



UNITED
STATES of
CARE

PLAYBOOK:

Isolation + Quarantine Solutions to Serve At-Risk Populations During COVID-19

An Executive Summary

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. 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.

USofCare developed an [Isolation and Quarantine Playbook](#) highlighting three case studies, with lessons for state leaders, policymakers, and community partners that may be replicable in other communities now and in future waves of COVID-19. Want to know more? You can find this playbook and other resources on the USofCare COVID-19 Resource Hub.

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.



Why is this playbook important?

- ★ Isolation and quarantine are an important part of keeping communities healthy during the COVID-19 pandemic, both now and as part of the ongoing response to prepare for future waves.
- ★ 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.
- ★ Efforts described in USofCare's playbook serve as models for providing support 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.

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

USofCare's Key Steps for Immediate State and Local Action:



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.

USofCare's Recommendations for Long-Term Policy Action

- ★ To reduce pressure on intensive care units, work with hospital systems to improve pathways to long-term respite facilities.
- ★ To ensure community wellbeing, focus on continuity of care:
 - Co-locate and integrate health and safety services with supportive housing resources wherever possible
 - Expand Medicaid coverage of Assertive Community Treatment Teams through legislative action
 - Encourage Memorandums of Understanding between behavioral health care providers to improve care coordination as patients receive treatment for Substance Use Disorders

Case Studies

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**



→ Project Roomkey

What is it: Housing and wrap around services for unsheltered people who test positive for COVID-19 but have low risk of complications, and high risk asymptomatic people.

How it works: Interagency partnership among state, local governments, and service organizations.

Differentiator: State funding and 75% federal cost-sharing through FEMA Major Disaster Declaration.

→ King County, Washington

What is it: A reinforced shelter and outreach system for well individuals seeking a safe place to quarantine and symptomatic/diagnosed people to recover or isolate.

How it works: Integrating medical and behavioral health in existing shelters, and training protocols paired with coordinated management of isolation, quarantine, and recovery centers.

Differentiator: Uses harm reduction principles and centering guests' choices and needs in all service design and delivery.

→ Westside Chicago Homeless Covid-19 Response

What is it: A collaboration between medical professionals and shelter staff to expand city-wide symptom screening, augment PPE supplies for shelter locations, and expand housing options and wraparound services for unhoused people who test positive for COVID-19.

How it works: Reduce the pressure on acute care facilities by integrating medical care into five large Chicago shelters and partnering with safety-net providers to offer isolation services.

Differentiator: Purposeful medical integration into shelter services, and direct involvement and equal partnership from public health workers, shelter systems, and clinical care teams.

CONTACTS:

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California's Project Roomkey:
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King County: covidhomelessnessresponse@kingcounty.gov

Westside Chicago Homeless COVID-19 Response Contact:
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RESOURCES:

[CDC Guidance for Homeless Populations](#)

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