



COVID-19 Response for People Experiencing Homelessness: Early Learnings from Seattle/King County

The Centers for Disease Control and Prevention (CDC) have published [resources to support people experiencing homelessness](#) in response to COVID-19, including [interim guidance for homeless shelters](#), and for [supporting people experiencing unsheltered homelessness](#). Their recommendations fall into three groups: **Plan, Act,** and **Follow-Up**.

In this document, we use the CDC framework to share early learnings from Seattle/King County, one of the communities to experience the earliest impacts of COVID-19. It is not a comprehensive overview of the work underway in Seattle/King County, but is intended to provide key insights from a community that has been executing on an emergency plan since the early stages of the nation's COVID-19 response. All of the information shared is based on the best available knowledge at the moment, and practices on the ground continue to evolve.

We would like to thank Public Health-Seattle & King County (PHSKC), King County, and the City of Seattle for their eagerness to share their learnings with other communities in order to lessen the impact of COVID-19 among people experiencing homelessness across the country. We hope that lessons from Seattle/King County can help other communities more quickly navigate their response to this evolving pandemic.

Before a COVID-19 outbreak occurs in your community: PLAN

Coordinate with Public Health and Connect to Community-wide Planning

King County's Department of Community and Human Services (DCHS) is collaborating with PHSKC and the City of Seattle to support residents experiencing homelessness. This collaboration includes PHSKC's Healthcare for the Homeless Network (HCHN), Health Medical Area Command (HMAC), and Environmental Health Division, King County's Facilities Management Division (FMD) and Metro, and the City of Seattle's Human Services Department (HSD).

This collaboration has focused on:

- Supporting existing homelessness services providers to maintain capacity and care for people experiencing homelessness
- Enhancing hygiene and sanitation to prevent or slow the spread of the virus, including provider training and centralized supply purchasing and distribution
- Creating a response plan for assisting people who become sick with COVID-19 who cannot care for themselves in home settings, including people experiencing homelessness
- Siting and staffing facilities for quarantine, isolation, and congregate recovery for people who cannot care for themselves in home settings, including people experiencing homelessness

Maintaining alignment in messaging and response coordination has been crucial to promoting the health and safety of all residents and reducing confusion, fear, and anxiety as much as possible.


Communicate about COVID-19 and Everyday Preventative Actions

All three agencies participate in the development of communications materials and the dissemination of information to the community, striving at all times to convey information in a manner that is easy to read, interpret, and put into action. Recognizing that [equitable access to information](#) is crucial to the health and safety of all communities¹, PHSKC recommendations are posted in 15 languages other than English.

Communication is centralized on the [HCHN website](#):

- PHSKC publishes [daily updates](#) on the Novel Coronavirus in King County.
- Providers can register to receive COVID-19 Homelessness Response email alerts.
- The King County Novel Coronavirus Call Center offers centralized triage for people who believe they have been exposed to COVID-19 and for health care and service providers with COVID-19 questions and can also be used to report any reductions or modifications to service delivery.
- Specific guidance has been developed for shelters and homelessness service providers on sanitation practices, preparedness planning, and overdose prevention/harm reduction among other topics and is published on this centralized page.
- HCHN hosts regular calls to provide updated information, respond to questions, review guidance, and engage in program-specific problem solving. There are four COVID-19 Homeless Response Calls each week; two calls each week with frontline staff (primarily shelter and day center providers), one call with

COVID-19 Homelessness Response

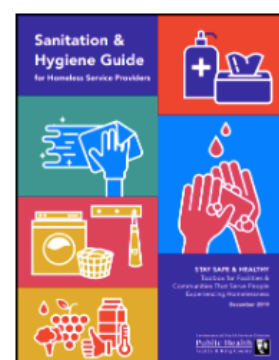
 [Sign up for COVID Homelessness Response email alerts](#) and receive up-to-date information related to King County's COVID-19 response for people experiencing homelessness.

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. 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.

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



Sanitation & Hygiene Guide for homeless services 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.

Figure 1: <https://www.kingcounty.gov/depts/health/locations/homeless-health/healthcare-for-the-homeless/covid.aspx>

¹ For more information on an Equitable Systems Transformation Framework in COVID-19 response, see the [March 27th NIS Blog post](#).

outreach providers, and one with homelessness providers to offer more high-level updates on the coordinated COVID-19 response activities.

Develop or Update your Emergency Operations Plan

The development of King County's Emergency Operations Plan centered on 4 core strategies:

- Inform, reinforce, and resupply the existing shelter and outreach system
- Create and operationalize new capacity for isolation/quarantine recovery
- Create and operationalize new capacity for congregate recovery and build the protocol to connect people to those new facilities who need a place to self-isolate and quarantine
- Address key prevention strategies

Lessons learned from those strategies include:

Inform, reinforce, and resupply the existing shelter and outreach system

- Arrange for a centralized cleaning contract to deploy cleaning crews to shelters and day centers, allowing the existing staff to focus on supporting program participants.
- If possible, provide immediate relief to shelters and day centers in the form of flexible funds to support things like supplies, overtime pay, or janitorial staff.
- Centralize the purchasing of bulk cleaning supplies to lessen the burden on shelter and day center staff. King County's FMD secured access to a warehouse for storing supplies. Volunteers receive and sort supplies and build orders based on online requests from providers. Providers pick up orders; however, delivery of supplies can be accommodated for providers in more rural locations. Guidance is issued in writing and through videos to providers on how to effectively use sanitation and hygiene supplies.
- Plan for the provision of additional supplies for outreach providers beyond sanitation and hygiene, including items that will support social distancing in unsheltered locations, such as tents, tarps, blankets, sleeping bags, and socks.
- Expand shelter settings to allow for social distancing recommendations. In King County, additional space for this "de-intensification" of shelter included identifying the most vulnerable in shelters and moving them to alternate spaces at the Seattle Center (a civic arts and exhibition space) and the King County Airport (owned and managed by King County).
- Initiate a motel voucher program for highly vulnerable shelter stayers who would be most at risk in a shelter setting (i.e., persons with lung cancer, etc.).
- Equip outreach teams with information and resources to address food access, hand washing and restroom facilities, medical and behavioral health care, COVID-19 testing, phone and charger access, and overdose prevention/harm reduction strategies. Reducing or halting encampment sweeps assists in keeping people connected to critical services and resources, keeping people healthy, and slowing the spread of infection.

- Field Assessment, Support, and Technical Assistance (FAST) Teams provide on-site assessment, support, and technical assistance to homelessness service providers responding to COVID-19 in an effort to sustain existing services and ensure the health and safety of program participants and staff. The FAST teams are made up of PHSKC and HCHN staff and are focused on proactive support for service providers to adhere to CDC guidance and on assessing site needs, constraints, and access to adequate supplies. FAST teams lead by PHSKC and HCHN are not doing symptom screening or patient care.
- A Homeless Task Force “Strike Team” has been established to respond to the needs of shelter and day center providers in cases where a person with a confirmed case of COVID-19 has visited or utilized services during their infectious period. The Strike Team is lead by the Communicable Disease and Epidemiology (CD/Epi) department with collaboration from HCHN.

Create and operationalize new capacity for isolation/quarantine recovery

- Existing King County resources were key in identifying isolation and quarantine sites quickly.
- Plan for staffing gaps and absences early. Know that it will be difficult and consider all options to bring in temporary staff or staff from other county departments.
- Identify strong trainers (who are trained in trauma-informed care) for new staff coming in, and cross-train on the core staffing roles. This is a 24/7 operation. Take into consideration that all staff are going to be personally and professionally impacted by the COVID-19 response. Have back-ups for staff who may contract COVID-19 or live with vulnerable household members and may not be able to take on certain roles for risk of infecting others (more details on staffing below).
- Move to a first responder type of shift/schedule. Have a Team A and a Team B for everything, as capacity allows. Operating 24/7 will lead to burn-out and greater risk of becoming sick. Consider asking faith-based and other community partners to provide volunteer help in some of these roles. Recognize where the use of volunteers is not feasible, including positions that require rigorous training or access to protected data.

Create and operationalize new capacity for congregate recovery and build the protocol to connect people to those new facilities who need a place to self-isolate and quarantine

- Four locations have been identified and one additional location is being confirmed in King County for up to nearly 1,400 individuals, allowing hospitals to discharge people who are still contagious but do not need the acute care of a hospital setting.
- An ideal AC/RC site is a large warehouse-type setting (more than 80k square feet) already equipped with running water and electricity. There are no congregate areas in the AC/RC facilities.
- All staffing is 24/7 and the sites operate similar to Alternative Care Facilities with scaled nursing and robust behavioral health support. Staffing needs are addressed through existing PHSKC staff, contracted health professionals, and recruitment within local universities.

General prevention strategies

- King County set a goal of identifying capacity for 3,000 individuals in isolation, quarantine, and assessment and recovery. This estimated need was based on CDC estimations of the percentage of the population that would contract the virus (40%) and the percent that would experience moderate

to severe symptoms (40%). Based on these assumptions, an estimated 2,000² individuals experiencing homelessness, and approximately an additional 1,000 from PSH and other locations without capacity to self-isolate, would need support in an isolation, quarantine, or assessment and recovery site.

- Training staff and volunteers on emergency operations plans is crucial and all training requires a trauma-informed care component, regardless of the level of existing expertise of those trained. The world is experiencing this trauma together.
- Services should be culturally responsive and accessible to everyone. Partnerships make all the difference, including the critical work of shelter and service providers. Create opportunities for open communication with all affected communities and partners helping to deliver critical services during this time³. All written guidance and training materials are made as accessible as possible, avoiding jargon and visualizing processes and procedures as much as possible.
- If possible, set up emergency rental assistance for anyone being impacted by COVID-19. Ask businesses and community members to donate to a general fund that is as low-barrier as possible.

During a COVID-19 outbreak: ACT

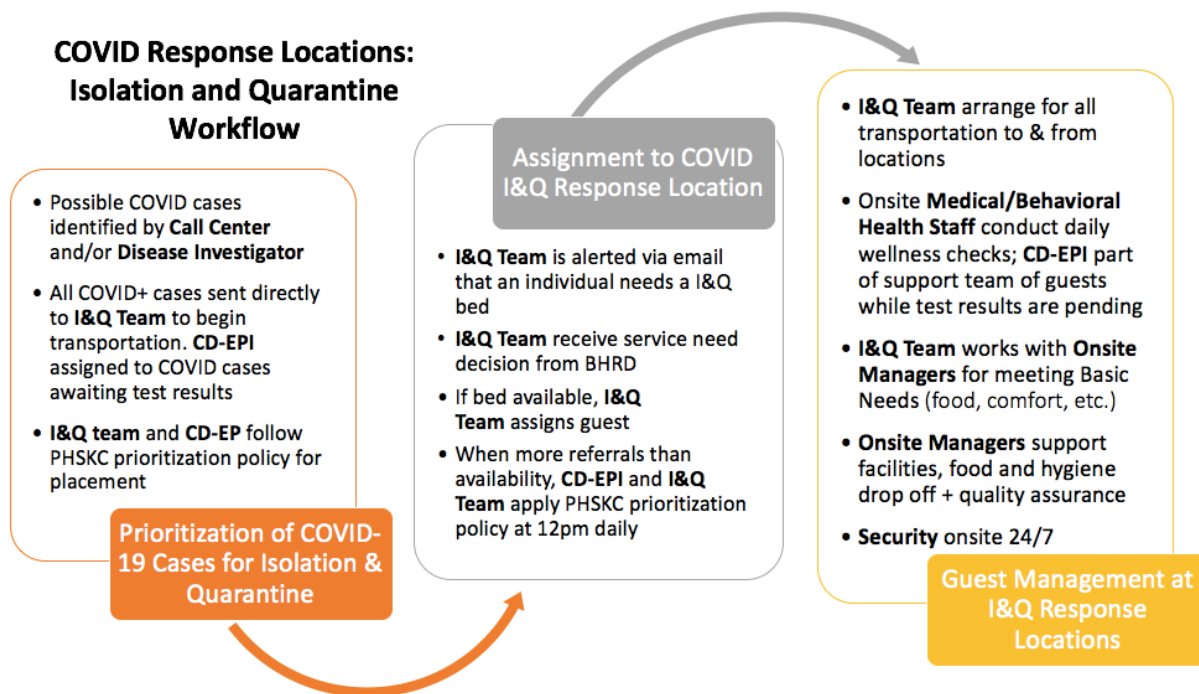
Put your Emergency Operations and Communications Plans into Action

- Isolation and quarantine (IQ) intake is initiated through the King County Novel Coronavirus Call Center. The call center adopted a prioritization schema, developed by health care professionals, for referrals to IQ sites: 1) Individuals experiencing homelessness with a confirmed COVID-19 case or compatible illness and pending test are sent directly to the IQ team for placement; and 2) Individuals with symptoms and/or exposure are sent to the Disease Research Intervention Specialist (DRIS) team for investigation. PHSKC teams are prioritizing testing people who are in more vulnerable locations, such as nursing homes, shelters, or SROs.
- The IQ sites established by the County are for ANY King County resident who cannot isolate or quarantine in their own home. This includes people who share a dorm room, are traveling, don't have a home, or share a home with an immune-compromised person. These sites are intentionally not exclusively designated for people experiencing homelessness.
- King County has purchased motels and set up designated locations with modular trailers for IQ sites. When identifying locations, King County prioritized sites with exterior hallways to ensure guests could exit to open air, in accordance with CDC guidance.
- Upon referral to IQ, arrangements are made, as needed, for animal care, transport, or motel vouchers, should there be a barrier to placement in the IQ site. Once on site, the IQ team coordinates food and basic needs, connections to mental health support, onsite medical staff, and other individualized needs, as identified.

² The 2019 Seattle/King County Point in Time Count estimated a total of 11,199 individuals experiencing homelessness, including 5,228 people living unsheltered (http://allhomekc.org/wp-content/uploads/2019/05/Count-Us-In-2019-news-release_FINAL.pdf)

³ For more information on racial equity in COVID-19 response, see the [NIS website](#) and the collection of resources published by [Racial Equity Tools](#).

- Written guidance and protocols are in place for process flow, intake/exit procedures, bed management, roles and responsibilities, staff and volunteer training, contract security and delivery personnel, and behavioral health assessments.



Key staffing for IQ sites include:

- **Air traffic controller** oversees EVERYTHING to ensure the system of the IQ site is working or gaps are filled.
- **Around the clock onsite manager** ensures any physical building or after-hours needs are met and that “Knock/Drop/Walk” meals or deliveries are provided in that fashion. The manager makes sure the unit turn happens with HAZMAT cleaning, and all rooms are open when a guest is on the way.
- **Around the clock onsite public health nurses** respond to and assess site needs. Anyone who is identified as COVID positive before being referred/assigned to IQ is assigned to an onsite nurse. Face to face contact is only conducted by health care professionals with PPE and only if medically necessary.
- **Around the clock onsite behavioral health professionals** provide BH services as needed for people in crisis.
- **Around the clock onsite security** to ensure the community does not disturb property or guests.
- **IQ support team** ensures that transport and basic needs are coordinated (using a 1:5 ratio for case management if possible, and no more than 1:20).
- **Public Health Disease Investigators** are assigned to each guest who is being tested and awaiting results.

After a COVID-19 outbreak: FOLLOW-UP

Evaluate the Effectiveness of your Organization's Plan of Action

King County has established an emergency response plan that is growing exponentially. In the interest of continuous improvement, system leaders have identified critical concerns and reflections for sustaining and scaling operations:

- This system is fragile. We will consume all of our new capacity if any major shelter or institution goes offline, requiring its healthy and/or ill residents to displace in whole.
- The call center has to have the capacity to take calls and ID the people who need IQ or congregate recovery settings.
- New IQ facilities will quickly outpace our ability to staff them with behavioral health, medical staff, and operational staff. King County staff are being detailed to COVID-19 from many departments, and many are working 12-15 hour days, 7 days a week. Having enough staff for people to take breaks and days off is a critical concern, as other King County operations need to keep moving as well. Some units have shifted to basic operations until COVID response is over and human resources has created time-limited/special assignment positions.
- King County is anticipating the need for funding, staffing, and material support to continue AC/RC operations for up to 3 months and IQ sites for up to 18 months.
- Partnerships make all the difference and can support a more equitable community response. Early collaboration with federal, state, and local departments, as well as shelter and service providers and community partners, has been crucial. Effective collaboration requires constant communication and documentation of daily briefings, new procedures, and continued improvements along the way.

In an effort to enhance supports for individuals referral to IQ sites, King County published a guide on [Self-Care While at an Isolation Location](#). This guide includes CDC information about the latest guidance on isolation and quarantine practices, tips and information on best practices for health and hygiene, and strategies and supports to address stress and anxiety.

Seattle/King County Resources

- Healthcare for the Homeless Network (HCHN) [COVID-19 Resources](#) Page
- King County Department of Community and Human Services (DCHS) [COVID-19 Resources website](#), including short videos.
- [Webinar: Reinforcing the Homelessness Crisis Response System: Lessons Learned from Seattle & King County](#)
- [USICH Webinar: COVID-19 Planning and Response: Isolation and Quarantine: Lessons Learned from King County](#)
- [Seattle/King County Public Health Updates](#)
- Seattle/King County Public Health [Public Health Insider](#) Blog