

Playbook: Isolation & Quarantine Solutions to Serve At-Risk Populations During Current & Future Waves of COVID-19

Case Studies: California • King County, Washington • Chicago, Illinois



City, county, and state officials across America are developing isolation and quarantine solutions to keep at-risk populations, including people experiencing homelessness and those who cannot isolate at home, safe and healthy during the 2020 pandemic.



This **United States of Care Playbook** aims to highlight partnerships, methods, and policy choices that may be replicable in other communities—both now and in future waves of COVID-19.

The Target Audience

We hope **state leaders, policymakers, and community partners** will find that these case studies:

- ★ Explain approaches to solving isolation problems for application in their own state;
- ★ Highlight effective partnerships to provide services for communities during the pandemic;
- ★ Identify actions to prepare their communities for future waves of COVID-19;
- ★ Offer opportunities to turn crisis efforts into standard practices.

The Premise:

Support All Community Members During the Pandemic

- ★ Isolation and quarantine are an important part of keeping communities healthy during the crisis.
- ★ Some people cannot self-isolate or quarantine in their own home, or do not have a home.
- ★ Localities across the U.S. are working hard to ensure everyone is getting access to the care and services they need; many efforts build on established partnerships between local governments and service providers.
- ★ These efforts serve as models for providing supports to at-risk populations during the immediate pandemic response as well as during future waves, while establishing solutions and systems that could effectively address long-term needs beyond the current pandemic.

Defining Isolation vs. Quarantine

What do we mean by “Isolation?”

Isolation is for people who test positive for COVID-19 or have symptoms like fever, cough, or shortness of breath. By staying away from others (isolating) while you're sick, you can avoid infecting housemates and people in the community.

What do we mean by “Quarantine”?

Quarantine is for people who are feeling well but have been in close contact with someone who has COVID-19. During quarantine, health experts recommend you stay away from others for 14 days and watch for symptoms.

Isolation and Quarantine spaces slow the spread of COVID-19, and minimize the strain on local health care facilities so they can focus on the most acute patients.

Defining Populations Served

Who typically stays in an Isolation & Quarantine Center?

Isolation & Quarantine spaces are for those whose housing does not permit safe self-isolation, as well as those without places of residence or shelter, including:

- ★ People experiencing homelessness
- ★ Essential workers at high risk of exposure
- ★ People who live with immunocompromised individuals
- ★ People living in multi-generational households
- ★ People in group living settings like shelters, group homes and dorms
- ★ Those who have a mild case of COVID-19 and require a space to safely recover



Case Studies

The Cases

Across the country, localities are seeking spaces and implementing solutions for those who cannot safely self-isolate.

We highlight tactics from three of them:

- ★ California's Project Roomkey
- ★ King County, Washington
- ★ Chicago's Westside Chicago Homeless Covid-19 Response

California: Project Roomkey



“We knew they were going to be
the most vulnerable, because
they’re always the most vulnerable.”

– Jason Elliott, Senior Counselor to California Governor Newsom
for housing and homelessness

|ON FOCUSING ON UNSHELTERED PEOPLE|

Summary

- ★ This interagency partnership between local governments and service organizations provides rooms and other support for people experiencing homelessness, who are either high-risk or test positive for COVID-19. It is a state-led, county-implemented model for statewide non-congregate housing and wraparound services.
- ★ Launched in early April 2020, the Phase 1 goal is to offer 15,000 hotel rooms for individuals experiencing homelessness.
- ★ Part of Project Roomkey's expenses are supported by FEMA – cost sharing is 75% from FEMA and 25% from the state.

Solutions

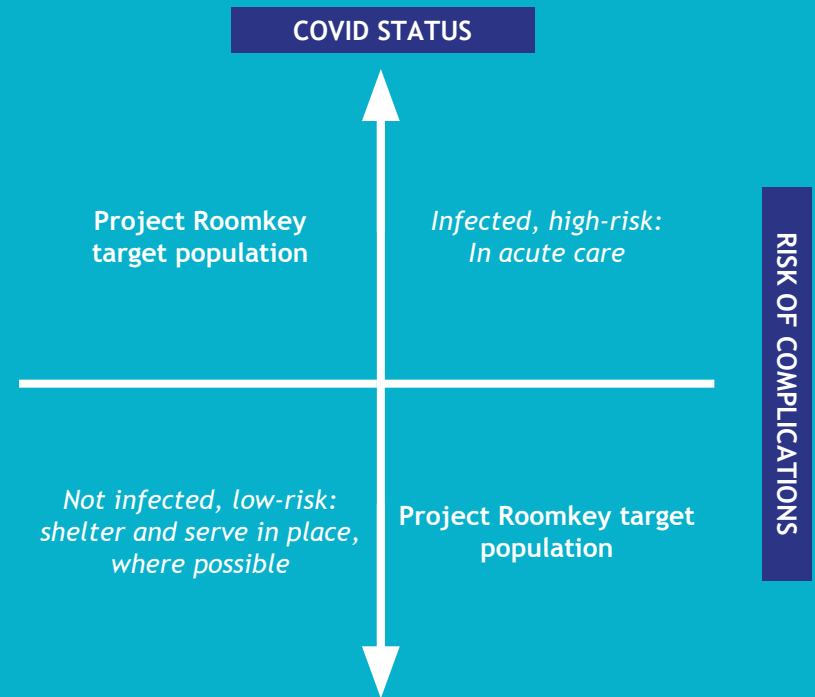
- ★ Housing for those who need it
 - Lodging: targeting 15,000 spaces through motels, inns, and low occupancy establishments, with nearly all secured within eight weeks of launch.
 - RVs and trailers: targeting 1,309 spaces, with over 800 secured in the first six weeks.
 - * *Deploying dynamic occupancy in order to have capacity at peaks*

- ★ Wraparound services
 - Food: three meals/day/person (provided in part by [World Central Kitchen](#))
 - Laundry services
 - Security services
 - Janitorial services
 - Building operation and management

All implemented by local governments, coordinated by state agencies, and funded in part by FEMA and the state of California.

Defining the Target Population

- ★ Project Roomkey is using a risk matrix approach to identify the people who will be provided lodging.
- ★ A **risk matrix** decision-making process focuses on target populations **based on risk** (informed by age and underlying conditions) **and infection status**.
- ★ Two target populations (**56,000 people**)
 - Unsheltered individuals with low risk of complications, testing positive for COVID-19.
 - High-risk, asymptomatic individuals experiencing homelessness.



Total Unsheltered People Across California: 108,000

Governance & Workstreams

Project Roomkey developed through an inter-agency partnership with both local governments and service organizations. Each plays an important role:

★ State Agencies

- [Department of Social Services](#) – defines the mission; leads on policy; answers technical assistance requests from across the nation
- [Homeless Coordinating and Financing Council](#) – administers funding to localities, including \$150M provided to cities, counties, and Continuums of Care by the state for emergency homeless aid; engages with HUD
- [Department of General Services](#) – procures leases; builds lists of hotels/motels/potential spaces for housing; writes leases and contracts; aids negotiations for localities

★ **Local Governments** – sign the leases; hold ultimate operator agreements for Project Roomkey lodging; identify and screen clients, place them in rooms, and track client load for FEMA reimbursement; manage and coordinate delivery of social services (a constitutional duty of CA counties)

★ **Local Care & Service Providers** – administer care; address client needs

Key Activities

★ Current Efforts

1. Governor issued several Executive Orders making this possible, including dedicating [\\$150M](#) in support for unhoused services.
2. Governor secured FEMA Major Disaster Declaration Category B reimbursement for non-congregate solutions—the first time these funds have ever been deployed to this end. (Cost sharing: 75% FEMA).
3. DGS procured leases with hotels across the state, and purchased mobile homes.
4. Counties signed leases, identified and screened potential clients, and transported these Californians to the residences within their operation. **Within eight weeks of launch, the project met its Phase 1 goal of 15,000 units and reached over 50% occupancy.**

★ Looking Ahead

- Seeking longer term solutions for people experiencing homelessness, local governments are considering purchasing some of the leased buildings to deploy as long-term assistive housing.
- Addressing supportive services provider shortages and capacity challenges.

Additional Resources

- ★ [Fact sheet](#) and [Summary Deck](#) from the [California Department of Social Services](#)
- ★ [Public announcement](#) of effort
- ★ [USICH Webinar](#): Maximizing Funding for Non-Congregate Shelters
- ★ Available upon request:
 - Short-term lodging lease language
 - FEMA letter application language

King County, Washington



“Harm reduction is a cornerstone
of a successful isolation and
quarantine strategy.”

– King County Department of Community and Human Services

Summary

- ★ A reinforced shelter and outreach system guided by a commitment to harm reduction methods and iterative, human-centered design.
- ★ Key tactics include expanded staff training in emergency and trauma care, coordinated messaging, and securing 3,000 units of additional capacity for isolation and quarantine support.
- ★ King County and the City of Seattle felt the impact of COVID-19 early; their efforts offer valuable lessons about rapid collaborative work and the integration of behavioral health solutions.

Solutions

1



Support existing shelters and service providers

To invest in established solutions and keep people healthy and safe.

- ★ Reduce occupancy in vulnerable shelters.
- ★ Provide flexible funds for additional supplies and staff time.
- ★ Improve hygiene through centralized service provider training, sanitation contracts, and supply procurement.
- ★ Reduce/stop encampment sweeps to keep people connected to critical services and slow infection spread.

2



Create an isolation and quarantine system

For those who are exposed to or contract COVID-19 and must isolate.

- ★ Secure spaces for isolation—accounting for equitable and geographic requirements.
- ★ Hire and train staff for site management and care provision.
- ★ Integrate behavioral and physical health responses with a focus on harm reduction tactics.

3



Build Assessment & Recovery Centers

To be used for clusters of people who need a place to stay in the event of an outbreak surge.

- ★ Build sites, hire staff, find volunteers, and establish placement protocol.
- ★ Collaborate with acute care facilities to offer space and build pipelines for sub-acute needs.

In every approach, staff are empowered to **honor guests' choices and needs, which are placed at the center** of service design and delivery.

Defining the Target Population

Isolation and quarantine spaces are **designated for anyone who is symptomatic and must quarantine, or has been exposed to COVID-19 and cannot otherwise isolate**. These spaces may benefit those in group living settings, essential workers with a high-risk person at home, and anyone without permanent housing.

The two cohorts:

- ★ Well individuals seeking a space to **quarantine**
 - Defined as: Anyone who is exposed to COVID-19 and cannot otherwise quarantine at home while monitoring for potential symptom development.
 - Pending testing, they will be directed to the I&Q team for placement in a single occupancy spaces.

- ★ Symptomatic individuals in need of space for **isolation or recovery**
 - Defined as: Anyone who is diagnosed with COVID-19 (or just symptomatic) and is unable to isolate themselves.
 - This guest must not require hospital-level medical care.
 - The I&Q team will place them in either a single occupancy space or a congregate care facility for the full recommended isolation duration.

Key Tactic: Integrate behavioral and physical health care & management

- ★ **Medical care** with a clearly defined scope:
 - Supportive care and vitals & symptom monitoring with connection to support services during stay and upon discharge.
 - Using and training to **harm reduction standards**, which focus on reducing risks associated with substance use among people who are actively using substances and not ready to participate in treatment.
 - Not primary care, acute care, or skilled nursing; cannot start new assessments or regimens (other than SUD treatment).

- ★ **Behavioral health care** for crisis management:
 - Conducting behavioral health screens for all guests.
 - Recruited 140+ additional behavioral health staff for phone check-ins with guests and collaboration with onsite teams.

- ★ **Medication management:**
 - Offer a dispensary onsite for OTC medication.
 - Hired a remote pharmacist for controlled substances.
 - Start buprenorphine treatment for amenable guests with heroin addictions.
 - Offer onsite dosing, delivery, and storage of methadone
 - * Early Win: created a MOU between all county methadone providers to ensure continuity of care.

Key Tactic: Isolation & Quarantine Guest Placement Process

- 1.** Call received from Call Center or Communicable Disease & Epidemiology Department.
 - Connects anyone who needs it with a space to safely, temporarily self-isolate or quarantine.
- 2.** Medical triage & behavioral health assessment performed.
 - Early outcome: Rare, but some guests have not been placed as a result of high behavioral health needs and medical needs, including major chronic illness, high likelihood of self harm, harm of others, or harm of property, such as a history of arson.
- 3.** I&Q team identifies Isolation, Quarantine, or Recovery location.
- 4.** I&Q team arranges for Off-site Transport dispatched via medical transport or Metro.
- 5.** Guest(s) transported; I&Q team ensures Onsite Manager has unit ready.

Governance & Collaboration

- ★ **A cross-county effort** including:
 - King County Department of Community and Human Services (DCHS)
 - Public Health-Seattle & King County (PHSKC)
 - Healthcare for the Homeless Network (HCHN) – *managing the Homeless Task Force “Strike Team” in collaboration with the Communicable Disease and Epidemiology department*
 - Health Medical Area Command (HMAC)
 - Environmental Health Division
 - King County Facilities Management Division (FMD)
 - King County Metro
 - The City of Seattle Human Services Department (HSD)

- ★ **Support and funding sources:**
 - A King County sales tax explicitly designated to support the behavioral health system
 - Partnerships with private Managed Care Organizations
 - Federal partners; currently seeking to extend some FEMA funding
 - Substantial in-kind donations to I&Q sites supplied by Amazon and Alaska Airlines
 - Volunteers from around the community, in part led by faith leaders

Project Management Methods

- ★ **Weekly Conference Calls**
 - Hosted by DCHS, PHSKC, and the City of Seattle.
 - Attended by 200+ regional teams, including homeless service providers, health care providers, faith leaders, and city planners.

- ★ **Site Management Protocols**
 - Each (of 3) site reports to a site director. Each site also includes 24/7:
 - Staff support
 - Facilities team to clean and manage room turnover
 - Behavioral health counselors.
 - Medical teams, who are directly managed by a Nurse supervisor.
 - Security guards
 - Sites have separate A/B Teams (for 24 hour coverage)

Lessons Learned

- ★ **Offer guests comfortable and high-quality spaces** to support completion of isolation onsite:
 - *Physical and mental health necessities* – meals and snacks that respect dietary restrictions, laundry and cleaning services, and harm reduction strategies for SUD management.
 - *Quality of life efforts* – WiFi, pet boarding, and financial incentives (\$20/day) for completing recommended isolation timelines.

- ★ **Establish strong training protocols** for new staff:
 - Explain harm reduction standards—medical staff may not have education, comfort, or experience with caring for adults with SUD.
 - Where possible, make time for new site leads and some new staff to learn and observe at currently-operating sites.

Looking Ahead

- ★ Expanding I&Q and Recovery space capacity (1,400 individual and congregate guest spaces were secured within the first eight weeks).
- ★ Continuing to expand staff support; with mounting job loss and future surges, Medicaid enrollees and requests for services will grow.
- ★ Preparing for a rise in behavioral health needs over the course of 2020.

Additional Resources

- ★ [COVID-19 Resources](#) – King County Department of Community and Human Services (DCHS); includes Q&A sign-ups
- ★ [Early Learnings](#) – published April 7, 2020
- ★ [USICH King County Resources](#)
 - [Webinar](#): Operating Isolation and Quarantine Facilities and Providing Medical, Behavioral Health, and Substance Use Treatment: Lessons from King County
 - [Webinar](#): Implementing Assessment and Recovery Centers and Providing Transportation to Isolation and Quarantine Facilities: Lessons from Seattle/King County
 - [COVID-19 Response for People Experiencing Homelessness: Early Learnings from Seattle/King County](#)
 - [Webinar](#): COVID-19 Planning and Response: Isolation and Quarantine: Lessons Learned from King County

Chicago, Illinois: Westside Chicago Homeless Covid-19 Response



“We self-organized around the aim to have more embedded, assertive community care for those who can’t tolerate the shelter system in congregate settings due to untreated mental illness or substance use disorders.”

– Stephen Brown, Director of Preventive Emergency Medicine
University of Illinois College of Medicine

Summary

- ★ A collaboration between medical professionals and shelter staff to expand city-wide symptom screening, augment personal protective equipment supplies for shelter locations, and expand non-congregate housing options and wraparound services.
- ★ The key tactic is the integration of medical care into Chicago's crisis shelters in order to prevent clusters of infection; initial efforts focused on five sites in the first four weeks, but quickly scaled to an additional five shelters.
- ★ Looking ahead, the effort is considering extending aid to an additional eight facilities.

Solution

- ★ Reduce the pressure on acute care facilities during the first wave of COVID-19 cases by:
 - Integrating medical care into five large Chicago shelters.
 - Partnering with safety-net providers like Federally-Qualified Health Centers and local hospitality vendors to offer isolation services.

- ★ Provide medical housing by:
 - Cross-training medical personnel and shelter staff.
 - Augmenting personal protective equipment supplies for shelter locations.
 - Standardizing clinical care, policies and procedures across all sites.
 - Deploy staffing agencies through partnership with city leadership, where necessary.

Defining the Target Population

The Westside Chicago Homeless Covid-19 Response is built on the principle that **it is not sufficient to provide substandard care to people experiencing homelessness.**

The target population:

- ★ Individuals experiencing homelessness who test positive (or have symptoms) for COVID-19, with a focus on those who are at high-risk of complications. High risk is defined as:
 - Individuals over the age of 55.
 - Any individual with evidence of chronic disease and comorbid substance use or behavioral health disorders.

Key Tactic:

Purposeful medical integration into sheltered services
& shared responsibility for outcomes

This mission (with 50+ team members) requires **direct involvement and equal partnership** from public health workers, shelter systems, and clinical care teams.

Key Activities

1. Set up a command structure, as well as clear governance and accountability processes.
2. Implement strong project management guidelines with Lean principles.
3. Establish bi-weekly, recurring calls with shelter and medical providers for situational awareness and shelter reports on resource needs.
 - Project managers and other team members listen on the call and provide logistical support.
 - If resources allow, develop written material that is digestible for shelter residents and staff.

Note: *Inclusion of infectious disease and family medicine doctors is limited to moments of increased incidence and prevalence.*

New & Existing Partnerships

- ★ The city has joined forces with medical providers, shelter operators, and advocacy organizations, conducting **50-150 COVID-19 tests weekly** for shelter staff, residents, and unsheltered Chicagoans.
- ★ Major partnerships originated from the previous relationships built among Chicago hospitals in an initiative called Westside United.
 - Westside United hospitals include Rush University Medical Center, University of Illinois Hospital and Cook County Hospital.

Governance & Collaboration

- ★ Assign staff from the Mayor’s office to project manage and oversee sector groups.
 - **Note:** *Individual should have experience and familiarity with managed medical care in shelters.*

- ★ To avoid delays in service coordination, it is important for partners to both have defined roles and understand each other’s direct involvement:
 - **Community Service Providers:** deliver endpoint service or care
 - **Shelter staff and leadership:** educate and train staff on infection control procedures and the use of PPE, and consult on cohorting shelter residents.
 - **City Services** for transit, public health and infection control, and an initial point of contact for entry referrals until a staffing and resource model was in place.

Key Activities

This coalition **aims to develop scalable best practices** for standardizing care and providing supportive housing for individuals with various needs.

- ★ **Immediate:** Offer housing to symptomatic individuals
 - Establish a reactive model that responds to immediate need.
 - Emphasize equity, build trust and relationships, and establish lean principles—focused on net impact.

- ★ **Next-steps:** Prepare for recurrence of high infections in the fall

- ★ **Long-term:** Construct a clear command and control structure

Looking Ahead

- ★ **Preparing for a ‘second wave’ of high infections**
 - Develop a handbook of medical standards of care to benchmark best practices.
 - Establish a schedule that will screen and test residents from an expanded list of over 20 shelters.
 - Roll out standards with staff trainings conducted by medical professionals.
 - Develop performance measures in an iterative process using surveillance rates.

Note: *Volunteer support may be able to facilitate the construction of a dashboard that accounts for mortality and other key measures.*

- ★ **Constructing a clear command and control structure**
 - Integrate health care services for both physical and behavioral health in all shelters.

Additional Resources

- ★ [Public announcement](#) of effort
- ★ Chicago and Illinois [COVID-19 Resource Site](#)



Insights & Takeaways

Key Steps for Immediate State & Local Action

The teams behind the cases took quick, thoughtful action to aid at-risk populations. To improve state-level I&Q crisis responses now and in future waves of COVID-19, our recommendations are to:



Secure pre-existing built spaces, offer hotel vouchers, and suspend evictions and encampment sweeps in order to ensure that everyone in the community has access to appropriate spaces for isolation or quarantine.



Integrate behavioral health solutions while maintaining a limited scope by prioritizing substance use disorder (SUD) care and management solutions.



Request FEMA cost-sharing for sole occupancy housing and support services through the state's Major Disaster Declaration.



Increase funding through executive orders and/or legislative appropriation for current shelters and service providers; protecting at-risk populations makes the entire community safer.



Establish communication channels and protocols for consolidated training and collaboration across all area partners, and hire additional staff to absorb surges.



Offer quarantine services at no cost to guests—either through state funding or by requiring health plans to cover COVID-related quarantine services without cost-sharing.

Recommendations for Long-Term Policy Action

US of Care has identified the following state and local opportunities to aid at-risk populations, highlighted by the case studies, and address long-standing health and wellness issues that will outlast the COVID-19 crisis:

- ★ To ensure community wellbeing, focus on continuity of care by:
 - Co-locating and integrating health and safety services with supportive housing resources wherever possible.
 - Expanding Medicaid coverage of Assertive Community Treatment Teams through legislative action.
 - Encouraging Memorandums of Understanding between behavioral health care providers to improve care coordination as patients receive treatment for SUD.

- ★ To reduce pressure on intensive care units, work with hospital systems to improve pathways to long-term respite facilities.

Look [here](#) for more relevant & comprehensive state legislative recommendations.

Contacts & Resources

Contacts

United States of Care: help@usofcare.org

California's Project Roomkey: Jason Elliott at jason.elliott@gov.ca.gov

King County: covidhomelessnessresponse@kingcounty.gov

Westside Chicago Homeless COVID-19 Response Contact:
Stephen Brown at sbbrown9@UIC.EDU

Resources

[CDC Guidance for Homeless Populations](#)

[US Interagency Council on Homelessness: COVID-19](#)