COVID-19 Planning and Response

Operating Isolation and Quarantine Facilities and Providing Medical, Behavioral Health, and Substance Use Treatment: Lessons Learned from King County

May 12, 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 and/or use the HUD Exchange Ask-A-Question (AAQ) Portal



Webinar Agenda

- Intros/overview
- Seattle-King County
 - Julie Dombrowski, MD, MPH, Associate Professor of Medicine, University of Washington, Deputy Director, Public Health, Seattle & King County HIV/STD Program, I/Q Medical Lead
 - Josephine Wong, Deputy Director, King County Department of Community & Human Services, I/Q Operations Lead
 - Kelli Nomura, Director, DCHS Behavioral Health and Recovery Division, I/Q Behavioral Health Lead
- Moderated Q&A
- Wrap-up and closing







OPERATING ISOLATION AND QUARANTINE FACILITIES AND PROVIDING MEDICAL, BEHAVIORAL HEALTH, AND SUBSTANCE USE TREATMENT:
LESSONS LEARNED FROM KING COUNTY



Public Health - Seattle & King County COVID-19 Outbreak Summary

Updated: 05/09/2020 2:00 PM

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. For desktop and mobile users, hover over graphs for more details.

Summary of counts:

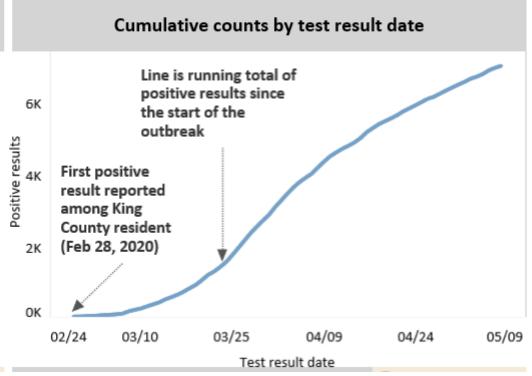
New since yesterday

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

The validity of results based on antibody tests is not known. PHSKC will only include results based on PCR, which identifies acute cases. As of 5/7, there are 317 King County residents with a positive COVID-19 result that was based only on antibody testing; these results have been removed from our case counts.

Positive: 7,000 + 60

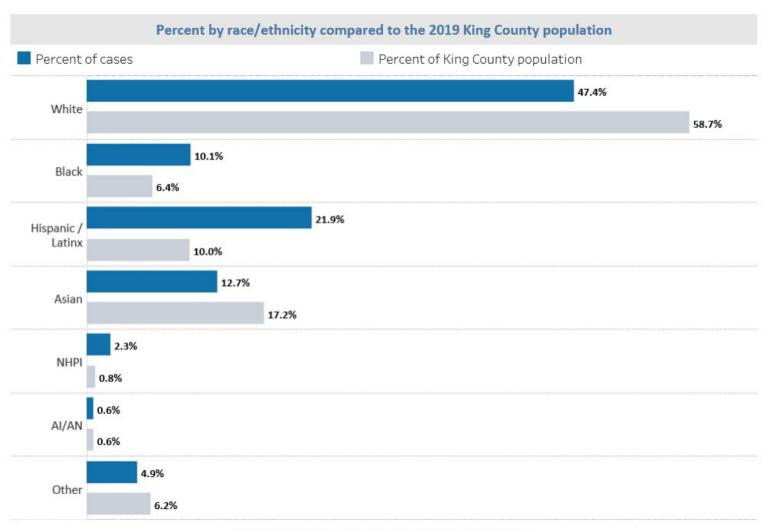
Deaths due to 490 COVID-19 illness: 7.0% of positive results + 5



date. The rates will change as more people are restea-Positivity rate per Death rate per Sex at birth and age group of King County residents with COVID-19 test results 100,000 resident 100,000 resident 232 3,570 Female 320.9 20.9 Sex at birth 258 3,348 300.6 Male 23.2 26.8 69 0-9 0 0.0 66.5 169 0.0 10-19 459.2 953 1.0 20-29 277.2 0.5 30-39 1,093 Age groups, 372.9 1,106 40-49 10 3.4 in years 457.1 1,236 11.8 32 50-59 465.2 27.3 1,021 60-69 60 **1**18 497.2 607 70-79 96.6 1,200.2 **266** 429.1 744 80+ 4K **3K** 2K 1K OK 1K 2K 3K 4K Positive test result Deaths due to COVID-19 illness

Counts may not add up to total case count as demographic data may be missing.

Rates may reflect targeted testing in certain populations (e.g. 60+)



2,107 (30.4%) cases are missing race/ethnicity

ISOLATION & QUARANTINE FACILITIES

- Kent Central Avenue Motel: 1233 Central Avenue North, Kent (80) OPEN
- Aurora: I I 32 N. I 28th Street, Seattle (24)
 OPEN
- Issaquah Hotel: 1801 12th Avenue NW, Issaquah (100) OPEN
- White Center: 206 SW 112th St., Seattle (32) READY
- Harborview Hall: 326 Ninth Avenue,
 Seattle (45) Operated by Harborview
 Medical Center OPEN



KING COUNTY EQUITY IMPACT AWARENESS TOOL



Progress must be swift and this is an imperfect tool. Nevertheless, it aims to identify communities that are extremely vulnerable to prolonged hardship with less resources to recover in an economic crisis. These are not the only considerations in reviewing sites, however these questions will highlight the inequities of risks in the County by race, economics, and age.

Does this community's Black, American Indian & Alaska Native and Latinx residents together exceed 10%*? 20% of residents?

Are more than 20% of this community's household incomes within 200% of the federal poverty level**? 30% of households?

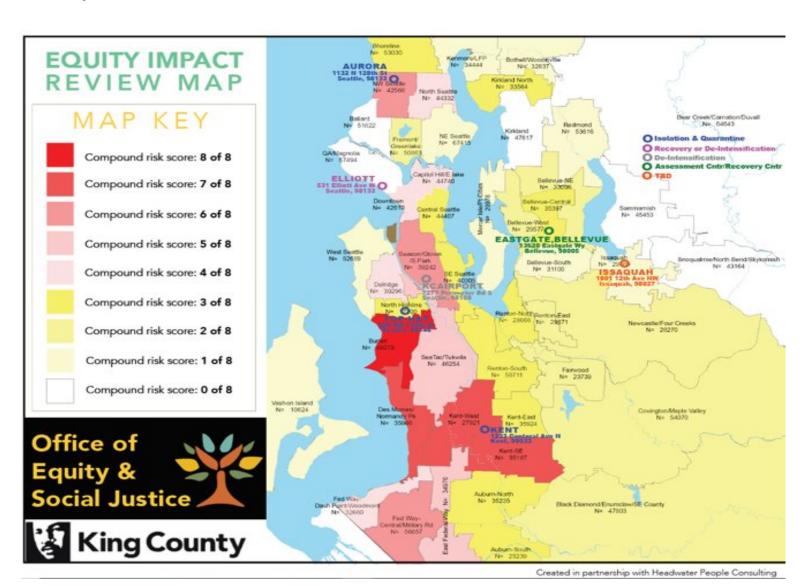
Do less than 50% of this community's households own the home they live in?

Have more than 16% of residents in this community experienced food insecurity in the last year?

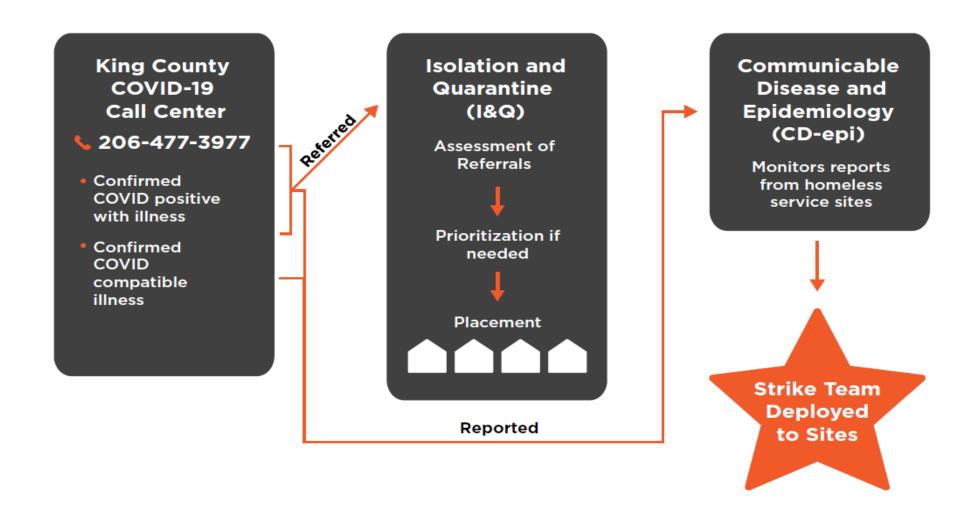
Are more than 14% of residents of this community 65 years or older?

*The thresholds were chosen to highlight extreme economic conditions and to locate the 25% of areas with the most risk.

**In 2017 the federal poverty level was \$24,600 for a family of 4.



RESPONSE FOR PEOPLE COVID-19 (IVING HOMELESS





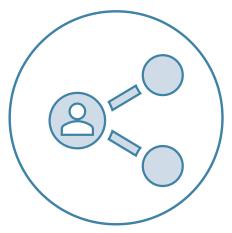
Dynamics Profile Created

- 5-10 minutes
- Call received via Call Center or CD-EPI enters directly into Dynamics



Medical Triage & Behavioral Health Assessment

• 60-90 minutes depending on volume



Coordination on I/Q Location

- 15-30 minutes depending on volume
- Guest and/or Points of Contact are contacted
- Confirmation with site that they are ready for guest arrival



Transport Dispatched

- Metro: 5-10 minutes
 Operating hours 11:30am-9pm
- AMR: 5-10 minutes Operating 9pm-11:30am only



Guest Pick Up & Transport

- Metro: 30-60 minutes
- AMR: 30min- 5 hours
- Depending on distance from starting location
- Depending on call volume for AMR
- Guests transporting themselves welcome and should share vehicle info during Call Center call

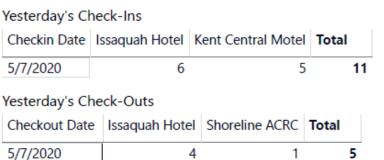
Cases that are more complex may lengthen time in each subsequent stage by up to 30 minutes

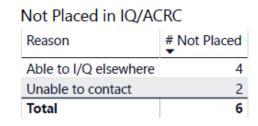


CORE OPERATIONAL COMPONENTS

IQ UNITS – OPERATIONAL DETAILS

- Total IQ capacity 236 individual units for guests (individuals, couples and families with children)
- 24/7 Onsite staff, medical staff, behavioral health counselors and security guards
- IT and technology infrastructure
- Facilities team for unit turns and room readiness
- Transportation of the guests to the sites and upon discharge
- Meals for the guests, additional food and snacks upon request
- Harm reduction strategies
- Incentives to stay at the facilities
- Pet boarding
- Discharge planning





Total unique cases

17

Facility Guests Over Time (Last 30 Days)





INTEGRATED CARETEAM AT WORK



CORE MEDICAL COMPONENTS



Medical Care

Vitals/symptom monitoring

Chronic medical conditions

Step up/step down

Acute conditions- limited, POCT labs only, no radiology

EPIC build for charting/bed management



Med Management

Maintain chronic meds

Small dispensary/ pharmacy onsite

Pyxus + remote pharmacist for controlled substances

Pick-up a nearby pharmacy for meds not carried onsite

MEDICAL CARE IN ISOLATION & QUARANTINE – KEY POINTS

- Clearly define scope of medical care
 - Supportive care & monitoring with connection to support services during stay & upon discharge
 - Not acute care, not skilled nursing, not primary care
- Substance use disorder treatment protocols
 - Opioids buprenorphine induction or continuation, methadone continuation, withdrawal symptom management
 - Alcohol option of medically managed withdrawal
 - Stimulants withdrawal symptom management
- Wide variety of knowledge, experience, and comfort among nursing staff training & communication
 - Especially around harm reduction & behavioral health conditions

CORE BEHAVIORAL HEALTH COMPONENTS



Behavioral Health

Mental health and substance use of all clients

Therapeutic interventions, emotional/relational supports

Crisis response, verbal de-escalation, referral to higher level of care

Referral context, client background information

Disposition



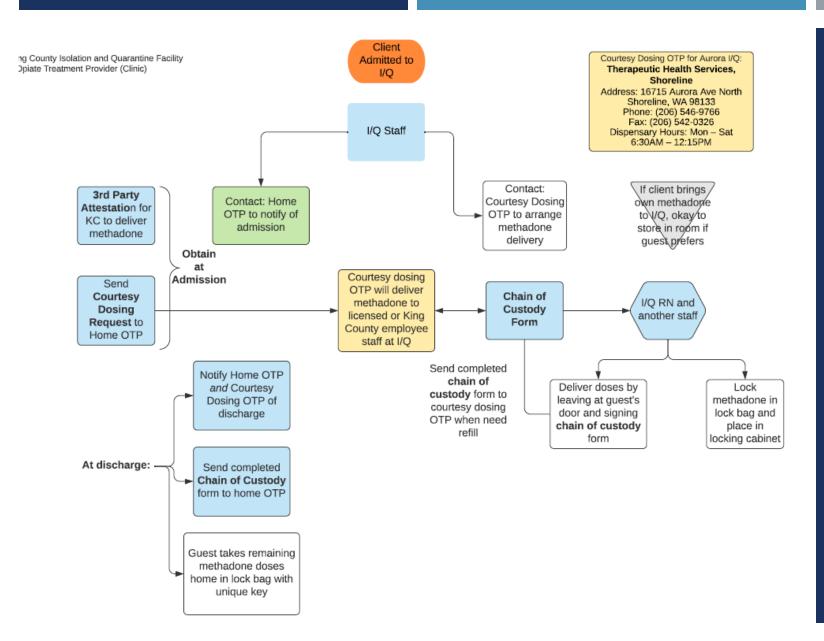
Psychiatric Care

General, addiction, geriatric, perinatal psychiatry

Therapeutic interventions, emotional/relational supports

Crisis response, verbal de-escalation, referral to higher level of care

Medications



METHADONE ADMINISTRATION

Behavioral Health Screening for I&Q



- A designation of low, medium and high behavioral health need is assigned to each screened individual based on available information about the patient and the clinical judgment of the screener.
- Screeners are King County Behavioral Health & Recovery Division Clinicians

Low need

- No documented behavioral health history in the King County data system
- No clear history of harm to self or others
- No documented behavioral health history in the King County data system

Medium need

- Not well engaged in the behavioral health system as evidenced by enrollment and documented service encounters
- History of danger to self or others that is more than 6 months ago
- Complex behavioral health need, such as withdrawals/delusions, with a plan to manage

High need

- Poor or no engagement with treatment provider as evidenced by enrollment and documented service encounters
- Clear and recent history of danger to self or others
- Complex behavioral health need, such as withdrawals/delusions, without a plan to manage
- History of arson
- History of severe property destruction
- Medical needs that cannot be supported at an I&Q facility

BEHAVIORAL HEALTH SUPPORT POSITION OVERVIEW

Skills needed

- Experience working with people experiencing behavioral health issues and have trauma responsive orientation recovery orientation;
- Experience with de-escalation and/or crisis intervention;
- Knowledge of current COVID environment and King County behavioral health resources;
- Non-judgmental and objective;
- Able to respond with sensitivity and express empathy

Job Duties

- Provide behavioral support and offer resources/emotional support;
- Telephone check-in with people who are quarantined/self-isolated;
- Assist with identification and coordination with other natural supports;
- Collaborate with on-site medical team, security team, and management

DISCHARGE PLANNING FROM I&Q



Discharge planning

Transportation

Shelter placement

Other disposition considerations

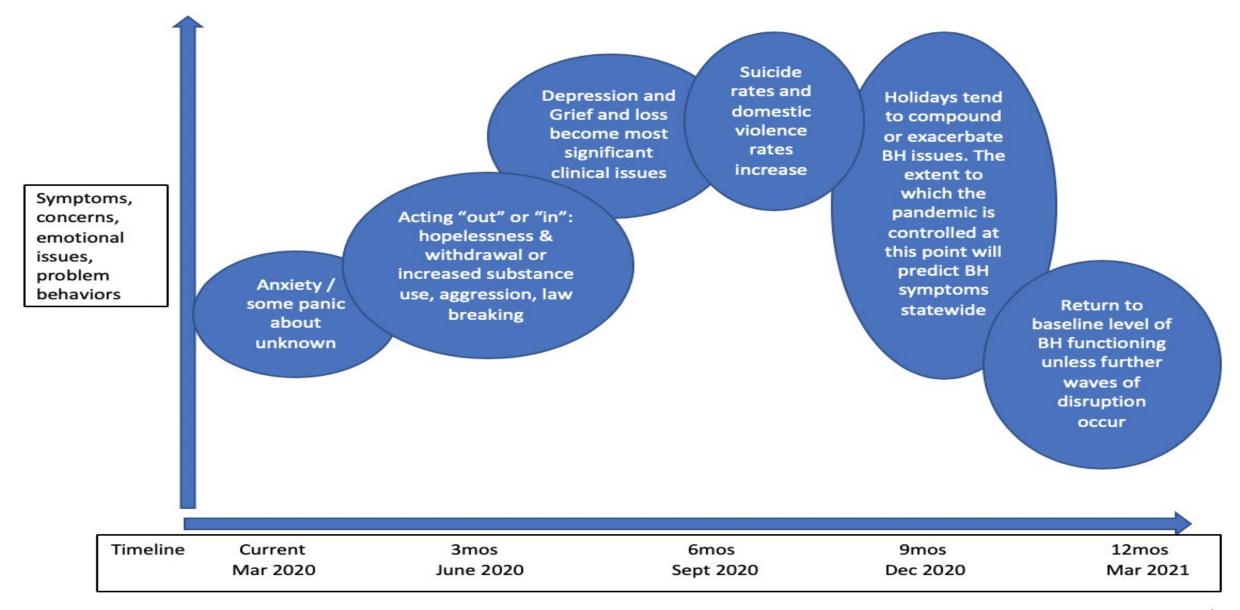
Reunification with pets (housed in animal shelter)



Washington State COVID 19 Behavioral Health Forecast 2020-2021

Upwards of two million Washingtonians could experience behavioral health symptoms consistent with acute stress, anxiety, or depression within the next 6 months.

- Compared to other disasters, likely much more anxiety and depression, less PTSD (although still present). COVID-19: Chronic, impacts across all sectors, high disruption of supports, high uncertainty.
- Increases in mental health issues will lead to increases in substance use issuesthe opposite is also true.
- Symptoms will likely present in phases consistent with the psychological phases of disaster. This timeline may be impacted by second waves.

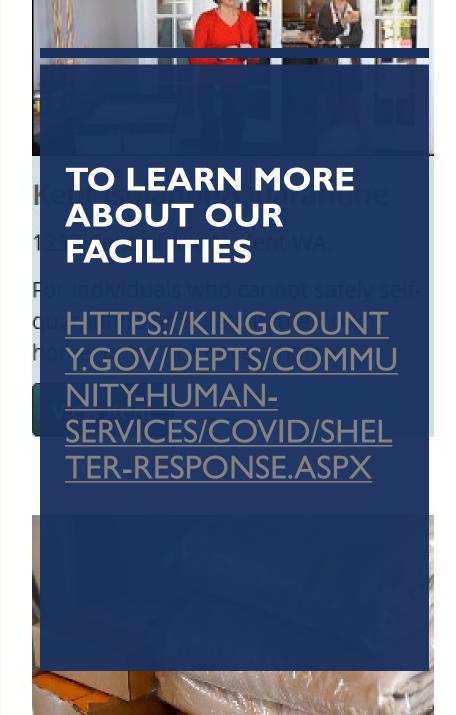


NOTE: Where people start on this chart is strongly predicted by their baseline level of functioning BEFORE the outbreak / pandemic, and the degree to which they have SOCIAL SUPPORT and use ACTIVE COPING SKILLS.

If the situation comes to a resolvable level after 12 months, the VAST majority of people will return to their baseline level of functioning. If the situation cascades, then the emotional and behavioral responses become compounded over time.

OPERATING IQ FACILITIES KEY POINTS

- Provided a safe place for a person to stay, receive care and slow the spread of the virus
- Keep the guests comfortable in their units and incentivize guests to stay
- Integrated behavioral health and medical care is <u>critical</u>
- Harm reduction is a cornerstone of successful isolation & quarantine
 - Self-regulated or staff-managed alcohol intake
 - Opioid overdose prevention
- Care continuum requires IQ team to coordinate with homeless service agencies and public health assessment & testing team
 - Communication about indications for I&Q that drive the length of stay
 - Discharge planning
 - SARS-CoV-2 re-testing
 - Evolving policies & procedures



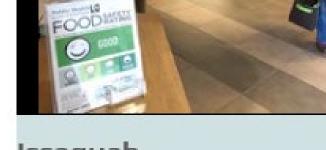


Aurora Isolation/Quarantine

1132 N. 128th Street, Seattle, WA

For individuals who cannot safely selfquarantine or isolate in their own home, or do not have a home.

View North Seattle/Aurora



Issaquah Isolation/Quarantine

1801 12th Ave, Issaquah, WA 9

For individuals who cannot saf quarantine or isolate in their o home, or do not have a home.

View Issaquah







Q&A



- CDC and Guidance for Homeless Shelters
- •USICH: COVID-19 resources
- Contact your USICH Regional Coordinator using our <u>State Data and Contacts Map</u>
 (click on your state to find your RC)



www.usich.gov