COVID-19 Future Planning for the Homelessness Response System: Lessons Learned from Seattle & King County, Los Angeles, and Houston

June 17, 2020
2:00pm-3:30pm ET
Webinar Format

- 90 minute webinar (includes Q&A)
- Use the question and answer feature at any time – there will be a moderated Q&A following the presentation
- 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](http://www.usich.gov) and/or use the [HUD Exchange Ask-A-Question (AAQ) Portal](http://www.usich.gov)

*This webinar will be recorded and posted to [www.usich.gov](http://www.usich.gov) within 2-3 days.*
Webinar Agenda

• Intros/overview

• Seattle-King County
  • Deb Schweikert, COVID-19 Homeless Response, Public Health - Seattle & King County
  • Hedda McLendon, COVID-19 Homeless Response, King County Department of Community and Human Services

• Los Angeles
  • Heidi Marston, Executive Director, Los Angeles Homeless Services Authority
  • Phil Ansell, Executive Director, Los Angeles County Homeless Initiative

• Houston
  • Ana Rausch, Vice President of Program Operations, Coalition for the Homeless in Houston and Harris County
  • Jessica Preheim, Vice President of Strategic Planning & Public Affairs, Coalition for the Homeless in Houston and Harris County

• Moderated Q&A

• Wrap-up and closing
COVID-19 FUTURE PLANNING FOR THE HOMELESS RESPONSE SYSTEM: LESSONS LEARNED FROM SEATTLE & KING COUNTY

JUNE 17, 2020
King County COVID-19 Outbreak Summary as of 06.15.20

<table>
<thead>
<tr>
<th></th>
<th>King County (Count)*</th>
<th>King County (Percent)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tested</td>
<td>125,323</td>
<td></td>
</tr>
<tr>
<td>Positives</td>
<td>8,797</td>
<td>7.0% of all tested</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>1,521</td>
<td>17.3% of all tested</td>
</tr>
<tr>
<td>Deaths due to COVID-19 Illness</td>
<td>574</td>
<td>6.5% of all tested</td>
</tr>
</tbody>
</table>

* Source: PHSKC COVID-19 Outbreak Summary, Updated 06.15.20 at 7:59am. Since January 21, 2020, Public Health – Seattle & King County has been responding to an outbreak of novel coronavirus (COVID-19) in coordination with our partners at the Washington State Department of Health and the Centers for Disease Control and Prevention. These data reflect reports for King County residents received through midnight the day before. Data is subject to change daily and recent data may be underestimated due to reporting delays, data entry corrections, and jurisdiction re-assignments.
King County COVID-19 cases living homeless or associated with homeless service facilities

283 cases

People living homeless (PLH): 253 (89.4%)
(206 associated with a facility, 47 isolated cases)

Employees: 30 (10.6%)

'People living homeless' includes individuals living homeless at any time during the 12 months prior to COVID-19 onset. This report excludes those who have lived homeless in the previous 12 months but who are currently associated with a long-term care facility.

<table>
<thead>
<tr>
<th>People living homeless</th>
<th>Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>253 Cases</td>
<td>30 Cases</td>
</tr>
<tr>
<td>8 (3.2%) Deaths</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>48 (19.0%) Hospitalized</td>
<td>2 (6.7%) Hospitalized</td>
</tr>
<tr>
<td>7 (2.8%) ICU</td>
<td>0 (0.0%) ICU</td>
</tr>
</tbody>
</table>
DEINTENSIFICATION | NON-CONGREGATE SHELTERING TO DATE

- 23 new (by construction or use) COVID-19 Emergency Response Facilities
  - 7 new Deintensification sites with capacity for ~750 individuals
  - 5 Non-Congregate Sheltering Facilities (Hotels) serving ~500 individuals
  - 4 Isolation and Quarantine Facilities with capacity for ~300 individuals
  - 3 Assessment / Recovery Centers with capacity for ~1200 individuals

- Additional Hotel Vouchers for ~250 Individuals
## PREVENTION, OUTBREAK RESPONSE, AND TESTING TO DATE

<table>
<thead>
<tr>
<th>FAST</th>
<th>Field Assessment, Support and Technical Assistance (FAST) teams provide assessments of homeless service sites, guidance on hygiene, sanitation, and infection prevention and control for COVID-19, and help to secure needed supplies.</th>
<th>112 visits to 71 sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strike</td>
<td>Strike teams are deployed when there is a positive case at a facility or if a facility reports a cluster of COVID-19 like illness. They conduct a targeted on-site clinical assessment of residents and staff and an on-site facility assessment of current infection and control strategies, provides education and training to prevent further transmission, conducts limited testing on those with CLI symptoms, initiates rapid referral of residents to isolation and quarantine, and determines if follow-up support is needed.</td>
<td>88 visits to 35 sites</td>
</tr>
<tr>
<td>Mobile Testing</td>
<td>PHSKC Mobile Testing Teams along with other King County testing partners conduct on-site testing at homeless service sites for residents and staff as well as for those living unsheltered, primarily in response to a confirmed COVID-19 case or CLI cluster.</td>
<td>~5900 tests 175 visits to 106 sites (~25% by PHSKC)</td>
</tr>
</tbody>
</table>
## FUTURE COVID-19 HOMELESS RESPONSE

- Prevent and control outbreaks of COVID-19 among those experiencing homelessness
- Decrease the occurrence of adverse outcomes from COVID-19 in those experiencing homelessness
- **Provide equitable access to COVID-19 treatment or vaccinations as they become available**

### Protect those at highest risk
- Identify individual at high risk living in sheltered and unsheltered settings
- Secure temporary single room units, improved congregate shelter, or housing for those
- Support agencies to manage services for individuals at high risk in single room settings
- Secure long-term options for permanent housing for high risk

### Decrease the # of high risk settings
- Provide guidance and training for all homeless service site providers
- Ensure providers and unsheltered individuals have essential supplies
- Fortify and deintensify the shelter system
- Conduct outreach to those living outside

### Reduce transmission in outbreaks
- Conduct rapid case investigation and response
- Institute surveillance and testing in anticipation and response
- Manage exposure by separation in quarantine and isolation
- Return clients in / to improved condition(s)

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**Data, Analytics, & Measurement**

**Media and Communications**
A SHIFT IN APPROACH TOWARDS SUSTAINABLE PREVENTION

- Shift in emphasis from building up outbreak response capacity to a focus on proactive prevention efforts
- Increased consideration of long term, sustainable capacity needed tied to initiatives beyond COVID

<table>
<thead>
<tr>
<th>Approach</th>
<th>Future Focus</th>
<th>Δ from March - June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Room Units for High Risk Individuals</td>
<td>Intensive efforts to identify and place high risk individuals in single rooms</td>
<td>Contingency planning for 90+ days, Potential of permanent housing options</td>
</tr>
<tr>
<td>Fortification and Deintensification</td>
<td>High risk criteria drive proactive efforts to improve existing sites and identify additional bed capacity needed</td>
<td>Use of “optimal” shelter standards to guide fortification, Push for solutions that add sustained bed capacity</td>
</tr>
<tr>
<td>Guidance, Education, &amp; Training</td>
<td>Practical advice to implement guidelines, Build capacity and comfort of providers</td>
<td>Sustain platform for other CD efforts, Engage other partners on training and outreach</td>
</tr>
<tr>
<td>Supplies – Homeless Service Providers + Outreach</td>
<td>Ramp down proactive distribution and consider stockpile for future surge or non-COVID needs</td>
<td>Phase out role as supplies more readily available, Consider non-COVID factors (weather, air quality, etc.)</td>
</tr>
<tr>
<td>Mobile Outreach – Prevention and Response</td>
<td>Increase FAST outreach, Strike as needed, Sustain PHC focus of unsheltered outreach</td>
<td>Combine FAST and Strike teams to HEART, Continue to align unsheltered approach</td>
</tr>
<tr>
<td>Testing and Surveillance</td>
<td>Proactive – reactive testing on set intervals based on risk assessment of sites</td>
<td>Shift focus from reactive to proactive tests, Decreased emphasis on CLI surveillance</td>
</tr>
<tr>
<td>Disease Investigation</td>
<td>Sustain dedicated capacity for disease investigators with fluency in homeless</td>
<td>Create flex so can surge up or down depending on need across response areas</td>
</tr>
<tr>
<td>Isolation and Quarantine</td>
<td>Sustain baseline capacity for IQ plus surge, Consider non-COVID IQ needs</td>
<td>Repurpose ACRC sites for High Risk, Ramp down to baseline IQ capacity</td>
</tr>
</tbody>
</table>
### Interventions

<table>
<thead>
<tr>
<th>Interventions</th>
<th>STRIKE (Med/IPC/EH)</th>
<th>FAST (IPC/EH)</th>
<th>Mobile testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits</td>
<td>112</td>
<td>88</td>
<td>175</td>
</tr>
</tbody>
</table>

**PREPARING FOR A SECOND WAVE:**

**INCREASE IN PROACTIVE OUTREACH & TESTING**
BALANCING IQ SURGE CAPACITY WITH DEINTENSIFICATION

Facility Guests Over Time (Last 30 Days)
ADDRESSING EQUITY IN OUR COVID-19 RESPONSE

Percent of cases and deaths associated with the homeless response system by gender and race/ethnicity**

<table>
<thead>
<tr>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>23%</td>
</tr>
<tr>
<td>Male</td>
<td>77%</td>
</tr>
<tr>
<td>White</td>
<td>39%</td>
</tr>
<tr>
<td>Black</td>
<td>27%</td>
</tr>
<tr>
<td>Asian</td>
<td>4%</td>
</tr>
<tr>
<td>AIAN</td>
<td>3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>17%</td>
</tr>
</tbody>
</table>

There are 18 (7.2%) cases missing race/ethnicity

Percent by race/ethnicity compared to the 2019 King County population*

<table>
<thead>
<tr>
<th>Percent of cases</th>
<th>Percent of King County population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>40.8%</td>
</tr>
<tr>
<td>Black</td>
<td>11.5%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>27.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>17.2%</td>
</tr>
<tr>
<td>NHPI</td>
<td>2.5%</td>
</tr>
<tr>
<td>AI/AN</td>
<td>6.7%</td>
</tr>
<tr>
<td>Other</td>
<td>6.2%</td>
</tr>
</tbody>
</table>

* Source: PHSKC COVID-19 cases among King County, WA residents by race and ethnicity. Updated 06.15.20 at 7:59am.

** Source: AllHome.org as of February 2020. Of those experiencing homelessness (excludes those in Permanent Supportive Housing or Transitional Housing), 40% of the population is white, 28% Black or African American, 11% Hispanic or Latino, 6% multi-racial, 5% American Indian/Alaska Native, 5% Unknown, 3% Asian, and 2% Native Islander or Other Pacific Islander.
COVID-19 Recovery Plan Framework for People Experiencing Homelessness

Heidi Marston
Executive Director
Los Angeles Homeless Services Authority

Phil Ansell
Director
Los Angeles County Homeless Initiative
Discussion Overview

1. COVID-19 Response and Metrics

2. Guiding Values/Principles of Our Recovery Strategy

3. Recovery Command Structure


5. Los Angeles Rehousing Recovery Strategy Components:
   - Unsheltered
   - Shelter
   - Housing
   - Prevention and Diversion
   - Strengthening Systems

6. Funding
COVID-19 Response and Metrics

- Maintain shelter capacity and expand ability to shelter PEH
- Maintain and enhance support systems for unsheltered PEH
- Establish the ability to provide quarantine and isolation housing for PEH who are COVID-19 positive or suspected to be COVID-19 positive

<table>
<thead>
<tr>
<th>COVID-19 Metrics</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PEH Moved into Shelter Over Past Three Months</td>
<td>6,082</td>
</tr>
<tr>
<td>Project RoomKey (PRK) Hotel/Motel Rooms Occupied</td>
<td>3,357 (35 sites)</td>
</tr>
<tr>
<td>PEH Moved into PRK Sites</td>
<td>4,056</td>
</tr>
<tr>
<td>PEH Moved into City Recreation and Park Shelters</td>
<td>1,780</td>
</tr>
<tr>
<td>PEH Moved into Trailer Beds</td>
<td>246</td>
</tr>
<tr>
<td>Quarantine and Isolation Beds Online</td>
<td>356</td>
</tr>
</tbody>
</table>
Our Guiding Principles

• No One Sheltered Through COVID-19 Efforts Should Return to the Street

• Quickly House the Most Vulnerable People

• Curb Inflow into Homelessness

• Prepare System for Future Crises

• Ensure Racial Equity Lens in All Efforts
Recovery Command Structure

- RHAC
- COVID-19 Recovery Leadership Team
  - Acquisitions & Master Lease
  - Funding
  - Programs
    - Outreach
    - Shelter
    - Prevention/Diversion
    - Housing
  - Research & Evaluation
- Cities
- Lived Experience
- Providers
- Philanthropy
Public Health & Economic Recovery Framework

Immediate Actions (now)
Public Health Response:
Emergency Protective Measures to Flatten the Curve

Medium Term (30-60 days)
Economic Recovery Response:
Reduce New Entries into Homelessness

Short Term (underway & next 30 days)
Public Health and Economic Recovery Response:
Effective and Equitable Rehousing

Longer Term (60 days & beyond)
Economic Recovery and Public Health Preparedness:
Strength Systems to Advance Racial Equity and Prepare for Future Crises

Five Pillars of Response:
- Unsheltered
- Shelter
- Housing
- Prevention & Diversion
- Strengthening Systems
**Goal:** Re-house 15,000 High Risk Individuals

**Project RoomKey Participants**

**Other COVID-19 High-Risk & High-Acuity Participants (Sheltered & Unsheltered)**

**Goal:** Re-house 15,000 High Risk Individuals

**Lease Up to Subsidy & Time-Limited Services**

**Problem Solving**

**Transfer to PSH (turnover and new units in pipeline)**

**Exit RRH or transfer to other permanent housing**

**Inflow: Projected Newly Homeless Individuals**

**Problem Solving**

**Prevention/Rental Assistance**

May 2020 – April 2021

June 2020 – April 2022
Los Angeles Re-housing Recovery Strategy

What it Will Take to Achieve the Re-housing Objective:

1. Unit Identification & Acquisition Strategy/Deploying Holding Fees
2. Ability to Quickly Assign Available Units
3. Dedicated Staff to Help People Find, Move Into Available Units
4. Inventory Management System to Enable Active Tracking of Available Resources
5. Buy at Scale and Pre-Assemble Move-in Kits
6. Resources Available Within the Next 7 Days
Potential Funding

Federal Stimulus
• ESG-CV
• CDBG-CV
• Coronavirus Relief Funds

State
• Homeless Housing, Assistance and Prevention (HHAP) Funding
• Homeless Emergency Aid Program (HEAP) Funding
• State Coronavirus Relief Funds
• Other

Local
• Measure H (¼ cent sales tax approved by LA County voters in March 2017 generating approximately $355M annually to fund homeless services throughout LA County)
Thank You
COVID-19 CARES Housing Program (CCHP)

The Way Home Continuum of Care
Houston and Harris, Montgomery and Fort Bend counties, Texas
Coalition for the Homeless

Mission:
• To provide leadership in the development, advocacy, and coordination of community strategies to prevent and end homelessness.

Role:
• Coordinate the community response to homelessness
• Lead agency for the TX-700 Continuum of Care (CoC)
• Homeless Management Information System (HMIS) lead
• Coordinated Entry Lead
Cities that Fit into Houston

TX-700 CoC = 3,739 sq miles
Homeless in Houston - 2019 PIT
N = 3,938
Comparing the Counts

![Bar chart comparing sheltered and unsheltered counts from 2012 to 2019.](chart.png)

- **2012**: Sheltered 3532, Unsheltered 2978
- **2013**: Sheltered 3381, Unsheltered 3060
- **2014**: Sheltered 2291, Unsheltered 3060
- **2015**: Sheltered 1950, Unsheltered 2659
- **2016**: Sheltered 1050, Unsheltered 2576
- **2017**: Sheltered 1128, Unsheltered 2477
- **2018**: Sheltered 1614, Unsheltered 2529
- **2019**: Sheltered 1614, Unsheltered 2324
Community Milestones

Since the Coalition began its leadership of The Way Home:

19,000 housed with an 85% success rate!

54% reduction

$41M in 2019

$25M in 2012
Opportunities

FEMA
CARES Act Treasury
ESG – CV
CDBG-CV
CDBG-DR
HOME
Private
Ballpark $50-75M
## Pre COVID-Landscape Need

<table>
<thead>
<tr>
<th>Program Types</th>
<th>Current System (Units)</th>
<th>Demand</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH for Singles</td>
<td>459</td>
<td>2,075</td>
<td>-1616</td>
</tr>
<tr>
<td>RHH for Families</td>
<td>553</td>
<td>948</td>
<td>-395</td>
</tr>
<tr>
<td>PSH for Singles</td>
<td>5,078</td>
<td>7,377</td>
<td>-2,299</td>
</tr>
<tr>
<td>PSH for Families</td>
<td>117</td>
<td>86</td>
<td>+31</td>
</tr>
</tbody>
</table>
The Way Home Continuum of Care (COC) has been developing a five-year strategic plan to prevent and end homelessness in Houston and Harris, Fort Bend, and Montgomery counties.

The proposed CARES Community-Wide Housing Plan outlines a way to use new federal funding coming to our region to slow the spread of the coronavirus by implementing the housing interventions that were already part of the five-year plan on an expedited timeline.
Proposed 2-Year Strategy

COVID Emergency Shelter
- ~300 people
- Modify existing shelters to add space that allows for social distancing, enhanced intake, etc.
- Hotel rooms for DV partners
- Not COVID sheltering covered by FEMA

Bridge to PSH
- ~1000 people
- Rapidly rehouse all PEH that need PSH over the next 12 months while they await a PSH turnover unit
- As PSH units turn over, convert/move clients to a PSH unit by the end of month 24
- 10 Navigators, 49 Case Managers
12 Month RRH
- ~1,700 people
- Rapidly house PEH using a 12-month shallow subsidy to those that match to RRH
- 17 Navigators, 52 Case Managers

Diversion
- ~2,000 people
- Provide rental or financial assistance to divert people from shelter
- Provide conflict mediation towards family reunification
- 80 Case Managers
Proposed 2-Year Strategy

Mental Health CM for High Risk
- Provide enhanced mental health services to prevent high risk individuals recently housed from eviction and maintain connection to care

Homeless Outreach
- Expand homeless outreach to those living unsheltered outside of the inner-city core

PSH Homeless Prevention
- ~200 people
- Provide ongoing rental assistance & wraparound services
Bridge to PSH

- There are ~5,000 PSH slots in the CoC (subsidy + services)
  - These turn over at ~40-50 per month (1,000 over 2 yrs)
  - We will do this in one year instead of two
- RRH can be used as a “bridge” to PSH
  - Instead of sitting on a waitlist & waiting for the PSH slot to turn over, clients can be housed immediately
12 Months RRH

- ~17 RRH slots in the CoC turn over per month (subsidy + services)
- CARES RRH funds can be used to add capacity to current system
- Households who lost income due to COVID
- Employed within the past year
- Potential to house close to 1,700 people
Diversion Services

- Financial, utility, and/or rental assistance
- Short-term case management
- Conflict mediation
- Connection to mainstream services and/or benefits
- Housing search
Proposed Sources of Funding

≈$29M City of Houston
- ESG-CV = $6,527,297
- CDBG-CV = $11,618,993
- HOME TBRA = $8,000,000
- CARES Treasury = $5,661,242

≈$18M Harris County
- CDBG = $5,800,000
- ESG-CV1 = $3,500,000
- ESG-CV2 = $6,900,000
- ESG-CV = $1,800,000

≈$9M private philanthropy
- Proposals submitted
- Interest expressed after city/county infusion
Rewards vs Risks

Rewards

End Chronic Homelessness and open PSH to most vulnerable regardless of time homeless
Massive rehousing surge should dramatically reduce PIT
Houston Touted as a National Model Again!
Serve ~5000 PEH in 24 months

Risks

Massive temporary expansion will tax system and require new partnerships/behaviors that could be rejected/fail
Need relatively modest private partnership ~$4-8M to succeed
Political will to rehouse the homeless may fall short
## Progress Updates

<table>
<thead>
<tr>
<th>Invited <strong>261 people</strong> from <strong>143 organizations/stakeholders</strong> to become socialized with the COVID/CARES plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared and elicited feedback on the COVID/CARES plan with <strong>86 organizations/stakeholders</strong></td>
</tr>
<tr>
<td><strong>6 organizations</strong> have shared interest in being key service providers of the plan</td>
</tr>
<tr>
<td><strong>24 meetings</strong> to develop, align, and operationalize funding strategy</td>
</tr>
<tr>
<td>City of Houston has committed $26 million towards the plan: $650K to council today, $8 million to council on July 1st.</td>
</tr>
<tr>
<td>Harris County has committed $18 million towards plan: to court on June 30th.</td>
</tr>
</tbody>
</table>
24 Month Impact

- House 5,000 people with a 95% retention rate
- End chronic homelessness
- Reduce encampments
- Create up to 150 jobs
Next Steps

SECURE CITY OF HOUSTON AND HARRIS COUNTY FINANCIAL COMMITMENTS
ENSURE QUALIFIED SERVICE PROVIDERS HAVE THE OPPORTUNITY TO APPLY FOR FUNDING
EXECUTE CONTRACTS
OPERATIONALIZE PLAN
Thank You!!

The Coalition for the Homeless leads in the development, advocacy, and coordination of community strategies to prevent and end homelessness.

The Way Home is the collaborative model to prevent and end homelessness in Houston, Harris, Ft. Bend, & Montgomery Counties. For more information visit www.thewayhomehouston.org

Ana Rausch
aranusch@homelesshouston.org

Jessica Preheim
jpreheim@homelesshouston.org
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)