

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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**T1**

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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