COVID-19 Planning and Response: Isolation and Quarantine: Lessons Learned from Seattle & King County

March 24, 2020

1:30pm-3:00pm 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**

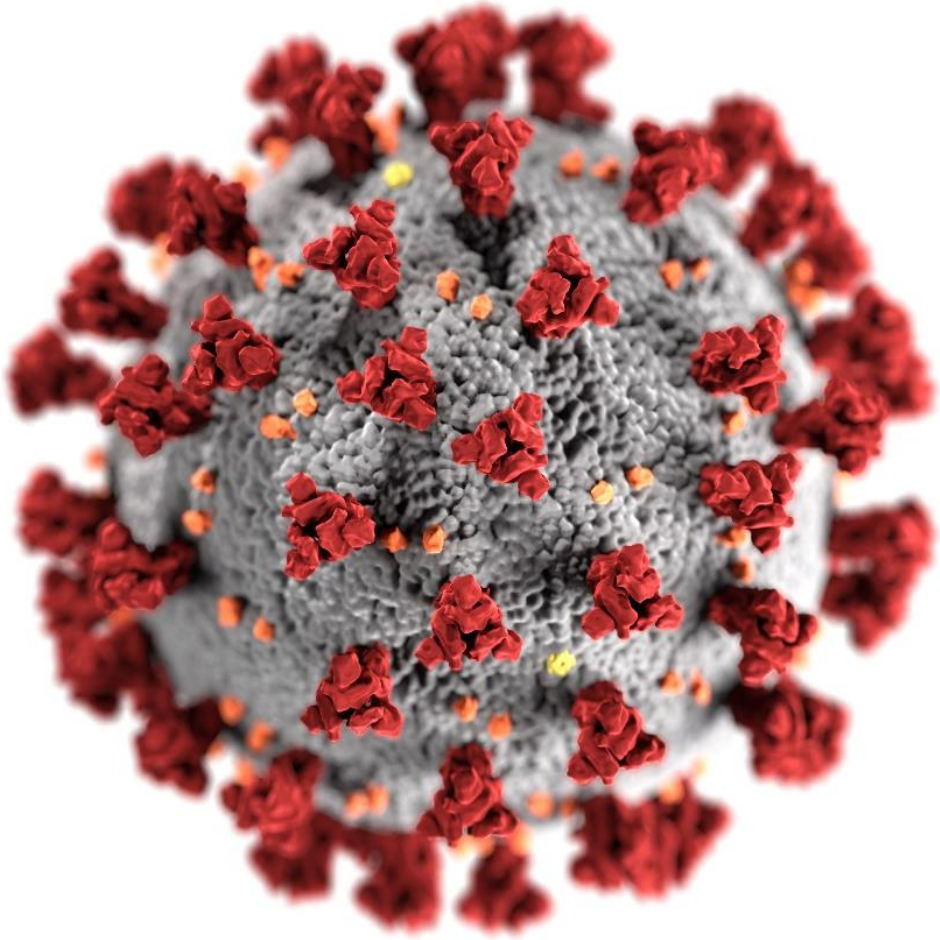
This webinar will be recorded and posted to www.usich.gov within 2-3 days.

Webinar Agenda

- Intros/overview – *Katy Miller and Dr. Robert Marbut*
- CDC overview – *Emily Mosites, PhD, MPH, Epidemiologist, Centers for Disease Control and Prevention*
- HUD overview – *Marlisa Grogan, Office of Special Needs Assistance Program*
- Seattle-King County
  - ***Hedda McLendon**, Housing Service and Stability Manager, King County Department of Community and Human Services*
  - ***Joanna Bomba-Grebb**, Planning and Partnerships Manager with King County Coordinated Entry for All*
  - ***Jessica Knaster Wasse**, Resource & Partnerships Development Manager, Healthcare for the Homeless Network at Public Health – Seattle & King County*
- Moderated Q&A – *Katy Miller and Jasmine Hayes*
- Wrap-up and closing

COVID 19
CORONAVIRUS DISEASE

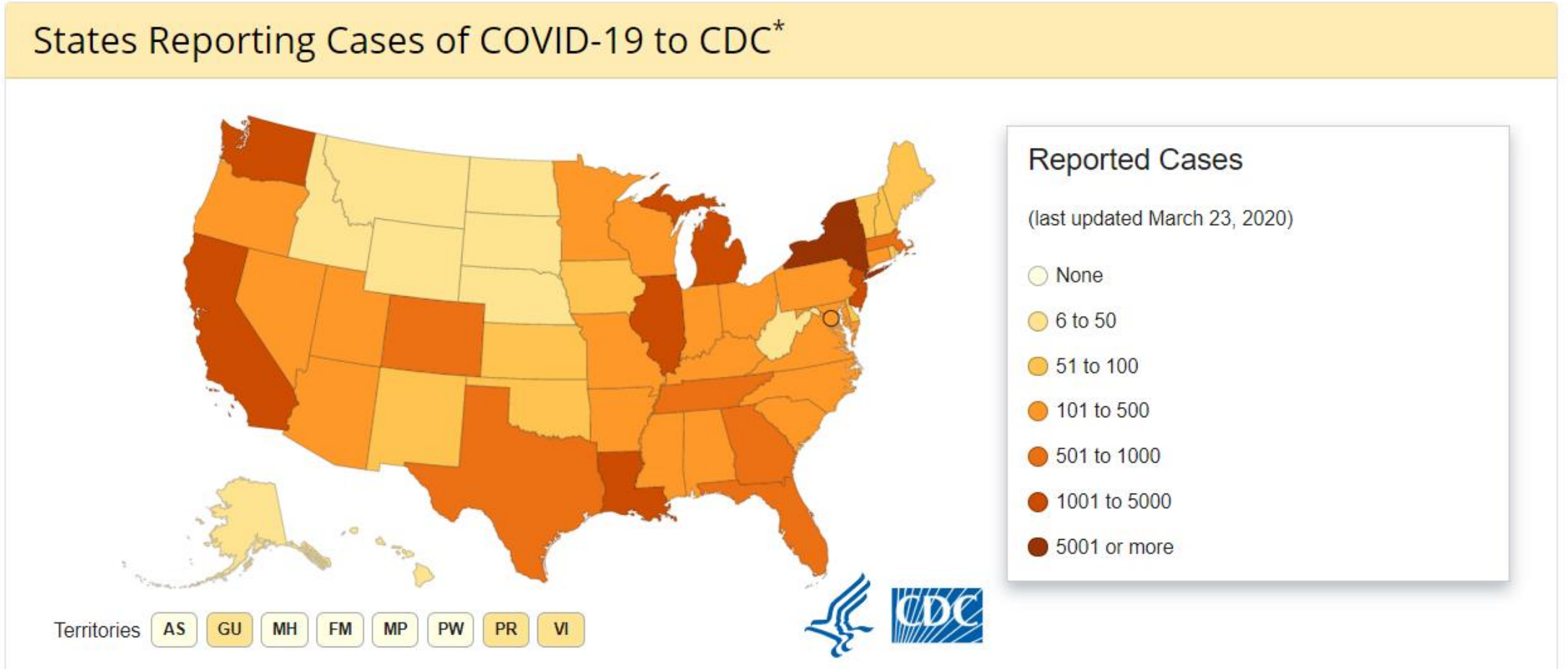
Emily Mosites, PhD MPH
At Risk Population Task Force
COVID-19 Response
Centers for Disease Control and Prevention



March 24, 2020

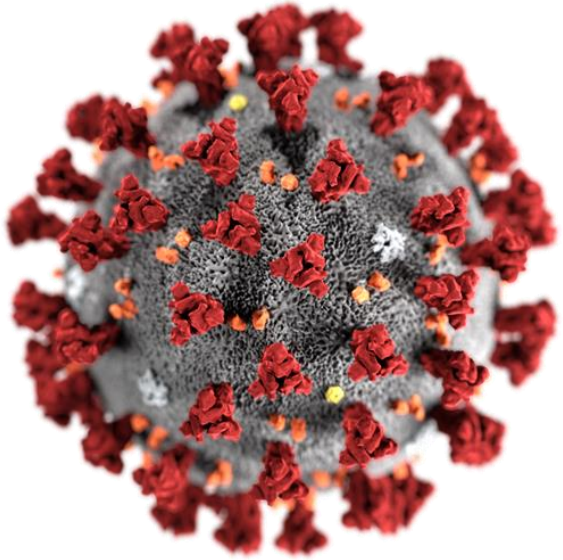
For more information: **www.cdc.gov/COVID19**

Over 33,000 cases reported to CDC as of 3/23/20



How it spreads

- Close contact between people
  - Respiratory droplets that are produced when an infected person coughs or sneezes
- Possibly by touching a surface or object that has the virus on it and then touching the mouth, nose, or eyes



COVID-19 and homelessness

People experiencing homelessness might be at higher risk of contracting COVID-19

- Congregate shelters, food services, and other service facilities

People experiencing homelessness might be at higher risk of severe illness from COVID-19

- Older adults
- High prevalence of underlying medical conditions

CDC guidance related to homelessness

Under “Schools, workplaces, and community locations”

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

Shelter and service provider guidance key points

- Community-based coalition for holistic plan
- Screen incoming guests for respiratory symptoms
- Increase space between beds; head-to-toe sleeping
  - At least 3 feet in space where people don’t have symptoms
  - At least 6 feet in space where people do have symptoms
- Identify where people who test positive or are awaiting test results can stay
- Cleaning and disinfection recommendations

Spaces needed

Isolation: for people who are confirmed to be positive who do not need to be hospitalized

Consider: areas for people who are pending testing or are close contacts of confirmed cases

Symptomatic Area: for people with symptoms (after screening at shelters is implemented)

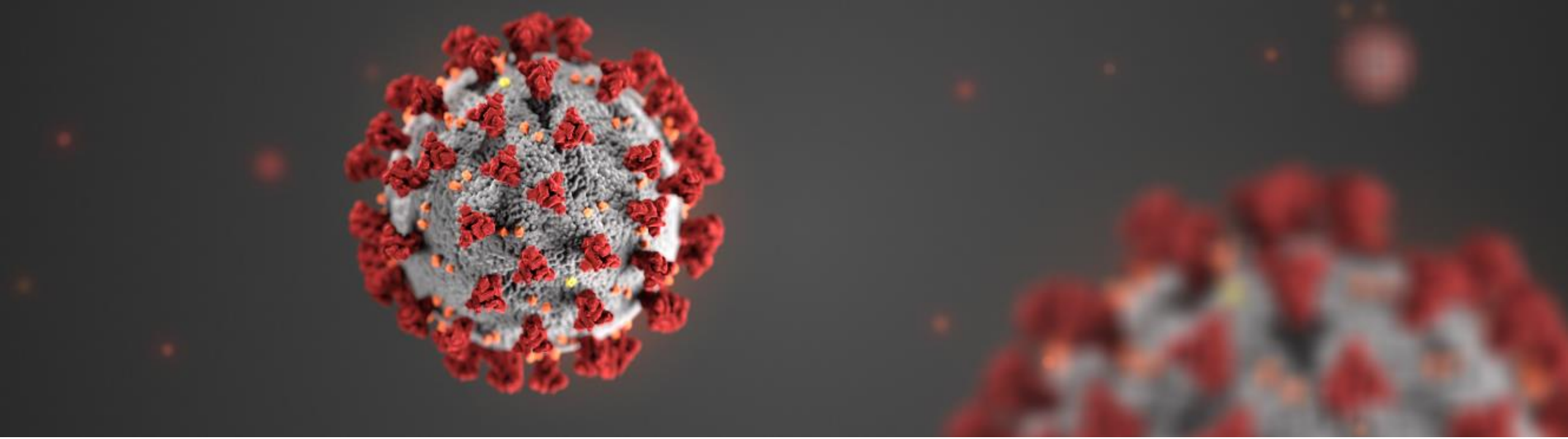
Consider: locations for people with no symptoms who are at highest risk

Overflow: for people without symptoms (because of bed spacing)

Separation/isolation

Unsheltered homelessness guidance key points

- Continue housing linkages
- Communicate clearly with people sleeping outside
- Avoid clearing encampments
  - Encourage people to increase space- 12ft x 12ft per individual
  - Ensure access to hygiene facilities



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.

COMMUNITY PLANNING & DEVELOPMENT

Office Hours:
COVID-19 Planning and Response

March 13, 2020

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

Resources for CoCs and Homeless Assistance Providers on the HUD Exchange

Infectious Disease Prevention & Response page on HUD Exchange

- Using a Disaster Policy to Fund Infectious Disease Preparedness and Response with ESG
- Eligible ESG Program Costs for Infectious Disease Preparedness
- Using CoC Program Funds for Infectious Disease Preparedness and Response
- COVID-19: Essential Services for Encampments During an Infectious Disease Outbreak
- COVID-19: Shelter Management During an Infectious Disease Outbreak

Resources for CoCs and Homeless Assistance Providers on the HUD Exchange

Infectious Disease Prevention & Response page on HUD Exchange

- Using a Disaster Policy to Fund Infectious Disease Preparedness and Response with ESG
- COVID-19 HMIS Setup and Data Sharing Practices
- COVID-19: How to Screen Clients Upon Entry to Shelter or Opportunity Centers

King County Washington COVID-19 Response

Isolation / Quarantine, and Assessment & Recovery Centers

Hedda McLendon

Joanna Bomba - Grebb

Jessica Knaster Wasse

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**

Conditions

>2,000…and that's just among people experiencing homelessness

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

- Our existing shelter system's capacity is too small, & historical 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, and people without the means or facilities to implement Public Health guidance around hygiene, social distancing, and self-isolation/quarantine.

Limited Isolation & Quarantine Capacity

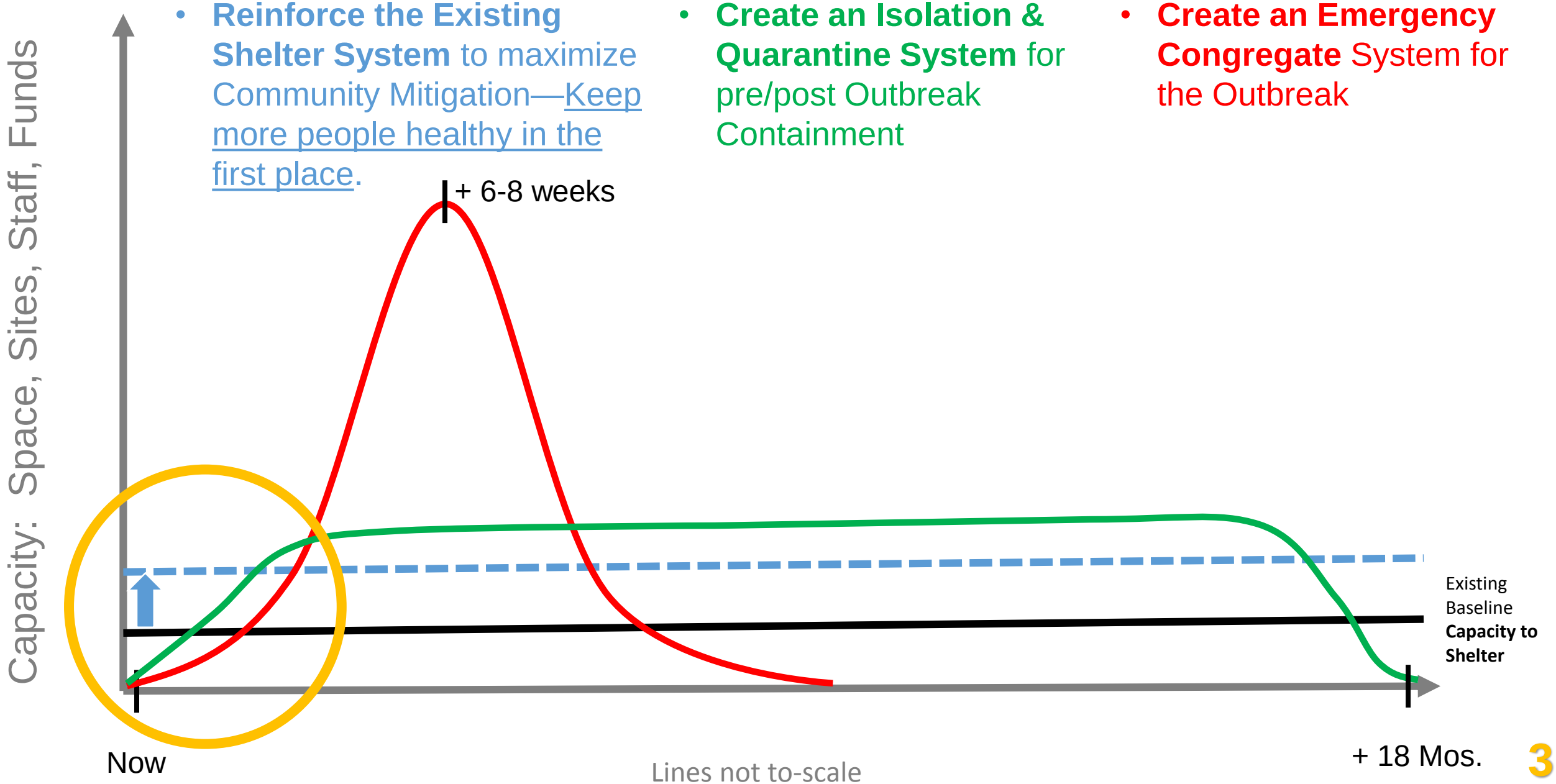
- **Isolation** (for confirmed cases) & **Quarantine** (for possible/suspected cases) are science-informed, Public Health-recommended strategies to slow the spread, "flatten the curve", & maintain hospital capacity for emergent care—I/Q are Public Health interventions to help the community.
- Most County 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.

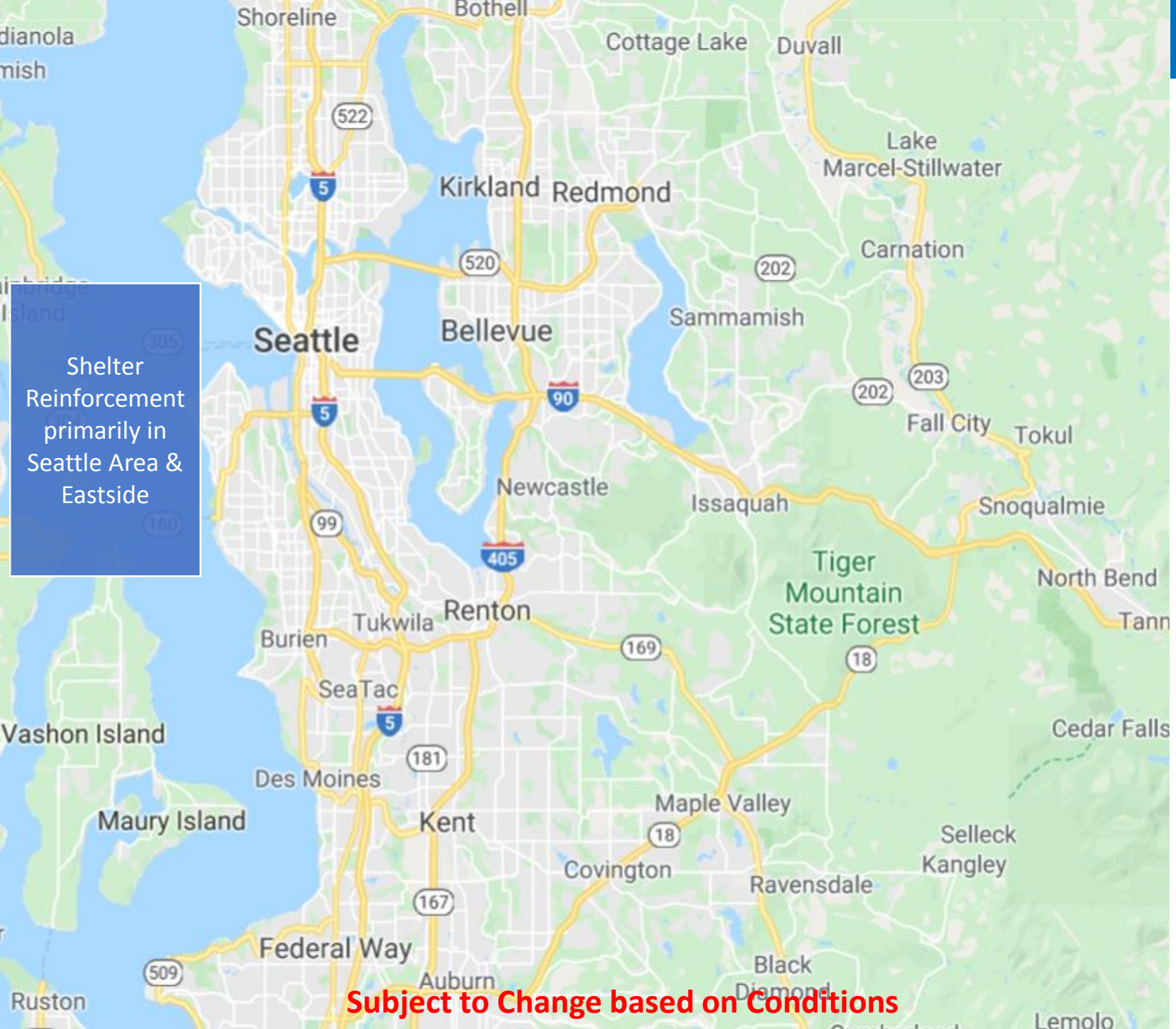
No Pre-Existing Congregate Recovery Capacity

- 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.

We are simultaneously preparing for multiple phases.

- **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



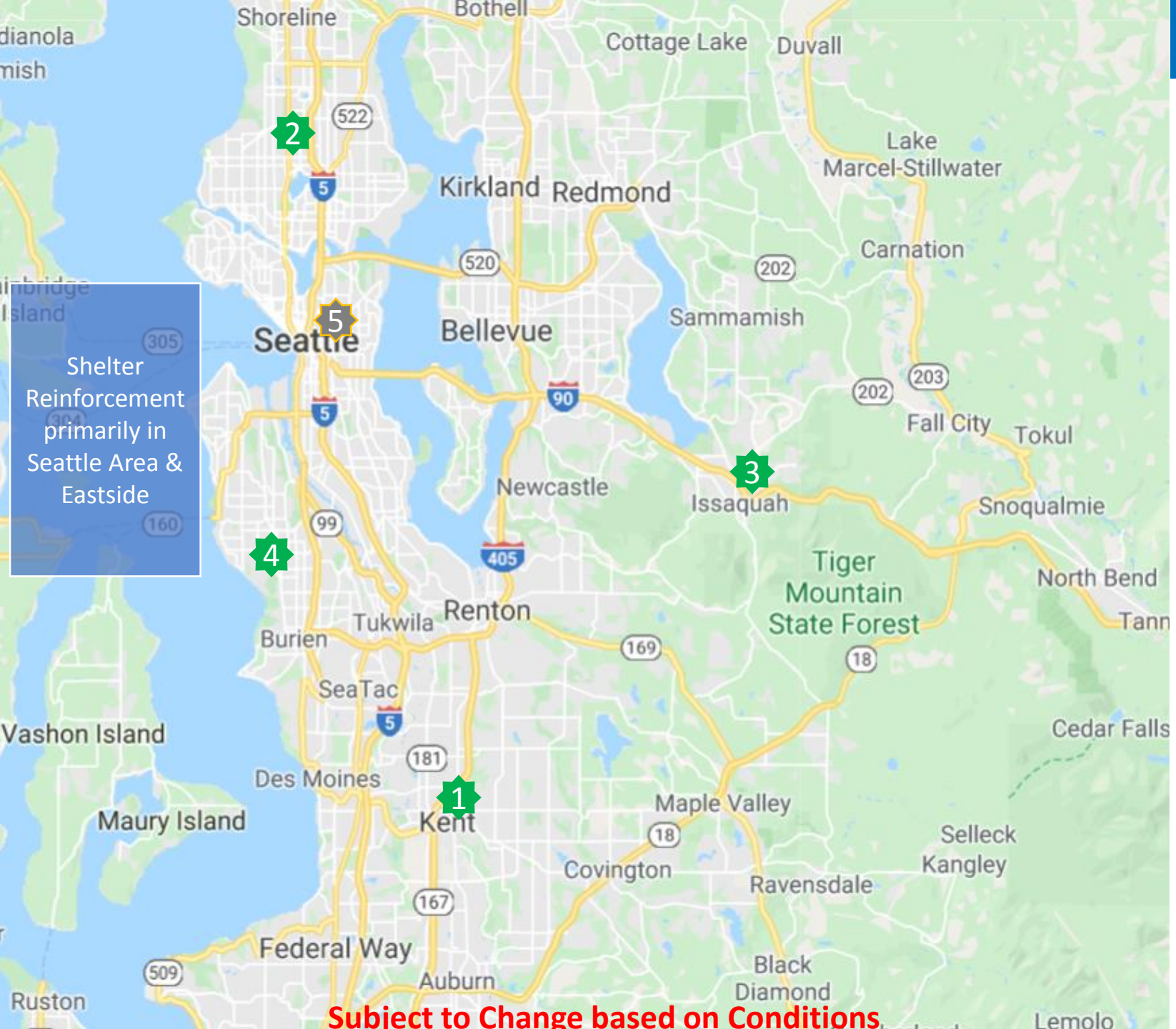


3 Ways to *Slow the Spread* & Keep Hospitals for People Who Need Emergent Care

1. Reinforce & De-intensify Existing Shelters

We are taking steps to keep existing shelters able to keep people healthy and to remain operating

- Issuing Shelter, Day Center, PSH PH Guidance:
  https://www.kingcounty.gov/depts/health/locations/homeless-health/healthcare-for-the-homeless.aspx
- Centralized, Bulk Cleaning Supplies with online ordering
- Motel Voucher Program (De-intensification)
- Vulnerable Shelter De-intensification
  - DESC Main to Seattle Center
  - St. Martin de Porres to King County Airport
  - More shelter deintensifications are ongoing
- Creating new homeless shelter beds and tiny house villages (Seattle)
- Day Center Cleaning Contract to centralize cleaning for high-traffic facilities and allow day center staff to focus on clients
- FAST Teams to provide onsite technical assistance for shelters and day centers

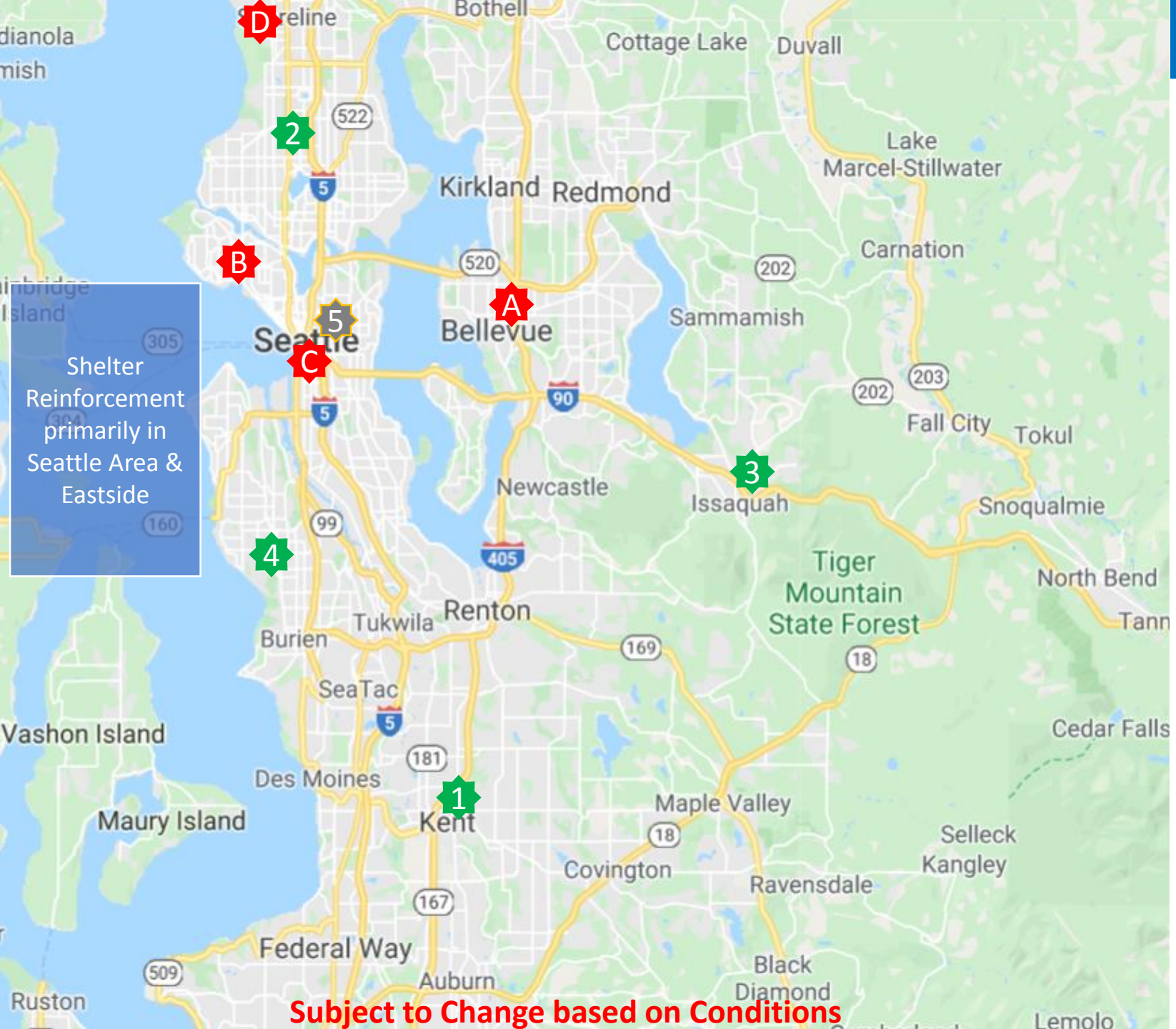


3 Ways to *Slow the Spread* & Keep Hospitals for People Who Need Emergent Care

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
   - Onsite nursing and behavioral health
2. **Aurora (Seattle) 3.25**
   - I/Q for up to 23 people
3. **Issaquah Motel (Issaquah) TBD**
   - 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) 4.3**
   - I/Q for up to 31 people
5. **Harborview Hall (Seattle)** I/Q for up to 85 people w/ Medical Nexus TBD
   - Operated by Harborview Hospital



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

A Eastgate AC/RC (Bellevue) NET 4.17
- Congregate Assessment & Recovery for up to 100 people (initial), possible future expansion to 200 people

B Interbay (Seattle) NET 4.24
- Recovery only for up to 72 people

C Seattle SoDo (Seattle) NET TBD Congregate Assessment & Recovery for up to 300

D Shoreline (Shoreline) NET 4.3
- Congregate Assessment & Recovery for up to 400

South County AC/RC (TBD) NET TBD
- Working to confirm feasibility on a south-County AC/RC site for up to 400 people

Isolation & Quarantine Recovery Locations

I&Q Intake

1. A person/healthcare provider contacts Public Health **Call Center** or **Disease Investigator** about COVID pending or positive case
2. Individual is identified as needing to Isolate or Quarantine at a County Recovery location
3. If resources are available, the I&Q Team coordinates transporting via medical transport or Metro contract (as of 3.28)
4. I&Q Team coordinates with Onsite Manager to have unit ready

Services

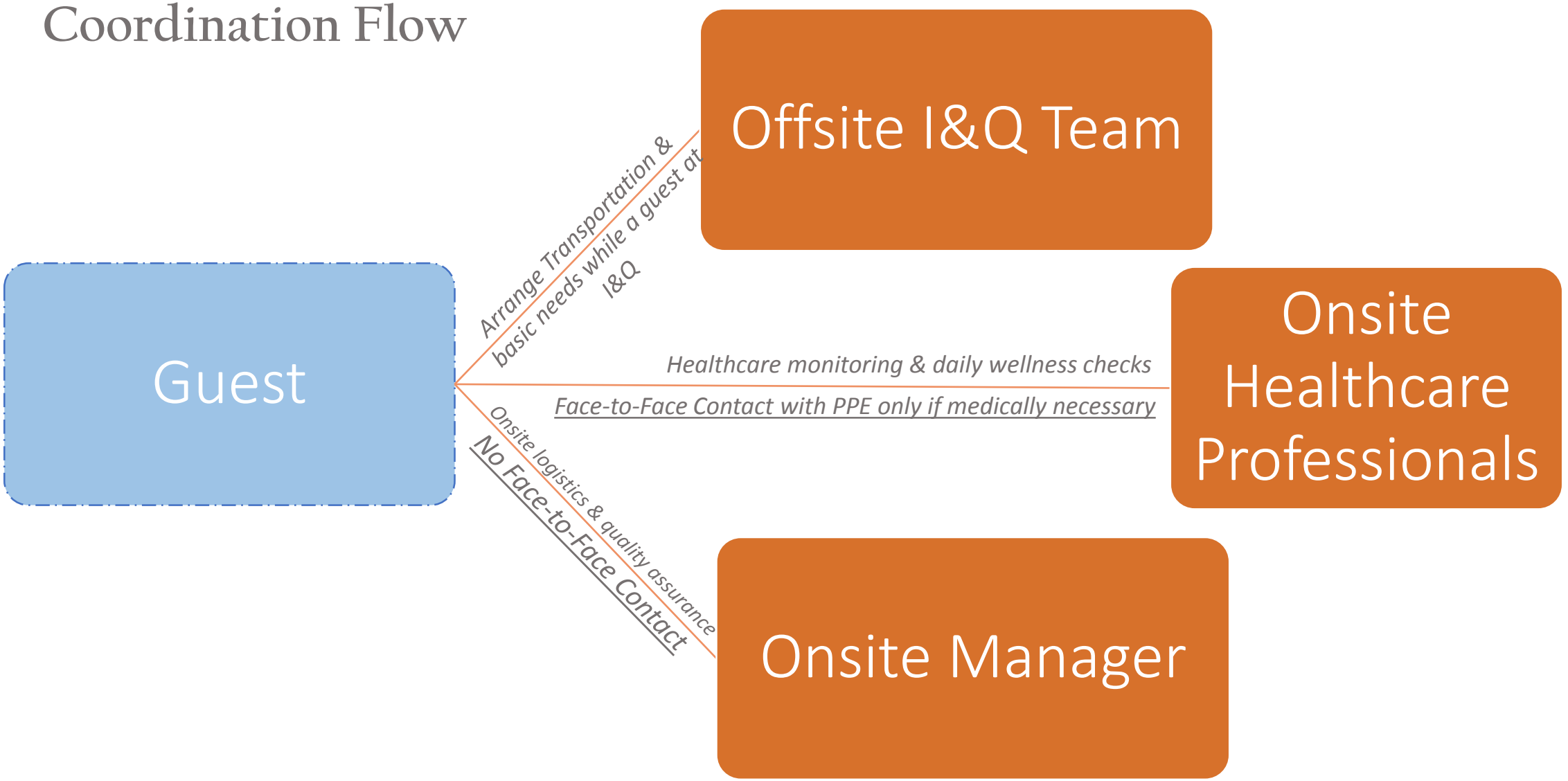
1. 24/7 Onsite Nurse and Behavioral Health specialists (staffed at all locations) will conduct symptom monitoring and support additional healthcare needs of guests
2. **Financial incentives, onsite buprenorphine inductions, methadone continuation to promote isolation adherence**
3. I&Q Team speaks directly with guest, Disease Investigator/CD-EPI as needed, and Onsite Staff. Coordinates basic needs, food, transportation via medical transport or bus/taxi when guest is cleared for discharge Onsite Staff coordinate directly with I&Q Team.
4. Onsite Staff coordinate directly with I&Q Team. Onsite Staff support the physical location and opening doors/placing things in rooms, but does not have face to face contact with guest
5. **24/7 onsite security**

Exit

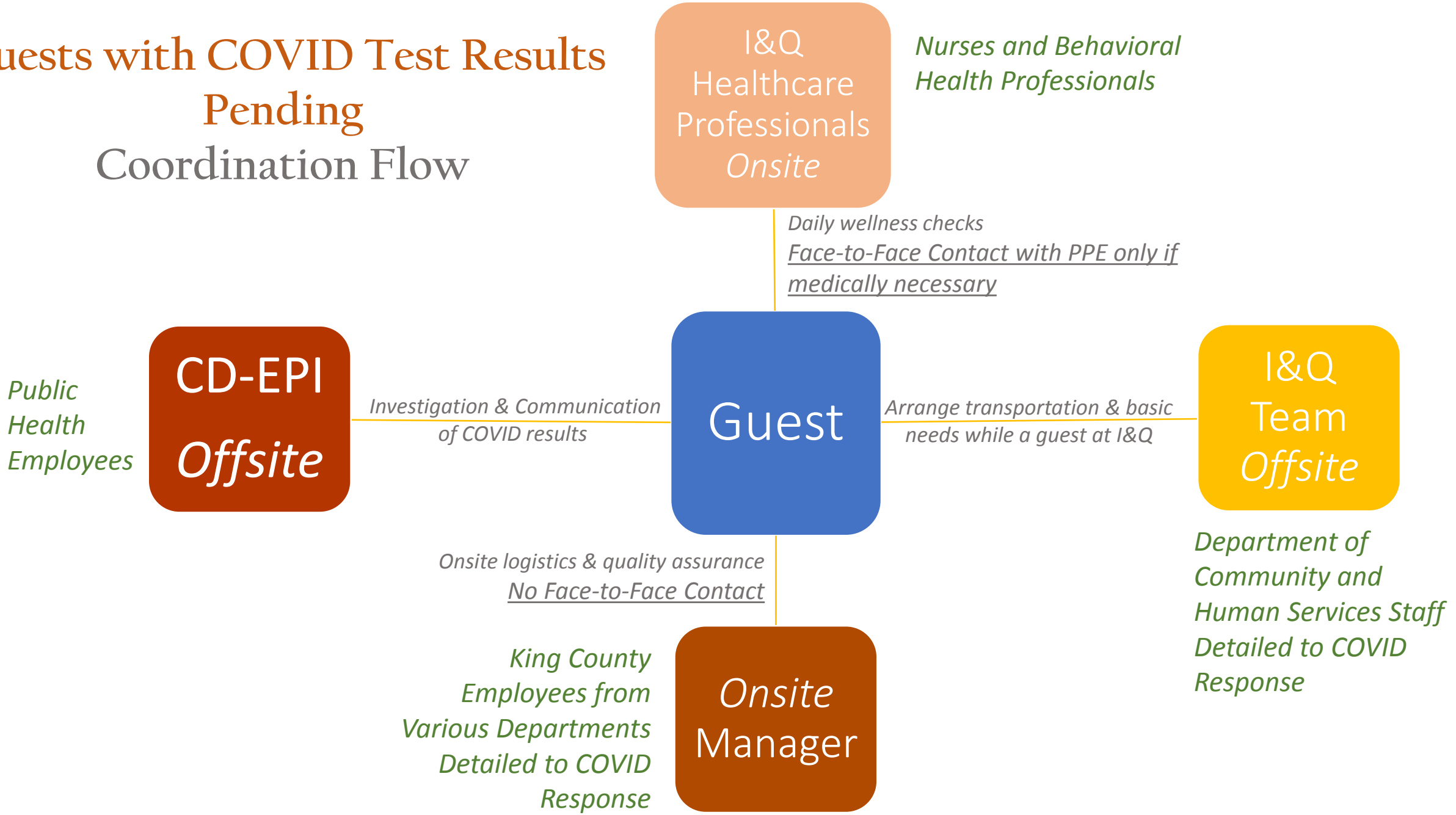
1. Healthcare providers, Public Health staff and/or Onsite Healthcare staff coordinate for when guests need to leave the I&Q Location for either Symptomatic or Asymptomatic reasons
2. **Onsite BH provider supports rehousing**
3. Public Health and I&Q Team coordinate transportation and speak directly with guest about what to expect/when things are ready
4. I&Q Team coordinate with Onsite Staff for room cleaning (hazmat cleaning if COVID + guest) and turn over of unit
5. Guest goes to a medical professional facility if symptomatic or back to their community if cleared by Public Health and asymptomatic.

Updated 03.23.2020 at 7:00pm

COVID+ Guest
Coordination Flow



Guests with COVID Test Results Pending
Coordination Flow



COVID Response Locations: Isolation and Quarantine Workflow

Prioritization of COVID-19 Cases for Isolation & Quarantine

- Possible COVID cases identified by **Call Center** and/or **Disease Investigator**
- All COVID+ cases sent directly to **I&Q Team** to begin transportation. **CD-EPI** assigned to COVID cases awaiting test results
- **I&Q team** and **CD-EP** follow PHSKC prioritization policy for placement

Assignment to COVID I&Q Response Location

- **I&Q Team** is alerted via email that an individual needs a I&Q bed
- **I&Q Team** receive service need decision from BHRD
- If bed available, **I&Q Team** assigns guest
- When more referrals than availability, **CD-EPI** and **I&Q Team** apply PHSKC prioritization policy at 12pm daily

Guest Management at I&Q Response Locations

- **I&Q Team** arrange for all transportation to & from locations
- Onsite **Medical/Behavioral Health Staff** conduct daily wellness checks; **CD-EPI** part of support team of guests while test results are pending
- **I&Q Team** works with **Onsite Managers** for meeting Basic Needs (food, comfort, etc.)
- **Onsite Managers** support facilities, food and hygiene drop off + quality assurance
- **Security** onsite 24/7

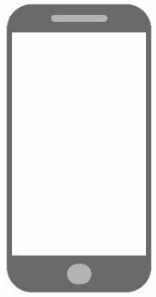
We are implementing protocols and increasing capacity.

- Integrated Health Care System
- Shelters & Day Centers
- Broader Community w/o a place to I/Q/CRC safely
- Emergency Response System
- Other Institutions

1 Community Mitigation to slow the spread & keep people healthy

- PHSKC Guidance
- Hygiene Supply
- Technical Assistance
- De-Intensify
- New Shelters

3 Call Center to provide information or guidance if symptoms present



4 Keep in or get to the right setting

- Support continued community mitigation → Recover In Place; I/Q in Place
- Assign, Transport, & Sustain at I/Q → Existing I/Q; Motel I/Q; Aurora I/Q; Top Hat I/Q
- Assign, Transport, & Sustain at AC/RC → Interbay AC/RC; Eastgate AC/RC

5 Additional Support for in-place care

2 ID, Site, Operationalize I/Q facilities

2 ID, Site, Operationalize ACRC facilities

If you are a person currently experiencing homelessness, or a homeless service or housing provider
PRESS Call Center Homeless # ?

If you, or a participant in a program, has COVID symptoms or who is COVID +,
PRESS #1

If you are a homeless service or housing provider needing guidance
PRESS #2

STAY ON THE LINE routes to Call Center RN

Call Center Responder
Determines Housing and Priority Status

INDIVIDUAL SUPPORT

CD Epi DRIS and I/Q Team
Assess I/Q Needs, Unit Placement, and Provider / Operator follow up

Apply PHSKC Prioritization Policy

As possible placement in I/Q or AC/ RC Bed

For Provider Guidance
PRESS 1

If you are calling to report reductions or modifications in your services please PRESS 2.

To return to the Main Menu PRESS 9

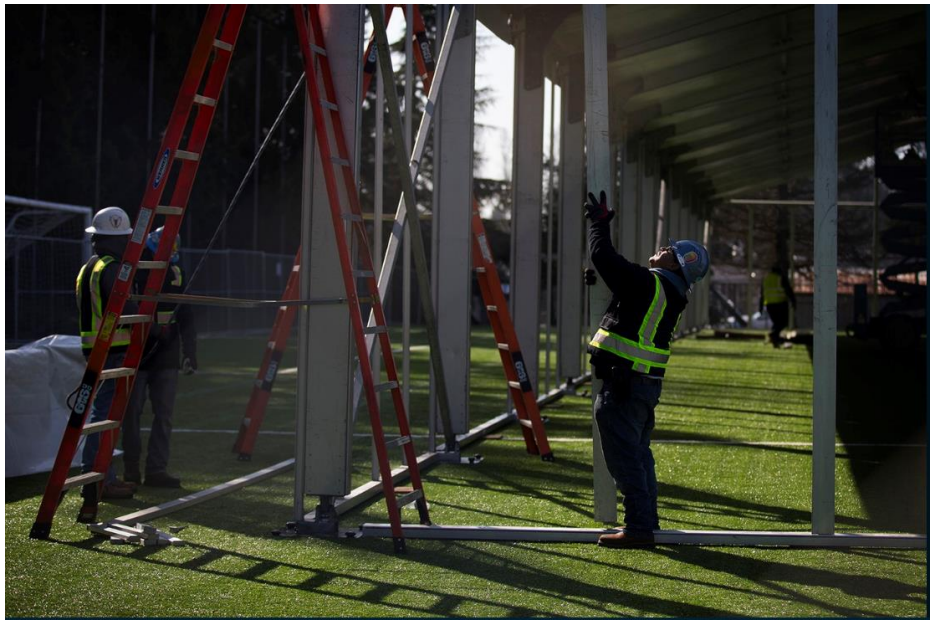
Announcement 1
Guidance for Homeless Service Providers can be found at the Health Care for the Homeless Network webpage at Kingcounty.gov\HCH

Announcement 2
If your agency is reducing or modifying any of your services, please notify us at covidhomelessnessresponse@kingcounty.gov

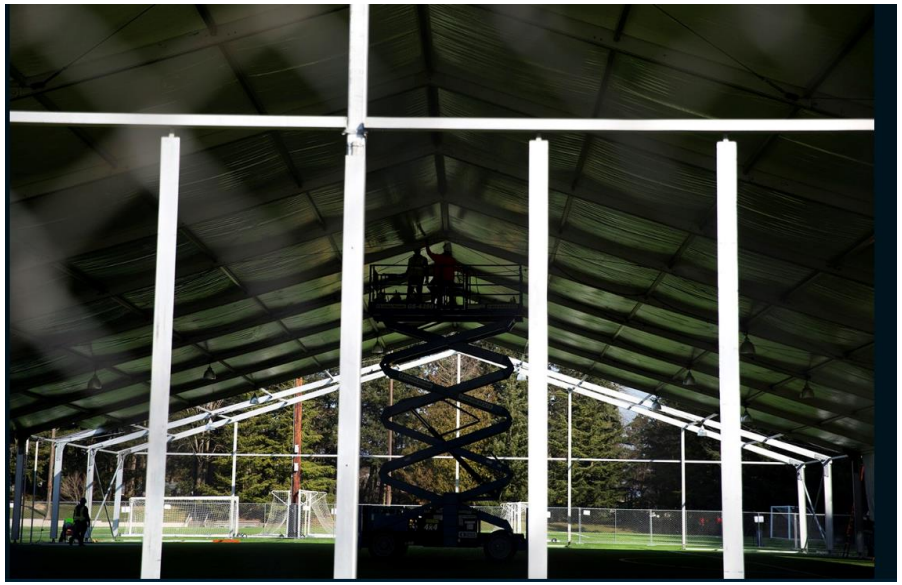
FACILITY SUPPORT for COVID +

Homeless Strike Team deploys as needed

IN PROCESS



Assessment & Recovery Centers



AC/RC Core 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

Behavioral Health

- 24/7 onsite and psych via telemed
- OUD- naloxone buprenorphine, methadone, naltrexone
- CIWA and benzos for DT
- Other meds and supportive care

Med management

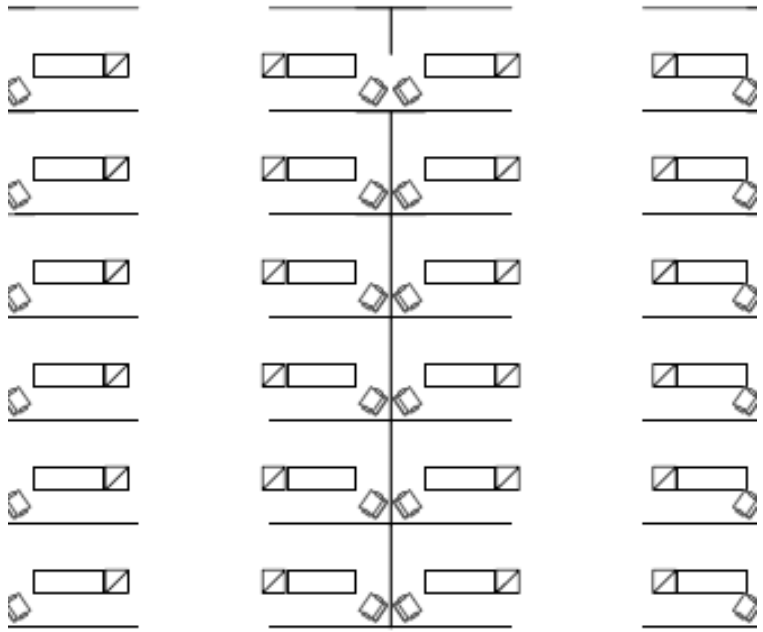
- Maintain chronic meds
- Small dispensary/ pharmacy onsite
- Pyxus + remote pharmacist for controlled substances
- Pick-up a nearby pharmacy for meds not carried onsite

Discharge planning

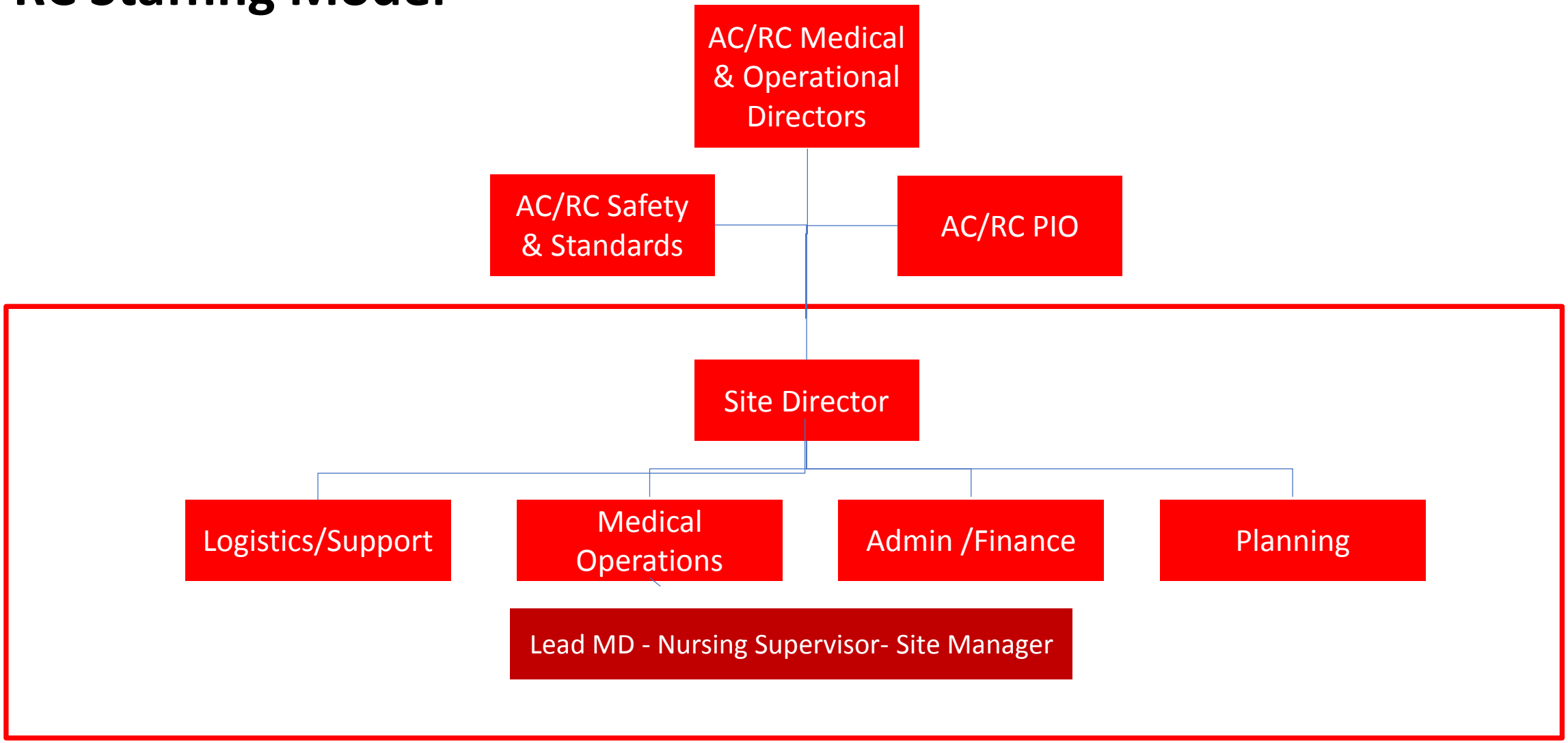
- Transportation
- Shelter placement
- Other disposition considerations
- Reunification with pets (housed in animal shelter)

AC/RC Facility Needs- Scaled Down ACF

- Assessment on one side, Recovery on the other with gap 6+ feet +/or pipe/drape
- Large open space (warehouse, tent) with good ventilation
- Running water – hot and cold
- Space for cots spaced 6 feet with privacy curtain, footlocker, chair, lamp
- *Excellent* Wi-Fi bandwidth and connectivity
- Showers/toilets
  - Staff and patients
- Food service- bedside delivery, no congregate areas
- Outdoor covered area – multi-purpose: COVID testing, nebulizer, other
- Sample and med refrigeration
- Staff break and work space
- Smoking area - outdoor
- Clean and dirty utility
- Linen storage area
- Med supply storage
- Service delivery rooms – 2-4



AC/RC Staffing Model



AC/RC Staffing Model

	Health	Day	Night	Admin/Ops	Day	Night	Security	Day	Night
Fixed Number per site	Nursing Supervisor	1	1	Administrative Support	2	0			
	Discharge Planner	1	0						
Scalable Per 70 Patients	ARNP/NP/PA	1	1	Operations Staff	7	5	Site Security	3	3
	RN/PHN	13	7						
	CAN/LPN	6	3						
	Bevahioral Health Provider	2	1						
	Behavioral Health Specialist	4	2						

	Day	Night	Day	Night	Day	Night
Staff for a 140 Bed AC/RC	54	29	16	10	6	6
Staff for a 350 Bed AC/RC	132	71	37	25	15	15

Total Staff	
Day	Night
76	45
184	111

Inventing new models in real time.
Learning and incorporating lessons

Challenges & Lessons Learned

Sites

- Finding adequate sites—there are few, available, adequate sites at 80k+ sq. ft.
- Building public understanding of I/Q as public health interventions that slow the spread & save hospital capacity

Staffing (Medical and Operational) & Supplies (Medical & Site Operational)

- **Staffing these facilities is the critical constraint—we require significant external support**
- Staffing in much higher ratios than typical shelters or facilities during normal operations
- **Site-centric vs. Service-centric:** I/Q means all services must come to the site--rather than going to centralized services—this is inherently inefficient, and our service system was not built for this model.

All Strategies Assume Significant External Staffing is available.

- **71 Staff for Reinforce**
- **35 Staff for I/Q**
- **584 staff for AC/RC**

AC/RC Strategy also assumes significant external supply to provide tents/facilities and other materiel.

Key Points

- Even with significant support from the state or federal government, best-case scenario is new capacity for up to 3,000 people during the emergency (gradual growth through end of April)

- If providers need to close existing facilities due to staffing shortages, displacing 1-2 shelters could consume almost all of the new congregate capacity

- We are building this system as fast as possible, but will need the funding, staffing, and material support to operate it for months (AC/RC for 3 months, I/Q for 18 months)

- We are inventing new models in real time; learning and incorporating lessons

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)
- HUD Exchange

- Ask-A-Question: https://www.hudexchange.info/program-support/my-question/

www.usich.gov