

File No. 200738

Committee Item No. _____

7 Board Item No. 11

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Government Audit and Oversight
Board of Supervisors Meeting:

Date: Sept. 17, 2020

Date: October 20, 2020

Cmte Board

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| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Public Correspondence |

OTHER

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| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Depts. Combined Presentation – September 17, 2020</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>SFDPH Health Advisory – June 2, 2020</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>FYI Referral – July 15, 2020</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Presidential Action Transfer Memo – August 28, 2020</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Prepared by: John Carroll

Date: Sept. 11, 2020

Prepared by: John Carroll

Date: Sept. 25, 2020

1 [Urging the City to Expand the Vulnerable Population Definition]

2

3 **Resolution urging the City and County of San Francisco to expand the definition of**
4 **vulnerable populations for services for people experiencing homelessness during the**
5 **COVID-19 crisis.**

6

7 WHEREAS, As of the latest Point in Time Count, there were 8,035 people experiencing
8 homelessness in San Francisco, 64% or 5,180 of whom are unsheltered; and

9 WHEREAS, The coronavirus (COVID-19) pandemic is a growing threat to the health
10 and safety of all San Franciscans; and

11 WHEREAS, On March 6, 2020, the San Francisco Health Officer issued a Declaration
12 of Local Health Emergency Regarding Novel Coronavirus 2019 (COVID-19), which was
13 preceded by a March 4, 2020, Proclamation of a State of Emergency issued by Governor
14 Gavin Newsom and a February 25, 2020, Proclamation by the Mayor Declaring the Existence
15 of a Local Emergency; and

16 WHEREAS, Shelter at Home is a core public health intervention that, along with
17 isolation of cases, quarantine of contacts, social distancing, and widespread testing, interrupt
18 the community spread of the novel coronavirus thereby reducing illness and severe disease,
19 reducing demands on the health care system, and reducing social and economic disruption
20 for in San Francisco; and

21 WHEREAS, According to the Interim Guidance on Unsheltered Homelessness from the
22 Centers for Disease Control and Prevention, sleeping on the streets often does not provide
23 protection from the environment, adequate access to hygiene and sanitation facilities, or
24 connection to services and healthcare necessary to adequately comply with health orders;
25 and

1 WHEREAS, According to the U.S. Department of Housing and Urban Development,
2 “People experiencing homelessness often have a higher risk for exposure to communicable
3 diseases and have little access to health care systems and treatment in their communities;”
4 and

5 WHEREAS, According to the Centers for Disease Control and Prevention, older adults
6 (65 years and older) and people of any age who have serious underlying medical conditions
7 are at higher risk for being hospitalized from COVID-19; and

8 WHEREAS, According to the Center for Disease Control and Prevention, risk of getting
9 severely ill from COVID-19 increases as you get older; in fact, 8 out of 10 COVID-19-related
10 deaths reported in the United States have been among adults aged 65 years and older; and

11 WHEREAS, According to the latest San Francisco Point in Time Count, 35% of those
12 experiencing homelessness in are over the age of 51 and 74% have one or more health
13 conditions; and

14 WHEREAS, According to a report from the San Francisco Department of Public Health
15 on homeless mortality, 275 people experiencing homelessness died in San Francisco in 2019;
16 the average age of people experiencing homelessness who died between 2016 and 2018
17 was 51, 30 years shorter than the life expectancy for the City’s general population; and

18 WHEREAS, At the March 17, 2020, Board of Supervisors meeting, the San Francisco
19 Health Officer Dr. Tomas Aragon stated that during the COVID-19 Pandemic: “From a
20 disease-transmission perspective, absolutely having your own room is the best;” and

21 WHEREAS, On April 14, 2020, our Board of Supervisors unanimously passed an
22 emergency ordinance to require the City to secure 8,250 private rooms, including 7,000 rooms
23 for people experiencing homelessness, by April 26, 2020; and

24 WHEREAS, As of July 7, 2020, an estimated 40,000 vacant hotel rooms in San
25 Francisco; the City is currently leasing 1,121 hotel rooms that remain unoccupied; and

1 WHEREAS, Currently the City has defined vulnerable populations for the purpose of
2 Shelter in Place hotel eligibility as “asymptomatic people experiencing homelessness who are
3 60 or older or have been diagnosed with a COVID-vulnerable;” and

4 WHEREAS, Since the Emergency Ordinance requiring the City to house homeless
5 persons in hotels requiring the City to house homeless persons in hotels was passed
6 unanimously by the Board of Supervisors, the departments responsible for housing homeless
7 people during the State of Emergency, including but not limited to the Emergency Operations
8 Center, the Human Services Agency, the Homelessness and Supportive Housing
9 Department, and the Department of Public Health, have limited eligibility for Shelter in Place
10 hotel rooms to homeless individuals who meet the definition of vulnerable, specifically, those
11 who 60 or older or have been diagnosed with a COVID-vulnerable condition; and

12 WHEREAS, The intake for the Homelessness Response System, which is the overall
13 system of programs and housing opportunities for adults experiencing homelessness, is
14 conducted through an assessment process administered by the Homeless Outreach Team,
15 qualified homeless service providers, and at Access Points where clients are entered in the
16 Adult Coordinated Entry System; the Department of Supportive Housing and Homelessness
17 currently does not know the age or health conditions of the majority of the unsheltered
18 estimated 5,180 people on the street because they have not been entered into the Adult
19 Coordinated Entry System; and

20 WHEREAS, Research on geriatric homelessness including but not limited to the UCSF
21 Center for Vulnerable Populations, University of Pennsylvania, New York University, Boston
22 University, University of California - Los Angeles, and the University of Delaware asserts that
23 older homeless adults have medical ages that far exceed their biological ages; unsheltered
24 individuals experience geriatric medical conditions such as cognitive decline and decreased
25

1 mobility at rates that are on par with those among their housed counterparts who are 20 years
2 older; and

3 WHEREAS, According to data set forth in the Gerontologist, a leading publication on
4 geriatrics, people experiencing homelessness 50 years and older and housed adults 70 years
5 and older may have similar risks of severe illness due to COVID-19; now, therefore, be it

6 RESOLVED, That based on research showing unsheltered individuals experience
7 geriatric conditions at rates that are on par with housed individuals 20 years older, the Board
8 of Supervisors urges the City to expand its definition of “vulnerable person” to include those
9 who are 45 years of age or older for the purposes of hotel eligibility and any other COVID-19
10 related services currently limited to vulnerable populations; and, be it

11 FURTHER RESOLVED, That the Board urges the Mayor, Emergency Operations
12 Center, the Department of Homelessness and Supportive Housing, the Human Services
13 Agency and the Department of Public Health to develop a plan and conduct outreach to
14 people experiencing homelessness to identify the number of clients who meet the lowered
15 age requirement, including directing the Homeless Outreach Team (HOT) or other qualified
16 entities to assess and offer to register every unsheltered individual currently living on the
17 street in the Adult Coordinated Entry System and do intake for the Homelessness Response
18 System; and, be it

19 FURTHER RESOLVED, That the Board urges the San Francisco Human Services
20 Agency and Department of Homelessness and Supportive Housing to immediately begin
21 transporting older unsheltered people over the amended vulnerable age into Shelter in Place
22 hotel rooms; and, be it

23 FURTHER RESOLVED, That the Clerk of the Board, upon passage of this Resolution,
24 shall transmit copies of this Resolution to Mayor London N. Breed, and the Directors of the

25

1 San Francisco Human Service Agency, Department of Public Health, and Department of
2 Homelessness and Supportive Housing.

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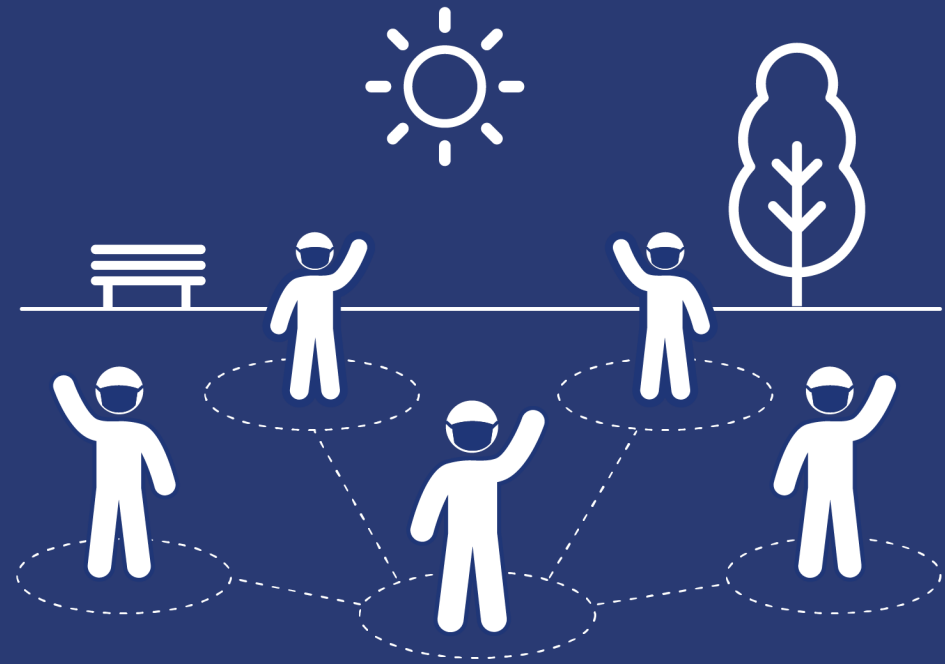
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25

Response for COVID Vulnerable Populations

Government Audit &
Oversight Committee

September 17, 2020



Shelter in Place Hotels

- What are Shelter in Place (SIP) hotels?
 - SIPs are indoors, individuals are provided their own bathroom, food, and onsite services are available (medical, CM and behavioral health)
 - People follow rules of masking, social distancing, screening, and when they can come and go.
- Why SIP hotels?
 - Decrease risk of infection for people who are at high risk for poor outcomes from COVID: death
 - Decrease hospitalizations and use of ICU beds



COVID Vulnerable (CDC List)

INCREASED RISK (FEMA Reimbursable)

1. Severe illness from COVID-19 increases with age, with older adults at highest risk
 1. Chronic kidney disease
 2. COPD (chronic obstructive pulmonary disease)
 3. Immunocompromised state (weakened immune system) from solid organ transplant
 4. Obesity (body mass index [BMI] of 30 or higher)
 5. Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
 6. Sickle cell disease
 7. Type 2 diabetes mellitus
1. Children: medically complex; neurologic, genetic, metabolic; congenital heart disease

ADDITIONAL CCSF CRITERIA (non-FEMA Reimbursable)

1. Age 60 as cut off, prioritizing people of older age

Additional High risk medical conditions

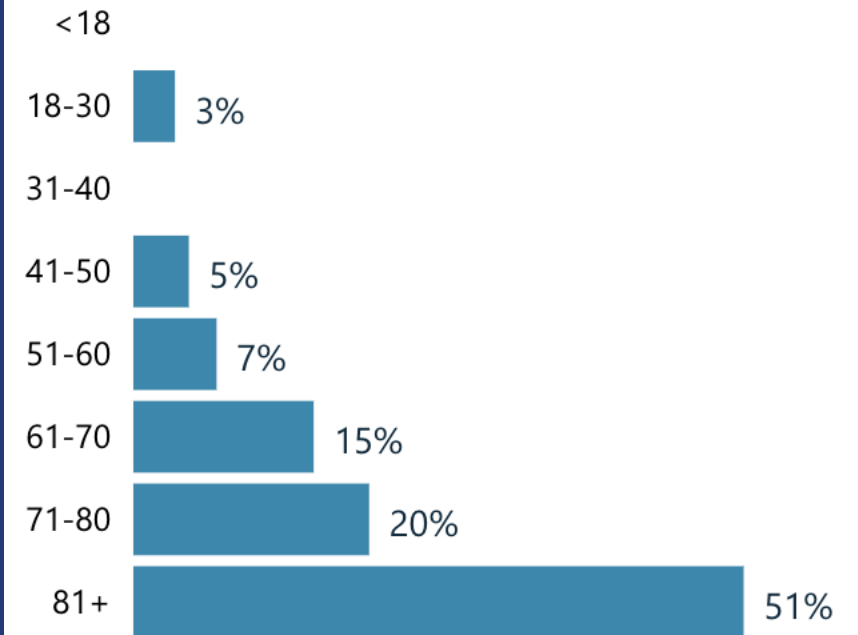
1. *Uncontrolled HIV (with CD4<200/14%, detectable VL)
2. *Pregnancy
3. *< 1 year old
4. *Type 1 diabetes
5. *End stage liver disease
6. *oxygen dependent

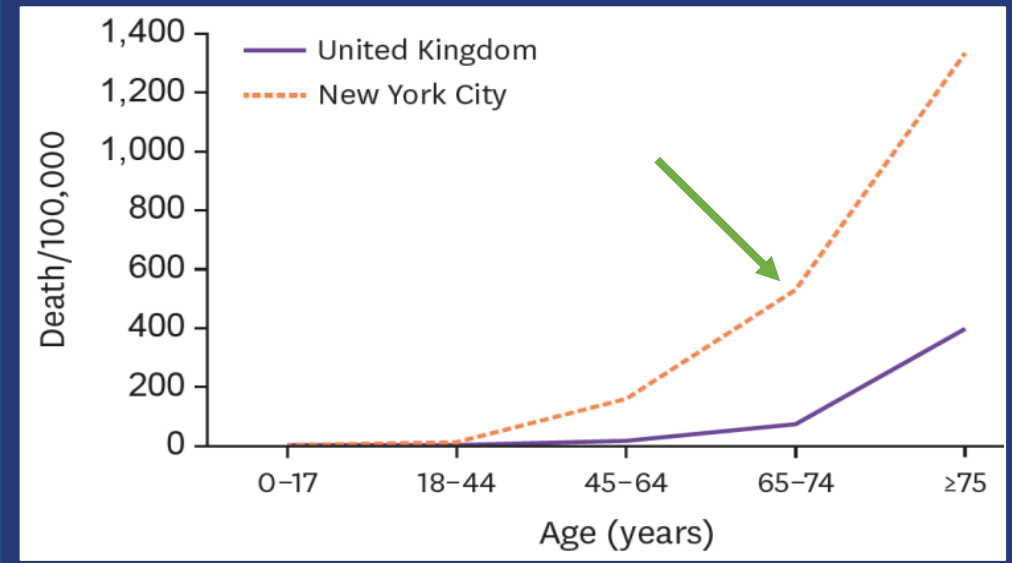
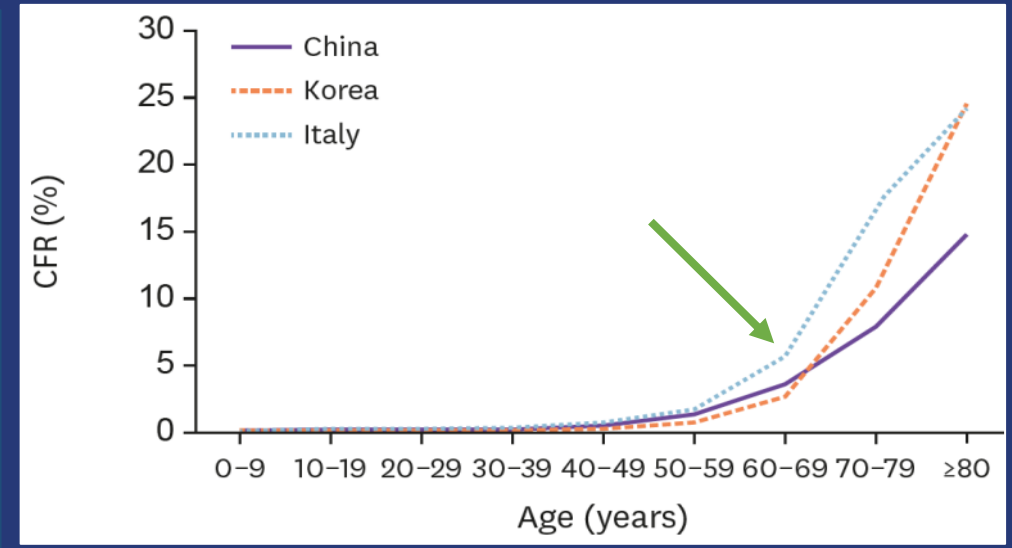
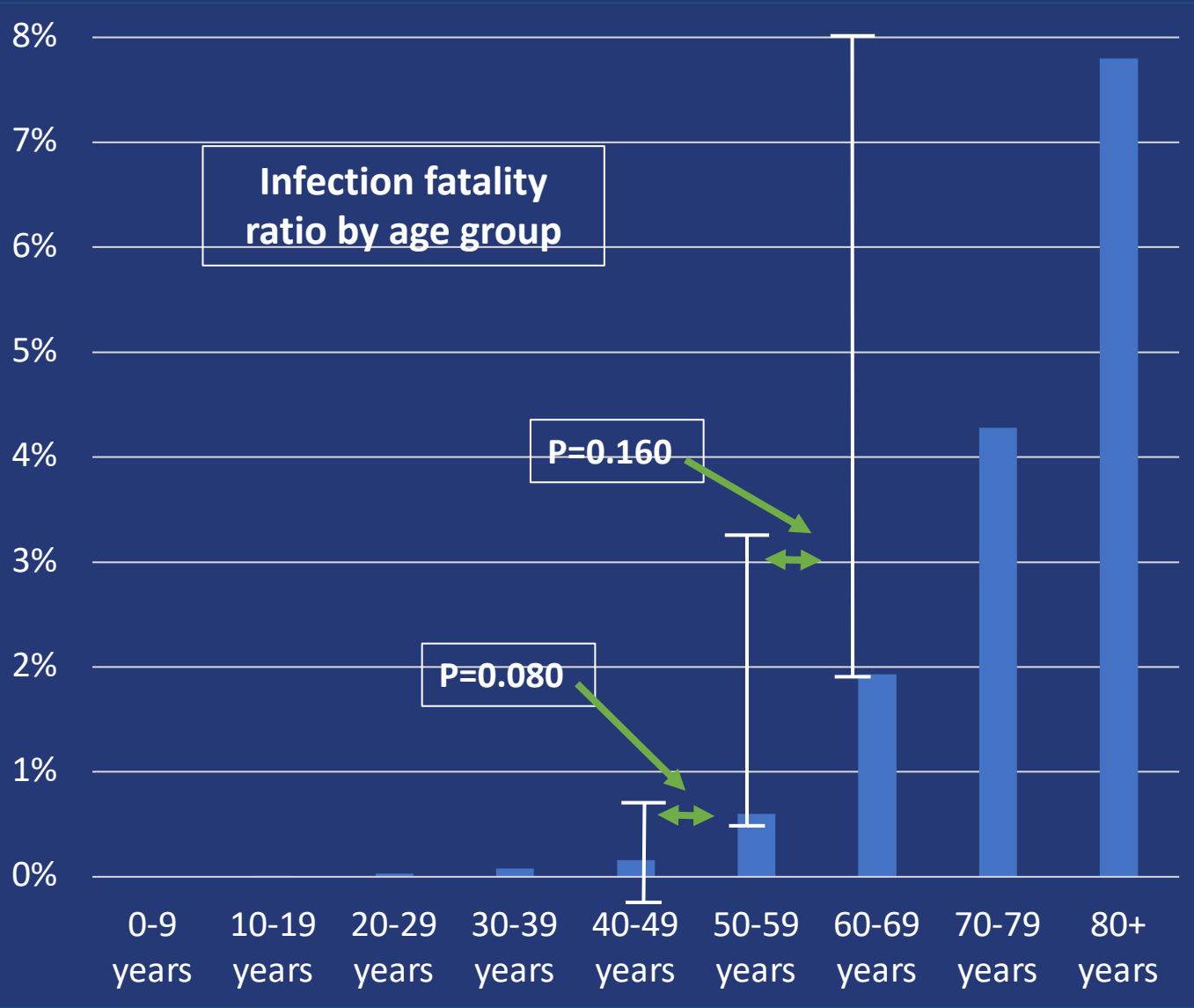
Risk for severe illness due to COVID-19 increases with age

- **San Francisco – 86% of deaths in SF are age 60+**
 - 51% of all deaths in SF are age 81 and older
 - 20% of all deaths in SF are age 71-80
 - 15% of all deaths are age 60-70
 - **California – 74% of deaths are age 65+**
 - **United States – 79.3% of deaths are age 65+**
- **1% of San Francisco deaths are individuals identified as experiencing homelessness**
- **3% of cases in San Francisco are among people experiencing homelessness**

COVID-19 Deaths San Francisco = 87
Data through 9/6/20

Deaths - Age Group





Verity et al. Estimates of the severity of coronavirus disease 2019: a model-based analysis. Lancet 2020, [https://doi.org/10.1016/S1473-3099\(20\)30243-7](https://doi.org/10.1016/S1473-3099(20)30243-7) 1; Kang et al. Age-Related Morbidity and Mortality among Patients with COVID-19. Infect Chemother. 2020 Jun;52(2):154-164

FEMA Reimbursement Criteria¹

- For the COVID-19 pandemic, FEMA Public Assistance will cover up to 75% of all eligible costs, and the City's cost share will be 25%.
- FEMA-eligible population for non-congregate sheltering, e.g. hotels:
 - COVID+ who do not require hospitalization (including those exiting from hospitals);
 - exposed to COVID-19 and do not require hospitalization; and
 - asymptomatic high risk individuals (people over 65 and people with certain underlying health conditions)
- City must obtain pre-approval of FEMA's continued support for non-congregate shelter every 30 days.
- Large financial risks to the City: FEMA / the federal government can decide to end their support with 30 days of notice.

¹ <https://www.caloes.ca.gov/RecoverySite/Documents/COVID-19%20Noncongregate%20Shelter%20FAQ.pdf>

Controller's Office Estimated Costs

- Currently, there are 2,295 total SIP units, costing \$179M this FY.
- According to the Point in Time Count, about 3,000 PEH are between age 45-59.
- Serving an additional 3,000 clients could range from an additional \$250M – 495M and extend the occupancy of hotel sites into FY 2022-23.
- Actuals would depend the mix of backfilled rooms versus new hotel bookings and the pace at which the City is able to exit clients into alternate housing and shelter placements.
- Estimates assume we can maintain current per night cost levels and no FEMA reimbursements.

Thank You

From: [Simley, Shakirah \(HRC\)](#)
To: [Carroll, John \(BOS\)](#)
Cc: [Kittler, Sophia \(MYR\)](#); [Carroll, Maryellen \(DEM\)](#); [Stewart-Kahn, Abigail \(HOM\)](#); [Rhorer, Trent \(HSA\)](#); [Colfax, Grant \(DPH\)](#); [Peacock, Rebecca \(MYR\)](#); [Power, Andres \(MYR\)](#); [Lim, Victor \(DEM\)](#); [Schneider, Dylan \(HOM\)](#); [Cohen, Emily \(HOM\)](#); [LaBarre, Elizabeth \(HSA\)](#); [Wagner, Greg \(DPH\)](#); [Bobba, Naveena \(DPH\)](#); [Patil, Sneha \(DPH\)](#); [Snyder, Jen \(BOS\)](#); [Mundy, Erin \(BOS\)](#); [Davis, Sheryl \(HRC\)](#); [Chicuata, Brittini \(HRC\)](#); [Bennett, Ayanna \(DPH\)](#)
Subject: Re: REFERRAL FYI - BOS File No. 200738 - Urging the City to Expand the Vulnerable Population Definition
Date: Wednesday, July 15, 2020 6:19:30 PM
Attachments: [image001.png](#)

Thank you, John.

Please add to the legislative file the below SFDPH Health Advisory that was created by the SF Human Rights Commission in our capacity as EOC Equity Officers in partnership with DPH. This Health Advisory was released on June 2, 2020. The Advisory expands upon the definition of vulnerable populations, by including people experiencing homelessness and unstable housing (please see Section 2). This guidance is already in place for clinicians, health care providers and systems of care.

<https://www.sfgdcp.org/wp-content/uploads/2020/06/COVID19-Health-Advisory-StructurallyVulnerablePops-FINAL-06.2.2020.pdf>

Thank you,

Shakirah

Shakirah Simley | Director
Pronouns: she/her/hers

Office of Racial Equity

San Francisco Human Rights Commission

[25 Van Ness Avenue #800](#)

[San Francisco, CA 94102](#)

Email: Shakirah.simley@sfgov.org

On Jul 15, 2020, at 7:30 PM, Carroll, John (BOS) <john.carroll@sfgov.org> wrote:

Greetings:

This matter is being forwarded to your department for informational purposes. If you have any comments or reports to be included with the file, please forward them to me at the Office of the Clerk of the Board, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102.

[Introduction Referral Memo – July 15, 2020](#)



Health Advisory:

Prioritizing Populations with Structural Barriers to Health in COVID-19 Care Response

June 2, 2020

SITUATIONAL UPDATE

Emerging data indicates populations experiencing structural oppression bear a disproportionate burden of COVID-19 disease and death, have a higher prevalence of predisposing co-morbidities, and are more likely to experience conditions that may facilitate the spread of infection. SFDPH aims to provide additional support and resources, particularly to vulnerable populations, to prevent COVID-19 infections and hospitalizations, and slow transmission within the community.

Keeping individuals and families healthy is essential to the City's resilience during our COVID-19 response and recovery. The Centers for Disease Control and Prevention (CDC) describes "people at higher risk for severe illness" only along clinical parameters. This approach risks under-investment in populations that need greater focus and resources due to structural oppression. San Francisco must prioritize access and quality care for people with structural barriers to healthy outcomes in order to achieve more equitable outcomes and prevent death among the populations most susceptible to death from COVID-19. This is the right thing to do at any time and more so during this pandemic when our health is connected to the health of each person and community in San Francisco.

[For a discussion on structural barriers and local health inequities, see References below.]

IDENTIFYING VULNERABLE POPULATIONS

Clinicians are encouraged to identify patients at risk of **(1) severe illness** and **(2) increased transmission** of COVID-19 that incorporates consideration of structural oppression. In addition to medical vulnerability (see San Francisco's definition at: <https://www.sfdcp.org/infectious-diseases-a-to-z/coronavirus-2019-novel-coronavirus/coronavirus-2019-information-for-healthcare-providers/#1588177474028-0d12059c-ca47>), there are structural conditions which put some individuals and groups at higher risk. The following populations are at higher risk because of **structural inequities** (i.e. experiences of racism, poverty, housing insecurity, etc.).

1. **Severe Illness:** Populations at increased risk of severe illness and death from COVID-19 due to structural inequities

- **People experiencing marginalization, systemic inequity, and health inequities:**
 - Racial and ethnic groups (see: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>):



- Black/African American Community
- Latina/o/x Community
- Native Americans/Indigenous Community
- Pacific Islander Community
- Immigrant and undocumented people
- People with disabilities
- People experiencing homelessness

2. Increased Transmission: The following populations experience conditions that facilitate the spread of infection and may be at higher risk of developing COVID-19.

- **People Living in High Density Situations**
 - Congregate care settings, such long-term care facilities
 - Congregate living settings, such as shelters, navigation centers, single room occupancy (SRO) hotels, or correctional facilities
 - Homelessness and unstable housing
 - Low-income housing
 - Multi-generational households where isolation is difficult
 - Racially segregated and/or densely populated neighborhoods
- **People with High-Risk Economic/Work Conditions**
 - Essential Workers who have extensive contact with the public
 - People without paid sick leave and/or health insurance
 - Sex Workers
 - Low-income people who must go out in public for resources frequently

INCREASING CARE AND SUPPORT

Healthcare providers and systems of care are encouraged to increase monitoring and support for individuals from vulnerable populations in the following ways:

- **Focused outreach.** Engage in focused outreach to link vulnerable communities with necessary health services
- **Encourage testing.**
 - Provide multilingual printouts and flyers on COVID-19 and testing: <https://sf.gov/outreach-toolkit-coronavirus-covid-19>
 - Have high index of suspicion for COVID-19 when assessing symptoms
 - Ensure testing for identified populations is easily accessible and non-coercive. SFPDH encourages clinicians to test individuals with any **one** symptom concerning for COVID-19, asymptomatic close contacts of lab-confirmed COVID-19 cases, and asymptomatic frontline or essential workers.
- **Increased vigilance.** Maintain close monitoring of such patients to alert to disease progression.
- **Partner with community.** Partner with community-based organizations (CBOs) and faith-based organizations (FBOs) to reduce cultural barriers to care for patients in identified populations



- **Support isolation and quarantine.**
 - Refer and link patients to community resources, especially for patients who require Isolation and Quarantine. See “Isolation and Quarantine Directives: Frequently Asked Questions for Healthcare Providers.” <https://www.sfcddp.org/wp-content/uploads/2020/05/COVID19-FAQ-IQ-Providers-FINAL-05.14.2020.pdf>
 - Encourage patients to call 311 or go to [SF.GOV](https://www.sf.gov) to get connected to resources
- **Support contact tracing.**
 - When disclosing results to a new positive case, ask about who else lives in the household and link household members to immediate testing resources.
 - Encourage patients to talk with case investigators and contact tracers, if called. Explain how this work to keeps their neighbors and friends safer.
- **Fill out the demographics sections of the CMR.** Providers are the sole source for many of these data that help us understand which populations are at higher risk and may need additional resources and support to stay healthy
- **Contextualize data.** Include context when highlighting disparity data to avoid inadvertently perpetuating harmful myths and stereotypes.
 - Data on socioeconomic status (SES) could be reported alongside racial data. Complementary SES information will clarify how racial and class forces are intertwined
 - Explanations for how discrimination and marginalization impact health should be offered alongside any racial disparity data
- **Partner with SFDPH.** SFDPH welcomes feedback on how we can continue to work with providers to improve support for vulnerable patients. Contact: dph.doc.ops.medical@sfdph.org

References:

- <https://www.sfdph.org/dph/files/reports/StudiesData/BAAHI-2018-Black-Health-Report.pdf>
- https://www.sfdph.org/dph/hc/HCAgen/2019/May%2021/CHNA_2019_Report_051719.pdf
- <https://jamanetwork.com/channels/health-forum/fullarticle/2765498>
- <https://www-nature-com.ucsf.idm.oclc.org/articles/s41591-020-0823-6>
- <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>
- <https://www.chcf.org/blog/efforts-reduce-black-maternal-mortality-complicated-covid-19/>
- <https://calmatters.org/california-divide/ca-divide-health/2020/05/california-pacific-islanders-hit-hard-coronavirus-overlooked/>
- <https://www.bmj.com/content/369/bmj.m1483.full>
- <https://www.nytimes.com/2020/05/07/us/coronavirus-latinos-disparity.html>

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

MEMORANDUM

TO: Sophia Kittler, Office of Mayor Breed
Mary Ellen Carroll, Executive Director, Department of Emergency Management
Abigail Stewart-Khan, Interim Director, Department of Homelessness and Supportive Housing
Trent Rhorer, Executive Director, Human Services Agency
Dr. Grant Colfax, Director, Department of Public Health
Shakirah Simley, Director, Office of Racial Equity

FROM: John Carroll, Assistant Clerk,
Public Safety and Neighborhood Services Committee

DATE: July 15, 2020

SUBJECT: RESOLUTION MATTER INTRODUCED

The San Francisco Board of Supervisors' Public Safety and Neighborhood Services Committee has received the following resolution, introduced by Supervisor Preston on July 7, 2020:

File No. 200738

Resolution urging the City and County of San Francisco to expand the definition of vulnerable populations for services for people experiencing homelessness during the COVID-19 crisis.

If you have any comments or reports to be included with the file, please forward them to me at the Board of Supervisors, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102.

C: Rebecca Peacock, Office of Mayor Breed
Andres Power, Office of Mayor Breed
Victor Lim, Department of Emergency Management
Dylan Schneider, Department of Homelessness and Supportive Housing
Emily Cohen, Department of Homelessness and Supportive Housing
Elizabeth LaBarre, Human Services Agency
Greg Wagner, Department of Public Health
Dr. Naveena Bobba, Department of Public Health
Sneha Patil, Department of Public Health

President, District 7
BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689
Tel. No. 554-6516
Fax No. 554-7674
TDD/TTY No. 544-6546

Norman Yee

PRESIDENTIAL ACTION

Date:

To: Angela Calvillo, Clerk of the Board of Supervisors

Madam Clerk,

Pursuant to Board Rules, I am hereby:

Waiving 30-Day Rule (Board Rule No. 3.23)

File No.

(Primary Sponsor)

Title.

Transferring (Board Rule No 3.3)

File No.

(Primary Sponsor)

Title.

From:

Committee

To:

Committee

Assigning Temporary Committee Appointment (Board Rule No. 3.1)

Supervisor:

Replacing Supervisor:

For:

Meeting

(Date)

(Committee)

Start Time:

End Time:

Temporary Assignment: Partial

Full Meeting

Norman Yee, President
Board of Supervisors

From: [Wes Saver](#)
To: [Carroll, John \(BOS\)](#)
Cc: [Yu, Avery \(BOS\)](#)
Subject: File #200738—Urging the City to Expand the Vulnerable Population Definition—SUPPORT
Date: Thursday, September 17, 2020 1:11:18 PM
Attachments: [2020.09.17 - File #200738 - Urging the City to Expand the Vulnerable Population Definition - SUPPORT - GLIDE.pdf](#)

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Mr. Carroll,

Please find the attached copy of my earlier public comment.

Sincerely,

Wes

--

Wesley Saver, MPP

Policy Manager

Center for Social Justice

GLIDE 330 Ellis Street, Room 506, San Francisco, CA 94102

OFFICE (415) 674-5536 | **MOBILE** (847) 682-8639 | **PRONOUNS** He/Him

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September 17, 2020

Government Audit and Oversight Committee
San Francisco City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Public comment submitted via electronic mail

Re: File #200738—Urging the City to Expand the Vulnerable Population Definition—SUPPORT

Dear Supervisors,

On behalf of GLIDE, I write in strong support of Supervisor Preston's resolution to expand the vulnerable population definition.

As a leading service provider in the Tenderloin, each day at GLIDE we see the physical effects of living on the street and the toll it takes on our clients, well over half of whom are currently homeless and disproportionately Black and Brown.

On April 1, the City announced that vulnerable populations on the street would be prioritized for hotel rooms; however, to date, it has not moved all vulnerable people into safe isolation, and has instead been selectively triaging individuals for care using an inadequate model.

The definition that the City has been using for vulnerable populations during the COVID-19 crisis is one that relies on an age limit that fails to distinguish between people who are housed and unhoused.

We who work with people experiencing homelessness know firsthand how rapidly that condition ages a body. Unsheltered individuals experience medical ages, unique health concerns, and higher rates of comorbidities that far exceed their biological ages on an equivalent scale with housed individuals who are 20 years their senior. They are also at higher risk for exposure to COVID-19.

Adequate housing could help ameliorate these effects and lead to decreased rates of costly and burdensome acute medical care.

With the COVID-19 pandemic an ongoing threat, recent dangerous air generated by wildfires, and with colder and rainier months approaching, living outdoors will prove no kinder to our unhoused neighbors and loved ones.

And we should not forget that by not providing safe sheltering options for the unhoused, frontline workers, too, are placed at an unnecessary greater risk.

GLIDE
330 Ellis Street
San Francisco, CA 94102

T: 415-674-6070
F: 415-771-8420 www.glide.org

As such, we urge you to strongly recommend that the City expand its definition of “vulnerable person” for the purposes of hotel eligibility and any other COVID-19 related services currently limited to vulnerable populations.

Sincerely,

A handwritten signature in black ink, appearing to read "Wesley Saver". The signature is fluid and cursive, with a long horizontal stroke at the end.

Wesley Saver
Policy Manager, GLIDE

Cc: John Carroll, GAO Committee via john.carroll@sfgov.org
Avery Yu, District Liaison, Office of Supervisor Dean Preston via avery.yu@sfgov.org

Introduction Form

By a Member of the Board of Supervisors or Mayor

Time stamp
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee. (An Ordinance, Resolution, Motion or Charter Amendment).
- 2. Request for next printed agenda Without Reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning : "Supervisor inquiries"
- 5. City Attorney Request.
- 6. Call File No. from Committee.
- 7. Budget Analyst request (attached written motion).
- 8. Substitute Legislation File No.
- 9. Reactivate File No.
- 10. Topic submitted for Mayoral Appearance before the BOS on

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission
- Youth Commission
- Ethics Commission
- Planning Commission
- Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use the Imperative Form.

Sponsor(s):

Subject:

The text is listed:

Signature of Sponsoring Supervisor:

For Clerk's Use Only