

August 30, 2018
Striking Amendment

Sponsor: Daniell

[AK]

Daniell → passed

Proposed No.: G&R18-03

1 **STRIKING AMENDMENT TO GUIDELINE AND RECOMMENDATION**

2 **G&R18-03, VERSION 1**

3 On page 1, beginning on line 6, strike everything through page 6, line 120, and insert:

4 "A. The Board of Health adopts this guideline to urge, inform and assist regional,
5 county and city jurisdictions to address the problem of unsheltered homelessness for the
6 benefit of the health, well-being and survival of unsheltered people throughout King
7 County.

8 B. The Board of Health adopts this guideline based on the following:

9 1. The continued lack of shelter for thousands of people experiencing
10 homelessness in King County is a public health crisis with imminent threats to the health,
11 well-being and survival of unsheltered people;

12 2. The November 2015 proclamations of emergency by the King County
13 Executive and the City of Seattle Mayor have not preserved public health or protected the
14 safety and welfare of individuals. According to the 2018 All Home Count-Us-In/Point-
15 In-Time Count, current efforts to alleviate the unsheltered homelessness public health
16 crisis have been unsuccessful and the number of unsheltered people has increased
17 approximately sixty-eight percent in King County (three thousand seven hundred seven-
18 two to six thousand three hundred twenty) between 2015 and 2018;

19 3. The March 2018 Report on Homeless Deaths by the King County Medical
20 Examiner Office ("MEO") reported a greater-than-doubling (seventy-eight to one
21 hundred sixty-nine) of MEO investigated deaths involving "presumed homeless persons"
22 between 2012 and 2017, where almost half of the deaths occurred in downtown and
23 central Seattle, Beacon Hill and south Seattle and north Seattle and Shoreline. The MEO
24 defines "presumed homeless persons" as individuals without permanent housing who
25 lived on the streets or stayed in a shelter, vehicle or abandoned building at the time
26 immediately preceding death;

27 4. Noncommunicable diseases are prevalent amongst unsheltered people where:
28 a. According to the 2018 King County Count-Us-In survey, half of respondents
29 reported at least one disabling condition, including psychiatric or emotional conditions,
30 drug or alcohol abuse, posttraumatic stress disorder, chronic health problems and
31 physical disability;
32 b. Also according to the survey, serious mental illness, substance use disorder
33 and HIV/AIDS are two to three times more common among unsheltered adults than
34 sheltered adults; and
35 c. The March 2018 Report on Homeless Deaths by the MEO determined that
36 half of the six hundred ninety-seven presumed homeless decedents, from 2012 to 2017,
37 died outdoors, primarily of "natural causes," which are illnesses or internal malfunctions
38 of the body, as the leading cause of death, followed by drug overdose or alcohol
39 poisoning;

40 5. Unsheltered people face increased risk for communicable diseases
41 particularly diseases that either or both can be made worse in individual cases or can

42 spread to other people because of inadequate housing, sanitation and hygiene resources.
43 Some examples include: hepatitis A; diarrheal illnesses, such as Shigella infections;
44 bodily, clothing and bedding infestations by ectoparasites such as fleas, bedbugs, lice,
45 scabies mites and ticks; ectoparasite vector-borne infectious agents; and bacterial skin
46 infections, such as methicillin-resistant Staphylococcus aureus (MRSA) or Group A
47 Streptococcus infections, which can cause flesh eating wounds;

48 6. Public Health - Seattle & King County recently issued public health
49 advisories due to outbreaks among homeless persons of group A Streptococcus, Shigella
50 and body lice-transmitted Bartonella quintana infections;

51 7. Harborview Medical Center reported that a highly contagious strain of
52 respiratory syncytial virus (RSV), spread through homeless people during the 2017-2018
53 winter flu outbreak;

54 8. Adequate shelter, water, sanitation and hygiene infrastructure can control or
55 eliminate the spread of contact-transmitted, ectoparasite-borne, foodborne and
56 waterborne communicable diseases;

57 9. Healthcare, navigation and other supportive resources can be delivered more
58 effectively and more efficiently at large, established shelter locations rather than at
59 scattered and tenuous outdoor locations;

60 10. Creating and maintaining temporary large-scale disaster shelter
61 infrastructure with supportive and navigation services will not resolve the homelessness
62 crisis but will reduce death, disability and disease for unsheltered homeless people in
63 King County;

64 11. The unsheltered public health crisis exists throughout the year but will

65 worsen when inclement weather and flu season return in the fall and winter of 2018-
66 2019, and annually thereafter;

67 12. According to the 2018 All Home Count-Us-In/Point-In-Time Count and the
68 2016 Annual Homeless Assessment Report to Congress, homelessness disproportionately
69 affects the most vulnerable populations in our society, including people of color,
70 particularly American Indians and Alaska Natives, veterans, youth who identify as
71 LGBTQ+, people with chronic disabilities and people who report histories of domestic
72 violence, partner abuse and foster care;

73 13. The Centers for Disease Control and Prevention defines a public health
74 disaster, on the basis of its consequences on health and health services, as a serious
75 disruption of the functioning of society, causing widespread human, material or
76 environmental losses, that exceeds the local capacity to respond, and calls for external
77 assistance. Unsheltered homelessness in King County is a public health disaster; and

78 14. Article 25 of the United Nations Universal Declaration of Human Rights
79 declares that "everyone has the right to a standard of living adequate for the health and
80 well-being of himself and of his family, including...housing."

81 C. The Board of Health adopts the following guideline for the jurisdictions
82 working at regional, county and city levels to alleviate the unsheltered homelessness
83 public health crisis, to:

84 1. Affirm that the continued lack of shelter for people experiencing
85 homelessness is a public health crisis that warrants a definitive emergency response;

86 2. Recognize the urgency of the unsheltered homelessness public health crisis
87 by rapidly providing basic, enhanced and low-barrier emergency shelter sufficient to

88 serve all unsheltered homeless individuals, in preparation for the inclement weather in the
89 fall and winter of 2018-2019. Basic, enhanced and low-barrier emergency shelter should
90 be maintained and enhanced beyond 2018-2019, until long-term housing is available for
91 all homeless individuals. Basic, enhanced and low-barrier emergency shelter are defined
92 as follows:

93 a. "Basic emergency shelter" means a physical space that provides protection
94 from inclement weather, allows overnight or longer access and ensures basic needs
95 including but not limited to personal safety, sufficient and safe sleep, a sanitary
96 environment and hand hygiene resources;

97 b. "Enhanced emergency shelter" means a physical space with basic
98 emergency shelter features and additional features including but not limited to: twenty-
99 four hours seven days a week access, hygiene facilities, secure storage for personal
100 belongings, safe food resources or meal services, case management and access to mental
101 or behavioral health or both, medical, employment and housing navigation services; and

102 c. "Low-barrier emergency shelter" means a physical space, where a minimum
103 number of expectations are placed on the people who wish to live there. It includes basic
104 emergency shelter features or enhanced emergency shelter features and follow a harm-
105 reduction philosophy; serving people with common barriers to shelter eligibility
106 including individuals with partners, families, pets and mental health or substance use
107 disorders;

108 3. Leverage existing resources to guide planning, deployment and maintenance
109 of emergency shelter, such as:

110 a. Local jurisdictions' Comprehensive Emergency Response Plans, or other

111 comparable local emergency action plans, particularly emergency support functions
112 related to mass care, temporary housing and human services. As defined by the United
113 States Federal Emergency Management Agency, mass care is congregate sheltering,
114 feeding and distribution of emergency supplies;

115 b. Public Health - Seattle & King County's "Sanctioned Homeless
116 Encampments Initial Planning and Management Checklist", included as Attachment A to
117 this Guideline and Recommendation;

118 c. "Shelter Field Guide" (FEMA P-785) by the United States Federal
119 Emergency Management Agency and the American Red Cross; and

120 d. The Sphere Project's "Sphere Handbook: Humanitarian Charter and
121 Minimum Standards in Humanitarian Response";

122 4. Consider available public lands to place temporary emergency sheltering and
123 consider modification of existing policies or regulations to expedite the process to place
124 temporary emergency sheltering on public lands;

125 5. Consider utilizing an Incident Command System or utilize the following
126 principles of an Incident Command System to organize the rapid response necessary to
127 provide emergency shelter for all unsheltered homeless individuals in an affected
128 jurisdiction in time for fall and winter of 2018-2019. The Incident Command System is a
129 standardized approach to the command, control and coordination of emergency response
130 providing a common hierarchy within which responders from multiple agencies can be
131 effective;

132 a. Recognize the distinction between rapid response efforts to maximize shelter
133 capacity in time for fall and winter of 2018-2019 and longer-term efforts to maintain and

- 134 enhance shelter, analogous to the "response" and "recovery" phases of emergency
135 management;
- 136 b. Preserve primary authority, control and responsibility to local jurisdictions;
- 137 c. Develop a strategic plan that includes specific objectives and a timeline to
138 provide rapid response emergency shelter, regular tracking of progress toward those
139 objectives and preparation for eventual transition (demobilizing) from rapid response to
140 longer-term sheltering efforts;
- 141 d. Leverage existing Comprehensive Emergency Response Plans, or other
142 comparable local emergency action plans, to facilitate strategic, operational and logistic
143 decisions for rapid response sheltering efforts;
- 144 e. Tailor and prioritize strategic and operational decisions to reflect the various
145 needs, challenges and resources of different unsheltered homeless individuals. For
146 example, could rapid response sheltering efforts be different or delayed for people living
147 in recreational vehicles and emergency shelters be prioritized for people camping in tents
148 or living in cars?;
- 149 f. Establish a temporary organizational structure in which leadership, decision
150 authority, management and responsibility are streamlined to specific individuals,
151 departments, agencies and organizations directly involved in rapid response sheltering
152 efforts;
- 153 g. Consider whether some rapid response sheltering management functions
154 might be most efficiently offered by a higher level jurisdiction, such as procurement of
155 shelter materials, information tracking, subject matter expertise related to public health
156 and other subject matter expertise to support planning and operations; and

157 h. Engage in concurrent planning for longer-term sheltering while the rapid
158 response sheltering is on-going. Planning should consider enhancements to rapid
159 response shelters and replacement of rapid response shelters with more durable
160 structures;

161 6. Create and monitor performance metrics on unsheltered homelessness and
162 temporary large-scale crisis sheltering including, but not limited to, entries to shelter,
163 time in shelter, exits from shelter, exit destinations and reentries to shelter;

164 7. Coordinate with other local jurisdictions, nongovernmental organizations and
165 state agencies to implement rapid and longer-term sheltering actions, monitor
166 performance and broadly address the unsheltered homelessness public health crisis;

167 8. Explore best practices and initiatives in other regions that provide temporary
168 emergency sheltering on a mass scale for unsheltered homeless individuals, such as but
169 not limited to, large tent shelters for rapid response sheltering and durably constructed
170 structures or modular housing for longer-term sheltering; and

171 9. Continue the separate but closely related initiatives by all jurisdictions to
172 prevent homelessness, make homelessness brief and one-time and expand regional
173 options for affordable housing."

174

175 **EFFECT:** *The striking amendment would do the following:*

- 176 • *Modify the term “disaster” to “crisis”;*
- 177 • *Modify “temporary large-scale disaster sheltering” to “basic, enhanced, and*
178 *low-barrier emergency shelter” options and provide description for each option;*
- 179 • *Distinguish between “rapid response” and “longer-term” sheltering actions;*
- 180 • *Identify additional resources to guide planning, deployment and maintenance*
181 *of emergency shelter;*
- 182 • *Recommend utilizing “principles of Incident Command System” rather than*
183 *recommend implementing an Incident Command System;*
- 184 • *Recognize the urgency of emergency shelters for both Fall and Winter of 2018*
185 *through 2019 and not just Fall of 2018; and*
- 186 • *Other related technical amendments.*

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August 30, 2018
Title Amendment

Sponsor: Daniell

[AK]

Proposed No.: G&R18-03

Daniell → passed

1 **TITLE AMENDMENT TO GUIDELINE AND RECOMMENDATION G&R18-03,**
2 **VERSION 1**

3 On page 1, beginning on line 1, strike everything through page 1, line 5, and insert:

4 "A GUIDELINE AND RECOMMENDATION to inform
5 jurisdictions working at regional, county, and city levels
6 on alleviating the unsheltered homelessness public health
7 crisis for the benefit of the health, well-being and survival
8 of unsheltered people throughout King County."
9

10 **EFFECT: *The title amendment would make related changes to the striking***
11 ***amendment.***

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