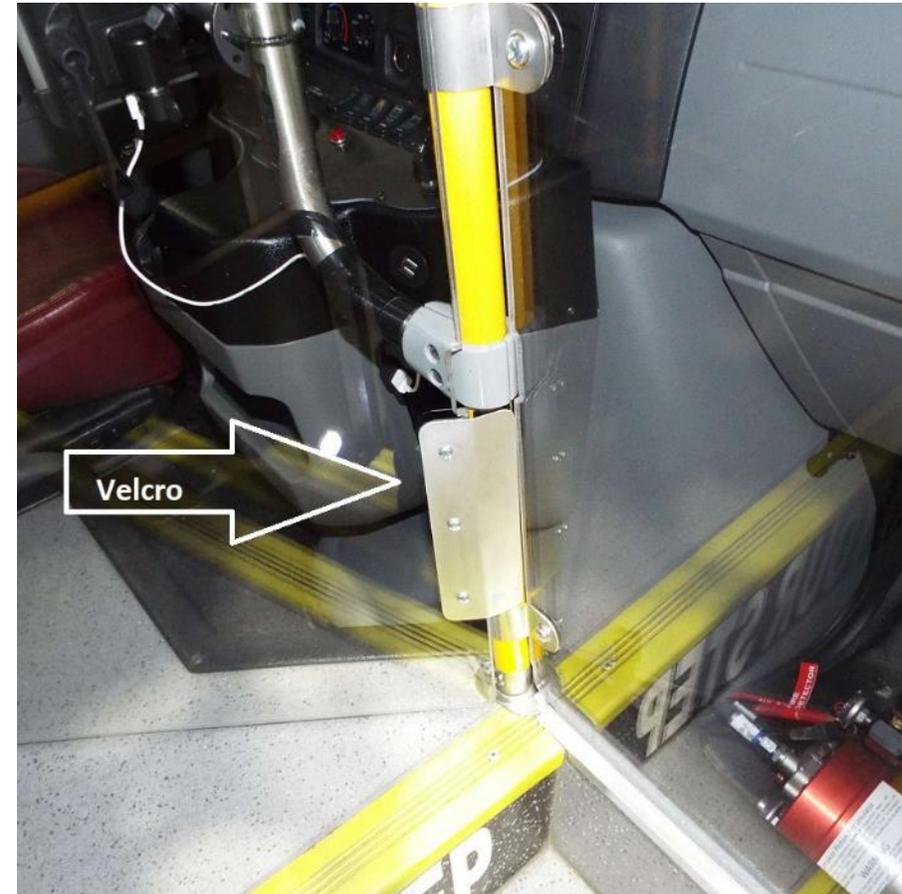
# Transportation for Pandemic Response

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# Transportation for Pandemic Response

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# Transportation for Pandemic Response

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## Health Safety Protocol

- Customers must be escorted to/from the vehicle
- Wear a mask at all times
- Be capable of independently boarding and securing

Cleaning protocol includes:

- Don mask and gloves
- Wipe down all interior surfaces with sanitization wipes
- Dispose of cleaning supplies and PPE, perform hand hygiene



# Transportation for Pandemic Response

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## **Scheduling/Dispatch**

- Dedicated MV dispatch line
- IQ Coordination fields calls for transport, determines placement
- IQ Coordination schedules rides with MV dispatch
- Trip tracking: callers receive booking confirmation number, which can be used for updates and vehicle ETAs
- Software tracks trips daily



# Transportation for Pandemic Response

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## Scheduling/Dispatch

Trapeze enterprise software used to book, dispatch, record, and provide in vehicle systems

ITS systems allow real time information, including text updates with 10-min arrival warnings

Name	BookingId	Type	SubT	Stat	From	Neg	SchTim	To
CONFIRMED, POSITIV	26270072	C	PSD-TPR	S	NW HOSPITAL:1550, N 115TH ST		15:55	2104, N 105TH ST
CONFIRMED, POSITIV	26269886	C	PSD-TPR	S	7299, PERIMETER RD S	16:10	16:10	TPR IQ ISSAQUAH:1801, 12TH AVE NW
CONFIRMED, POSITIV	26269922	C	PSD-TPR	S	7299, PERIMETER RD S	16:15	16:15	TPR IQ ISSAQUAH:1801, 12TH AVE NW
CONFIRMED, POSITIV	26269924	C	PSD-TPR	S	7299, PERIMETER RD S	16:16	16:16	TPR IQ ISSAQUAH:1801, 12TH AVE NW
CONFIRMED, POSITIV	26269935	C	PSD-TPR	S	7299, PERIMETER RD S	16:17	16:17	TPR IQ ISSAQUAH:1801, 12TH AVE NW
CONFIRMED, POSITIV	26269928	C	PSD-TPR	S	7299, PERIMETER RD S	16:18	16:18	TPR IQ ISSAQUAH:1801, 12TH AVE NW
CONFIRMED, POSITIV	26270351	C	PSD-TPR	S	2329, RAINIER AVE S	19:10	19:10	TPR IQ ISSAQUAH:1801, 12TH AVE NW
CONFIRMED, POSITIV	26270394	C	PSD-TPR	S	PIONEER FELLOWSHIP HOUSE:220, 11TH AVE	21:10	21:10	TPR IQ AURORA:1132, N 128TH ST
CONFIRMED, POSITIV	26270403	C	PSD-TPR	S	211, DEXTER AVE N	21:25	21:25	TPR IQ ISSAQUAH:1801, 12TH AVE NW
PRESUMPTIVE, POSIT	26269556	C	PSD-TPR	S	PIONEER SQUARE CLINIC:206, 3RD AVE S	12:45	12:45	326, 9TH AVE
PRESUMPTIVE, POSIT	26269573	C	PSD-TPR	S	KING CO. PUBLIC HEALTH DT:2124, 4TH AVE	13:15	13:15	TPR IQ ISSAQUAH:1801, 12TH AVE NW
PRESUMPTIVE, POSIT	26270357	C	PSD-TPR	S	875, JEFFERSON ST	19:40	19:40	17512, 83RD PL NE

# Transportation for Pandemic Response

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## Partners and agreements

- Service is set up as an amendment to Metro's paratransit contract with MV Transportation
- An MOU captures roles and responsibilities between agencies
- Daily check-ins with MV, Metro, Public Health, and Community Human Services provide status updates, info sharing, and problem solving





# Department of Housing and Urban Development Office of Special Needs Assistance Programs

April 13, 2020



# HUD Update

- CARES Act funding includes \$4 billion for the Emergency Solutions Grants (ESG) Program
- Certain regulatory waivers are available for the Continuum of Care (CoC) and ESG Programs
- Upcoming Office Hours:
  - 4/14 (1:30-3pm EDT) – Dedicated to CARES Act (ESG) and Waivers
  - 4/17 (2:30-4pm EDT) – Regular Weekly Q&A

# Resources for CoCs and Homeless Assistance Providers on the HUD Exchange

## [Infectious Disease Prevention & Response page on HUD Exchange](#)

- [Non-Congregate Approaches to Sheltering for COVID-19 Homeless Response](#)
- Submit a question on the [HUD Exchange Ask-A-Question \(AAQ\) Portal](#)
- Additional resources being developed on:
  - Making strategic investments with CARES Act ESG funding
  - Coordinated Entry in the context of COVID-19 response

**Check back regularly for new posts!**





# 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)



[www.usich.gov](http://www.usich.gov)