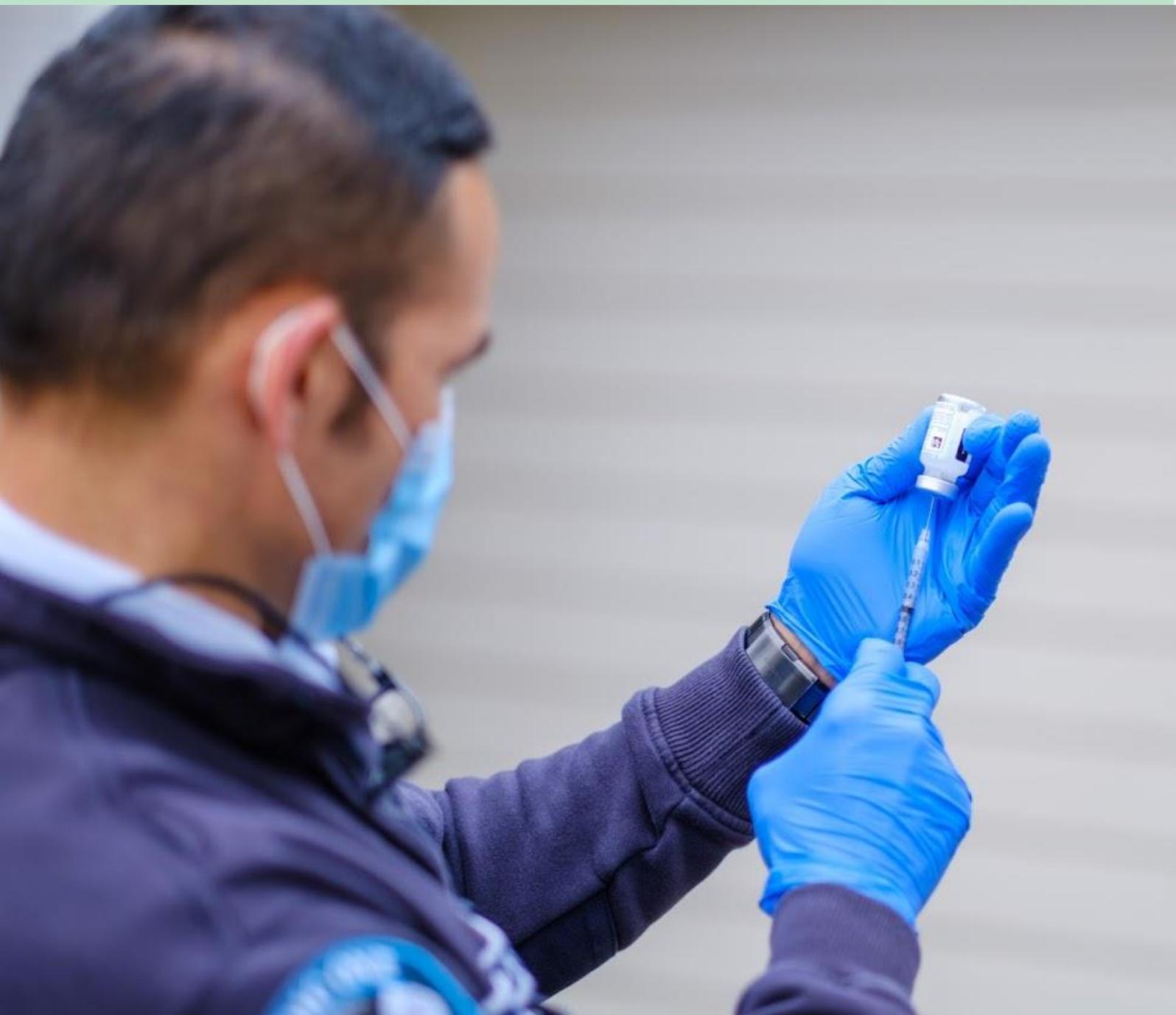


Public Health Response



Public Health Response

King County's COVID-19 response continues to be robust and equitable, providing a local distinction as the "most vaccinated county" in Washington. In fact, King County has among the lowest rate of any county for case counts and deaths from COVID-19. Public Health — Seattle & King County's [COVID-19 Data Dashboards](#)¹ provide timely, responsive, valid, representative, and disaggregated data metrics, to the extent possible, to the public. The overall regional strategy is to prevent and respond quickly, equitably, and effectively to mitigate the changing COVID pandemic landscape. This includes a well-coordinated vaccination effort, testing, contact tracing, isolation and quarantine, supply chain, emergency response, data dashboards, and community navigation and outreach plan in conjunction with regional healthcare providers, pharmacies, and laboratories.

The current CLFR allocation for the Public Health response is \$91 Million. King County will continue to reassess the COVID-19 threat and, as necessary, provide non-congregate isolation and quarantine shelter services, vaccination events, testing, and other public health pandemic responses. FEMA and the Washington State Department of Health have been the primary funding sources for key elements of the response, including testing, isolation, and quarantine, contact tracing, and vaccination. These funding sources are expected to be phased out as COVID-19 evolves from a pandemic to endemic disease. CLFR is expected to be the primary funding source for the local COVID-19 response in the 2023-24 biennium.

Investment Areas

- King County's Isolation and Quarantine facilities have served over 4,108 individuals between March 1, 2020 and June 27, 2022.
- Over 86% of eligible King County residents (ages 5+) have completed a primary COVID-19 series, which can be either 2 doses of Moderna/Pfizer or a single J&J dose.
- King County has administered over 5.9 million PCR tests overall with a focus on community members unable to access testing at a hospital or clinic.
- Other Public Health interventions have stabilized the information and supply chain, including coordinated response, PPE storage and warehouse lease continuation, and community mitigation and relief for the COVID-19 response.

¹ <https://kingcounty.gov/depts/health/covid-19/data.aspx>

Isolation and Quarantine

King County continues to take prudent and necessary action to address the quickly changing COVID-19 pandemic course, which included the use of isolation and quarantine centers to keep our community safe by containing illness. COVID-19 Isolation & Quarantine (I&Q) and Assessment Center/Recovery Center (AC/RC) facilities put distance between people who can't reasonably self-isolate or quarantine and others in order to avoid transmission. This serves to reduce the spread of illness and keep hospital beds available for people with acute healthcare needs. I&Q includes wrap-around services: site management, security, laundry, waste management, residential monitoring, sanitation services, pet sheltering, residential supplies, case management, and housing navigation at some or all of the approved non-congregate shelter sites. Funding for most I&Q activities were through FEMA. Wraparound services, including behavioral health support and case workers, were funded by CLFR. While case numbers have dropped, the critical importance of responding and providing isolation and quarantine options for individuals (particularly those experiencing homelessness) to recover from COVID-19, or to protect others from exposure, remains key to the County's efforts.

Quarantine is for people who are not showing symptoms but are at increased risk for having been exposed to COVID-19. Isolation is used for people who are currently ill and able to spread the disease and who must stay away from others in order to avoid infecting them. While most people will isolate and recover in their own homes, temporary housing is needed for those who will struggle to safely isolate or recover in their homes and for individuals experiencing homelessness.

King County has a publicly facing set of directions on its [COVID-19 "Care and Support" page²](#) to clarify current I&Q standards for individuals of various vulnerabilities: homeless, immunocompromised, travelers, or those working in high-risk settings (e.g., healthcare, jails, crowded food service). Additional examples of people who seek I&Q facilities include those who can't self-isolate at home (sharing a dorm room, living with a fragile senior or immunocompromised family member), essential workers, first responders, healthcare workers, or families with children. Overall, a total of 4,108 King County residents have been placed in Isolation and Quarantine facilities since March 2020.

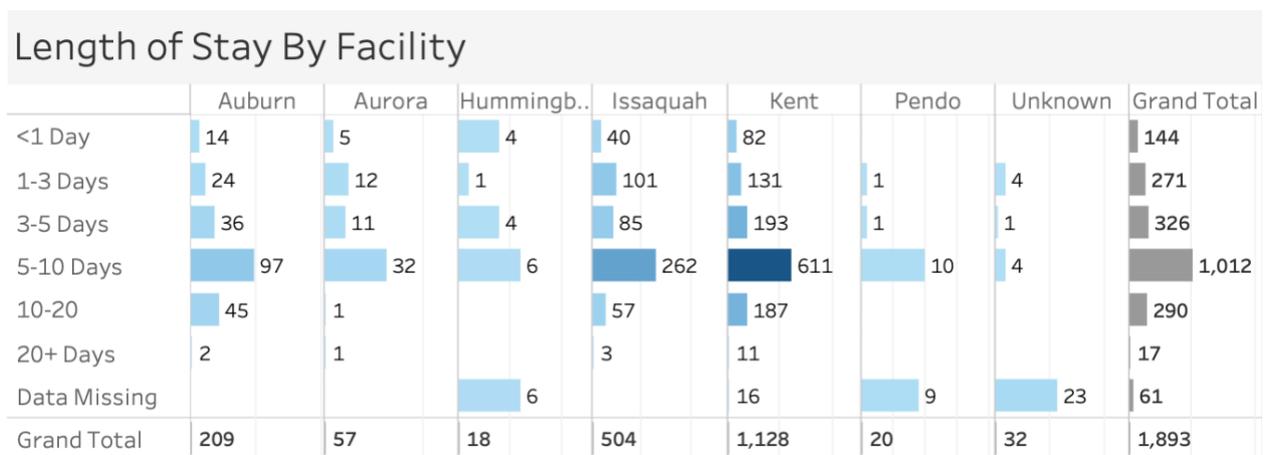
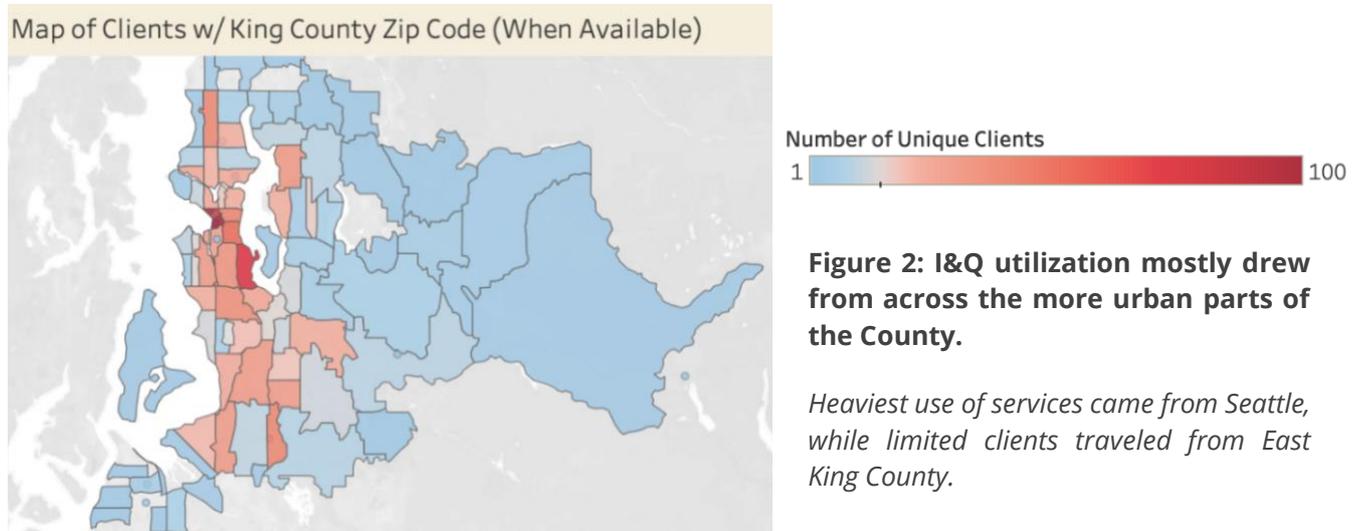


Figure 1: Average length of stay is 5-10 days.

Between March 1, 2021, and June 27, 2022, the Kent property saw the largest volume of clients.

² <https://kingcounty.gov/depts/health/covid-19/care/quarantine.aspx>

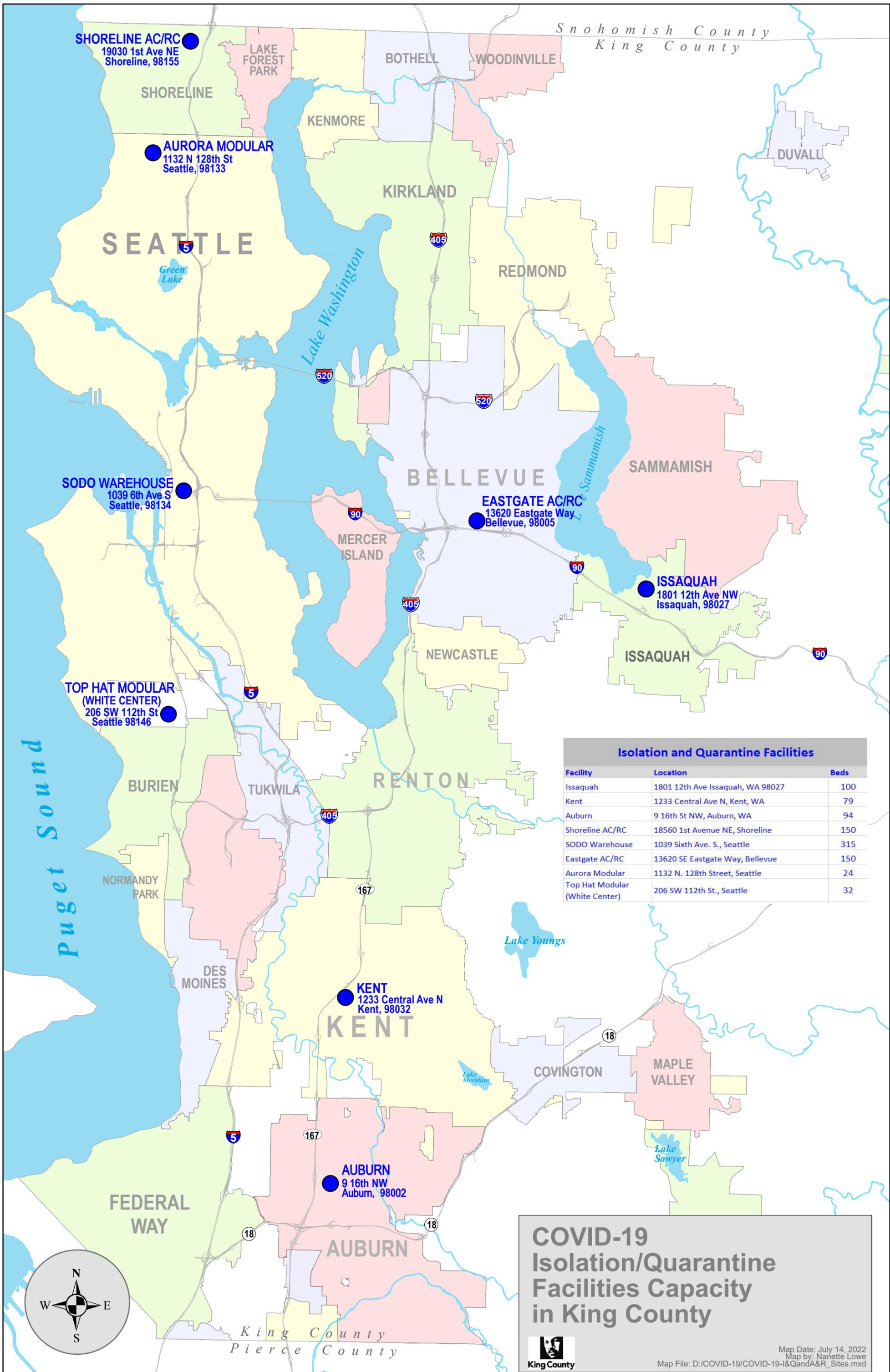
According to data collected between 3/1/2021 and 6/27/2022, the majority of clients stayed at I&Q for 5-10 days and most admissions were for positive COVID tests. Most discharges were based on the client being asymptomatic, followed by finishing isolation parameters, a negative test, or relocated to another facility. Approximately 10% of discharges were clients leaving against medical advice. While the I&Q program welcomes all individuals and households, the majority have been those facing housing insecurity. As such, most clients are discharged to a shelter upon exiting I&Q.



The above map demonstrates that King County I&Q sites are for our community at large. Based on data from clients able to provide their residential zip codes, most I&Q admissions were seen from clients in Seattle. I&Q sites were strategically placed in order to allow as easy access as possible to those in need.

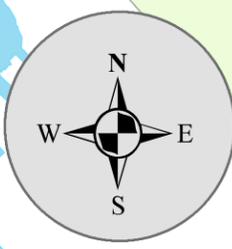
King County has just recently phased out its successful I&Q Center in Kent, the first civilian COVID-19 I&Q site in the U.S., which opened in March of 2020. Reflecting the changing nature of the pandemic and other prevention strategies, the Kent site stands ready to respond to future demand but is currently no longer taking clients. New programs are returning to a more traditional approach, with services tailored to support people experiencing homelessness or unstable housing conditions but still open to anyone who cannot safely isolate or quarantine at home. This includes smaller locations for lodging, supported by a Mobile Isolation and Quarantine Care Team that provides multilingual coordination of care across the region, with emphasis on equity care for communities of risk. Services are free, and no ID is required.

King County commits to sustaining non-congregate sheltering - isolation and quarantine operations, based on the ongoing threats of communicable disease to public health and safety. At the same time, responsive downsizing of operations will occur as the need wanes for these emergency services, with a steady eye on careful and flexible funding management. Nevertheless, I&Q has a surge plan for a future scenario of COVID-19 infection re-expansion. If COVID-19 rates rise again, I&Q will adjust beds and service hours to the extent possible at hotels and with the Mobile Care Team. If demand exceeds capacity, the program will prioritize services to those at highest risk for hospitalization. For homeless service providers, if I&Q facilities reach capacity, reimbursement for hotel stays (vouchers), reimbursement for food for hotel voucher guests, and reimbursement for surge staffing will be made available. King County's Prevention Division is in the process of changing the I&Q model, using hotel vouchers and contracts with long-term care facilities to provide continuing support.



Snohomish County
King County

Isolation and Quarantine Facilities		
Facility	Location	Beds
Issaquah	1801 12th Ave Issaquah, WA 98027	100
Kent	1233 Central Ave N, Kent, WA	79
Auburn	9 16th St NW, Auburn, WA	94
Shoreline AC/RC	18560 1st Avenue NE, Shoreline	150
SODO Warehouse	1039 Sixth Ave. S., Seattle	315
Eastgate AC/RC	13620 SE Eastgate Way, Bellevue	150
Aurora Modular	1132 N. 128th Street, Seattle	24
Top Hat Modular (White Center)	206 SW 112th St., Seattle	32



COVID-19 Isolation/Quarantine Facilities Capacity in King County

Map Date: July 14, 2022
Map by: Nanette Lowe
Map File: D:/COVID-19/COVID-19-I&QandA&R_Sites.mxd

Vaccinations

As of June 2022, over 86% of eligible King County residents (ages 5+) have completed a primary series. Additionally, over 5 million total doses have been administered to King County residents. COVID-19 vaccination programs in King County have made tremendous progress in 2021-22, both in terms of how many people are now fully vaccinated and progress towards equitable vaccine delivery goals across all racial and ethnic groups and regions of the county. King County Public Health directly manages vaccination campaigns, co-administers vaccines at COVID vax events, and coordinates coverage through healthcare partners. Providing accurate vaccine education in several languages online and through printed materials, Public Health engages with many communities' advocacy groups, interprets the CDC guidelines, and orchestrates vaccination data collection. While initial vaccination coverage is high, the level of up-to-date coverage is only 56.3%.³ Strategic booster vaccination efforts must still be deployed to raise the up-to-date vaccination status.

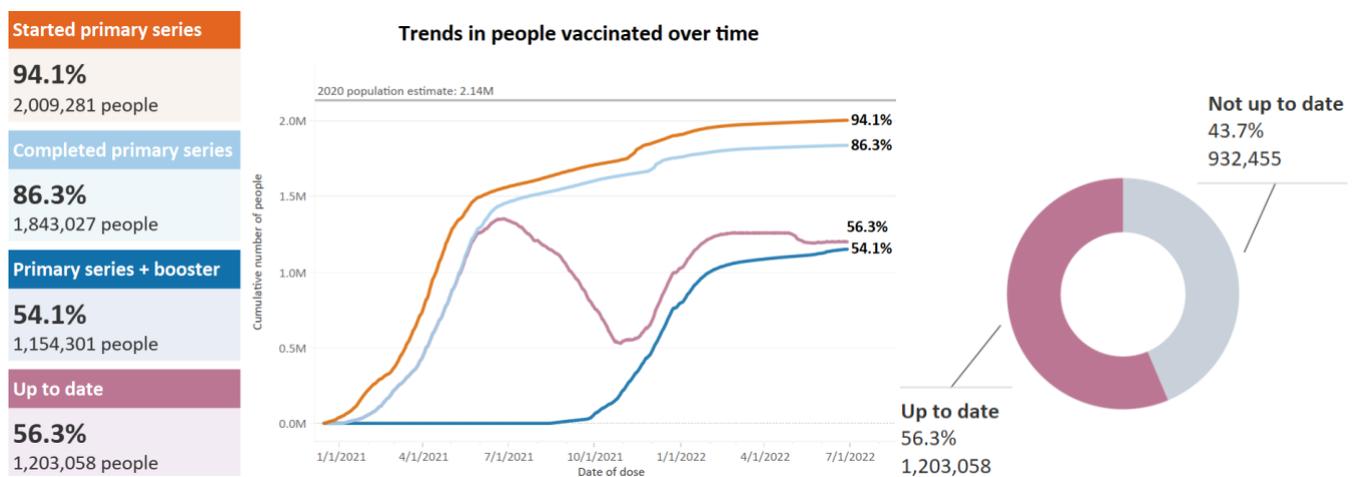


Figure 3: Primary series successful completion at 86.2% as of 7/1/22.

Up-to-date booster response lagging.

The primary COVID-19 prevention goal, to vaccinate a minimum of 70 percent of all adults across racial and ethnic groups and regions, was met and exceeded. King County now continues striving for higher rates of vaccination boosters among older adults, children, and BIPOC populations that have been disproportionately impacted by COVID-19.

This year, King County Public Health added a new data metric, looking at comparative risk between those who are not fully vaccinated vs those who are fully boosted, as well as vaccinated vs unvaccinated in terms of COVID-19 cases, hospitalizations, or death. Key findings for the month of June show those who are not fully vaccinated are 1.5x more likely to become infected, 7x more likely to be hospitalized for COVID-19, and 10x more likely to die of COVID-19 related illness than boosted individuals.

³ Primary series refers to someone's first COVID-19 vaccination series, which can range from 1 to 3 doses depending on the vaccine type and person's age. Boosters refer to any additional dose given after a primary series. Up to date COVID-19 vaccine coverage is defined as having received all doses in the primary series and all boosters recommended for you, when eligible. Vaccine recommendations are different depending on age, the type of vaccine first received, and time since last dose. For additional details on CDC's definition of primary series, booster doses, and staying up to date with COVID-19 vaccination, as well as more information on updated vaccine recommendations, see <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>.

Equity in Vaccination Coverage

Vaccination access has been vital to assure equitable distribution. Fifteen King County cities have established open clinic, mall, in-home and walk-in vaccination strategies in conjunction with County public and private healthcare systems and community groups. Pop-up vaccination events with King County are held in a variety of settings (like park shelters or churches) by vaccine providers, community and faith-based organizations, and businesses working together to provide COVID-19 vaccines in a way that best meets the needs of the community. In-home vaccinations are supported with interpretation services, by local fire departments, pharmacies, and in-home medical providers. Innovative toolkits for enhanced communication (including social media) have been sent far and wide for community use and are made available at <https://kingcounty.gov/vaccine>.

While an impressive number of residents have received at least one vaccine (94%), King County must still reach the 30% that are eligible for boosters and the 7.8% that have not finished their primary set. 130,000 individuals have not received any vaccine and outreach efforts are ongoing. The younger ages 6-12 and 18-34 are the most under-vaccinated groups. With the recent FDA approval for vaccinations for children 6 months-6 years, data will now require collection as to their vaccination rates. Older Blacks in Seattle, Hispanics in all parts of the County, and Whites in South and East King County are still struggling to fully vaccinate (with boosters).

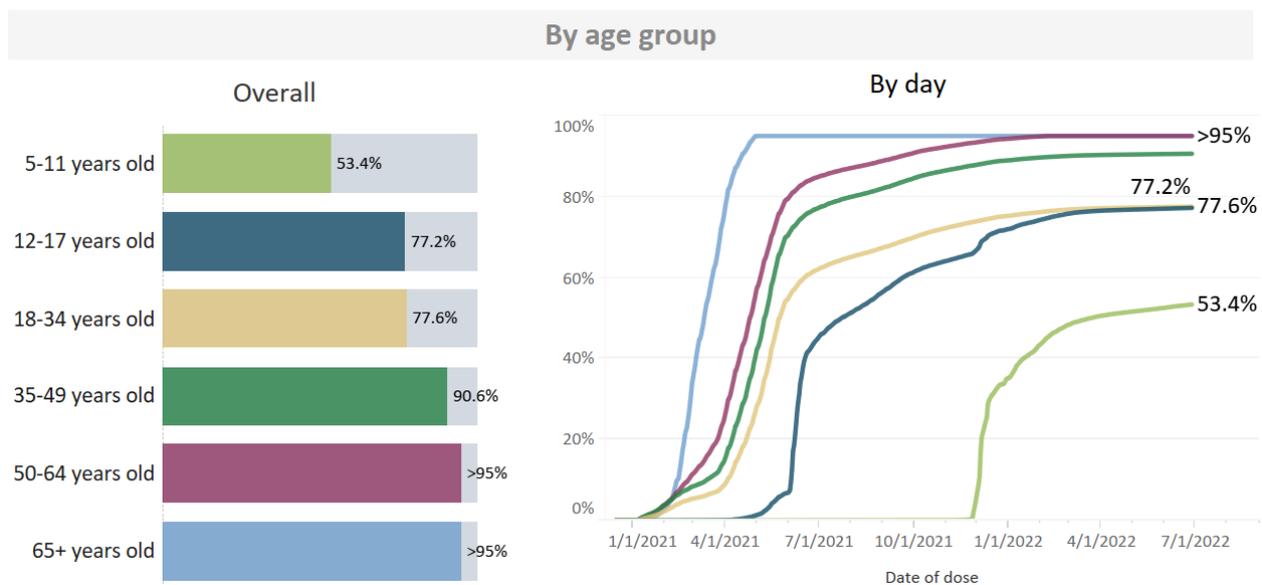


Figure 4: County residents ages 50+ are the most vaccinated with their COVID-19 primary series.

Figure shows percentage of King County residents with completed primary series by age group as of July 1, 2022.

Residents who are in their middle to elderly years are predominantly vaccinated with a primary series; the younger age groups (5-34 years), however, are lagging behind. Individuals in the 18-34 category, who represent individuals in a prime economy-generating phase of life, will require additional outreach efforts and creative strategies to finish their primary series.

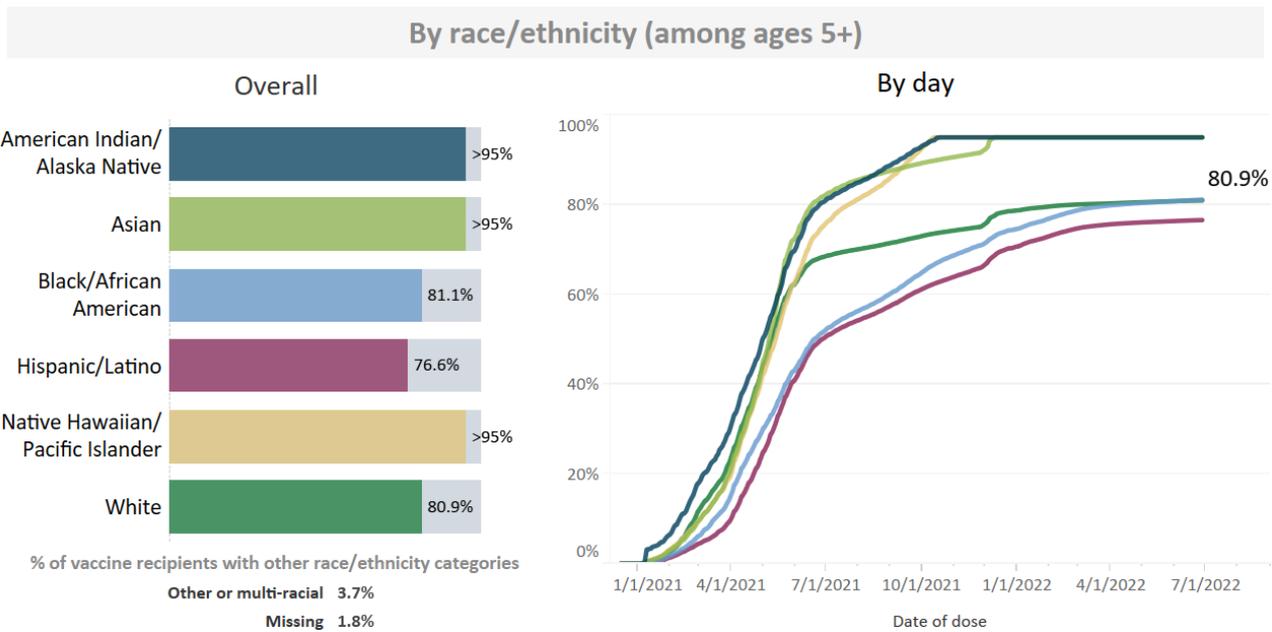


Figure 5: Primary series rates are distributed well across age groups and races/ethnicities.

American Indian, Asian, and Native Hawaiian/Pacific Islander populations are highly vaccinated.

The majority of King County is doing very well with their vaccination compliance. While American Indian, Asian, and Native Hawaiian/Pacific Islander primary vaccination rates by race/ethnicity exceed the Hispanic/Latino, Black and White populations are similar. The gaps are wider when considering full coverage (primary + boosters) in all races/ethnicities, but they are significantly under-vaccinated in the Hispanic and Black communities. All ethnic groups but particularly Blacks, Hispanics, and White residents need support for booster coverage.

Vaccination Coverage by King County Region

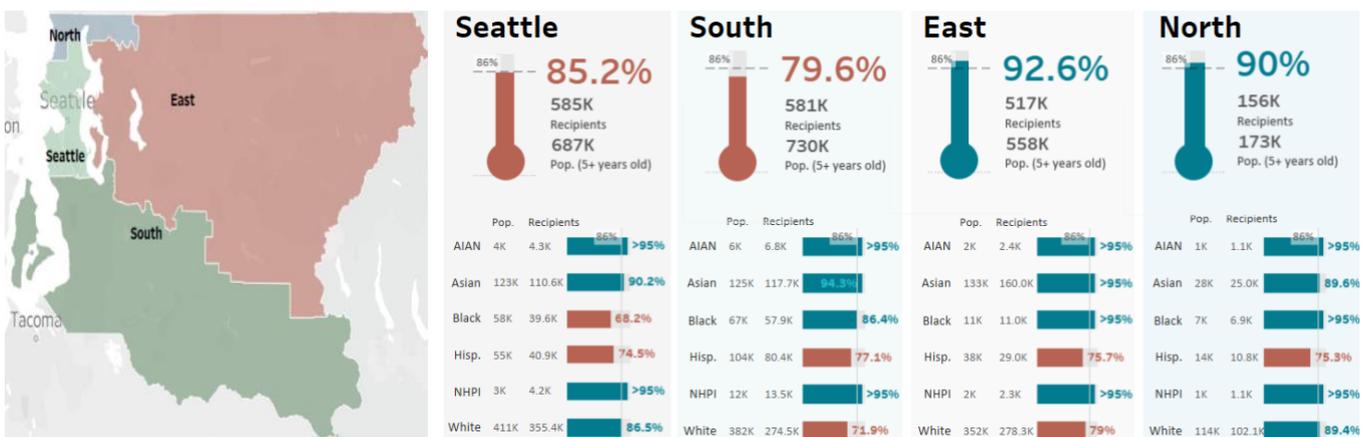


Figure 6: Equitable COVID-19 vaccination coverage by region across the County.

East and North King County are both 90%+ vaccinated, while South King County is lagging at slightly below 80% of the population completing their primary series. Figure shows primary series vaccine coverage of residents 5+ years old. Note that the County-wide coverage is 86.3%.

South King County (Renton, Auburn, Federal Way) and Central District Seattle struggle the most to vaccinate its residents. North and East King County regions are doing the best. Vaccinations are primarily through partner contracts. As of July 2022, the only continuing King County high volume vaccination site is in Auburn, anticipating increased demand in South King County for individuals

without regular healthcare providers moving forward. This site provides services to South King County and unincorporated King County where the lowest rates of vaccinations, highest incidents of disease, and highest incidents of COVID-related deaths. More outreach is required to investigate barriers in different parts of the County.

Funding for vaccination efforts is primarily through Washington State Department of Health. It is anticipated that some vaccination costs, like the cost of providing vaccination to the uninsured, will utilize CLFR funding in the next two years. Only one vaccination-related program, Vaccination Verification, utilized CLFR funding in the past year. The program provided education, communication resources, and support to businesses as they implemented a requirement that patrons at restaurants, bars, indoor recreational events and establishments, and outdoor events be fully vaccinated or provide evidence of a negative COVID test. This requirement was in effect from September 2021 to March 2022.

Testing

From the beginning of the pandemic, King County has provided a strategy of accessible, timely, and equitable symptom screening, testing, and contact tracing to identify people infected with COVID-19 so that actions can be taken to slow and stop the spread of the virus. In fact, King County has performed over 5.8M PCR tests to over 2M individuals in total. ARPA funding ensured the continued execution of all COVID-19 mobile testing operations including reactive and proactive COVID-19

testing, with the added ability to flex its capacity to accommodate surges in demand, such as in January 2022. As such, the County has been able to focus on community members unable to access testing at a hospital or clinic, including residents of homeless service sites, supportive housing programs, behavioral health residential programs, long term care facilities and adult family homes. In addition, multifaceted correctional and detention facility testing strategies for incarcerated individuals have received special attention.



Figure 7: Photo from a King County operated COVID-19 drive-in and walk-up testing location in Tukwila, Washington.

King County Public Health has both operated testing programs directly and through coordinated pharmacy and healthcare partnerships but will begin to downscale its processes in light of the changing COVID-19 testing environment. Overall PCR testing has been reduced with the more widespread use of antigen home testing kits. As [current CDC guidance](#) has changed in 2022,⁴ King County Public Health is endorsing the use of self-testing and will subsequently be reducing its direct involvement in individual PCR testing. As of January 5, 2022, King County Public Health has

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>

purchased 700,000+ COVID-19 home testing kits to distribute to community-based organizations, community health centers, senior centers, libraries, and other congregate locations. Distribution of testing kits has primarily been funded through FEMA, and demand increase is anticipated for Autumn/Winter 2022 as residents return to work and school.

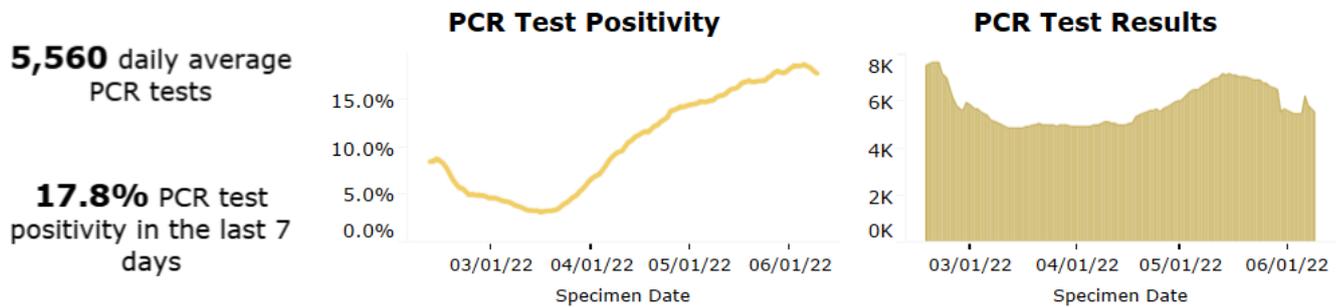


Figure 8: PCR tests are increasing in positivity as self-testing and changing COVID transmissions impact PCR utilization.

With the ease of at-home tests, County performed PCR tests are somewhat decreasing in quantity but increasing in positivity rate at the end of June 2022; the overall percent of PCR tests positive since the start of the pandemic is 7.3%.

Since the pandemic, King County has performed over 5.9M tests on roughly 2.1M people. With the dramatic increased availability of home test kits this year, the laboratory PCR test is being sought less by the public and often only to confirm a self-test finding. Laboratory PCR tests overall may drop but the number of positives will likely still fluctuate as the virus changes. King County Public Health has published an extensive set of guidelines, in a variety of languages, to address how to acquire an in-person test or use the home antigen tests. Testing of both types is still an essential tool in the fight to control transmission.

The County will continue to maximize equitable access for testing in unique communities or community members unable to access self-testing supplies or testing at a hospital or clinic. Overall, King County's general testing strategy is phasing out high-volume testing sites in favor of partner contracts for testing the uninsured and antigen test kit coordination and distribution.

King County's testing efforts have been funded through FEMA and the Washington State Department of Public Health. No CLFR-funding has been utilized for testing, but it is anticipated that CLFR will be the primary funding source in the 2023-2024 biennium.

Jail Health COVID-19 Testing and Surveillance Program

COVID-19 testing is paramount to identifying, isolating, and preventing the spread of disease in congregate settings. Jail Health Services (JHS), a division of Public Health — Seattle & King County, continues to provide a multifaceted testing program to ensure the health, safety, and wellbeing of all incarcerated individuals in the care of King County. Regular testing is one of the most effective medical countermeasures at reducing morbidity including symptom screening, scheduled testing, and contact tracing strategies to identify people infected with COVID-19 so that actions can be taken to slow and stop the spread of the virus. The intent of this funding is to support JHS' COVID-19 Testing Program, to perform rapid COVID-19 testing for incarcerated people upon entry into King County correctional facilities, throughout their incarceration period, and upon release in some circumstances. Individuals who test positive for COVID-19 are moved to a COVID-19 unit.

The Centers for Disease Control and Prevention (CDC) recommends that incarcerated or detained persons with symptoms of COVID-19 or who have recent known or suspected exposure to someone with COVID-19 (including close contacts) should be tested for COVID-19 regardless of vaccination status. Screening testing, in conjunction with symptom screening, can be valuable in correctional and detention facilities because it can detect COVID-19 early and help stop transmission quickly, particularly in areas with moderate to high community transmission of COVID-19. Per CDC guidance, screening testing of incarcerated individuals should be done at intake, before transfer to another prison, and before visits or release into the community.

The Jail Health programs have been funded through FEMA and the Washington State Department of Public Health. It is anticipated that CLFR will be the primary funding source in the 2023-2024 biennium.

Other Public Health Interventions

King County Public Health has successfully implemented ARPA funding for several additional components of solid infection control measures this year. One intervention is community mitigation and relief, in the form of Community Navigators. ARPA funding supports underserved communities disproportionately impacted (i.e., having known health disparities) by COVID-19 in non-standard government operations and Community Navigators are able to partner with the community in novel ways. Goals include minimizing inequities in disease and utilization of interventions that are community-informed where community partnerships and participation drive all desired outcomes, decisions, resource allocation, program, design, pro-equity results and structural changes.

In addition, coordinated response was required to stabilize the supply chain, PPE storage and warehouse lease continuation, and logistical support for the COVID tasks of testing and vaccination. In fact, King County purchased more than 24 million masks to distribute to residents, and during the Omicron surge distributed 1 million higher-grade masks to community-based organizations. Thankfully, availability of PPE, testing supplies, special equipment, vaccination supplies, and other requirements for a vigorous public health response is not facing the same acquisition challenges as a year ago. Currently, there is an adequate supply chain and funding mechanism to sustain at current rates and expand in the case of more aggressive spread of the virus.

"There wasn't a playbook when COVID hit, but King County residents worked together. Our largest employers and small businesses, friends and neighbors have followed the science and expertise of our public health leaders to achieve some of the highest vaccination rates in the nation. The last two years have challenged all of us, taking a toll on our community and our day-to-day lives. Entering the next phase of our COVID response should be a moment for all of us to reflect on the loss and pain of the last two years, but also a chance to look forward to the recovery and future we're building together."

— Dow Constantine, King County Executive

Administratively, the COVID-19 response has required a robust Health and Medical Area Command (HMAC) Incident Management System and additional COVID-19 program staff support. The HMAC Program ensured alignment with national practice and federal requirements. It served as a central coordination entity for the entire COVID-19 response, including staffing COVID activity meetings, coordinating resources, convening briefings, producing situation reports and incident action plans, centralized document collection, and transition planning and after-action review. The County also has a call center to answer community questions, particularly in chronically underserved areas,

including access to vaccination and testing, clarification of medical information about COVID-19, and even I&Q intake.

The complexity of the COVID-19 response has also required increased staffing, to handle multiple new divisions, urgency of tasks, goals, data collection and reporting, fiscal management, and communication management. Funding supports the Department of Community and Human Services for ongoing administration, monitoring, and evaluation of COVID-19 programs. Operations have moved into steady state with the slower rates of infection and hospitalization and stronger economic recovery.

A place for our community, for people to come and recover: A Staff Interview at King County's Issaquah Isolation and Quarantine Site

CASE STUDY

COVID-19 Isolation and Quarantine Sites

King County's isolation and quarantine center in Issaquah, where people come to recover from COVID illness or to quarantine from COVID symptoms, is safe and comfortable. **"You are going to feel like you have a place where people care about you and that you can get the care you need and the rest you need to recover,"** said Dan Floyd, Site Director.

If you've been exposed and are awaiting a test result or tested positive for COVID-19 and need a comfortable place to stay, King County's isolation and quarantine centers are here for you. Having a safe place to isolate or quarantine away from vulnerable family members, group settings or if you don't have a home, is critical to slowing the spread of COVID-19 and can make your recovery more comfortable.



King County's Department of Community and Human Services (DCHS) quickly opened centers throughout the County at the onset of the pandemic for this reason, and in partnership with Public Health—Seattle & King County, continues to operate and care for our community members who need a place to isolate or quarantine. To show guests what they can expect during a stay at one of King County's isolation and quarantine centers, DCHS [spoke to the team](#) at our Issaquah site about the experience and care they provide.

What is it like for a guest at an isolation and quarantine center?

"If you were to come to the isolation and quarantine center, you would probably be transported by our Metro team. They are specially equipped." At the onset of the crisis, Metro retrofitted a fleet of vans to

safely transport guests to needed medical care, door-to-door. King County Metro is breaking down one key barrier many guests at DCHS's emergency isolation, quarantine and recovery centers face—getting safe transportation to and from care that also helps prevent the spread of COVID-19. "You'll pull right up to the hotel main entrance," Jenrenee Fairlane, Nursing Supervisor, said.

A nurse will come out to get you, dressed in their PPE. Angela Maestas, Public Health Nurse, shared that, "when I introduce myself, I introduce myself as who I am and what my role is, and that I am assigned to you. And I am your personal nurse for the day." Your nurse will bring you straight into your room and then provide more information.



What is the typical stay like?

The majority of clients were in quarantine for somewhere between 5 and 10 days and are discharged because they are asymptomatic. "Our medical team will do an initial check of your vital signs and your symptoms, to make sure we understand how to best serve you while you're here," said Dan Floyd.

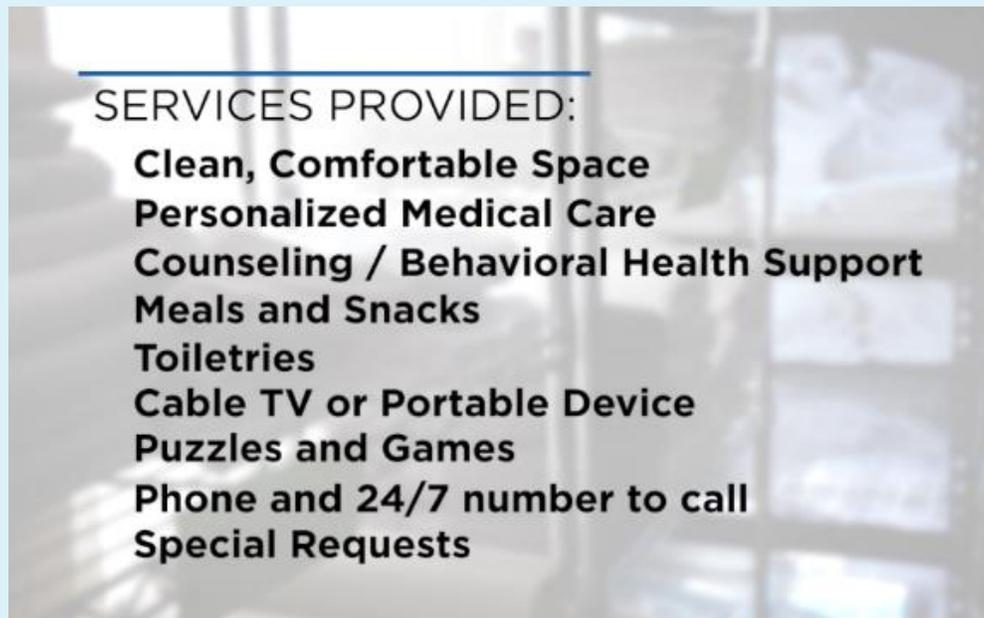
Kelli Nomura, Director of Behavioral Health and Recovery, expressed that, "**we know how difficult it is to come to a place for a length of time and not be with your support system in your family or your loved ones. What we're trying to build here is just a supportive environment that really promotes whole person care.**"

The sites offer 24/7 wrap around services: "You're always going to have medical care. You're always going to have someone to talk to in behavioral health, so a counselor. And you're always going to have somebody at the front desk if you need something," Angela Maestas explained.

Jenrenee Fairlane, Nursing Supervisor, continued: "You get breakfast, lunch, and dinner. They're going to deliver it to you by knocking on the door, and then they'll back up and give some space while you're able to pick it up."

“All the rooms have Wi-Fi. They have televisions. We have a number of books and games and puzzles that we can offer to people,” Dan Floyd added.

In addition, “we have a behavior health team that as soon as you’re admitted, they start working on your discharge plans. They’ll help you figure out where exactly you’re going to go after this,” said Jenrenee Fairlane. When your stay is complete, Metro will pick you up and then take you on your way.



Who can stay at an isolation and quarantine site?

King County has set up facilities where anyone can come to recover from COVID-19: Families, couples, individuals. We are committed to providing a place to rest and recover when that space is unavailable at home for any number of reasons. Dan Floyd added, “If you’re a traveler, if you’re a person experiencing homelessness, those are all people who have been able to help.”

King County’s isolation and quarantine facilities stand ready to serve more residents in our community as the pandemic continues. Isolation and quarantine are important and proven public health practices to prevent the spread of disease, and these facilities are doing just that, saving lives.

“This is a place for our community, for people to come and recover,” according to Angela Maestas, Public Health Nurse. **“I had a guest tell me that he felt like he was healing mentally and physically here. It felt nice to hear that.”**

Families with children. Individuals. Essential workers. People living in multigenerational households. First responders. Travelers. People experiencing homelessness. Everyone is welcomed.

“We could not be more thankful for the medical providers and staff who handle everyone with care and respect when they walk through our doors. We will continue to do all that we can to provide a safe place to isolate, while we reduce infections and hospitalizations so more people across the County can lead full lives during the pandemic and after,” affirmed Leo Flor, DCHS Director and Dennis Worsham, Interim Director of Public Health – Seattle & King County in January of 2022.

PERFORMANCE REPORT

I&Q Facilities Operation

King County's Isolation and Quarantine (I&Q) program provides alternative care facilities for those who cannot safely isolate and recover in their homes, and for those who do not have homes. King County demonstrates the ability to scale up (and flex down) an effective system of I&Q facilities and processes, as showcased by pandemic's surges. This program is a testament to King County's dedication to limiting the impact of the pandemic and protecting human lives.

The King County Department of Community and Human Services (DCHS) and Department of Public Health (DPH) developed the criteria for I&Q. Facilities operate in accordance with Public Health Seattle-King County (PHSKC) and Center for Disease Control (CDC) COVID-19 related guidelines and protections. Additional sites have been created and used in response to surges under a cost-effective approach to careful funding stewardship.

In light of COVID-19 reduction in cases as of June 2022, King County has opted to downscale and/or decommission some facilities to concentrate its best services with the other I&Q options. A new model is scaled to meet the ongoing needs of our community. It includes four smaller locations for lodging in South King County, North Seattle, and Renton, supported by a Mobile Isolation and Quarantine Care Team.

Funding for I&Q is primarily sourced from the Federal Emergency Management Agency (FEMA), covering lease costs, meals, janitorial services, transportation costs, and onsite medical (clinical nursing, on call physicians and admin staff). Internal staff and contractor costs for wraparound services and additional resources to address emergent public health needs are provided through the Coronavirus Local Fiscal Recovery (CLFR) funds. The County will continue funding the operation of County Isolation and Quarantine facilities once other funding sources are exhausted due to its proven significant impact on infection control outcomes. The County has available facilities in Issaquah, Kent, Shoreline, White Center, Seattle Sodo, Aurora, Auburn, and Eastgate as additional facilities that are not currently operational, but they do accrue some costs to ensure that when conditions warrant the use of those facilities, they are available.

How much?

King County's Isolation and Quarantine facilities have served **a total of 4,108 individuals** since March 2020.

The below figure demonstrates that King County Isolation and Quarantine managed capacity responses to changing pandemic surges. Between March 2021 and May 2022, most I&Q Clients stayed at the Kent (1,164) and Issaquah (519) facilities. Auburn saw 209 unique clients when it opened to accommodate the Omicron surge in early 2022, closing when COVID-19 rates returned to core capacity needs. Hummingbird and Pendo began to admit clients as rates began to rise again in May 2022. Additionally, a total of 124 household pets or service animals were accommodated in I&Q settings with their owners.

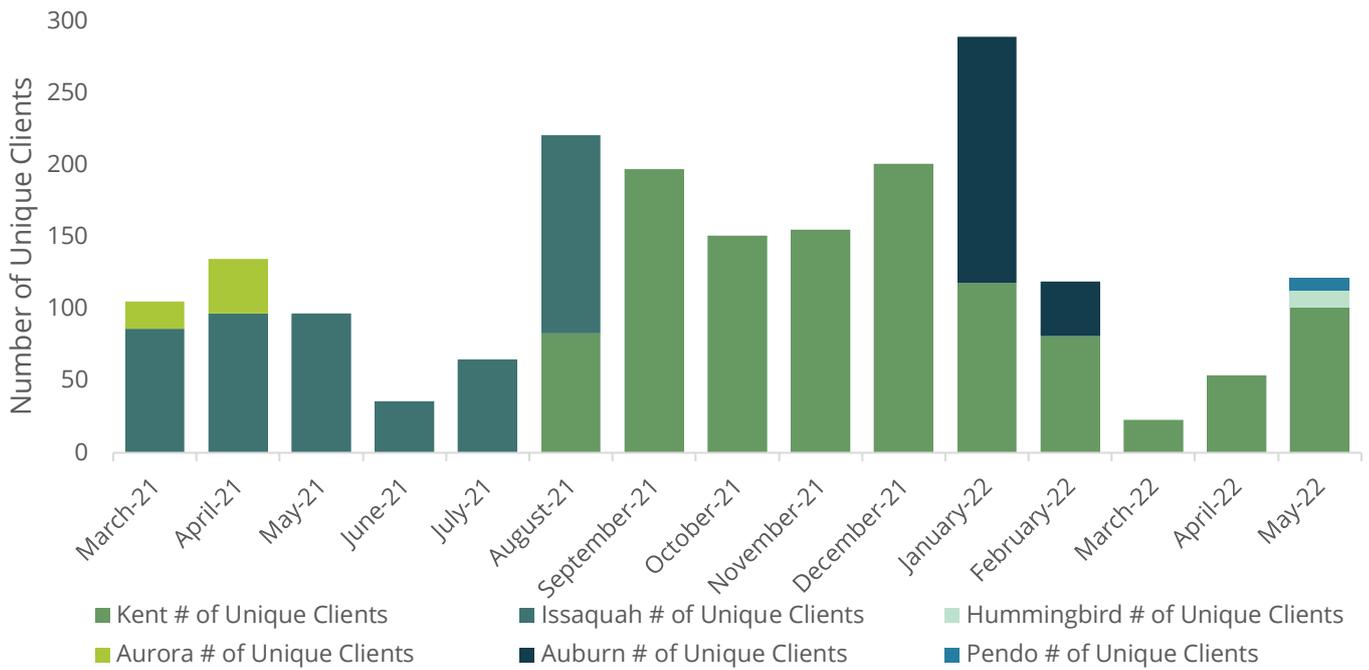


Figure 9: Most I&Q Clients stayed at the Kent and Issaquah facilities.

Data was collected of unique client occupancy by site between March 2021 and May 2022.

Between March 1, 2021 and June 27, 2022, the majority of clients stayed at I&Q for 5-10 days and were discharged because they were asymptomatic, finished isolation parameters, had negative tests or left against medical orders. The Kent facility has seen the largest admission volume of all the active sites.

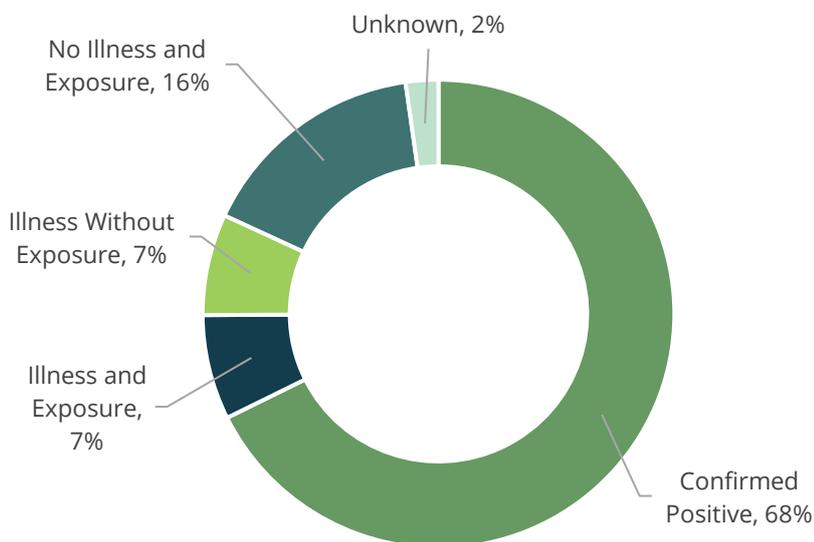


Figure 10: Most clients admitted to I&Q facilities had confirmed positive COVID-19 cases (68%).

Other categories included no illness but exposure (7%), illness and exposure (7%), and illness without exposure (16%). Client I&Q priority on admission data was collected from the following I&Q facilities between 3/1/2021 and 6/27/2022: Auburn, Aurora, Hummingbird, Issaquah, Kent, Pendo, and Wallingford. The Kent facility, which saw the largest admission volume of all the active sites, admitted a total of 862 unique clients with confirmed positive COVID-19 cases.

The vast majority of admissions to an I&Q site are due to positive COVID-19 test results. However, clients are also accepted when exposed although asymptomatic, exposed and symptomatic, and symptomatic without known exposure. Most clients are discharged because they are asymptomatic, although some are discharged to hospitals or for other reasons. In addition to meeting CDC current isolation and quarantine guidelines, Isolation and Quarantine bed prioritization is as follows:

confirmed COVID-19 positive, new COVID-19-like illness and known exposure, new COVID-19-like illness and unknown exposure, and no illness (asymptomatic) but had known exposure.

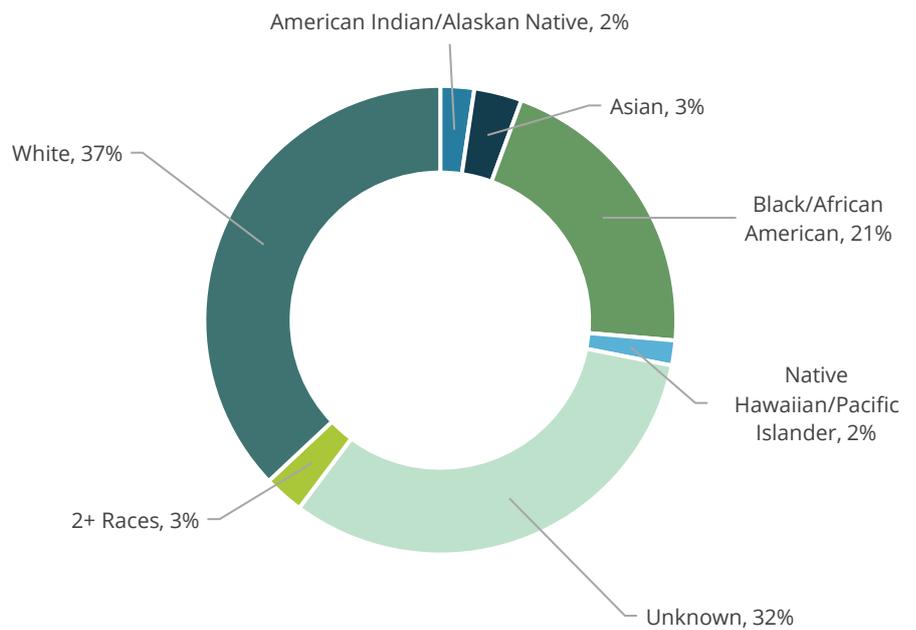
The Mobile Isolation and Quarantine Care Team includes: nurses and behavioral health staff, in-person and phone-based COVID recovery care and care coordination, intake 7 days per week from 8:00 a.m. to 5:00 p.m., transportation at beginning and end of placement, and to necessary medical appointments during the client's stay, food, clothing, supplies, laundry, care coordination and discharge planning, support for accessing prescribed medications, and initiation of buprenorphine treatment (via Downtown Public Health Center – Pathways). Beginning June 2022, lodging with the new I&Q model includes two adult family homes, both located in south King County, with a 24/7 caregiver on site and hotel rooms in North Seattle (Aurora) and in Renton. Services are tailored to support people experiencing homelessness or unstable housing conditions and are open to anyone who can't safely isolate or quarantine at home.

How equitably did we provide service?

Based on demographic data collected from March 1, 2021 through June 24, 2022, which aligns with the CLFR reporting period, a total of 2,505 clients stayed at one of the following I&Q facilities: Auburn, Aurora, Issaquah, and Kent. I&Q services were utilized by an equitable distribution of those with varied ethnicities/races, in alignment with King County population profiles. However, future capturing of those listed as unknown will be helpful to validate this conclusion.

Figure 11: I&Q racial distribution generally aligns with distribution pattern of general population.

31% of clients are BIPOC and 37% are White. However, the unknown category is very large (32%). This figure shows the detailed racial demographics collected from the Auburn, Aurora, Issaquah, and Kent I&Q facilities between 3/1/21-6/24/22. Race-based Assessment of I&Q utilization relatively matches King County population profile. Equitable distribution of services is a priority.



The figure above shows the detailed racial demographics collected from the Auburn, Aurora, Issaquah, and Kent I&Q facilities. While there were no major differences in race across sites, the high rate of unknown (32%) data choices makes the determination of equity unclear. Nevertheless, of those clients with identified racial demographics, 31% are BIPOC and 37% are White. 10% of clients are Hispanic, which aligns with overall population expectations. The vast majority of clients are male.

The majority of admissions identify their housing status as shelter and are discharged back to a shelter when asymptomatic. Open to the general populace, the majority of the 2,505 clients came to the Auburn, Aurora, Issaquah, and Kent I&Q centers from shelters (44%).

Majority of I&Q Clients Come From Shelters

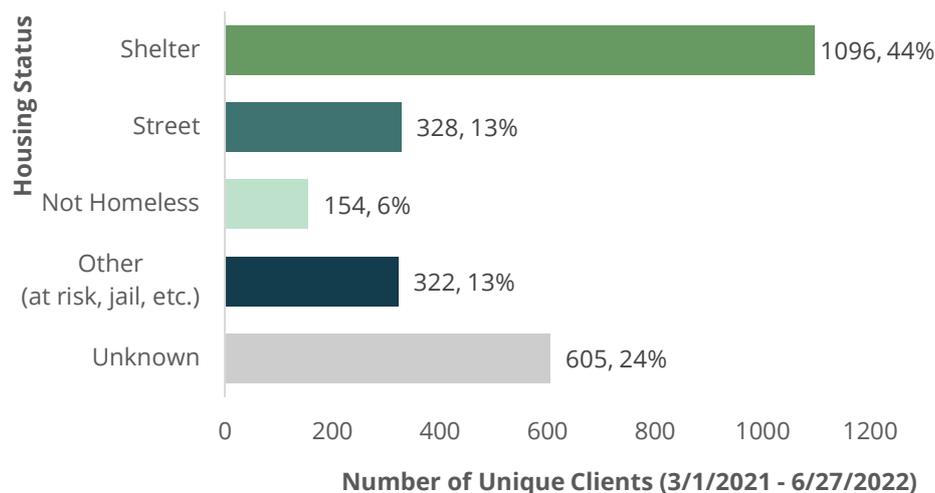


Figure 12: While open to all, most I&Q clients come from shelters.

Data pulled from March 1, 2021 to June 27, 2022 from four I&Q facilities show that the housing status of most clients is some form of homelessness. This figure shows housing status categories of shelter, street, not homeless, other (which includes doubled up, at risk, transitional housing, and jail/motel/institution/etc.), and unknown.

The Impact Analysis of King County's COVID-19 Isolation and Quarantine Sites that was completed by the University of Washington per Council Member Dunn's request highlighted that for I&Q clients between March and December 2020, Black/African American and older adults (over age 70) were overrepresented compared to the county's population with COVID 19. For guests experiencing homelessness, I&Q sites equitably served COVID-positive people experiencing homelessness on the basis of race and age.

Is anyone better off?

Isolation and quarantine services protect our community by preventing COVID-19 cases, hospitalizations, and deaths. King County is proud of the impact of its I&Q interventions. It has been enormously successful in limiting community spread of the virus, as suggested by the 2020 University of Washington [I&Q evaluation report](#)⁵ and prevention modeling estimations. Estimating through March 2021 using data from March 2020 through December 2020, the report estimates that I&Q prevented:

- Between 2,032 and 24,508 cases of COVID-19,
- Between 93 and 1,319 COVID-19 hospitalizations, and
- Between 29 and 353 COVID-19 deaths.

King County's I&Q program is meeting equity goals, was appropriately distributed, and provided safety and recovery options for very vulnerable residents. Most importantly, it provided its clients with a clean, safe, and optimal place to recover from their infection while assuring the safety of their families and community. The majority of occupants stayed in the program until they were asymptomatic or met the quarantine period recommendations.

⁵ <https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=4955597&GUID=F3C86DA5-37BF-46EB-B97D-25C3695A60D8&Options=&Search=>



Figure 13: Capacity management in King County I&Q facilities fluctuated in response to the pandemic.

The figure shows the COVID-19 deaths in the County in the given month compared to I&Q client volume. King County changes their bed capacity to reflect County transmission pressures.

The resources were carefully managed, with ongoing adjustments in bed capacity and locations to address the changing pandemic conditions and transmission levels. Overall, I&Q made a significant difference in County public safety, protection of hospital capacity, and prevention of death. Therefore, King County’s I&Q program represents a substantial public health victory for the County and community at whole.