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A Medically Indicated Plan to Prevent Spread of COVID-19 Among Unhoused People

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Introduction

In the absence of widespread testing, contact tracking, and a vaccine, medical professionals, public health officials, and disease control authorities have advised a number of core steps to avoid infection with the COVID-19 virus: shelter in place, maintain social distance, maintain diligent personal hygiene, and quarantine those showing symptoms.¹ The March 16th San Francisco Public Health Order to Shelter in Place issued rules and recommendations to the public including guidelines for safely isolating and sheltering individuals, including those who may be asymptomatic carriers of the virus and those only mildly symptomatic.

People living in congregate shelters, on the streets, and in SRO hotels do not have the option to self-quarantine, to maintain “safe” social distances, or to practice diligent personal hygiene. Individuals experiencing the above living situations are already at greater risk for communicable diseases due to experiencing higher rates of chronic illness, comorbidities, and greater barriers to healthcare.^{2, 3} By not providing safe sheltering options for this population, the frontline workers supporting those who are marginally housed are also placed at unnecessary greater risk. In general, having a large population unable to safely shelter in place results in a greater likelihood of overwhelming our hospital systems, which places general public health at serious risk.

There are over 2,500 individuals residing in congregate shelters ranging in size from 30 to just under 350, often beds are spaced two feet apart, including bunk beds. In our largest shelters, over 100 people share the same floor and bathrooms. There are approximately 19,000 households residing in residential hotels, most with shared baths, and some with shared kitchens, about 12,000 of which are privately run and owned. Another 5,000 live outside with no shelter at all, and shelters are not accepting new reservations. At the same time, 30,000 San Francisco hotel rooms as well as an unknown number of the over 2,800 vacation rentals in the city are vacant. To date, the city has received bids for 8,500 to 10,000 rooms from individual hotels, but has said that there is no need for more than 4,500 hotel rooms.

While the city originally planned to reduce overcrowding in shelters by moving shelter residents to newly created mat shelters like the one at Moscone Center, it has since changed its plans. This is practical because it is harder to provide a safe plan versus simply moving people to hotels. Hotel rooms already provide the necessary amenities to safely shelter those who need it: private rooms, private bathrooms and sinks, established laundry service, and ability to safely store personal belongings, including medications and medical equipment. This existing - and presently unused - infrastructure requires no more staffing than a shelter, thus presenting a logical, more economically sound, and more effective public health response to protect some of our most vulnerable populations.

There have been at least three confirmed COVID cases in shelters to date, but this is limited because of a lack of available testing. Last Thursday, April 2nd, the first unhoused person, who happened to be residing in a large navigation center Division Circle, tested positive for COVID19. That day, the city only moved the individuals sleeping in the direct perimeter of the infected individual, and did not move vulnerable individuals into hotel rooms until Monday April 6th. The next two unhoused people tested positive on Sunday April 5th at Multi Service Center South, the largest shelter in the city. The plan is to also move the individuals in the direct perimeter and vulnerables out of

the shelter but there is no immediate timeline for this to occur.

As medical professionals and essential homeless service providers, we believe that all those who cannot self-isolate should be moved to hotel rooms, and we endorse the call for 14,000 hotel rooms for unhoused individuals and those in congregate settings, including 5,000 rooms for vulnerable individuals and families who should be moved out of residential hotels. These measures are critical to protect the three most vulnerable populations of homeless individuals: 1) Those who are more likely to die if they contract the virus (individuals over the age of 60 years old, immunocompromised individuals, and those with underlying health conditions); 2) Those who are symptomatic or who have been exposed to the virus being called PUI (People Under Investigation), and; 3) Those who test positive for the COVID-19 virus (COVID+). These three populations should be prioritized for hotel rooms, with the remainder of those residing in congregate living to follow. A recent study found infected homeless individuals have “extraordinarily high susceptibility to symptomatic infection, hospitalization, and fatality” and predict they are twice as likely to be hospitalized, two to four times as likely to require critical care, and two to three times as likely to die.⁴ They are also more likely to overwhelm our hospital system in the event of a surge. To respond to this level of vulnerability the report recommends that governments move with haste to house the homeless in emergency accommodations with private sleeping and bath spaces.

FEMA will reimburse 75% of the eligible costs of hotel rooms, which includes placements of COVID+ and PUI placements, as well as unhoused individuals over 65 years and with underlying health conditions. Out of the remaining 25% of costs for these hotel rooms, the California Governor’s Office of Emergency Services (Cal OES) will further reimburse 15% to 17% of those remaining costs. Any outstanding costs will be covered by the City’s General Fund or the Give2SF Fund that has been set up to receive donations to help address COVID19 response. In addition to the FEMA guidelines, San Francisco is prioritizing people 60 and over. While it is necessary to be thorough and thoughtful in creating a process to give ac-

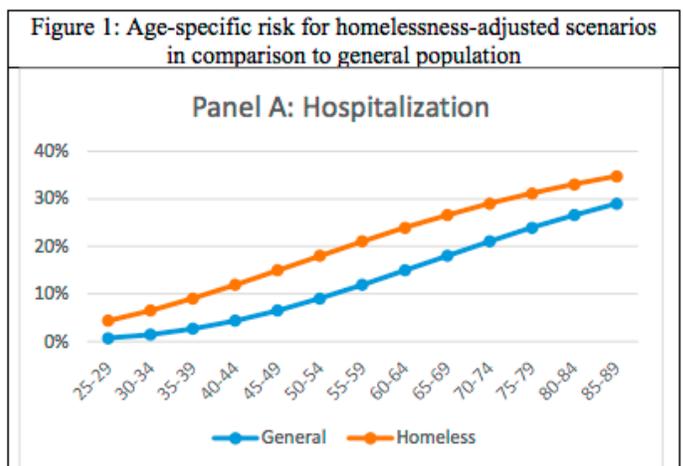
cess for unhoused people to shelter in hotels, it is also of the utmost importance to move with speed and to expedite processes to ensure minimum spread of the virus. At present, the City is estimating 4,000 rooms needed for San Franciscans who do not have the ability to shelter in place. This is necessary to prevent a logjam that will result in an inability to fill those rooms at the speed the virus demands. That can be done by decentralizing access to hotel rooms through existing infrastructure which is the city’s service providers.

¹ Ou F, Wu H, Yang Y, Tan W, Zhang J, Gu J. Countermeasures for rapid spread of new coronavirus pneumonia in Wuhan. *Chin General Pract Nurs*. 2020.

² David L. Maness, D, MSS, and Muneeza Khan, MD, University of Tennessee Health Science Center, Memphis, Tennessee. *Am Fam Physician*. 2014 Apr 15;89(8):634-640

³ Auerswald CL, Lin JS, Parriott A. 2016. Six-year mortality in a street-recruited cohort of homeless youth in San Francisco, California. *PeerJ* 4:e1909

⁴ Estimated Emergency and Observational/Quarantine Capacity Need for the U.S. Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations, Intensive Care Units, and Mortality by Dennis Culhane, Dan Treglia, Ken Steif, Randall Kuhn, & Thomas Byrne



Source: Estimated Emergency and Observational/Quarantine Capacity Need for the U.S. Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations, Intensive Care Units, and Mortality by Dennis Culhane, Dan Treglia, Ken Steif, Randall Kuhn, & Thomas Byrne

The Role of Service Providers as Essential Workers

In order for this significant undertaking to take place with the speed it requires, **it is imperative that access to the hotels be decentralized.** Homeless service providers should be given more direct access to hotels so that they can safely manage their clients' isolation and referrals to medical care at a time when the hospitals are being overwhelmed. The deep knowledge and relationships that direct service providers have with homeless clients and SRO residents is critical to reaching and supporting them with what they need to care for themselves and access resources, but these service providers need more resources and ability to do so. The city could develop a decentralized model with service providers being given charge of a whole hotel that they could manage if they have capacity, or the city leasing the whole hotel, and the service provider would intake, manage, and exit people. It could also potentially allow entire shelters to relocate inside of a hotel. In other cases, hotels could continue operating as usual and the city would contract for a flock of rooms.

Eleven providers of non-profit service providers have already agreed to deploy their existing trained employees to staff hotels, some with additional resources needed and others could move entire shelter operations into a hotel. These service providers are all part of the Homeless Emergency Service Providers Association (HESPA), a consortium of 32 non-profits providing essential services for people experiencing homelessness.



Compass and our partners are ready to mobilize a crisis response in partnership with the city. We need the city to meet us with hotel vouchers and flexibility to iterate solutions together.

Mary Kate Bacalao,
Compass Family Services
& HESPA Co-Chair



I've been working for 12 years providing crisis intervention & spiritual care for unhoused people, and I'm ready to be deployed as an essential worker.

Valerie McEntee,
SF Night Ministry



I've been working as a street medic with my homeless neighbors for 4 years and I'm ready to be deployed as an essential worker.

Couper Orona,
street medic

Current Recommendations for Safely Sheltering in Place

People affected by inability to shelter in place in San Francisco can be reached in three areas: shelters, the street, and residential hotels (or Single Room Occupancy Hotels or SROs). In this section we will describe the current measures in place to support PUI/COVID+ and vulnerable people and our immediate recommendations at each of these levels:

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1. Shelters

PUI/COVID+: The shelters' existing protocols involve screening residents for symptoms, then moving those who are PUI into private spaces and contacting DPH. The PUI residents then wait for DPH to arrive so that they can assess and presumably move them into hotel rooms or other appropriate places. COVID+ individuals are rapidly moved into isolation in hotel rooms or moved directly into a hospital. Assuming this system functions well, shelters can swiftly move individuals into isolation before they can expose many other residents.

These protocols, however, ignore the prevalence of asymptomatic infection. Also, there is a need for separate protocol once a resident tests positive: shelters should have the ability not just to rapidly move COVID+ out of shelter, but also those exposed out of congregate settings and into isolation immediately. We recommend giving shelters direct access to hotel rooms, allowing service providers to cut the amount of time PUI/COVID+ residents have to expose others.

Ultimately, the safest solution is to immediately house all shelter residents in hotel accommodations.

Vulnerable: Because shelters are currently unable to ensure social distancing for vulnerable individuals or clean shared spaces diligently, the plan is to depopulate the shelters of vulnerable individuals by moving them into hotels. These hotels for the most part, have not yet opened, nor have they moved vulnerable people out of congregate settings until after someone in that setting tests positive.

Because of the nature of contagion in congregate settings, we recommend each shelter identify those willing individuals who meet DPH's definition of vulnerable, and be given the same number of hotel vouchers, and move people out. They should be provided with hotel rooms nearby, if a hotel room is appropriate placement. If hotel rooms are not an appropriate placement, individuals may stay only if the shelter can provide appropriate social distancing, and cleaning of common spaces such as bathrooms after every use, while the city quickly works to identify rooms for the remainder of the unhoused population.

2. Street

PUI/COVID+: On Wednesday, April 1st, the city announced that vulnerable populations on the street are now prioritized for hotel rooms, but has not had the ability to date to move vulnerable people into safe isolation. Outreach has already been expanded to provide services, disseminate information about COVID-19, and to encourage hygiene and social distancing. We recommend that outreach workers be given the ability to place individuals who are PUI or COVID+ in hotel rooms. The outreach workers can triage and should be given a number of hotel vouchers for this purpose, and then instead

of providing services to that client on the street, it can be done in hotels or by phone if required.

Vulnerable: Similarly, outreach has been expanded but workers do not have the ability to directly refer vulnerable individuals to hotels. Outreach workers should be given a number of hotel vouchers, which they can use to identify vulnerable populations, and place them in hotel rooms, and then schedule regular visits as they do with their clients already in stabilization rooms.

3. Residential Hotels (or SROs)

PUI/COVID+: Nonprofit service providers are conducting outreach to existing and new clients in SROs to support their multiple needs, including how they access COVID-19 information and care. Currently, we are told that limited hotel rooms are available for those living in a congregate setting. While it is complex and situations vary from privately owned and operated SROs to non-profit run SROs, we recommend the creation of a single hotline number that SRO residents can call. The number should be staffed by non-medical personnel and would serve as a clearing house. The person who calls the SRO hotline can be screened for symptoms and based on their geographic location and potentially their medical provider will be referred to a neighborhood-based and culturally competent medical provider. These medical providers should be given a number of hotel vouchers for this purpose. The referrals coming from this hotline should be clearly flagged as coming from people living in a congregate setting that cannot self isolate and therefore require immediate isolation through a hotel room.

Vulnerable: Non-profit agencies who work with SRO residents are in the process of assessing the vulnerability of their tenants and while we recognize that doing so is time consuming and imperfect due to HIPAA limitations, when vulnerable individuals are identified, each non-profit provider should be given a number of hotel vouchers, which they can use to place vulnerable residents in hotel rooms. Many agencies also work with people in SROs in privately owned and/or operated SROs, and they should be able to refer those vulnerable individuals to hotels as well.

Conclusion

As medical professionals and service providers for our homeless neighbors and SRO residents, we urge Mayor Breed and Public Health Officer Aragon to take stronger action to protect homeless city residents. We call on the city to implement the following recommendations:

1. Use executive emergency powers to commandeer hotel rooms. Under the Charter and the city administrative code, the Mayor and the Chief Health Officer, have emergency powers during the State of Emergency which includes the ability to commandeer vacant hotel rooms to protect the public's health and safety, for a reasonable rate. Mayor London Breed and Dr. Tomas Aragon should utilize these powers to save lives and commandeer an additional 4,000 hotel rooms on top of the 10,000 rooms that hotels have offered. Once those are filled, the city should keep expanding until all those who are in congregate settings are able to practice social distancing.

2. De-centralize access and distribution to hotel rooms to community based organizations. The City should work collaboratively with health professionals and service providers to implement a decentralized plan to house homeless people and those living in congregate settings. This plan would allow community organizations to directly place unhoused individuals in hotel rooms.

3. Develop a diverse funding plan. Develop a funding plan for emergency temporary housing that includes funding from FEMA, Cal OES, the Give2SF Fund and existing programs like CalWorks vouchers. Ask outstanding litigants of Our City, Our Home (Prop C) to consider putting money into a fund solely for safe hotel housing.