Impact of Hotels as Non-Congregate Emergency Shelters

Washington Low-Income Housing Alliance
Conference on Ending Homelessness
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Study Overview

Immediately following COVID-19 outbreak, King County moved over 700 people out of shelters into hotels

Primary purpose of the intervention was public health and safety

Remarkable effort by government and service providers

Great research collaboration between UW and KC, with rapid response from funders
Study Overview

Mixed methods study (quantitative and qualitative data)

Quantitative data provided from administrative data sets: HMIS, Washington Disease Reporting System (WDRS), 911 emergency dispatch

Qualitative data from 22 interviews with hotel shelter guests; 6 interviews with 9 staff members from providers, city, and county

Findings to be used to assess intervention and to inform future responses to homelessness
King County’s Shelter System

Our emergency shelter programs offer varying levels of services -- from meeting the most basic needs by providing a hot meal and a safe place to sleep with mats on the floor to more enhanced services with access to case management and other services such as medical care and mental health counseling.

5,060 beds within 112 programs for adults, families with children, and youth and young adults.

60% of the inventory is held by the five largest shelter providers.

25,600 households served in a King County emergency shelter from April 2019-March 2020.

86% utilization rate from April 2019-March 2020.

Data Sources: 2020 Housing Inventory Count; King County Homeless Management Information System (HMIS) as of 5/1/2020.
Shelter De-intensification in King County

High density congregate shelters are particularly vulnerable to large outbreaks of infectious diseases like COVID-19. To promote social distancing and slow the spread of COVID-19 among individuals accessing emergency shelter, King County and its partners used **three primary strategies**.

### Interventions included in study

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Details</th>
<th>Unique Individuals</th>
<th>As of 9/23</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group Hotels</strong></td>
<td>6 leased hotels with provider staff on-site 24/7, case management, and access to other services</td>
<td><strong>839</strong></td>
<td></td>
</tr>
<tr>
<td><strong>De-Intensified Congregate Shelter Sites</strong></td>
<td>continue/expand emergency overnight services while meeting public health social distancing guidance through transitions to 7 new “de-intensified” sites</td>
<td><strong>1,287</strong></td>
<td></td>
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<tr>
<td><strong>Hotel Vouchers</strong></td>
<td>hotel vouchers to move high risk individuals from congregate settings into hotels</td>
<td><strong>286</strong></td>
<td></td>
</tr>
</tbody>
</table>

The Red Lion Renton
Photo: Red Lion Hotels

The Inn at Queen Anne (“The Bob G”)
Photos: Courtesy of CCS.
## Quantitative Analysis Study Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group Hotels</strong>&lt;br&gt;(N=383)</td>
<td>- De-intensified&lt;br&gt;- Private room&lt;br&gt;- Private bathroom&lt;br&gt;- 24/7&lt;br&gt;- On-site case management</td>
</tr>
<tr>
<td><strong>Enhanced Congregate Shelter</strong>&lt;br&gt;(N=926)</td>
<td>- De-intensified&lt;br&gt;- Shared room&lt;br&gt;- Shared bathroom&lt;br&gt;- On-site case management</td>
</tr>
<tr>
<td><strong>Congregate Shelter with Basic Services</strong>&lt;br&gt;(N=326)</td>
<td>- De-intensified&lt;br&gt;- Shared room&lt;br&gt;- Shared bathroom&lt;br&gt;- Minimal or no case management capacity</td>
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King County & The University of Washington
Preliminary Findings

Finding #1: Shelter de-intensification was associated with fewer clusters and outbreaks of COVID-19 within the hotel group compared to the enhanced shelter group
Among the 1,635 included in the study cohort, 17% (n=284) did not consent to sharing identifying information in HMIS. As a result, we were unable to determine their COVID-19 testing status.
Preliminary Findings

Finding #2: Intervention provided additional favorable health and well-being outcomes

Increased feelings of stability associated with access to private room

“It's a little bit of stability. It's something to build on, a foundation that's not sand or quicksand. Just with the shelter, it's always so chaotic. You never know. You don't know, day-to-day, that I'm gonna be able to try to figure out whether you can plan on something a week from now.”

“It has helped to re-establish my self-esteem and dignity.”
Preliminary Findings

Finding #2: Intervention provided additional favorable health and well-being outcomes

Improved health and well-being

“My mental health has vastly improved. My physical health has improved. I’m sleeping regularly. I’m not sick right now.”

“You’re at peace. You’re more at peace with yourself. You’re in tune to your inner self. You’re relaxed. You feel ‘The water has finally drained off my shoulders’ or whatever. It just feels good. It feels real good.”
Preliminary Findings

Finding #2: Intervention provided additional favorable health and well-being outcomes

Reduced interpersonal conflict

“Yes, everyone gets along much better. We’re much more tolerant. Outbursts are few and far between. We all get along. There’s a sense of unity, I think, that we didn’t have before.”

“It’s [conflict] non-existent here. There’s no conflict here. Yeah, this is nice.”
Across CCS sites included in the shift to hotels, **Seattle Fire 9-1-1 call volume reduced** after de-intensification and moves to hotel locations.

Seattle Fire 9-1-1 Emergency Dispatch at Key Locations associated with CCS Move to Inn at Queen Anne Hotel Shelter

<table>
<thead>
<tr>
<th>Month of Incident Report</th>
<th>Pre-Shelter Deintensification</th>
<th>Post-Shelter Deintensification</th>
</tr>
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<tbody>
<tr>
<td>Sep 19</td>
<td>28</td>
<td>28</td>
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<tr>
<td>Oct 19</td>
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<td>26</td>
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<td>Nov 19</td>
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<td>Mar 20</td>
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<td>Apr 20</td>
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<tr>
<td>Jul 20</td>
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<tr>
<td>Aug 20</td>
<td>6</td>
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Data Source: Seattle Fire 911 Emergency Dispatch as of September 11, 2020.

Reporting Period: Incidents between September 1, 2019 and August 31, 2020.

Note: Selected individuals from St. Martin de Porres Shelter moved to the new King County International Airport-Boeing Field shelter site in March. They, and individuals from Lazarus Center Shelter, then moved to the Inn at Queen Anne hotel location or received a hotel voucher at the end of April.
Preliminary Findings

Finding #2: Intervention provided additional favorable health and well-being outcomes

Increased focus on the future, including housing, employment, and education

“‘I’m starting to get my dreams back. You get to the point when you’re homeless you don’t even care. You don’t think about even why I’m going to get a place. You’re gonna say, ‘I’m out here, that’s that.’ Now that I’ve been in here, I’m like, ‘Yeah, I wanna get my own place again.’”
Preliminary Findings

Finding #2: Intervention provided additional favorable health and well-being outcomes

Higher exits to permanent housing and more engagement with homeless housing services
A higher proportion of the hotel group exited to permanent housing compared to the enhanced shelter group, and fewer exited to unknown locations.

Exits from the Homeless Response System among HMIS Study Cohort, by Group and Exit Destination Type

- **Group Hotels (N=43)**
  - Permanent Housing: 63%
  - Unknown Location: 23%
  - Other Location: 14%

- **Enhanced Congregate Shelters (N=295)**
  - Permanent Housing: 53%
  - Unknown Location: 26%
  - Other Location: 20%

- **Congregate Shelters with Basic Services (N=92)**
  - Permanent Housing: 13%
  - Unknown Location: 79%
  - Other Location: 8%

Data Source: Homeless Management Information System (HMIS) as of September 1, 2020.

Reporting Period: Exits from the homeless response system between April 1, 2020 and August 31, 2020.

Note: Study cohort includes adults served in emergency shelter on February 26, 2020 and who remained in shelter as of April 1, 2020.
Preliminary Findings

Finding #3: Features of the intervention that helped to produce the favorable results, include:

- Designated personal space (bed and bath)
- Security procedures to keep residents safe (guards, locks)
- Consistent access to food
- Storage of personal belongings
- 24/7 access provided greater autonomy and time
Conclusion

We hope our research can:

• Inform future decision-making in the County
• Identify intervention features that could be incorporated in the shelter system more broadly
• Contribute to broader policy conversations on this topic

The full report will be available later this fall
Acknowledgements

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