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** and/or use the **HUD Exchange Ask-A-Question (AAQ) Portal**
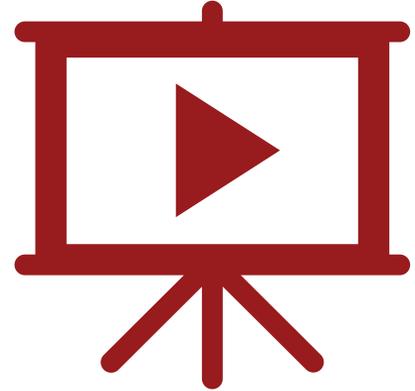
This webinar will be recorded and posted to www.usich.gov within 2-3 days.

Webinar Agenda

- Intros/overview
- 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

	King County (Count)*	King County (Percent)*
Tested	125,323	
Positives	8,797	7.0% of all tested
Hospitalizations	1,521	17.3% of all tested
Deaths due to COVID-19 Illness	574	6.5% of all tested
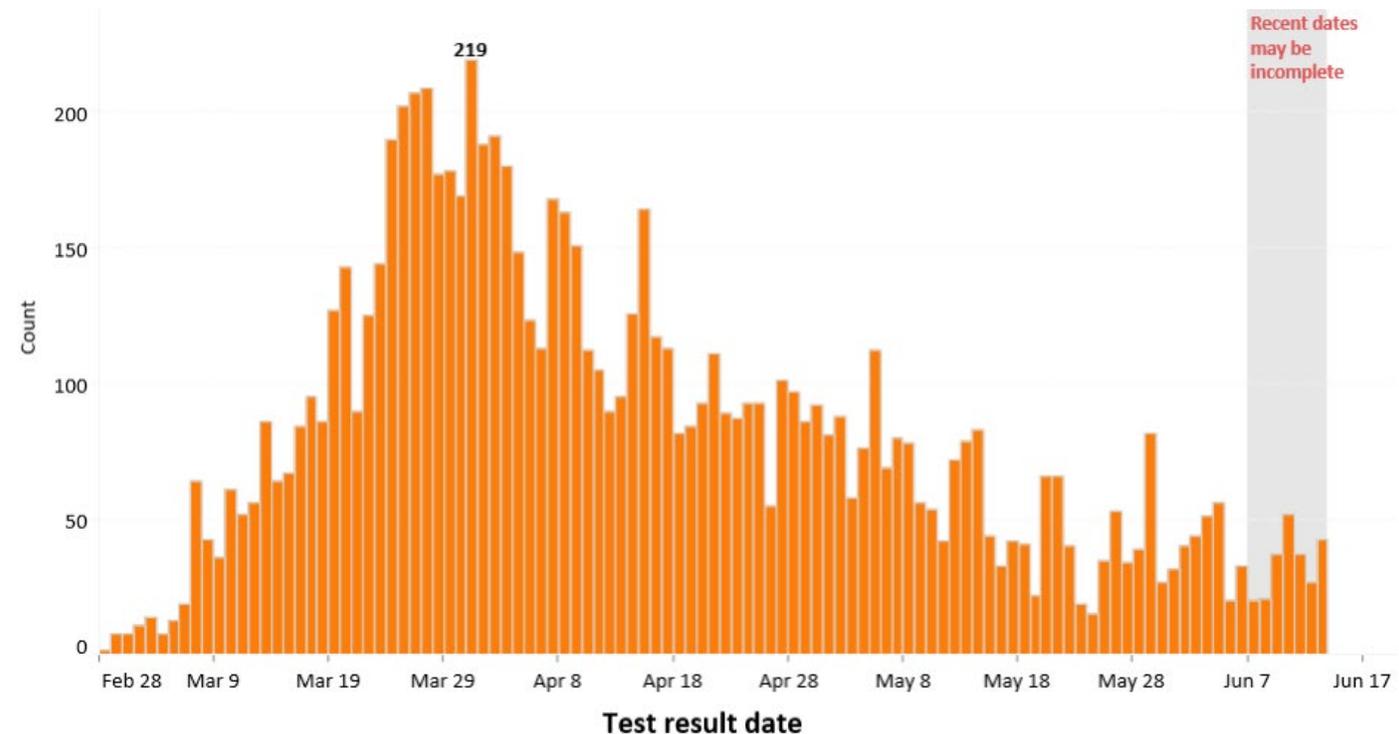
Counts may not add up to total because some tests are missing dates.

HOMELESS RESPONSE COVID-19 OUTBREAK SUMMARY AS OF 06.15.20

King County COVID-19 cases living homeless or associated with homeless service facilities

Updated
6/15/2020
8:22:34 AM

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.
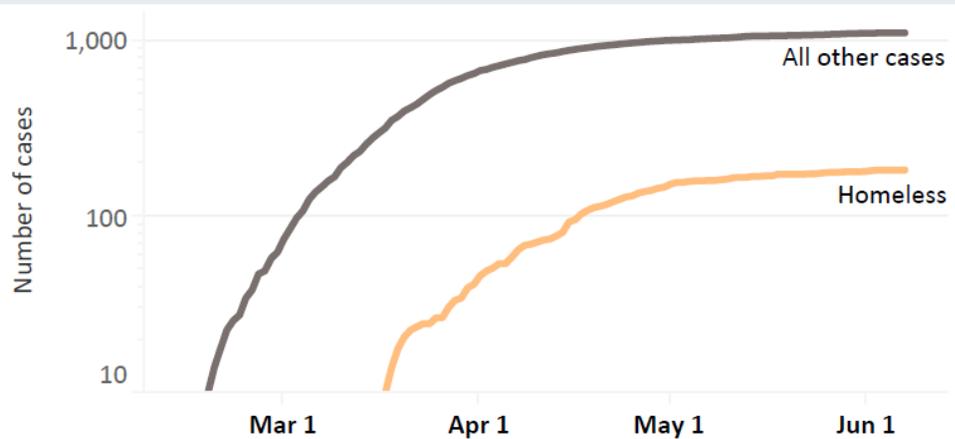
People living homeless		Employees	
253 Cases	8 (3.2%) Deaths	30 Cases	0 (0.0%) Deaths
48 (19.0%) Hospitalized	7 (2.8%) ICU	2 (6.7%) Hospitalized	0 (0.0%) ICU

DEINTENSIFICATION | NON-CONGREGATE SHELTERING TO DATE
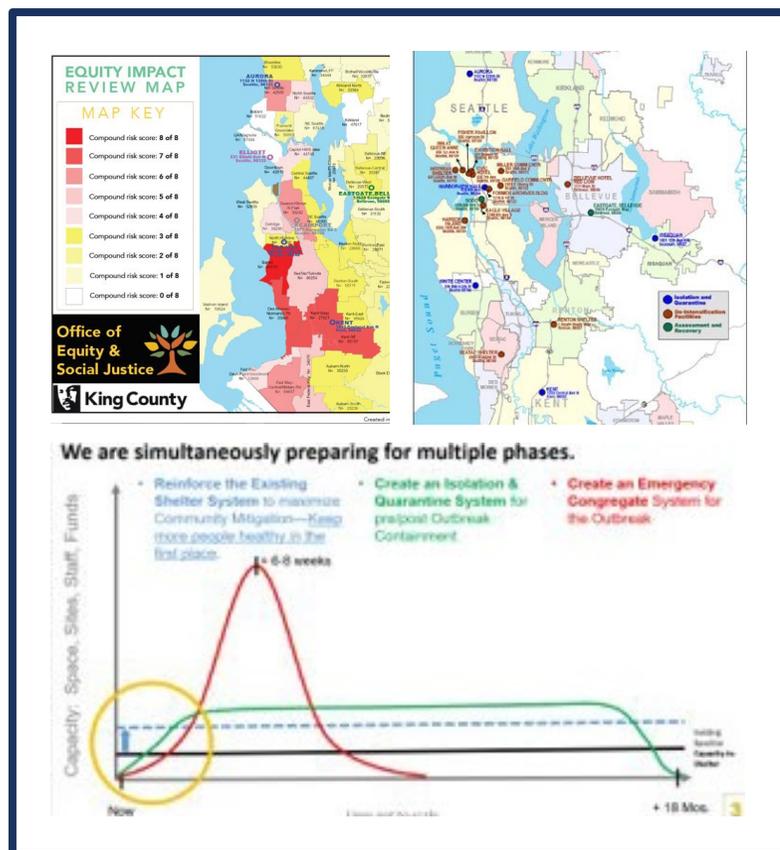
- 23 new (by construction or use) COVID-19 Emergency Response Facilities
  - 7 new Deintensification sites with capacity for ~750 individuals
  - 5 Non-Congregate Sheltering Facilities (Hotels) serving ~500 individuals
  - 4 Isolation and Quarantine Facilities with capacity for ~300 individuals
  - 3 Assessment / Recovery Centers with capacity for ~1200 individuals
- Additional Hotel Vouchers for ~250 Individuals

PREVENTION, OUTBREAK RESPONSE, AND TESTING TO DATE

FAST	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.	112 visits to 71 sites
Strike	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.	88 visits to 35 sites
Mobile Testing	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.	~5900 tests 175 visits to 106 sites (~25% by PHSKC)

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	Decrease the # of high risk settings	Reduce transmission in outbreaks
- 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	- 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	- 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)

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

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

Interventions

| STRIKE (Med/IPC/EH)	FAST (IPC/EH)	Mobile testing
112 visits	88 visits	175 events
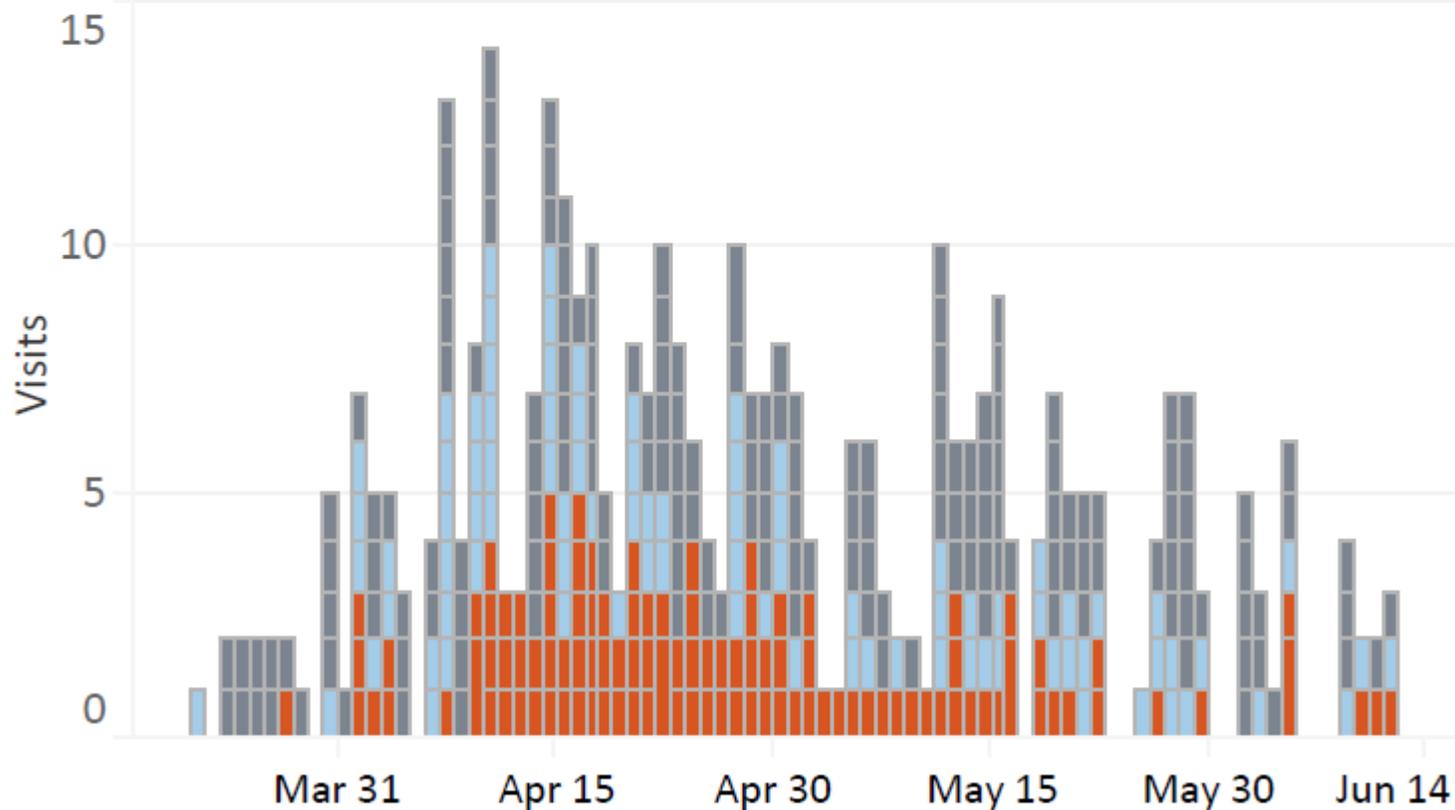
PREPARING FOR A SECOND WAVE:

INCREASE IN PROACTIVE OUTREACH & TESTING

BALANCING IQ SURGE CAPACITY WITH DEINTENSIFICATION

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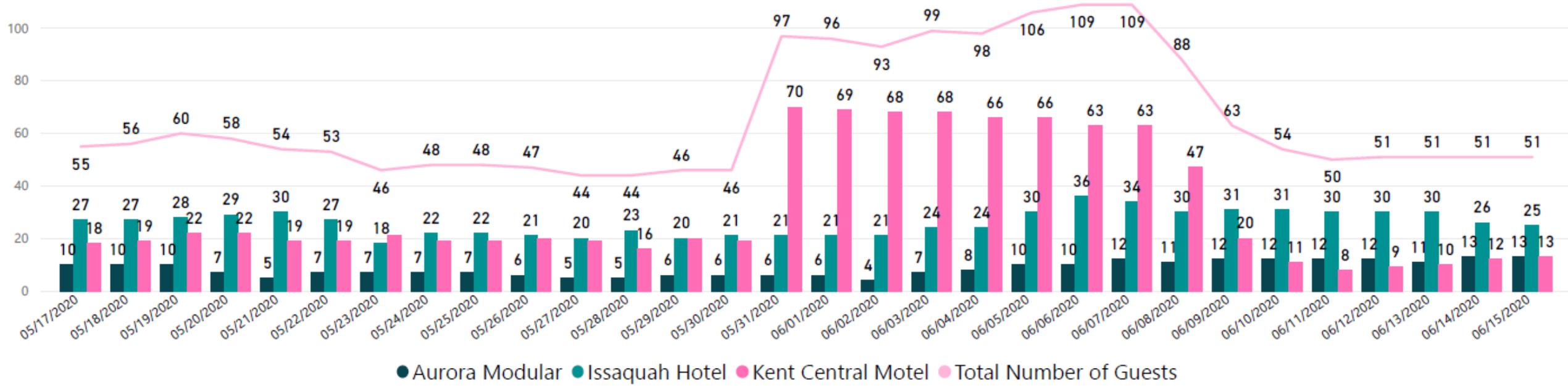
ADDRESSING EQUITY IN OUR COVID-19 RESPONSE

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

Cases / Deaths

	Cases	Deaths
Female	23%	13%
Male	77%	88%

	Cases	Deaths
White	39%	63%
Black	27%	13%
Asian	4%	0%
AIAN	3%	0%
Hispanic	17%	25%
Other	3%	0%

There are 18 (7.2%) cases missing race/ethnicity
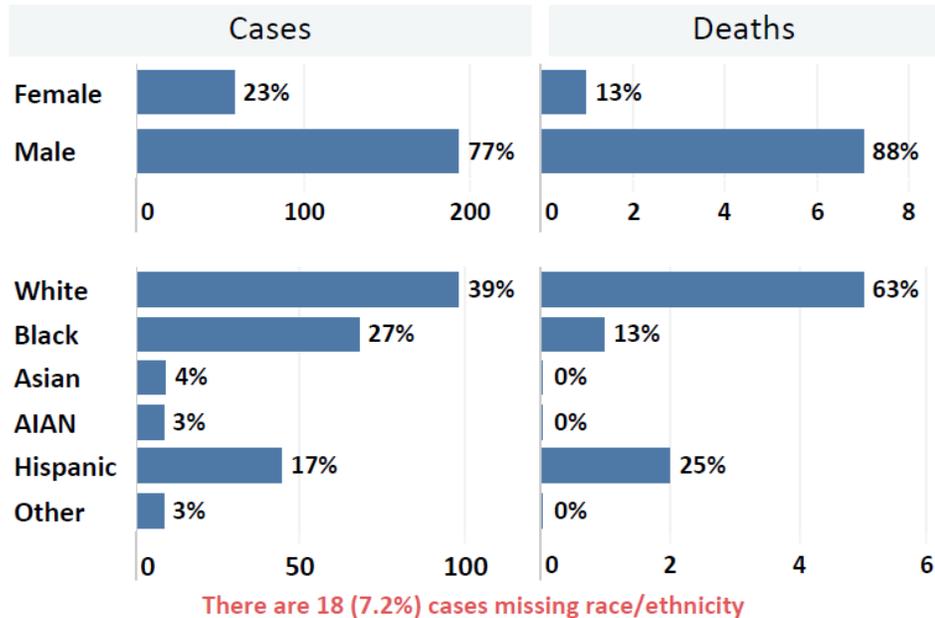
Percent by race/ethnicity compared to the 2019 King County population*

Percent of cases / Percent of King County population

	Percent of cases	Percent of King County population
White	40.8%	58.7%
Black	11.5%	6.4%
Hispanic / Latinx	27.0%	10.0%
Asian	12.4%	17.2%
NHPI	2.5%	0.8%
AI/AN	0.7%	0.6%
Other	5.3%	6.2%
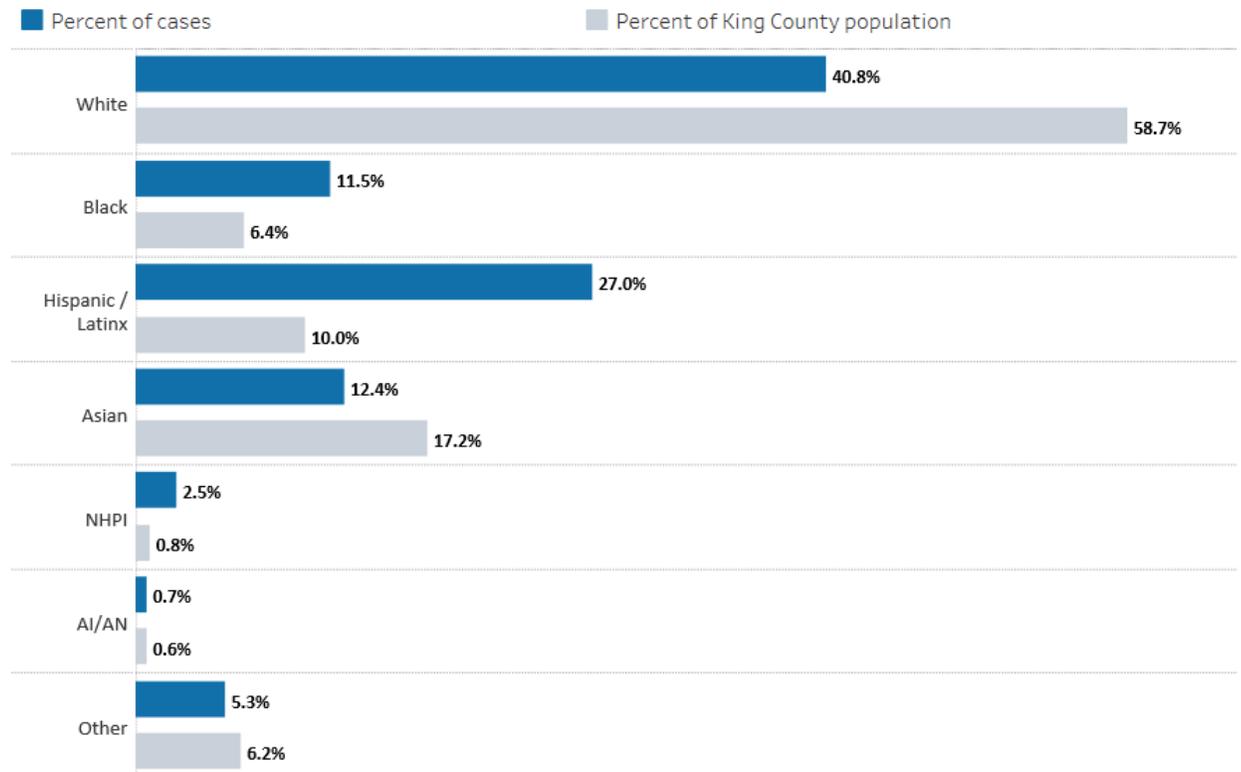
1,904 (21.6%) cases are missing race/ethnicity

* 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

4 Public Health and Economic Recovery Framework

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

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

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
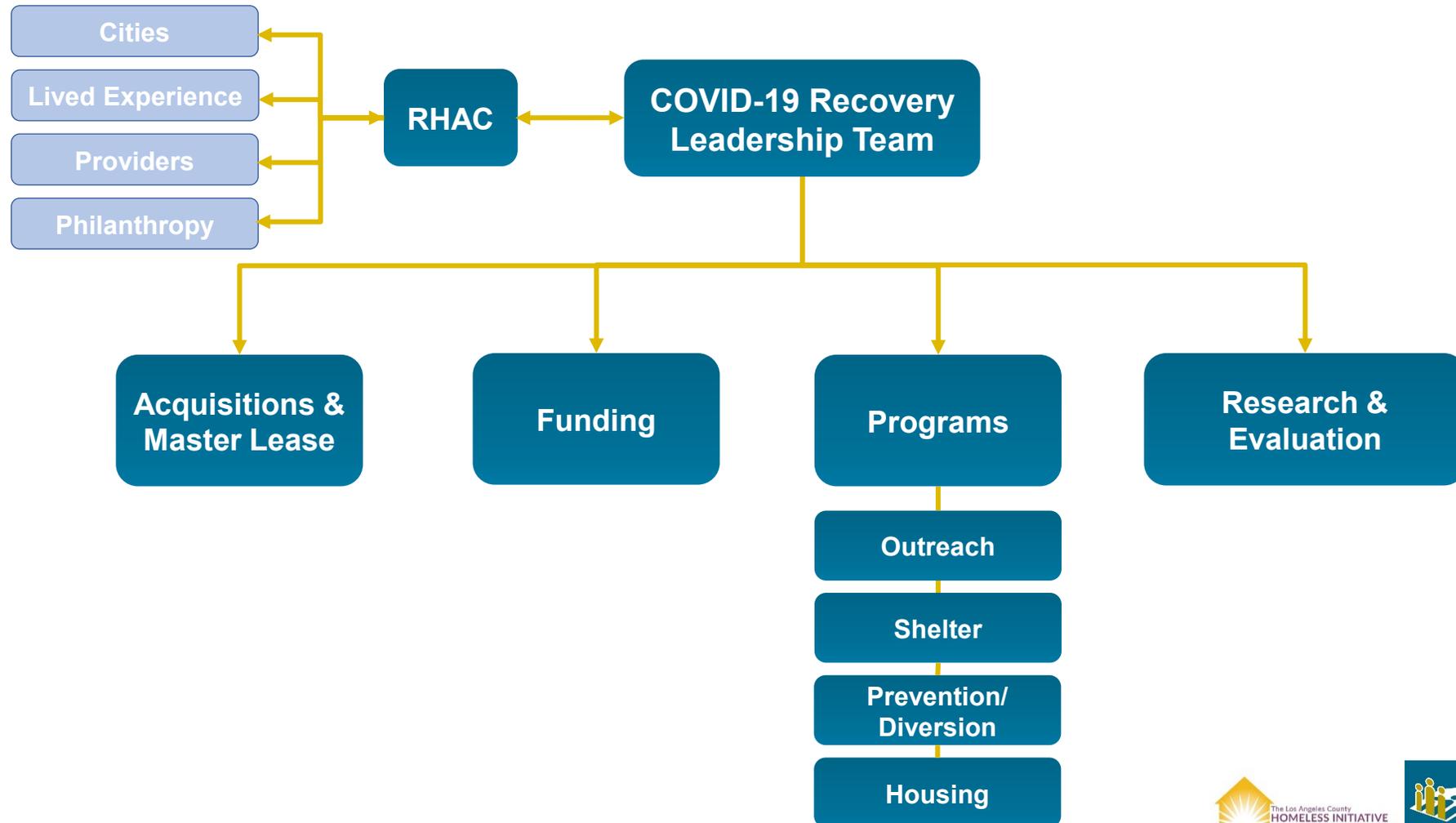
Public Health & Economic Recovery Framework

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

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

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

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

Overarching Rehousing Recovery Strategy

Goal: Re-house 15,000 High Risk Individuals

Project RoomKey Participants

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

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

May 2020 – April 2021

June 2020 – April 2022

Inflow: Projected Newly Homeless Individuals

Problem Solving

Prevention/Rental Assistance

LAHSA

Los Angeles Re-housing Recovery Strategy

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

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

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Cities that Fit into Houston

TX-700 CoC = 3,739 sq miles

Just for Fun!

GRAND CANYONS

🌲 = 100 CENTRAL PARKS

MASSACHUSETTS

RHODE ISLANDS

YELLOW-STONE NATIONAL PARKS

🌉 = 5 SAN FRANCISCOS

= 5 DISNEY WORLDS

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Houstonia Feb 2016

Comparing the Counts

Year	Sheltered	Unsheltered
2012	3532	3824
2013	3381	2978
2014	3060	2291
2015	2659	1950
2016	2576	1050
2017	2477	1128
2018	2529	1614
2019	2324	1614
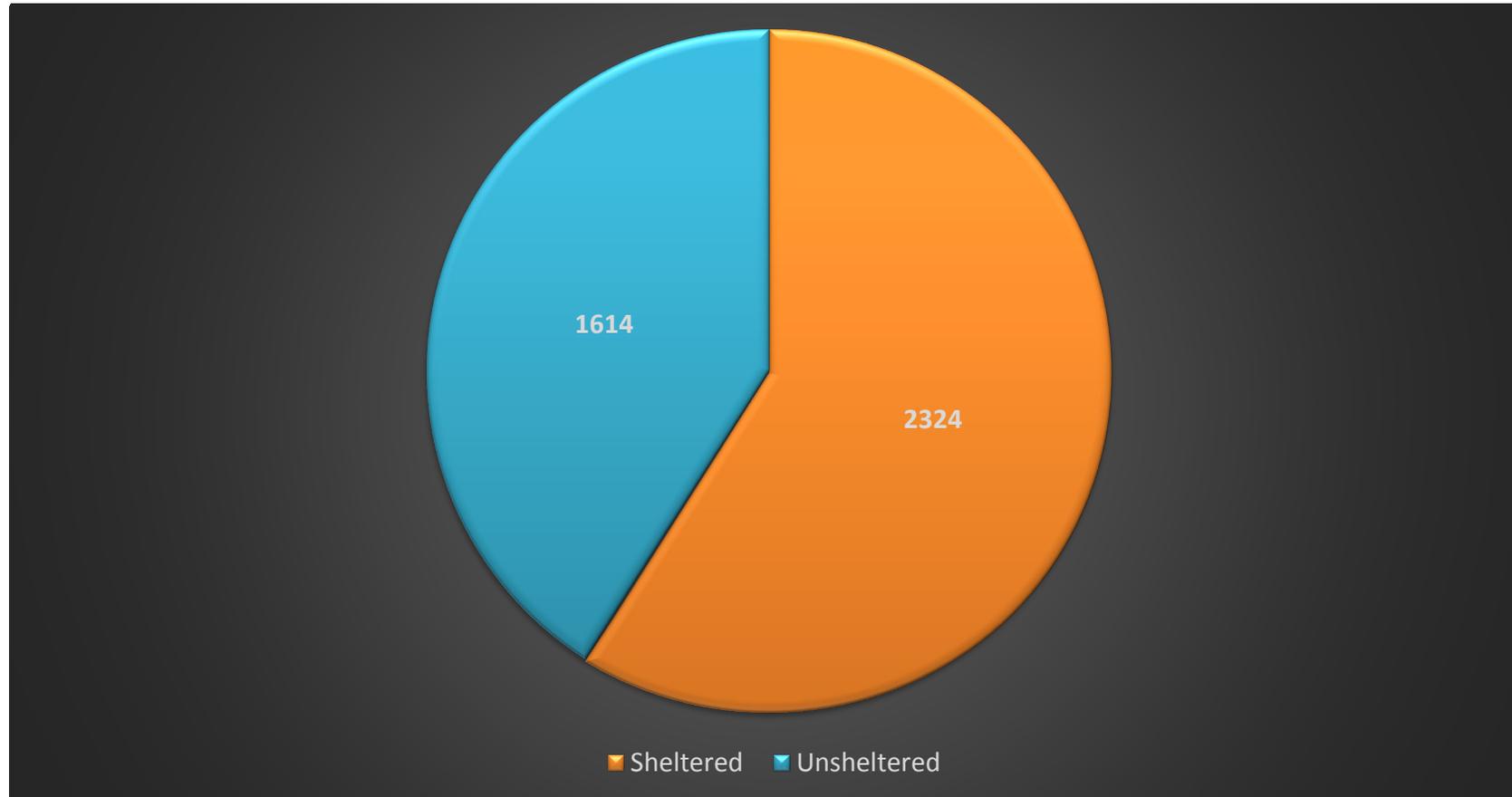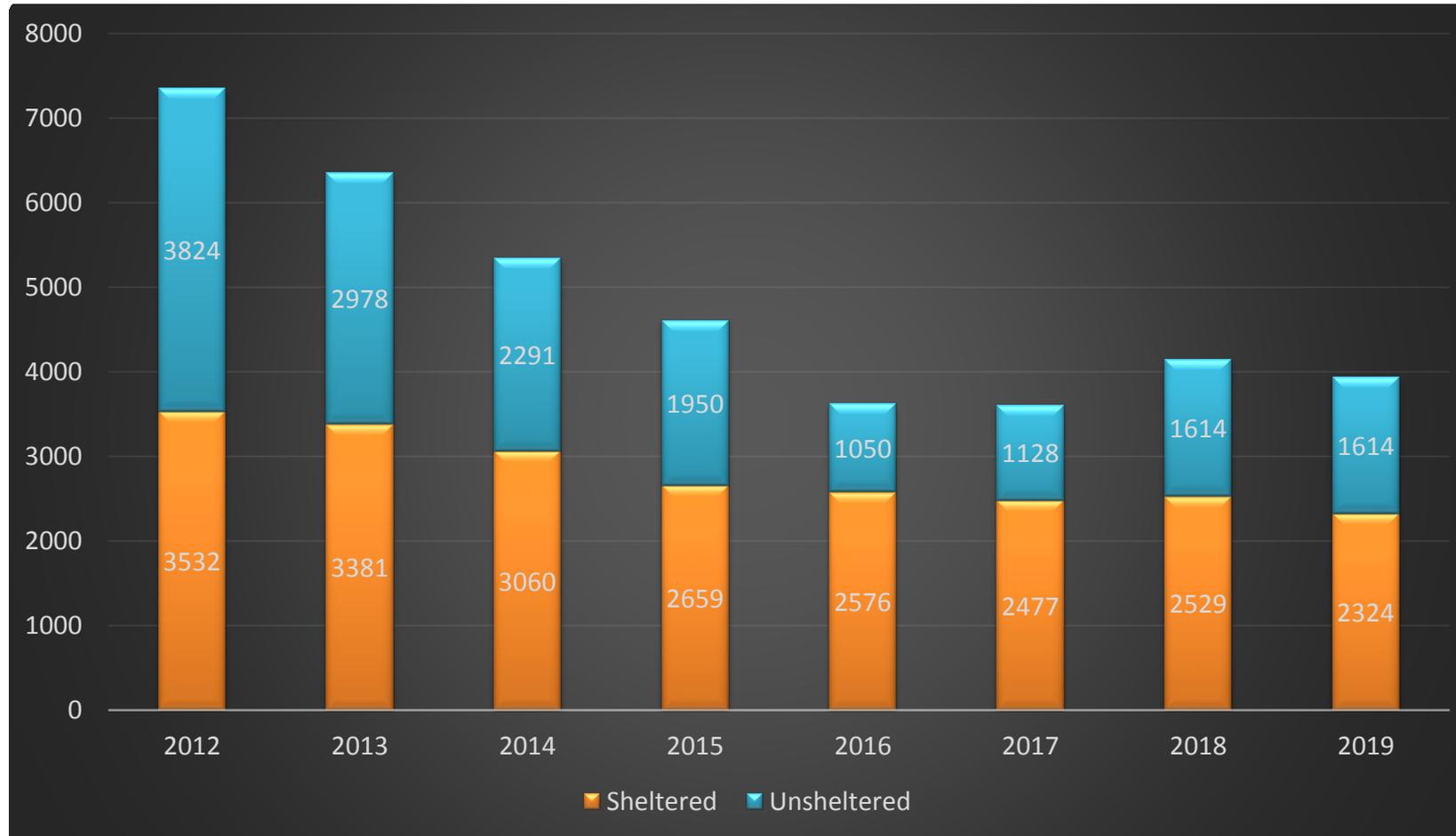
Community Milestones

Since the Coalition began its leadership of The Way Home:
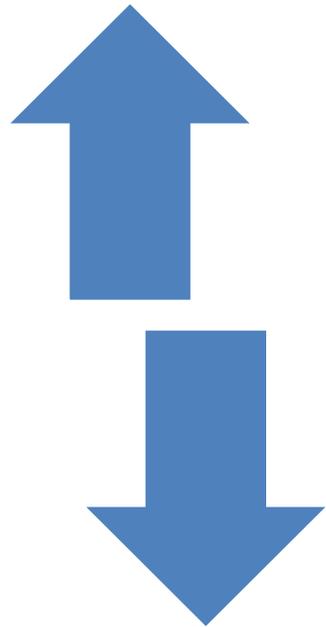
19,000 **with an 85%**
housed **success rate!**

54% **reduction**

$41M in 2019

$25M in 2012

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Opportunities

FEMA

CARES Act Treasury

ESG – CV

CDBG-CV

CDBG-DR

HOME

Private

Ballpark $50-75M

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Pre COVID-Landscape Need

Program Types	Current System (Units)	Demand	Difference
RRH for Singles	459	2,075	**-1616**
RHH for Families	553	948	**-395**
PSH for Singles	5,078	7,377	**-2,299**
PSH for Families	117	86	**+31**

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Synthesizing the Plans
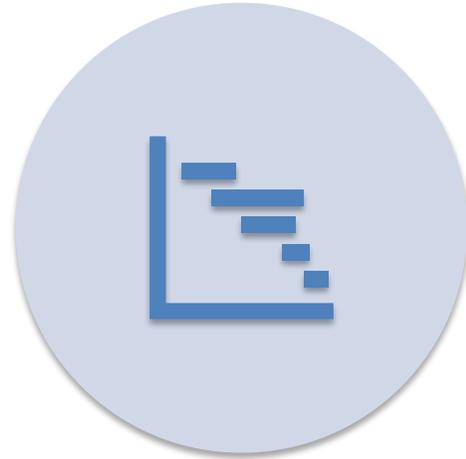
THE WAY HOME CONTINUUM OF CARE (COC) HAS BEEN DEVELOPING A **FIVE-YEAR STRATEGIC PLAN** TO PREVENT AND END HOMELESSNESS IN HOUSTON AND HARRIS, FORT BEND, AND MONTGOMERY COUNTIES.
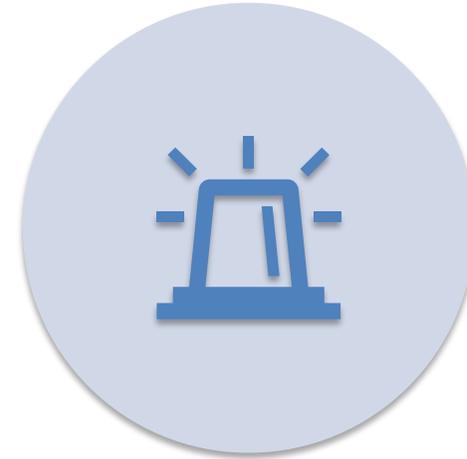
THE PROPOSED **CARES COMMUNITY-WIDE HOUSING PLAN** OUTLINES A WAY TO USE NEW FEDERAL FUNDING COMING TO OUR REGION TO **SLOW THE SPREAD OF THE CORONAVIRUS** BY IMPLEMENTING THE HOUSING INTERVENTIONS THAT WERE ALREADY PART OF THE FIVE-YEAR PLAN ON AN EXPEDITED TIMELINE.

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Proposed 2-Year Strategy
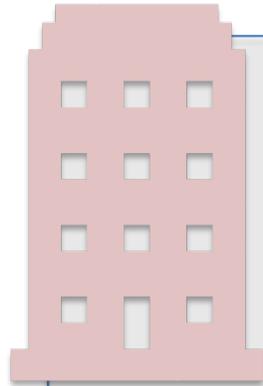
COVID Emergency Shelter

- ~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
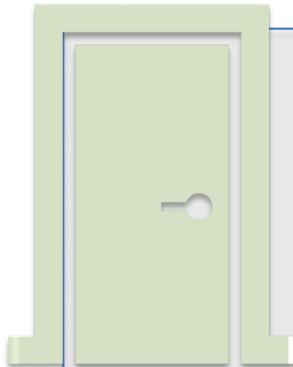
Bridge to PSH

- ~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

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Proposed 2-Year Strategy
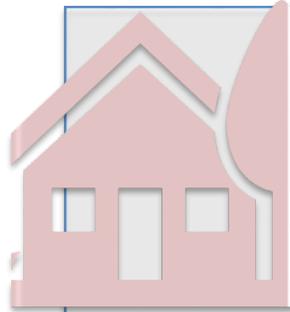
12 Month RRH

- ~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

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Proposed 2-Year Strategy
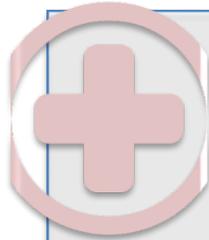
Mental Health CM for High Risk
- Provide enhanced mental health services to prevent high risk individuals recently housed from eviction and maintain connection to care
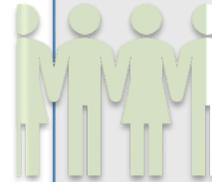
Homeless Outreach
- Expand homeless outreach to those living unsheltered outside of the inner-city core

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

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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
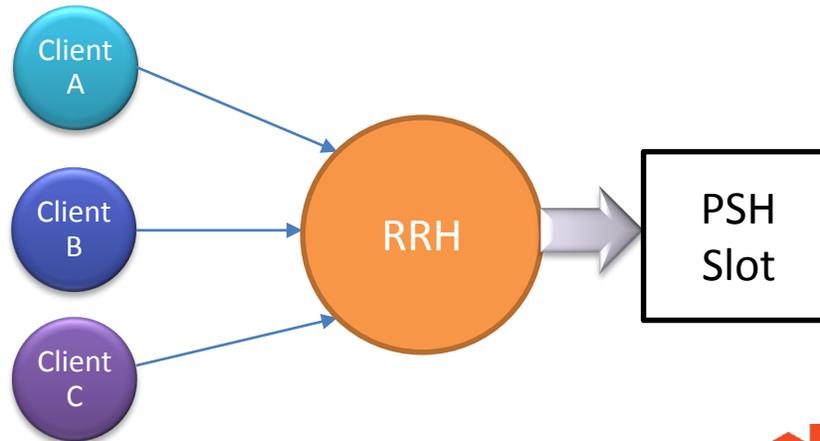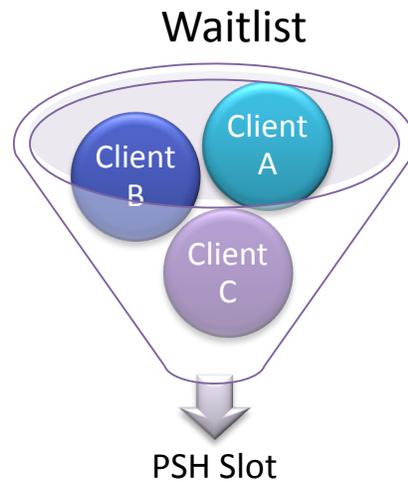
12 Months RRH

- ~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

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Diversion Services

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

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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

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System Impact

Rewards Vs Risks

Rewards ↑

Risks ↓

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

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

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Progress Updates

Invited **261 people** from **143 organizations/stakeholders** to become socialized with the COVID/CARES plan

Shared and elicited feedback on the COVID/CARES plan with **86 organizations/stakeholders**

6 organizations have shared interest in being key service providers of the plan

24 meetings to develop, align, and operationalize funding strategy

City of Houston has committed $26 million towards the plan: $650K to council today, $8 million to council on July 1st.

Harris County has committed $18 million towards plan: to court on June 30th.

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24 Month Impact

House 5,000 people with a 95% retention rate

End chronic homelessness

Reduce encampments

Create up to 150 jobs

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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

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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