

File No. 210139

Committee Item No. 8

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

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Committee: Budget & Finance Committee

Date February 24, 2021

Board of Supervisors Meeting

Date _____

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- COVID-19 Shelter-In-Place Hotel Program: Manual and Guidance for Site Operators
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Completed by: Linda Wong

Date February 18, 2021

Completed by: Linda Wong

Date _____

1 [Emergency Ordinance - Limiting COVID-19 Impacts by Continuing to Make Shelter-in-Place
2 Hotel Rooms Available to People Experiencing Homelessness]

3 **Emergency ordinance to prohibit the City from requiring people experiencing**
4 **homelessness currently housed in approximately 2,000 Shelter-in-Place (“SIP”) Hotel**
5 **rooms to move from those rooms until those individuals obtain a stable housing**
6 **placement; to require the City to make a total of 2,200 Shelter-in-Place (“SIP”) Hotel**
7 **rooms available, and to fill those rooms, as they are vacated, for people experiencing**
8 **homelessness; and to require the Department of Homelessness and Supportive**
9 **Housing to prepare publicly available reports on the progress of placements from SIP**
10 **Hotels into stable housing.**

11
12 NOTE: **Unchanged Code text and uncodified text** are in plain Arial font.
13 **Additions to Codes** are in *single-underline italics Times New Roman font*.
14 **Deletions to Codes** are in *strikethrough italics Times New Roman font*.
15 **Board amendment additions** are in double-underlined Arial font.
16 **Board amendment deletions** are in ~~strikethrough Arial font~~.
17 **Asterisks (* * * *)** indicate the omission of unchanged Code
18 subsections or parts of tables.

19 Be it ordained by the People of the City and County of San Francisco:

20 Section 1. Declaration of Emergency under Charter Section 2.107.

21 (a) Charter Section 2.107 authorizes passage of an emergency ordinance in cases of
22 public emergency affecting life, health, or property, or for the uninterrupted operation of any
23 City or County department or office required to comply with time limitations established by
24 law. The Board of Supervisors hereby finds and declares that an actual emergency exists
25 that requires the passage of this emergency ordinance.

1 (b) On February 25, 2020, Mayor London Breed proclaimed a state of emergency in
2 response to the COVID-19 pandemic. On March 3, 2020, the Board of Supervisors concurred
3 in the February 25th Proclamation and in the actions taken by the Mayor to meet the
4 emergency.

5 (c) On March 13, 2020, the Mayor issued a Second Supplement to the February 25th
6 Proclamation, making findings that “it is in the public interest to take steps to ensure that
7 people remain housed during this public health emergency” and that “there is a severe
8 shortage of affordable rental housing in the City, people who are evicted are at a risk of
9 homelessness, and homeless individuals are less equipped to mitigate risks related to
10 COVID-19.”

11 (d) On March 16, 2020, the County Health Officer issued Order No. C19-07, replaced
12 by Order No. C19-07b on March 31, 2020, directing San Franciscans to stay in their homes
13 and follow social distancing requirements when outside their residence (“Stay Safer At Home
14 Order”). This Order has been revised and updated during the intervening months to address
15 changing conditions. The current Order No. 19-07s, issued January 27, 2021, continues to
16 exempt individuals experiencing homelessness from these requirements, and urges such
17 individuals to obtain shelter. The Order strongly urges, but does not require, governmental
18 entities to make shelter available and provide handwashing or hand sanitation facilities to
19 persons who continue experiencing homelessness.

20 (e) On January 21, 2021, U.S. President Joseph R. Biden directed the Federal
21 Emergency Management Agency (FEMA) to make assistance available to local governments
22 to fund non-congregate sheltering at 100% of federal cost share until September 30, 2021, in
23 contrast to the previous policy of making FEMA assistance available at 75% of the federal
24 cost share. The City had not planned for the availability of this increased funding.

1 (f) From January 1, 2021, to January 30, 2021, COVID-19 cases among people
2 experiencing homelessness in San Francisco increased by 23%.

3 (g) This emergency ordinance is necessary to immediately take advantage of these
4 additional FEMA funds and to revise the City’s plan for non-congregate sheltering to reduce
5 the spread of COVID-19 by enhancing the ability of people experiencing homelessness to
6 comply with social distancing protocols.

7
8 Section 2. Background and Findings.

9 (a) Despite relatively low rates of COVID-19 prevalence in the City and County of San
10 Francisco, as compared to many other areas in California and across the country, the
11 occurrence of the virus, with its devastating human toll, continues to be unacceptably high in
12 the City and throughout the Bay Area.

13 (b) Following the first wave of the coronavirus and a major outbreak at a congregate
14 shelter, on April 24, 2020, following unanimous passage by the Board of Supervisors, the City
15 enacted Ordinance No. 69-20, “Emergency Ordinance - Limiting COVID-19 Impacts through
16 Safe Shelter Options.” This ordinance required the City to secure 8,250 private rooms
17 through service agreements with hotels and motels for use as temporary quarantine facilities
18 for people currently experiencing homelessness. As a result, the City entered into leases with
19 29 hotels, and as of November 15, 2020, was providing temporary housing in approximately
20 2,359 rooms to individuals or families in Shelter-In-Place (“SIP”) Hotels.

21 (c) In Resolution No. 330-20 adopted in July 2020, the Board of Supervisors
22 expressed its intent that no person experiencing homelessness who has been brought into the
23 COVID-19 Response System, which includes City or privately-funded hotel rooms,
24 congregate shelters, and Recreational Vehicles, be discharged to the streets, and that all
25 people in the COVID-19 Response System receive a “Coordinated Entry Assessment” for

1 appropriate housing matches. In Resolution No. 330-20, the Board also urged the
2 Department of Homelessness and Supportive Housing (HSH) to release a comprehensive
3 plan that outlines anticipated steps to prevent people in SIP hotels or other COVID-19
4 Response System housing options from being discharged to the streets.

5 (d) In July 2020, HSH announced that the SIP Hotels would be discontinued in June
6 2021. No details were released in conjunction with the timeline.

7 (e) In August 2020, the Board of Supervisors approved a \$178 million budget to
8 expand and maintain the Shelter-In-Place Program for Fiscal Year 2020-2021, 98% of which
9 was assumed would be reimbursed by FEMA revenue and various state emergency and
10 homeless prevention funds. As COVID-19 rates continue to be unacceptably high across
11 California, the federal and state governments continue to make additional funds available for
12 non-congregate shelter operations.

13 (f) During the last week of October 2020, HSH released a timeline for all clients in SIP
14 Hotels to be “rehoused” and for the hotels to be shut down beginning in December 2020,
15 through June 2021. In response, the City enacted an emergency ordinance, Ordinance No.
16 273-20, on December 23, 2020, to prohibit the City from requiring people experiencing
17 homelessness and at that time housed in approximately 2,000 SIP Hotel rooms to move from
18 those rooms until those individuals obtained a stable housing placement. The ordinance also
19 required the City to make six SIP hotel rooms available for every ten SIP Hotel rooms
20 vacated, and to prepare specific reports.

21 (g) As of January 25, 2021, despite a commitment from HSH to provide every SIP
22 Hotel client with stable housing, only 325 permanent housing options had been identified for
23 the single adults, families, and youth staying in approximately 2,000 rooms in the SIP Hotels.
24 Further, since November 2020, only 91 SIP Hotel clients have been successfully “rehoused”
25 in permanent housing.

1 (h) Despite the rehousing plan and requirements set forth in Ordinance No. 273-20
2 specifying the reasons SIP Hotel clients can be moved from a SIP Hotel room, from January
3 1-29, 2021, only 20 of the 94 exits from SIP Hotels were for housing. There is a continued and
4 urgent need to set rules governing when clients can be exited from SIP Hotel rooms and to
5 require reporting on the rate at which the City is housing people experiencing homelessness.

6 (i) On January 25, 2021, the Mayor announced an intent to continue filling SIP hotel
7 rooms consistent with Ordinance No. 273-20 and to potentially expand hotel intakes; however,
8 despite the increase in FEMA funding and the severe storm hitting the Bay Area at the end of
9 January, as of January 26, 2021, the City had not increased its intake of vulnerable people
10 experiencing homelessness into SIP Hotel rooms.

11 (j) Ordinance No. 273-20 will expire February 23, 2021, and there is an urgent need for
12 the uninterrupted operation of the SIP Hotel program for people experiencing homelessness.

13 (k) There is, therefore, a compelling and immediate need to maintain SIP Hotel
14 operations in order to avoid COVID-19 exposure for these vulnerable clients of the SIP Hotels
15 and for COVID-19-vulnerable individuals who are currently unsheltered.

16
17 Section 3. Definitions.

18 As used in this ordinance, the following terms shall have the following meanings:

19 "By-Name List" means the list of all people temporarily residing in the SIP Hotels. It
20 provides a single source of data that can be shared across agencies.

21 "City" means the City and County of San Francisco.

22 "Client" means any individual or family staying in a SIP Hotel at any point during the
23 Stay Safer At Home Order, including subsequent revisions and updates, issued by the Health
24 Officer.

1 “Coordinated Entry Assessment” means the Department’s mechanism to organize the
2 homelessness response system and a tool for matching people experiencing homelessness
3 to the most appropriate housing resource. A Coordinated Entry Assessment helps determine
4 for which services a household is eligible, based on length of time in which an individual or
5 family has resided in a place not meant for human habitation, a safe haven, or an emergency
6 shelter, and the severity of the individual’s or family’s service needs.

7 “Department” means the Department of Homelessness and Supportive Housing.

8 “Homeward Bound” means the Department’s program designed to help reunite people
9 experiencing homelessness in San Francisco with family and friends elsewhere who are
10 willing and able to offer ongoing support to end the cycle of homelessness. Through the
11 Homeward Bound Program, the Department can provide Clients with a bus ticket home if
12 they: 1) are homeless/low income and living in San Francisco; and 2) have family or friends at
13 the destination, that Homeward Bound staff can verify are willing and able to provide a place
14 to stay and ongoing support; and 3) are medically stable enough to travel unassisted to the
15 destination; and 4) are sober and able to abstain from alcohol or using other substances en
16 route.

17 “Housing Referral Status” means that according to the Department’s Coordinated Entry
18 Assessment, Clients are matched and referred to housing resources according to a priority
19 designation. Housing Referral Status Clients are eligible to be offered Rapid Rehousing,
20 transitional housing, or Permanent Supportive Housing. Criteria used to determine a Client’s
21 priority status include length of time in which the Client has stayed in a place not meant for
22 human habitation, a safe haven, or an emergency shelter, as well as the severity of the
23 Client’s service needs.

1 “Pandemic Prioritization Status” means people who may not be Housing Referral
2 Status but are a priority for housing because they are COVID-19-vulnerable due to age or a
3 medical condition.

4 “Permanent Supporting Housing” means housing units for Clients that include onsite
5 supportive services, including, without limitation, intake and assessment of Clients' needs,
6 outreach to Clients to assist them with health or social needs, management of the health or
7 social needs of Clients, mediation of disputes with the property management, and referrals for
8 services to the Clients, as defined in Administrative Code Section 20.54.2. "Permanent
9 Supportive Housing" shall not include any shelter or site that offers temporary overnight
10 sleeping space on a short-term basis provided by the City on City-owned or City-leased
11 property or through a contractual arrangement.

12 “Problem Solving” means the Department’s approach to identify possible indoor
13 solutions to a Client’s homelessness apart from the City’s homelessness response system.
14 Those solutions include, but are not limited to, connection to Homeward Bound, housing
15 location assistance, mediation and conflict resolution, or short-term financial assistance to
16 cover specific costs that will assist the Client to stay in a safe, indoor place. A Problem
17 Solving resolution may not include a lease or written agreement.

18 “Problem Solving Screening” means a conversation between the Department and the
19 Client to explore and identify flexible, cost-effective real-time solutions to a Client’s housing
20 crisis outside of the City’s homelessness response system, even if only temporarily, with
21 limited or no financial support from the City.

22 “Rapid Rehousing” means a housing program subsidy that assists Clients to move
23 quickly into permanent housing, usually in the private market, by offering housing search
24 assistance, time-limited and targeted services, and short-term rental assistance. Rapid
25

1 Rehousing may be used for permanent housing in San Francisco or in another community, if
2 the Client chooses.

3 “Short-Term Rental Assistance” means grants for Clients to pay current rent, back rent,
4 or make a security deposit. Short-Term Rental Assistance stays with the Client, and if the
5 Client no longer wishes to rent a particular unit, the Client may move to another rental
6 property with this rent payment.

7 “Stay Safer At Home Order” means the series of County Health Officer Orders,
8 beginning with No. C19-07, issued On March 16, 2020, directing San Franciscans to stay in
9 their homes and follow social distancing requirements when outside their residence, which
10 have been revised and updated during subsequent months to address changing conditions.
11 Order No. 19-07s, issued January 27, 2021, continues to exempt individuals experiencing
12 homelessness from these requirements, and urges such individuals to obtain shelter.

13

14 Section 4. Restriction on Moving People Experiencing Homelessness Out of Their SIP
15 Hotel Rooms; Provision of Temporary Shelter in Hotels to Other People Experiencing
16 Homelessness.

17 (a) Subject to the budgetary and fiscal provisions of the Charter, the City shall not
18 move the Clients who, as of November 15, 2020, were housed in the approximately 2,000 SIP
19 Hotel rooms occupied and under service agreements as of November 15, 2020, until:

20 (1) the Client obtains, and moves into, a stable permanent housing placement
21 consistent with their Housing Referral Status; or

22 (2) the Client obtains, and moves into, an appropriate stable housing placement
23 consistent with their Coordinated Entry Assessment Status; or

24 (3) the Client chooses to move; or

25

1 (4) the Client is placed in an alternative SIP Hotel room due to health needs or
2 habitability conditions; or

3 (5) after the conclusion of the appeal process for rule violations in the “COVID-
4 19 Shelter-in-Place Hotel Program: Manual and Guidance for Site Operators,” a copy of which
5 is on file with the Clerk of the Board of Supervisors in File No. 210139, as may be amended
6 from time to time.

7 (b) Subject to the budgetary and fiscal provisions of the Charter, during the period this
8 emergency ordinance is operative, the City shall make a total of 2,200 hotel rooms available,
9 and shall fill those rooms, as they are vacated, as temporary shelter for people experiencing
10 homelessness at risk of COVID-19 infection, including: (1) people residing in a City shelter or
11 navigation center; (2) people who are unsheltered; (3) unhoused people released from jails;
12 and (4) unhoused people released from hospitals or isolation and quarantine rooms. The
13 provision of rooms shall not be limited to members of groups who are considered “high-risk”
14 by FEMA’s reimbursement standards, which are people over 65 or who have certain
15 underlying health conditions, such as compromised immune systems, and respiratory and
16 other chronic diseases, as set forth in the March 27, 2020, letter from the Region IX FEMA
17 Administrator to the California Governor’s Office of Emergency Services approving the
18 reimbursement of Non-Congregate Sheltering, on file with the Clerk of the Board of
19 Supervisors in File No. 210139. The SIP Hotel rooms provided under this subsection (b)
20 need not be in the hotels under service agreements with the City as of November 15, 2020.

21
22 Section 5. Reporting and Transparency.

23 (a) The Department shall prepare a public report that is updated at least once per
24 week, and includes, but is not limited to, the following information (“Dashboard”):
25

1 (1) Client Status. The number of clients in each of the following categories in
2 total, and disaggregated by race in de-identified summary form:

- 3 (A) Clients on the By-Name List
- 4 (B) Clients who received a Problem-Solving Screening
- 5 (C) Clients deemed Problem Solving Status
- 6 (D) Clients who received a Coordinated Entry Assessment
- 7 (E) Clients deemed Housing Referral Status
- 8 (F) Clients deemed Pandemic Prioritization Status

9 (2) Exit Report. The number of clients exited to each of the following categories
10 in total, and disaggregated by month and race in de-identified summary form:

- 11 (A) Long-Term
 - 12 (i) Permanent Supporting Housing - Site-Based
 - 13 (ii) Permanent Supportive Housing - Flexible Housing Pool
- 14 (B) Medium-Term
 - 15 (i) Skilled Nursing Facility/Board and Care/Residential Care
16 Facility/Treatment
 - 17 (ii) Rapid Rehousing
- 18 (C) Short-Term
 - 19 (i) Short-Term Rental Assistance
 - 20 (ii) Homeward Bound
 - 21 (iii) Relocated to another SIP Hotel
 - 22 (iv) Other

23 (3) Available Exits. The number of available exit resources that are currently
24 available and planned shall be listed:

- 25 (A) Long-Term

- 1 (i) Permanent Supporting Housing - Site-Based
- 2 (ii) Permanent Supportive Housing - Flexible Housing Pool
- 3 (B) Medium-Term
 - 4 (i) Skilled Nursing Facility/Board and Care/Residential Care
 - 5 Facility/Treatment
 - 6 (ii) Rapid Rehousing
- 7 (C) Short-Term
 - 8 (i) Short-Term Rental Assistance
 - 9 (ii) Homeward Bound
 - 10 (iii) Other

11 (4) Intake Report. The number of new clients entering the SIP Hotel program
12 and the referral source as designated in Section 4(b) of this ordinance.

13 (b) The report shall include a glossary of the terms used above or other terms the
14 Department chooses to employ.

15 (c) The report shall contain distinct data sets for Adults, Veterans, Transitional
16 Aged Youth, and Families.

17 (d) If the Department is unable to produce a public Dashboard with all required data
18 one week after the effective date of this ordinance, the Department shall submit a weekly
19 written report no later than one week after the effective date of this ordinance to the Board of
20 Supervisors, and every week thereafter, that shall also be in Board File No. 210139, until a
21 public Dashboard is produced.

22

23 Section 6. Coordinated Entry Status.

24 Consistent with Administrative Code Sec. 20.16-2, people experiencing homelessness
25 with the greatest barriers to housing, the longest histories of homelessness, and/or the

1 highest level of vulnerability shall continue to be prioritized for housing or other appropriate
2 placements. Nothing in this ordinance shall be construed as prioritizing homeless households
3 who are currently SIP Clients over non-SIP households. Non-SIP households shall continue to
4 be matched with housing resources consistent with their Coordinated Entry Assessment
5 Status during the period this ordinance is operative.

6
7 Section 7. Implementation.

8 The Mayor, as the City's Chief Executive Officer, is authorized to designate one or
9 more City agencies to develop rules, regulations, guidance, forms, and procedures as
10 necessary or appropriate to effectuate the purposes of this emergency ordinance.

11
12 Section 8. Undertaking for the General Welfare.

13 In enacting and implementing this emergency ordinance, the City is assuming an
14 undertaking only to promote the general welfare. It is not assuming, nor is it imposing on its
15 officers and employees, an obligation for breach of which it is liable in money damages to any
16 person who claims that such breach proximately caused injury.

17
18 Section 9. Severability.

19 If any section, subsection, sentence, clause, phrase, or word of this emergency
20 ordinance, or any application thereof to any person or circumstance, is held to be invalid or
21 unconstitutional by a decision of a court of competent jurisdiction, such decision shall not
22 affect the validity of the remaining portions or applications of the ordinance. The Board of
23 Supervisors hereby declares that it would have passed this ordinance and each and every
24 section, subsection, sentence, clause, phrase, and word not declared invalid or
25

1 unconstitutional without regard to whether any other portion of this ordinance or application
2 thereof would be subsequently declared invalid or unconstitutional.

3
4 Section 10. Effective Date; Expiration.

5 (a) If enacted prior to the expiration of Ordinance No. 273-20 this emergency ordinance
6 shall become effective immediately upon the date of expiration of Ordinance No. 273-20, and
7 shall itself expire on the 61st day following its effective date unless reenacted as provided by
8 Charter Section 2.107.

9 (b) If enacted after the expiration of Ordinance No. 273-20, this emergency ordinance
10 shall become effective immediately upon enactment, shall be operative retroactively to the
11 date that Ordinance No. 273-20 expired, and shall expire on the 61st day following its
12 effective date unless reenacted as provided by Charter Section 2.107.

13
14 Section 11. Supermajority Vote Required. In accordance with Charter Section 2.107,
15 passage of this emergency ordinance by the Board of Supervisors requires an affirmative vote
16 of two-thirds of the Board of Supervisors.

17
18 APPROVED AS TO FORM:
19 DENNIS J. HERRERA, City Attorney

20 By: /s/ Virginia Dario Elizondo
21 VIRGINIA DARIO ELIZONDO
22 Deputy City Attorney

23
24
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LEGISLATIVE DIGEST

[Emergency Ordinance - Limiting COVID-19 Impacts by Continuing to Make Shelter-in-Place Hotel Rooms Available to People Experiencing Homelessness]

Emergency ordinance to prohibit the City from requiring people experiencing homelessness currently housed in approximately 2,000 Shelter-in-Place (“SIP”) Hotel rooms to move from those rooms until those individuals obtain a stable housing placement; to require the City to make a total of 2,200 Shelter-in-Place (“SIP”) Hotel rooms available, and to fill those rooms, as they are vacated, for people experiencing homelessness; and to require the Department of Homelessness and Supportive Housing to prepare publicly available reports on the progress of placements from SIP Hotels into stable housing.

Existing Law

This is a new emergency ordinance.

Amendments to Current Law

The Emergency Ordinance prohibits the City from requiring people experiencing homelessness currently housed in approximately 2,000 Shelter-in-Place (“SIP”) Hotel rooms to move from those rooms until those individuals obtain a stable housing placement. This ordinance also requires the City to make a total of 2,200 Shelter-in-Place (“SIP”) Hotel rooms available to people experiencing homelessness, and to fill those rooms as they are vacated, subject to the budgetary and fiscal provisions of the Charter, during the effective period of this emergency ordinance. The people currently housed in SIP Hotel rooms are not to be moved until the individual or household: 1) obtains, and moves into, a stable permanent housing placement; or 2) obtains, and moves into, an appropriate stable housing placement; or 3) chooses to move; or 4) is placed in an alternative SIP Hotel room due to health needs or habitability conditions; or 5) after the conclusion of the appeal process for violation of a rule covered in “COVID-19 Shelter-in-Place Hotel Program: Manual and Guidance for Site Operators.”

The SIP Hotel rooms are to be used for people experiencing homelessness at risk of contracting COVID-19, including: (1) people currently residing in a City shelter or navigation center; (2) people who are currently unsheltered; (3) unhoused people released from jails; and (4) unhoused people released from hospitals or isolation and quarantine rooms.

The Department of Homelessness and Supportive Housing (HSH) shall prepare a weekly public report that includes the following information (“Dashboard”): (1) Client Status -- the number of clients in various service categories disaggregated by race in de-identified summary form; (2) Exit Report -- the number of clients exited to various types of placements

disaggregated by month and race in de-identified summary form; (3) Available Exits -- the number of available exit resources that are currently available and planned; and (4) Intake Report -- the number of new clients entering the SIP Hotel program and the referral source.

Background Information

On December 15, 2020, the Board enacted Ordinance No. 273-20 to prohibit the City from moving people experiencing homelessness out of their Shelter in Place (SIP) Hotel rooms until FEMA provided the City with written notification that FEMA funding available for SIP Hotel rooms was terminated or modified in a way that no longer reimbursed any costs of these rooms. These individuals were to be moved into stable housing. For every ten SIP Hotel rooms that were vacated, the City was required to make six hotel rooms available as temporary shelter to meet the needs of people in San Francisco presently experiencing homelessness at risk of COVID-19 infection.

The Department of Homelessness Supportive Housing was required to post a weekly report (Dashboard) with information including: (1) client status, and (2) type of placement, disaggregated by month and race in de-identified summary form. Within 30 days of the effective date of this emergency ordinance, the Department was to submit to the Board of Supervisors a report designed to inform planning for a possible expansion of the SIP Hotel Program consistent with the City's COVID-19 public health response and FEMA guidelines for non-congregate sheltering.

Ordinance No. 273-20 expires on February 23, 2021.

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<p>Item 8 File 21-0139</p>	<p>Department: Homelessness & Supportive Housing Human Services Agency</p>
<p>EXECUTIVE SUMMARY</p>	
<p style="text-align: center;">Legislative Objectives</p> <ul style="list-style-type: none"> • The proposed emergency ordinance would (1) prohibit the City from requiring people experiencing homelessness currently housed in approximately 2,000 Shelter-in-Place (“SIP”) Hotel rooms to move from those rooms until those individuals obtain a stable housing placement; (2) require the City to make a total of 2,200 SIP Hotel rooms available, and to fill those rooms, as they are vacated, for people experiencing homelessness; and (3) require the Department of Homelessness and Supportive Housing to prepare publicly available reports on the progress of placements from SIP Hotels into stable housing. <p style="text-align: center;">Key Points</p> <ul style="list-style-type: none"> • The Shelter in Place program provides hotel rooms to individuals who are experiencing homelessness and are at risk for contracting COVID. • The Board of Supervisors approved an emergency ordinance in December 2020 (File 20-1328) that required the City to maintain approximately 2,300 SIP hotel rooms until FEMA provides written notification that it will no longer reimburse program costs or until County Health Officer’s Shelter-in-Place Order is rescinded or expires. The prior emergency ordinance expires on February 23, 2021. • An announcement from the Biden Administration indicates that eligible SIP hotel room expenses will receive 100 percent reimbursement from the Federal Emergency Management Agency (FEMA) retroactive from January 2020 through September 2021. <p style="text-align: center;">Fiscal Impact</p> <ul style="list-style-type: none"> • According to the Controller’s Six-Month Budget Status Report, the projected cost of the SIP hotel rooms in FY 2020-21 is \$238.1 million, an increase of \$37.3 million from the revised budget for SIP hotel rooms in FY 2020-21 of \$200.8 million. • As of February 17, 2021, the City had 2,302, hotel rooms, of which 345 were unavailable for a variety of reasons. If the City were to increase the number of available SIP hotel rooms by 200, in accordance with the proposed ordinance, the estimated increase in costs for the 60-day period between February 24, 2021 and April 25, 2021 would be \$3.26 million. Eligible costs for the SIP hotel rooms would be reimbursed by FEMA but the City could incur additional General Fund costs for individuals and services that do not meet FEMA’s eligibility requirements. <p style="text-align: center;">Recommendation</p> <ul style="list-style-type: none"> • Because the proposed ordinance is consistent with prior Board of Supervisors actions, the Budget and Legislative Analyst recommends approval. 	

MANDATE STATEMENT

City Charter Section 2.107 states that the Board of Supervisors may pass emergency ordinances on their first reading with a 2/3 affirmative vote. Emergency ordinances become effective upon approval by the Mayor, the expiration of the ten-day period for the Mayor to approve or veto, or the Board of Supervisors' override of the Mayor's veto. Emergency ordinances expire sixty days after their passage.

BACKGROUND

Health Order

In March 2020, the County Health Officer ordered San Francisco residents to shelter in place in order to control the spread of COVID 19. The intent of the order was for individuals to self-isolate as much as possible to prevent infection from the virus. The Health Order was subsequently amended several times, including most recently in February 2021, to urge individuals to stay at home.

Alternative Housing Programs

The City has implemented three housing programs in response to COVID-19: (1) the Isolation & Quarantine program, which provides space to individuals who cannot self-isolate after testing positive for COVID-19 or while awaiting test results following a documented exposure, (2) the Shelter in Place program, which provides congregate shelter or hotel rooms to individuals who have recovered from COVID-19 or whose COVID-19 status is negative or unknown, and (3) the Front Line Worker program, which provides hotel rooms to first responders and City employees who are exposed to COVID-19 but cannot self-isolate.

The Human Services Branch of the City's COVID Command Center manages the City's Shelter in Place (SIP) program, which provides hotel rooms and congregate shelters for individuals experiencing homelessness to reduce their risk of contracting COVID-19. For the SIP hotel rooms, priority is given to individuals who are age 60 and older and/or have health conditions that increase their risk of complications if infected with COVID-19. Individuals not meeting either criteria are referred to congregate shelters.

DETAILS OF PROPOSED LEGISLATION

The proposed emergency ordinance would (1) prohibit the City from requiring people experiencing homelessness currently housed in approximately 2,000 Shelter-in-Place ("SIP") Hotel rooms to move from those rooms until those individuals obtain a stable housing placement; (2) require the City to make a total of 2,200 Shelter-in-Place ("SIP") Hotel rooms available, and to fill those rooms, as they are vacated, for people experiencing homelessness; and (3) require the Department of Homelessness and Supportive Housing to prepare publicly available reports on the progress of placements from SIP Hotels into stable housing.

Prior Emergency Ordinance and Status of SIP Hotels

The Board of Supervisors approved an emergency ordinance in December 2020 (File 20-1328) that required the City to maintain approximately 2,300 SIP hotel rooms until FEMA provides written notification that it will no longer reimburse program costs or until County Health Officer's Shelter-in-Place Order is rescinded or expires. Under the prior emergency ordinance, residents were to stay in the SIP hotel rooms until placed into other housing. The estimated cost in FY 2020-21 of maintaining SIP hotel rooms to February 23, 2021 (the term of the 60-day emergency ordinance) was \$233.1 million. The estimated cost of maintaining SIP hotel rooms through the end of FY 2020-21 was \$251.5 million.

Proposed Emergency Ordinance

The proposed emergency ordinance would be in effect for 60 days to April 25, 2021. According to the proposed ordinance:

- The City shall make 2,200 hotel rooms available as temporary shelters for individuals experiencing homelessness who are at risk for COVID-19 infection;
- Eligibility for SIP hotel rooms would not be limited to individuals eligible for FEMA reimbursement, including those who are 65 years or older, or who have underlying health conditions¹; and
- The hotel rooms made available to individuals experiencing homelessness do not have to be hotel rooms contracted through existing agreements with the City.

FISCAL IMPACT

According to the Controller's Six-Month Budget Status Report, the projected cost of the SIP hotel rooms in FY 2020-21 is \$238.1 million, an increase of \$37.3 million from the revised budget for SIP hotel rooms in FY 2020-21 of \$200.8 million. The Six-Month Budget Status Report assumes the continued rate of occupancy of SIP hotel rooms through the end of FY 2020-21. An announcement from the Biden Administration indicates that eligible SIP hotel room expenses will receive 100 percent reimbursement from the Federal Emergency Management Agency (FEMA) retroactive from January 2020 through September 2021. The revised FY 2020-21 budget and projected FY 2020-21 expenditures for SIP hotels are shown below.

	FY 2020-21 Revised Budget	FY 2020-21 Projected	Increase/ (Decrease)
Federal Emergency Management Agency (FEMA)	\$113.9	\$196.9	\$83.0
Other Grants/ Revenue	83.4	41.2	(42.2)
General Fund	3.5	-	(3.5)
Total	\$200.8	\$238.1	\$37.3

Source: Controller's Six-Month Budget Status Report

¹ DPH eligibility criteria includes adults 60 years of age and older, and medical conditions not on the Centers for Disease Control (CDC) at-risk list.

According to Human Services Agency (HSA) staff, as of February 2021, the City had 2,302 hotel rooms, of which 345 were unavailable for a variety of reasons. If the City were to increase the number of available SIP hotel rooms by 200, in accordance with the proposed ordinance, the estimated increase between February 24, 2021 and April 25, 2021 (the 60-day term of the emergency ordinance) would be \$3.26 million². Eligible costs for the SIP hotel rooms would be reimbursed by FEMA but the City could incur additional General Fund costs for individuals and services that do not meet FEMA's eligibility requirements.

RECOMMENDATION

Because the proposed ordinance is consistent with prior Board of Supervisors actions, the Budget and Legislative Analyst recommends approval.

² Based on an estimated cost per hotel room per day of \$272 for 200 hotel rooms over 60 days

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):

Haney, Preston, Ronen, Walton, Melgar, Mar

Subject:

Emergency Ordinance - Limiting COVID-19 Impacts by Continuing to Make Shelter-in-Place Hotel Rooms Available to People Experiencing Homelessness

The text is listed:

Emergency ordinance to prohibit the City from requiring people experiencing homelessness currently housed in approximately 2,000 Shelter-in-Place ("SIP") Hotel rooms to move from those rooms until those individuals obtain a stable housing placement; to require the City to make a total of 2,200 Shelter-in-Place ("SIP") Hotel rooms available, and to fill those rooms, as they are vacated, for people experiencing homelessness; and to require the Department of Homelessness and Supportive Housing to prepare publicly available reports on the progress of placements from SIP Hotels into stable housing.

Signature of Sponsoring Supervisor: /s/ Matt Haney



FEMA

March 27, 2020

Mr. Mark S. Ghilarducci, Director
Governor's Office of Emergency Services
3650 Schriever Avenue
Mather, CA 95655

Re: Request for Approval of Non-Congregate Sheltering
FEMA-4482-DR-CA (COVID-19)

Dear Mr. Ghilarducci:

This is in response to your letter dated March 25, 2020, requesting that FEMA approve Public Assistance (PA) funding for costs related to emergency, non-congregate sheltering.

In accordance with section 403 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, eligible emergency protective measures taken to respond to the referenced Coronavirus Disease 2019 (COVID-19) disaster, at the direction or guidance of state, local, tribal, and territorial public health officials, may be reimbursed under Category B of FEMA's PA program if necessary to save lives, protect improved property, or public health and safety, and/or lessen or avert the threat of catastrophes.

Based on my review of your request and supporting documentation and information provided, I am approving your request for FEMA's reimbursement of costs related to emergency, non-congregate sheltering (Emergency NCS), subject to the conditions and limitations set forth below. The Emergency NCS will be implemented by the State of California (State) pursuant to (1) the Governor's Executive Order No. N-25-20 ordering all residents to obey any orders and guidance issued by state and local public health officials, including but not limited to the imposition of social distancing measures, to control the spread of COVID-19, (2) the Governor's Executive Order N-33-20 (a) incorporating the Order of the State Public Health Officer issued on March 19, 2020, that requires all individuals living in the State of California to stay at home or at their place of residence except as needed to maintain continuity of operations of the federal critical infrastructure sectors, and (b) directing the California Governor's Office of Emergency Services to take necessary steps to ensure compliance with the Executive Order, and (3) guidance issued by the California Department of Public Health that includes the need to practice social distancing.¹

¹ <https://www.gov.ca.gov/2020/03/16/california-issues-directive-to-fight-covid-19/>.

My approval of the State's request for PA funding for costs related to Emergency NCS includes the populations identified below, which does not include all populations identified in your March 25 letter. Furthermore, my approval of the State's request is subject to and conditioned by the following:

- FEMA will reimburse Emergency NCS costs incurred for:
 - Individuals who test positive for COVID-19 that do not require hospitalization, but need isolation or quarantine (including those exiting from hospitals);
 - Individuals who have been exposed to COVID-19 (as documented by a state or local public health official, or medical health professional) that do not require hospitalization, but need isolation or quarantine; and
 - Individuals who are asymptomatic, but are at “high-risk,” such as people over 65 or who have certain underlying health conditions (respiratory, compromised immunities, chronic disease), and who require Emergency NCS as a social distancing measure.
- My approval does not currently include the reimbursement of costs for the sheltering of asymptomatic individuals that are not among the populations identified above, but whose living situation may make them unable to adhere to social distancing guidance.
- My approval includes the reimbursement of costs incurred for wrap-around services directly necessary for the safe and secure operation of NCS facilities. However, costs associated with the provision of support services such as case management, mental health counseling, and similar services are not eligible for reimbursement under the PA program.
- My approval is limited to costs that are reasonable and necessary for providing Emergency NCS to eligible individuals (as identified in bullet point 1 above).² In this regard, please note that FEMA does not mandate that the State pursue a specific option or options for temporary facilities to be used for Emergency NCS, but FEMA will only approve PA funding for cost-effective and practical options.
- My approval is limited to costs associated with sheltering individuals through April 30, 2020, unless the public health needs should sooner terminate. The State must obtain FEMA's approval for any time extensions, which should include a re-assessment of the continuing need for Emergency NCS from a State public health official, as well as a detailed justification for the continuing need for emergency non-congregate sheltering.³
- My approval is limited to costs associated with the provision and operation of facilities for Emergency NCS and does not include the approval of costs for the conversion of facilities for the provision of emergency medical care.

² *Public Assistance Program and Policy Guide*, FP 104-009-2, at 67 (April 1, 2018) (PAPPG). See also 2 C.F.R. §§ 200.403 and 200.404.

³ PAPPG, at 67.

- My approval is subject to, and limited by, Emergency NCS guidance issued by FEMA, including in the form of Fact Sheets.

Additionally,

- The State must follow FEMA's Procurement Under Grants Conducted Under Exigent or Emergency Circumstances guidance and include a termination for convenience clause in its contracts for sheltering and related services, such as food, security services, and care for those with disabilities or access and functional needs.⁴
- FEMA will not approve PA funding that duplicates funding by another federal agency, including the U.S. Department of Health and Human Services or Centers for Disease Control and Prevention.
- The State must comply with, and enable FEMA to comply with, applicable environmental and historic preservation laws, regulations, and executive orders or funding may be jeopardized.⁵

The State of California will need to maintain tracking mechanisms to provide sufficient data and documentation to establish the eligibility of Emergency NCS costs for which it is requesting PA funding (including the need for non-congregate sheltering of each individual, length of stay, and costs). As with any activity, lack of sufficient support documentation may result in FEMA determining that some or all of the State's claimed costs are ineligible.

If you have any additional questions regarding this matter, please contact Robert Pesapane, Recovery Division Director, at (510) 627-7250.

Sincerely,



Robert J. Fenton
Regional Administrator
FEMA Region IX

cc: James Cho, Response Division Director, FEMA Region IX
Robert Pesapane, Recovery Division Director, FEMA Region IX
John-Paul Henderson, Regional Counsel, FEMA Region IX

⁴ *Id.*, at 68-69.

⁵ *Id.*, at 43-44.



COVID-19 SHELTER-IN-PLACE HOTEL PROGRAM: MANUAL AND GUIDANCE FOR SITE OPERATORS

Revised December 16, 2020

Purpose. *This document is intended for use by organizations operating Shelter-in-Place (SIP) Hotel sites as part of San Francisco’s response to the COVID-19 emergency. It describes the organizational and policy context within which these sites operate, details policies and procedures required for operating and managing SIP Hotel sites and provides guidance on standards and practices.*

This is a living document, always in “final draft” form rather than final and changing as guest and provider needs arise and are clarified. These procedures also may be changed at any time to address emerging public health and safety needs.

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HOW TO USE THIS MANUAL

APPLICABILITY

This manual applies to the guests and staff of SIP Hotel Program sites. These policies and procedures do not apply to the Congregate Shelter or Safe Sleep Programs, which are (Congregate Shelter) or will be (Safe Sleep) governed by separate program operations manuals.

CCC PROVIDERS CONNECT

This manual includes hyperlinks to resources on an online portal known as [CCC Providers Connect](#). CCC Providers Connect is a central place for Site Operators to access program announcements, policy guidance, program forms, site staff training materials, and general resources for staff and guests. The portal's [SIP Hotel Program - Policies and Procedures](#) tab is organized in the same format as the table of contents for this manual.

To access to CCC Providers Connect, Site Operators must email their CCSF program manager with the new users' email addresses. Please note that users will need a Microsoft account to access the CCC Providers Connect; these are free to activate and do not require purchase or use of any Microsoft software.





ABOUT THE COVID-19 ALTERNATIVE HOUSING SYSTEM

When it became apparent that the coronavirus that causes COVID-19 would spread to cities around the United States, the City and County of San Francisco activated its Emergency Operations Center, later termed the COVID-19 Command Center (CCC). This organization includes representatives from CCSF departments, as well as community, faith, education, and business partners, in a structure designed to respond quickly and effectively to emergency situations.

The CCC oversees the operation of a COVID-19 Alternative Housing System as a component to CCSF’s COVID-19 response. The Alternative Housing System is a set of emergency shelter programs designed to meet the following goals:

- Reduce the spread of COVID-19 in the community.
- Build capacity to reduce pressure on hospitals during a medical surge.
- Reduce the risk of infection among vulnerable persons experiencing homeless (PEH), who are at high risk of death/serious health effects if infected.
- Maintain shelter during the COVID-19 incident for individuals who are already in the shelter system; PEH who come into the Alternate Housing System from the hospital, through street outreach efforts, and/or because they are required to isolate or quarantine due to confirmed or suspected COVID-19.

San Francisco’s Alternative Housing System is comprised of four programs, each targeted to serve the following priority populations:

Program	Population served
Isolation and Quarantine (I/Q) Program	Persons who must isolate or quarantine due to COVID-19 and cannot do so at home. This is available to all San Franciscans who cannot safely isolate or quarantine at home.
Shelter in Place (SIP) Program	PEH known to Homelessness Response System by April 1, 2020 who are at increased risk for severe illness from COVID-19, as defined by the national Centers for Disease Control and the San Francisco Department of Public Health.
Congregate Shelter Program	PEH who: <ul style="list-style-type: none"> • Already were in CCSF shelter system prior to San Francisco’s Shelter in Place Order; • Are being discharged from a hospital or an I/Q site; or • Are identified through street outreach and encampment resolution efforts.

Safe Sleep Program ¹	PEH known to Homelessness Response System by April 1, 2020 who are living on the street in tents.
---------------------------------	---------------------------------------------------------------------------------------------------

The Alternative Housing System operates in partnership with the State of California’s [Project Roomkey](#). Project Roomkey leverages Federal Emergency Management Agency (FEMA) and state funds to reimburse certain costs associated with providing non-congregate beds for sick and medically-vulnerable persons experiencing homelessness during the COVID-19 pandemic. The majority of Project Roomkey expenditures are federally reimbursable under FEMA, for both hotel/motel room occupancy agreements and operating services, at 75 percent federal share of cost.

SHELTER-IN-PLACE HOTEL PROGRAM

The Shelter-in-Place (SIP) Hotel Program supports individuals experiencing homelessness in San Francisco who are at increased risk for severe illness from COVID-19 in following guidelines from the San Francisco Department of Public Health (SFDPH) to shelter in place, maintain physical distancing, and mitigate the spread of COVID-19.

Guests are required to comply with program rules and agreements based on low-barrier best practices, but also uphold the health orders of the SFDPH and take precautions against the community spread of COVID-19.

The SIP Hotel Program provides temporary shelter for guests. The Program does not provide permanent housing, and guests are not tenants. Guests staying in a SIP Hotel site do not have tenancy rights, and any guest staying in the site must vacate the site at CCSF’s request. The goal, however, during the COVID-19 pandemic is to help guests stay in shelter as consistently as possible.

¹There are two Safe Sleep project types in San Francisco: Sites and Villages.

Safe Sleep Sites are light touch programs. They offer access to hygiene services (port-a-potties and hand washing stations), 24/7 security, charging stations, and garbage services. Service providers regularly visit Safe Sleep Sites to provide outreach and engagement, harm reduction supplies and intervention, medical services, and trauma-informed behavioral health services.

Safe Sleep Villages provide all the benefits of Sites with additional support from the presence of 24/7 staffing by a Community Based Organization (CBO) partner experienced in working with people experiencing homelessness. Staff ensure a safe environment and help support the well-being of guests through regular check-ins and management of inflow/outflow. Guests are provided three meals and drinking water daily, as well as behavioral health and harm reduction services, access to medical attention and benefits, and access to hygiene services, including showers, charging stations, and garbage service.



I. ELIGIBILITY

The following SIP Hotel Program eligibility criteria are based on [guidance](#) from the national Centers for Disease Control and Prevention for people who are at increased risk for severe illness from COVID-19. Groups listed with an asterisk below are [additions](#) provided by the Disease Prevention and Control Branch of the Population Health Division of the San Francisco Department of Public Health.

Individuals that meet this set of criteria may choose to shelter in place at an COVID-19 Alternative Housing System Congregate Shelter if they do not want to shelter in place at a SIP Hotel.

A. At increased risk of severe illness from COVID-19.

The following SIP Hotel eligibility criteria is based on CDC guidelines.

- People 60 years old or older, prioritizing people of older age; or
- People of any age who are diagnosed with at least one of the following medical conditions:
 - Chronic kidney disease;
 - COPD (chronic obstructive pulmonary disease);
 - *People who are oxygen dependent;
 - Immunocompromised state (weakened immune system) from:
 - Solid organ transplant,
 - Blood or bone marrow transplant,
 - *Immune deficiencies,
 - *Uncontrolled HIV (with CD4<200/14%, detectable VL);
 - Obesity (body mass index [BMI] of 30 or higher);
 - Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies;
 - Sickle cell disease;
 - Type 2 diabetes mellitus;
 - *Children who are medically complex, who have neurologic, genetic, metabolic conditions, or who have congenital heart disease are at higher risk for severe illness than other children;²
 - *Pregnancy;
 - * < 1 year old;
 - *Type 1 diabetes;
 - *End stage liver disease; and/or
 - *Cystic fibrosis.

Additional COVID-19 information and guidance for San Francisco are posted at www.sfgcdcp.org/covid19.

B. COVID-19 negative or unknown.

Individuals who are COVID-19 positive will be placed in the I/Q Program or else at a hospital.

² Please see Centers for Disease Control and Prevention, "[People with Certain Medical Conditions](#)." Accessed on September 30, 2020.



SIP Hotel guests who have recovered from COVID-19 will be referred instead to the Congregate Shelter as program availability permits.

C. Known to the San Francisco Homelessness Response System by April 1, 2020.

The individual has a record prior to April 1, 2020 in a CCSF database.

D. Currently experiencing homelessness in San Francisco.

San Francisco has adopted definitions for each of the three primary populations that experience homelessness: Adults, Families and Transition Age Youth (TAY). Each definition includes three elements:

- Household composition;
- San Francisco connection; and
- Homeless status.

Definition Element	Adult	Family	Transition Age Youth
1. Household composition and/or characteristics.	<ul style="list-style-type: none"> • An individual age 18 or over living in a household of one or more people without minor children; or • An individual under 18 who has been legally emancipated. 	<ul style="list-style-type: none"> • One or more adults with physical and legal custody of one or more minor children; or • One or more adults in a household which includes a person who is pregnant; or • One or more adults with one or more minor children not currently in their custody who are expected to reunify in less than 90 days and who have a letter from Child Protective Services stating that the only barrier to reunification is lack of shelter or housing. 	<ul style="list-style-type: none"> • An unaccompanied individual between the ages of 18 and 24; or • An unaccompanied individual under 18 who has been legally emancipated; or • An unaccompanied individual between the ages of 25 and 27 who first entered youth-targeted services in San Francisco when in an age category above.



<p>2. San Francisco connection.</p>	<p>Stayed in San Francisco at least 1 of the last 7 nights.</p>	<ul style="list-style-type: none"> • Stayed in San Francisco at least 1 of the last 7 nights; or • Have one or more children enrolled in school, preschool or childcare in San Francisco; or • Has a Head of Household who is currently or formerly a ward of San Francisco who currently resides in another county. 	<ul style="list-style-type: none"> • Stayed in San Francisco at least 1 of the last 7 nights; or • Is currently or formerly a ward of San Francisco who currently resides in another county.
<p>3a. Homelessness status: Literally Homeless.</p>	<ul style="list-style-type: none"> • Has a primary nighttime residence that is a public or private place not meant for human habitation; or • Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local; or • Has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and was homeless in shelter, place not meant for habitation or fleeing/attempting to flee domestic violence before entry; or • Fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member in the primary nighttime residence or has made the individual afraid to return to their primary nighttime residence, and: <ul style="list-style-type: none"> ○ Has no other residence; and ○ Lacks the resources of support networks, such as family, friends and faith-based or other social networks to obtain other permanent housing 		



<p>3b. Homelessness status: ARCH (At Risk of Chronic Homelessness).</p>	<p>An individual who is diagnosed with serious mental illness and/or chronic substance abuse exiting institutionalized settings, including, but not limited to, jail and mental health facilities, who was homeless prior to admission, and:</p> <ul style="list-style-type: none"> • Has no other residence; and • Lacks the resources of support networks, such as family, friends and faith-based or other social networks to obtain other permanent housing. 	<p>A family with a head of household who is diagnosed with serious mental illness and/or chronic substance abuse exiting institutionalized settings, including, but not limited to, jail and mental health facilities, who was homeless prior to admission, and:</p> <ul style="list-style-type: none"> • Has no other residence; and • Lacks the resources of support networks, such as family, friends and faith-based or other social networks to obtain other permanent housing. 	<p>An individual who is diagnosed with serious mental illness and/or chronic substance abuse exiting institutionalized settings, including, but not limited to, jail and mental health facilities, who was homeless prior to admission, and:</p> <ul style="list-style-type: none"> • Has no other residence; and • Lacks the resources of support networks, such as family, friends and faith-based or other social networks to obtain other permanent housing.
<p>3c. Homelessness status: Homeless.</p>		<ul style="list-style-type: none"> • A family living in a San Francisco Single Room Occupancy (SRO) unit or a family living with one or more other families (except the parents or children of adults in the family) in a housing unit; or • A family living with one or more other families in a housing unit except for families living with a parent or 	



		child of the adults in the family.	
3d. Homelessness status: Imminent Risk of Homelessness.	Individual or family who will imminently lose their primary nighttime residence, provided that: <ul style="list-style-type: none"> • Residence will be lost within 14 days of the date of application for homeless assistance; • No subsequent residence has been identified; and • The individual or family lacks the resources or support networks needed to obtain other permanent housing. 		

E. Must be able and agree to meet SFPDH COVID-19 guidelines.

These may include:

- Guests must wear a mask at all times (must cover nose and mouth) except when actively eating, drinking, showering, and/or in their room.
- Staying six feet apart from others.
- Participating in COVID-19 screening upon checking-in to a site, upon re-entry, and/or at least daily.
- Participating in shelter-wide testing events.
- Washing hands often with soap and water for at least 20 seconds, or using hand sanitizer, specifically when entering shelter, before eating, after going to the bathroom, after blowing their nose, coughing, or sneezing, and before and after touching face or masks.
- Following other COVID-19 prevention guidelines as outlined by SFPDH.

F. Other considerations.

To help ensure successful referrals to the SIP Hotel Program, Referring Entities engage potential guests to identify any special needs (e.g. ADA needs, enhanced onsite support, women-specific beds, etc.) and to gauge their understanding and ability to adhere to the following criteria:

- Does not require acute hospitalization.
- Does not have infectious disease that requires isolation (e.g. active Tuberculosis or COVID-19).
- Alert and oriented to person, place, and time and has decision capacity.
- Able and agree to meet the site’s behavioral guidelines, including no discriminatory or disrespectful language.
- Independent or has adequate support in:
 - Ambulation (with or without assistive device).
 - Dressing, bathing and daily self-care.
 - Can get in and out of bathroom/ toilet.
 - Can get in and out of bed/shelter mat without assistance.
 - Elimination of bowel and bladder without assistance.
- Able to:



- Follow any hospital or other discharge instructions without assistance.
- Self-manage medical equipment (i.e. oxygen) or other medical supplies without assistance.
- Take medications without assistance.
- Manage wound care needs, or able to go to clinic for wound care.
- Understand and able to follow rules related to personal property and guests, including:
 - The limit as to how much personal property one may bring onsite, which cannot exceed two 30-gallon bags, one bike (fully assembled), one small rolled up tent, and a “carry on” equivalent (backpack or small suitcase).
 - The site’s no visitors policy, which does not apply to outside care providers approved by the Site Manager.
 - The Program’s inability to accommodate roommate requests after November 13, 2020, except as a Reasonable Accommodation.

G. SIP Hotel IPV Pilot

The SIP Hotel Program includes a pilot for SIP-eligible, adult, cis-gender, transgender, and queer women fleeing interpersonal violence. For more information, please contact either:

San Francisco Department on the Status of Women (DOSW)	San Francisco Office of Transgender Initiatives (OTI)
Elise Hansell Policy & Grants Manager Phone: (415) 252-4653 Email: elise.hansell@sfgov.org	Pau Crego Deputy Director - Policy and Programs Phone: (415) 671-3072 Email: pau.crego@sfgov.org





POLICIES AND PROCEDURES

GUEST REFERRALS, PLACEMENTS, AND INTAKES

Guests admitted to SIP Hotel sites as of **November 15, 2020**, will be held separately from ongoing rehousing efforts and will not be eligible for housing placement through the SIP Rehousing process, except as provided below.

I. REFERRALS AND PLACEMENTS

A. Centralized Referrals Process prior to November 15, 2020.

For policies and procedures related to SIP Hotel Program guest referrals, placements, and intakes completed by November 15, 2020, please see the [SIP Hotel Program — Guest Placements Standard Operating Procedures](#).

B. SIP guest discharges from I/Q or hospital system sites.

As of **November 6, 2020**, any SIP Hotel guest who is transferred to an I/Q site because of COVID-19, or transferred to the hospital system (including medical respite and lower acuity continuing care programs) for any reason, will be able to return to the SIP Hotel Program upon their discharge so long as the guest has not been issued a Safety Exit Notice and/or Appeals decision that bars their readmission to the SIP Hotel Program.

The discharging I/Q or hospital system site will arrange for the guest's return to the SIP Hotel room they had occupied prior to their I/Q or hospital system stay if the guest has not been issued a Safety Exit Notice and/or Appeals outcome that bars their readmission to that SIP Hotel site; otherwise the discharging I/Q or hospital system site will arrange for the guest's return to another SIP Hotel site.

This policy applies only to SIP Hotel guests discharged from the I/Q Program and hospital system sites and does not include discharges from any other type of institution.

C. Temporary hospital system placements to SIP Hotel sites.

As of **November 23, 2020**, the CCC began providing hotel rooms for people experiencing homelessness who are discharged from hospital system sites, considered COVID vulnerable, and otherwise lack the ability to safely shelter during the pandemic. Placements made through this exception are temporary, and guests admitted per this policy will be held separately from ongoing rehousing efforts and will not be eligible for housing placement through the hotel. Rooms will be available for hospital discharge only. Please see [SIP Hotel - Hospital System Temporary Placement Standard Operating Procedures](#) for more information.

E. Referrals to SIP Hotel IPV Pilot

The SIP Hotel Program includes a pilot referral process for adult cis-gender, transgender, and queer women fleeing interpersonal violence. For more information, please contact either:

San Francisco Department on the Status of Women (DOSW)	San Francisco Office of Transgender Initiatives (OTI)
Elise Hansell Policy & Grants Manager Phone: (415) 252-4653 Email: elise.hansell@sfgov.org	Pau Crego Deputy Director - Policy and Programs Phone: (415) 671-3072 Email: pau.crego@sfgov.org

F. Referrals to SIP Hotel consolidation sites

SIP Hotel Program guests who do not exit into permanent housing by the date of their sites demobilization will be offered a transfer to a SIP Hotel consolidation site. *Please see [Rehousing and Site Demobilization Process](#).*

All transfers to SIP Hotel consolidation sites are voluntary, and referred persons are free to decline.

Self-referrals will not be accepted into SIP Hotel consolidation sites.

Every effort will be made to match individuals who need assistance with self-care to sites that have enough staffing to ensure they are well cared for and safe, or else additional staffing will be sought.

Additionally, two individuals with a shared history of violence may not knowingly be placed in the same SIP Hotel consolidation site.

G. Roommate Policy

Roommate requests were suspended as of **November 15, 2020**. Guests may only request a roommate after this cutoff through an approved [Reasonable Accommodation](#) request.

II. TRANSPORTATION

The Emergency Medical Services Authority (EMSA) Unit within the CCC facilitates the safe transport of pre-identified SIP-eligible individuals from their referring location to a SIP Hotel site. Vehicles have been outfitted to enable appropriate physical distancing and will be utilized each day to provide transport. Each vehicle can transport up to two individuals at a time while maintaining appropriate social distance between riders and can accommodate wheelchairs and other mobility assistive devices.

Specially outfitted MUNI buses can be provided to carry up to eight individuals per trip when necessary. The drivers of the vehicles will be protected behind a plastic barrier and require a social services staff (HOT, DPH, etc.) to accompany guests from the referral site to the receiving site. Drivers for all vehicles will not exit the vehicles to assist guests with entering and exiting the vehicle. It is critical that care



coordinators, social workers or other support at the sending and receiving sites are available to support guests regarding such needs.

III. INTAKES

Site Operators work together with medical partners to engage guests in a preliminary health screening, a security screening, general guest information collection, and a general medical assessment during intake.

A. Preliminary health screening.

At the time of referral for an initial placement and at least daily, throughout a guest's stay, guests will be screened for [COVID-19 symptoms](#), including temperature checks. When an individual screen with a temperature at or above 100.4 or other COVID-19 symptoms, [site staff must contact SFDPH](#) for transfer to another site.

B. Security screening.

1. Weapons.

Guests and roommates must turn in all weapons to security at intake. Firearms will be turned over immediately to the San Francisco Police Department. Other weapons will be stored by security staff in a safe and secure lockbox and will be returned when guests upon the end of their stay in the program. *Please see [Weapons](#).*

2. History of violence screening.

Two individuals with a shared history of violence may not knowingly be placed in the same site.

C. Guest information.

Upon arrival at the site, guests and roommates will be asked to complete all necessary intake paperwork for enrollment that will be captured in [RTZ and the ONE System](#) including but not limited to:

- [Participant Agreement](#), which asks guests to confirm their receipt and understanding of program rules;
- [Homeless Response System Release of Information](#) (if not already on file)
- Homeless Response System Intake (if not already on file)
- Agreement to participate in Coordinated Entry (if the person has not already been assessed)
- Special dietary requirements (if relevant)

Please see [Data and Privacy Training](#) and [Data and Reporting](#) for more information.



E. General medical assessment.

Particularly during periods where community clinics are unable to provide services, SFDPH providers may be available to assist with general medical assessment during intake. Site Operators should check with their [CCC program managers](#) for more information.

If there is any indication that an assessment for home care, durable medical equipment (DME) or behavioral health services is required, site staff should arrange for consultations with relevant partners as soon as possible. Support from [In-Home Supportive Services](#) and [DPH Behavioral Health Services](#) may be on site for intakes in certain situations.

F. Safe use/harm reduction kits.

Staff should alert every guest at initial intake that pre-packaged safe use kits, sharps containers, and safer use health education materials are available to them onsite. Please see [Harm Reduction](#) for more information.

G. Site orientation.

At the time of intake, or as soon as possible after program entry, guests should be provided an orientation to the site that includes critical information they might need for combatting isolation and promoting access to essential services, including instructions about how to send and receive mail, use in-room phones and Wi-Fi, relieve pets, and make use of on-site resources such as laundry services and harm reduction supplies. Site staff also should provide guests with information about the SIP Hotel Program's policies for [Complaints, Requests, and Appeals](#).

H. Personal belongings, storage, and excess property.

Guests may not be transported to any site with more than two 30-gallon bags, one bike (fully assembled), one small rolled up tent, and a "carry on" equivalent (backpack or small suitcase). Medical equipment (e.g. wheelchairs and CPAP machines) do not count towards this limit so long as it is fully assembled and functioning at the time of intake. Guests may not bring shopping carts. Referring Entities should work with guests on decluttering ahead of an intake appointment.

Guests must store all onsite belongings in their own room.

In the case that a guest arrives with excess personal belongings, site staff will work with each guest to determine a reasonable number of belongings that will be permitted inside the guest's room, with overall safety in mind. Site staff also direct guests to off-site when available and appropriate. Off-site storage will not accept firearms, electronics, propane tanks, bike and medical equipment parts, or assembled bikes and medical equipment that do not work at the time of intake, among other items.

Onsite personal belongings will be stored for a maximum of three days after a guest ends their stay at a site. Any items stored offsite will be kept for a maximum of 30 days after a guest ends their stay in the Alternative Housing System.



J. Wristbands.

Guests will be issued wristbands at intake; these wristbands identify who has guest access to the site and should be worn at all times. Please see [Guests checking in and out](#).

COMMUNITY EXPECTATIONS AND PROGRAM RULES

The COVID-19 Alternative Housing System provides places for people to shelter-in-place during the COVID-19 crisis. Every guest receiving temporary shelter at a COVID-19 Alternative Housing System site does so at the invitation of the City and County of San Francisco (CCSF). The Alternative Housing System does not provide permanent housing, and guests staying at a COVID-19 Alternative Housing System site do not have tenancy rights. Nonetheless, all guests are entitled to fair, respectful, and equitable treatment.

The community expectations and program rules described below apply to guests staying at Shelter-in-Place (SIP) Hotel Program sites. The program rules are similar to the rules in CCSF's shelters and navigation centers. The rules have been adapted to support guests in meeting essential needs during the COVID-19 crisis.

I. POSTING AND ACCESSIBILITY

Site Operators must post:

- The following [Community Expectations](#) and [Program Rules](#);
- Rules for filing [Complaints, Requests, and Appeals](#);
- Information about the availability of advocacy support from the [Shelter Client Advocate](#); and
- (If requested) [program eligibility requirements](#).

Written copies of these documents must be made available in English, Chinese, Filipino, and Spanish.³

³ Section 91.54 of San Francisco's [Language Access Ordinance](#) (LAO) requires "City Departments" to make "Language Access Services" (including both translation and interpretation services) available for the following written materials:

- Applications or forms to participate in a Department's program or activity or to receive its benefits or services;
- Written notices of rights to, determination of eligibility for, award of, denial of, loss of, or decreases in benefits or services, including the right to appeal any Department's decision;
- Notices advising Limited English-Speaking Persons of free language assistance;
- Materials, including publicly posted documents, explaining a Department's services or programs;
- Complaint forms;
- Any other written documents related to direct services to the public that could impact the community or an individual seeking services from or participating in a program of a City Department.

For more information about the LAO, please see <https://sfgov.org/oceia/language-access>. For more information about Language Access Services provided by the City and County of San Francisco, please contact the [San Francisco Office of Civic Engagement and Immigrant Affairs](#).



Additionally, SIP Hotel staff must explain all rules to guests verbally in the guest's primary language,⁴ and/or with the use of **auxiliary aids and services** for guests who may have hearing, vision, or speech disabilities."⁵

Guests cannot be issued a [Warning Notice](#) or [Safety Exit](#) for a rule violation where that rule has not been put into writing and posted for a minimum of one week prior to their effective date.

Please note. These rules may be modified at any point in light of emerging public health and safety needs.

II. COMMUNITY EXPECTATIONS

The following Community Expectations apply to everyone on site – guests and staff alike. These expectations must be posted at every SIP Hotel site.

1. We will treat everyone on site with respect, civility, and dignity.
2. When in common areas, we will protect everyone's health by properly wearing face coverings and staying at least six feet apart from other people.
3. We will participate in Wellness Checks and health screenings.
4. We will not invite or accept any visitors, except people who are delivering essential services.
5. We will respect quiet hours between 10:00 PM and 7:00 AM and will not enter or leave the site during those hours unless authorized by staff.
6. Any animals we bring on site will be under our direct control at all times.
7. We will smoke and relieve animals only in designated areas.

⁴ Same as previous footnote.

⁵ Title II of the Americans with Disabilities Act (ADA) ([28 CFR §§ 35.101 - 35.108](#)) prohibits discrimination on the basis of disability all services, programs, and activities provided or made available by state and local governments. Hearing, vision, and speech disabilities are referred to as "communication disabilities." **Auxiliary aids and services** include:

- **For individuals who are deaf or hard of hearing:** Qualified interpreters on-site or through video remote interpreting (VRI) services; notetakers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice, text, and video-based telecommunications products and systems, including text telephones (TTYs), videophones, and captioned telephones, or equally effective telecommunications devices; videotext displays; accessible electronic and information technology; or other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing;
- **For individuals who are blind or have low vision:** Qualified readers; taped texts; audio recordings; Brailled materials and displays; screen reader software; magnification software; optical readers; secondary auditory programs (SAP); large print materials; accessible electronic and information technology; or other effective methods of making visually delivered materials available to individuals who are blind or have low vision;
- Acquisition or modification of equipment or devices; and
- Other similar services and actions.



8. We will respect the property and keep it in good condition.
9. We will never threaten violence toward another person, commit an act of violence, or keep any weapons on site.

III. PROGRAM RULES

The following rules may be modified by a San Francisco Department of Public Health directive with respect to emerging public health needs.

A. Health screenings.

At the time of referral for an initial placement and at least daily, throughout a guest's stay, guests will be screened for COVID-19 symptoms, including temperature checks. When an individual screens with a temperature at or above 100.4 or other COVID-19 symptoms, site staff must contact SFPDH for transfer to another site.

B. Masks.

All guests must wear masks any time they are not actively eating, drinking, showering, washing their face, brushing/flossing their teeth, shaving their face, and/or in their room. Site staff keep a supply of surgical masks that is available to guests.

- Masks must cover the nose and mouth and may be made from a variety of materials. The most effective fabrics for cloth masks are tightly woven fabrics that are breathable and 2 or 3 layers.
- Cloth masks should be washed frequently with detergent and hot water and dried on a hot cycle.
- Masks with ventilation valves or vents may not be worn.
- Masks should not be placed on young children under age 2.

C. Personal belongings.

Guests may not bring than two 30-gallon bags, one bike (fully assembled), one small rolled up tent, and a "carry on" equivalent (backpack or small suitcase) onsite. Medical equipment (e.g. wheelchairs and CPAP machines) do not count towards this limit so long as it is fully assembled and functioning at the time of intake. Guests may not bring shopping carts. If a guest has a bike, the guest should talk to site staff.

Guests must store all onsite belongings in their own room.

D. Removal of property.

Guests must empty their rooms of trash and personal belongings when they leave the program. Any property that remains in the room after a guest ends their stay at the site – including by voluntarily giving up their room, 48-hour abandonment of the room, or immediate safety exit, but not including admission to a hospital system or I/Q site – will not be stored beyond seven calendar days, not including any period while a guest is in the process of appealing their exit.



E. Weapons.

Guests may not possess weapons in the site, including in their rooms. Guests must turn over any weapons for proper and safe storage when they enter the site; however, firearms will not be stored and will be turned over to the San Francisco Police Department.

F. Room keys and door locks.

The COVID-19 Command Center will determine whether or not room keys will be provided to guests for the site.

If room keys or key cards are provided:

- Guests should safeguard their room keys or cards.
- If a room key or key card is lost, stolen, or misplaced, please report this to site staff immediately.
- Guests should not place any key cards near magnets or other magnetized cards. Doing so may demagnetize the card.
- Guests must return their room keys or key cards to staff when they end their stay at their SIP Hotel site.

If room keys are not provided:

- Guests should use the deadbolt on their room doors to keep the door open if they leave the room for a short period of time.
- If a guest will be leaving their room for an extended period of time, they should make sure the door is fully closed. Site staff will open the room door upon the guest's return.

Guests are prohibited from installing personal locks or door chains inside their rooms.

G. Room alterations.

Guests may not alter or modify their guest room. Guests may not remove any furniture or fixture from the room at any time. Guests may not add other furniture to the rooms, including, from other rooms, the rest of the site or the outside. Guests also may not paint the walls or install any equipment or fixture.

H. Room damages.

Guests must report any damage or hazards (leaks, electrical problems, broken windows, etc.) to site staff right away. Guests must not purposely cause any damage or hazard. Any guest who causes damage or a hazard may be responsible for the cost of any damage to the room. Guests are also expected to respect the site property and refrain from damaging the property during their stay.

I. Egresses.

Guests must maintain their rooms in a safe manner, including but not limited to ensuring there are clear pathways to exits.



J. Windows.

Guests may not display any items on the windows or cover any part of windows.

K. Pest control.

Guests must participate in pest inspection and treatment. Additional information, such as the schedule or instructions, will be provided by site staff.

L. Smoking.

Smoking is strictly prohibited in the rooms and in all common areas of the site. When smoking outside of the site, guests may smoke only at the curb, or if there is no curb, at least 15 feet from exits and entrances. When smoking, guests must continue to practice social distancing from others.

M. Fire damage and arson.

Guests should not engage in activities that might result in a fire starting onsite. Lighting candles and smoking indoors are not permitted. Any guest found responsible for starting a fire will be subject to immediate removal and may face legal repercussions.

N. Manufacture or preparation of drugs (controlled substances).

Guests may not manufacture or prepare controlled substances onsite. Any guest who engages in the manufacture or preparation of a controlled substance will be subject to immediate removal, as well as possible criminal prosecution.

O. Safety equipment.

Each room is equipped with a carbon monoxide detector and smoke detector. Guests may not tamper with these units or remove them. There may also be sprinklers installed in the rooms. If so, guests may not hang any items from the sprinklers.

P. Wellness checks.

Guests must participate in daily wellness checks. These daily wellness checks include at least one opportunity for staff to observe, but not enter, each guest's room or trailer each day. Guests must open their door fully so that staff can assess the general room condition. Staff may not observe or enter a guest's room or trailer to do a wellness check if the guest is not present, except to conduct an [Emergency Safety Check](#).

Q. Room inspections.

Guests must participate in weekly room inspections to maintain health and sanitation standards. Staff must be allowed to enter guest rooms to complete the inspections.

R. Emergency safety checks.



Staff may enter a guest's room when there is reason to believe a guest is at immediate and substantial risk due to a medical, psychiatric, or facilities-related emergency. Staff performing an Emergency Safety Check will announce themselves and state the purpose of their visit, wait a few minutes for a response, and unlock the door if the guest does not do so themselves.

S. Leaving site for more than 48 hours.

Guests may not leave the site for more than 48 hours without notifying and receiving prior approval from site staff.

T. Visitors.

No visitors are allowed, unless providing essential services to guests on-site. Guests are required to coordinate with site staff if they have essential services providers not already present on-site that need to assist them in their rooms, and to share the service schedule as far in advance as possible. Service providers are required to sign in and out of the site. Overnight visitors are prohibited.

U. Family/child rules.

In units with children, the following additional rules apply:

- Children under the age of 15 must be under the supervision of their parents or legal guardians at all times. Child(ren) under the age of 15 must not be left alone in the room and may not be permitted to play outdoors unless they are adequately supervised by a parent or guardian.
- Children the age 15 and over may be allowed to be in their room alone, with their parent and site staff's approval, only during business hours.
- Minors of any age are not allowed visitors, including other guests, unless supervised by their parent and the program, for an essential service.
- Parents are responsible for the safety and behavior of their children at all times, as well as for any damages to property caused by their children.
- Due to COVID-19 and the citywide Shelter-in-Place directive, parents are not allowed to make babysitting arrangements with other guests or individuals who do not live at the site. All children must remain under the supervision of their parent or guardian as outlined above.
- Keep all hazardous or poisonous items, including cleaning products, medications, mouthwash, matches or lighters, cosmetics, toiletries or sharp objects, out of reach of young children.

V. Animals.

If a guest had service animals and/or pets at the time of referral, the guest may have those same animals in the guest's room in the site. Guests may not bring additional pets to their rooms. Additional services animals may be approved through the reasonable accommodation process.

Guests will be responsible for the behavior of their animals at all times. Guests with animals must comply with all the following rules:



- Animals must be on a leash or in a container when outside of their rooms, and guests must have direct physical control of their animals at all times.
- The guest is responsible for the care and feeding of their animal, including properly disposing the animal waste.
- Guests should feed and water animals only in designated areas.
- Animals may not be aggressive or loud.
- If an animal attacks or bites another animal or a person, site staff will report the incident to Animal Care and Control, and the guest must remove the animal from the site.
- Guests must have current rabies vaccination for their animals.
- Site staff can arrange for animals to be temporarily sheltered with Animal Care and Control if the animal needs to be removed from the site and the guest does not have other alternatives or if the guest can no longer care for the animal.

W. Respectful interactions with others.

All guests are expected to behave respectfully when interacting with anyone at the site. Guests must refrain from all forms of harassment, abusive language, or lewd behavior when interacting with others at the site. All site staff and guests are expected to treat others with dignity, civility, and courtesy.

X. Violent behavior.

Violence is not permitted, including but not limited to pushing, shoving, slapping, kicking or throwing things at the site. Threats of violence are also not permitted. Any guest who engages in violence or threats could be subject to immediate removal from their site, as well as possible criminal prosecution.

Y. Curfew and quiet hours.

Curfew is 10:00 PM and quiet hours are from 10:00 PM to 7:00 AM. Guests are encouraged to be inside their rooms during this time.

Z. Other rules

Site Operators may develop additional rules and expectations for guests in response to urgent operational needs. Additional rules are subject to approval by CCSF. All rules must support guests to remain on site and practice physical distancing and appropriate hygiene in order to prevent and mitigate the spread of COVID-19.



GUEST HEALTH AND WELLNESS

I. WELLNESS CHECKS, ROOM INSPECTIONS, AND EMERGENCY SAFETY CHECKS PROTOCOLS

Wellness checks, room inspections, and emergency safety checks shall be conducted in a way that is sensitive to the likelihood of a guest's history of trauma and sense of violation or loss of dignity. All activities must be documented and specify a plan for following up on any identified facilities or supportive service needs.

Site staff shall conduct all Wellness Checks, Room Inspections, and Emergency Safety Checks in pairs with personal protective equipment, including fit-tested N-95 masks, gloves, clothing protection, and eye protection.

A. Wellness checks.

Wellness checks combat isolation, further the safety and habitability of the site, identify needs that require connection to supportive services, and promote more timely interventions in the case of a crisis.

Wellness checks shall be performed at least once a day for every guest. Ideally, guests work with providers to set the wellness check cadence that feels right to them, within these parameters.

Wellness checks shall be conducted in a way that is sensitive to the likelihood of a guest's history of trauma and sense of violation or loss of dignity. All activities must be documented and specify a plan for following up on any identified facilities or supportive service needs.

Site staff shall conduct all Wellness Checks six feet away from guests, in pairs with appropriate PPE. Please see SFDPH's [Interim Framework During the COVID-19 Pandemic for PPE Use by City and County of San Francisco \(CCSF\) Disaster Service Workers and Contractors Working in Settings with Significant Commingling of Individuals with Varying COVID-19 Status](#).



condition.

Wellness checks at sites with trailers. At sites with trailers, daily wellness checks must include at least one opportunity for staff to observe, but not enter, each guest's trailer each day. Guests must open their door fully so that staff can assess the general room

B. Room inspections.

Room inspections involve staff entering the guest's room specifically to assess the condition of the room and its furniture and fixtures, and to identify and resolve any concerns regarding safety or habitability. Site Operators must conduct room inspections for each guest at least once weekly and include documentation and follow-up on identified needs for repairs or other interventions.

Staff may not observe or enter a guest's room or trailer to do a wellness check if the guest is not present, except to conduct an Emergency Safety Check.



C. Emergency safety checks.

When there is reason to believe a guest is at immediate and substantial risk due to a medical, psychiatric, or facilities-related emergency, site staff and/or authorized provider staff (such as In-Home-Supportive Services) shall perform an emergency safety check. Staff performing an emergency safety check will announce themselves and state the purpose of their visit, wait a few minutes for a response, and unlock the door if the guest does not do so themselves.

SIP Hotel site staff should take an active role in identifying and making referrals for appropriate supportive services. [CCC Providers Connect](#) provides contact information to support services partners and has sample flyers to be made available on site to guide staff in making support services referrals.

While Site Operators may or may not provide supportive services directly, all have a critical role in care coordination for guests in their sites. Site Operators must coordinate site access and schedules for on-site services, identify unmet needs, and support guests' engagement with service providers to the extent possible. Site Operators must designate a staff person to perform these care coordination roles.

II. ACCESS TO ESSENTIAL SERVICES

While supporting guests to remain in place, SIP Hotel sites should provide robust and proactive supports for guests to meet essential needs, and to make and maintain connections with others. Guests must be able to access the following supports without leaving their SIP Hotel site.

A. Clothing and hygiene items.

Guests in need of basic clothing and hygiene items should be provided these items on site free of charge. The Site Operator may set reasonable limits on type and quantity of supplies available.

B. Meals.

Guests must be provided three full meals and one snack each day. The meals should be healthy and reflect [USDA MyPlate Nutrition Guidelines](#). Menus should rotate for the sake of variety.

- Breakfast should include: four ounces protein (yogurt, eggs, cottage cheese, cheese, beans, sausage, etc.); fruit; four ounces starch (muffin, bagel, tortilla, baked good, etc.); and orange juice, apple juice, or water (no added sugar). Breakfast may be hot or cold.
- Lunch and Dinner should each be 14-16 ounces in total weight, with roughly: six ounces protein; four ounces starch or grain; four ounces vegetable; and bottled water (12-16 ounces). Dinner must be hot; lunch may be either hot or cold.
- No meals should have nuts or shellfish.
- No meals should contain apples or raw carrots.
- All meals should be low in sodium.



- No more than 50 percent of meals provided at a given mealtime should have pork.
- The following dietary requirements or preferences must be accommodated:
 - Mechanical soft (for those with dental issues).
 - Diabetic-friendly.
 - Food allergies.
 - Vegan.
 - Vegetarian.
- Meals should be individually wrapped or boxed, with compostable utensils and napkins.

Meal providers must have appropriate food safety training and certification. If the Site Operator has direct control over handling or preparation of meals (either in place of, or in addition to, a subcontracted arrangement), at least one supervisor or manager overseeing this function must pursue certification of proficiency in safe food handling principles.

Program sites must have procedures in place to:

- Track and communicate the number of meals needed daily to the caterer or appropriate liaison.
- Solicit information from guests about their dietary needs.
- Ensure that guests with dietary requirements get the appropriate meal.
- Distribute meals in a contactless manner in order to promote physical distancing and mitigate the spread of the virus.
- Ensure guests sit 6 feet apart when eating
- Maintain food at safe temperatures prior to mealtimes.
- Minimize potential for spoilage or contamination during delivery and distribution.
- Collect, evaluate, and respond to guest feedback on meal quality and service.

[CCC Providers Connect](#) includes [guidance](#) around menu planning and logistics, as well as sample menus.

C. Laundry.

Sites must provide freshly laundered towels and bedsheets and/or blankets for guests. CCSF offers laundry service for collecting towels and bedsheets/and/or blankets for laundering service to guests as a courtesy only. Guests should not include any personal laundry with these items, personal laundry will not be returned. If staff are handling guest laundry, ensure that they wear gloves.

Each site also must provide access to laundry facilities (which must include laundry detergent) on site for free, or else arrange for complimentary, weekly wash-and-fold laundry service with pick-up and delivery on site. Guests must place items for laundering in a clear plastic bag and tie it securely.

Typically, laundry service for linens and towels owned by the facility will be arranged separately from laundry for personal items. At sites that arrange for separate laundry services for linens and towels owned by the facility versus personal items:



- Sites should establish a regular schedule for collecting towels, bedsheets, and blankets for laundering service. Site staff must provide information on the schedule and instructions for collecting the items for laundering. Guests should not include any personal laundry with these items.
- Where the site uses an outside wash-and-fold laundry service for personal items, guests must place items for laundering in a clear plastic bag and tie it securely. Guests should take care to empty all pockets and ensure that personal laundry does not contain valuables or dangerous items.

These services are provided as a courtesy only, and CCSF is not responsible for lost or damaged items. CCSF is not responsible for lost or damaged items. Guests should take care to empty all pockets and ensure that personal laundry does not contain valuables or dangerous items.

D. Care coordination.

Care Coordinators should take an active role in identifying and making referrals for appropriate supportive services. [CCC Providers Connect](#) provides sample documents to be made available on site to guide staff in making referrals.

Care Coordinators must coordinate site access and schedules for on-site services, identify unmet needs, and support guests' engagement with service providers to the extent possible.

E. Phone service.

Site Operators must ensure that guests have access to phone service on site to make and receive calls (local calls must be free of charge to the guest; long-distance calls may incur a fee).

F. Mail.

Guests may arrange to receive mail and packages at their site. If mail is addressed to another location, or to a P.O. Box, guests may arrange with the U.S. Postal Service for a temporary order to forward mail to the site. Any mail forwarding must be temporary. Site staff will receive guest mail that is sent or forwarded to the site, including packages, and deliver them to guests. For packages, staff will contact guests first regarding delivery.

G. In-room maintenance.

Maintenance should only be performed in rooms that have been appropriately cleaned. If a maintenance issue presents a safety or habitability concern and must be addressed:

- Move the guest and their belongings to another room.
- The original room should then be cleaned, maintained, and prepared for a new guest. Follow the [room turnover procedure](#); if maintenance needs are time-critical, arrange for cleaning services first, and then additional re-set services only after maintenance is complete.

[CCC Providers Connect](#) includes a sample on-site resource to guide SIP Hotel site staff to arrange for room turnover efficiently and safely.



H. Pest control.

Sites should develop procedures to limit risks of infestations by bedbugs and other pests; to monitor guest and their belongings for conditions indicating such an infestation; and to promptly notify facilities management to arrange pest control services when necessary, coordinating with guest(s) to support their compliance.

I. Animal supplies.

Site Operators should provide animal supplies, including food and waste bags, as needed to any guests who have an animal on site. Please see [Animals](#).

Site Operators and guests are encouraged to make use of free supplies available through [Full Belly Bus](#) by visiting the Full Belly Mondays events 3:00 PM – 4:00 PM on the first and third Mondays of each month at St. Anthony's (121 Golden Gate Avenue).

J. Room Turnover.

Room turnover between guests should be managed carefully in order to avoid potential exposure to the COVID-19 virus by staff or guests. Site Operators have some flexibility to arrange cleaning and re-set services, but room turnover procedures should follow these basic steps:

If the room was previously occupied by a guest with symptoms of COVID-19:

1. Arrange with the program manager for CCC-provided decontamination services.
2. Instruct the decontamination team to place sheets and towels from the room with other soiled sheets/towels.
3. Arrange for room cleaning and re-set. Provide supplies for re-set (clean linens and towels, toilet and facial tissue, and toiletries).

If the previous occupant did not have COVID-19 symptoms:

1. Arrange for room cleaning and re-set. Provide supplies for re-set (clean linens and towels, toilet and facial tissue, and toiletries).
2. The staff performing these services will collect soiled linens and towels for laundering, and bag and dispose of trash.

III. MEDICAL CARE

Basic, accessible medical services must be available on site at no fee to guests. Unless a Site Operator arranges for an alternative medical provider, SFDPH provides nursing and medical services to SIP guests.

SFDPH medical personnel may be on site or on call. If not on site, call Shelter Health at [\(415\) 369-7969](tel:4153697969). This team can provide consultations over the phone, conduct in-person assessments, and arrange for appropriate ongoing care.



Always call 911 if any guest, staff, provider, or vendor is in danger or in need of immediate medical assistance.

A. Access to medication and medical supplies.

Only licensed medical staff may administer medication or take part in medication management.

Medical providers may arrange for guests' medications to be delivered by courier to the site. As with any other delivery, site staff should deliver items addressed to an individual guest promptly to that guest. Guests may also order medications and medical supplies for parcel delivery; these should be distributed to guests in the same manner as other mail and parcels. Guests must have access to a refrigerator if they are prescribed a medication that must be refrigerated.

In instances where medications are couriered to the site for use by medical staff, but medical staff are not available to receive them, site staff should not open the package and should immediately store these items in a secure location until medical staff retrieve them.

Site staff should not deliver any medications not individually packaged and shipped for a specific guest. Staff should not open unlabeled packages and in no case should they distribute medications outside of the scenarios listed above.

Site Operators should implement signed delivery logs to protect against improper access to medications by staff and guests.

B. Occupational/physical therapy.

Shelter Health can make referrals for occupational or physical therapy to be delivered on site, if they determine those services are needed for a guest to live safely in their hotel room.

IV. HARM REDUCTION

In order to minimize the spread of COVID-19, guests must be provided access to the essential supplies they need to shelter-in-place, including sharps containers, safe use/harm reduction supply kits, and naloxone/Narcan. Site Operators may elect one of the following supply access models:

Model A includes an unattended station or stations where guests can access supplies 24/7 as needed. Larger sites may require a station on each floor for guests. This model will require designated staff to refill the supplies at stations as needed.

Model B partners with on-site medical care and social work staff (requires daily regular nursing staff to be on-site and available to provide access to safer use supplies).

Both models require personal sharps containers to be placed in each guest room and a safe disposal station(s) for guests to dispose of full sharps containers and get new ones.



Providing these supplies is safe, legal, and ensures guests at this site have what they need to reduce their risk for overdose, disease transmission, and other harms, while also allowing them to adhere to the shelter-in-place order.

A. Safe use / harm reduction kits.

Pre-packaged safe use kits, sharps containers and safer use health education materials will be provided by the San Francisco AIDS Foundation Syringe Access and Disposal Services.

- Pre-packaged safer use kits will include cooker caps, twist ties, sterile water ampoules, cotton filters, alcohol pads, and tourniquets.
- 31-gauge 5/16", 28 or 30-gauge 1/2", and 27-gauge 5/8" syringes will be available in sealed packages containing 10 syringes each.

If SFDPH medical personnel are on-site regularly, they can distribute the kits and naloxone upon request; otherwise, kits should be accessible at each designated harm reduction station.

Staff should alert every guest at initial intake these supplies are available.

B. Sharps containers.

Personal sharps containers will be available in every room, regardless of guest's medical history. Additional personal sharps containers will be accessible for guests to get a new personal container to take back to their room after disposing of full sharps containers.

At least one larger disposal container will be located on each floor and/or in designated locations.

Instructions on proper sharps/medical waste disposal will be posted at each station and/or designated location for safe disposal and personal sharps containers.

Staff may not handle used sharps containers or used syringes/supplies. Site Operators must identify designated staff who will request syringe/medical waste removal and 19-gallon sharps container replacement when a larger 19-gallon sharps container is $\frac{3}{4}$ full.

C. Narcan and naloxone.

Nasal Narcan and injectable naloxone kits and overdose prevention/response training will be provided by the Drug Overdose Prevention and Education (DOPE) Project. Nasal Narcan kits will be accessible at each station or attached to laminated signage throughout each floor, depending on site needs.

Instructions on how to identify an overdose and how to respond will be posted at each station. Site Operators must identify designated staff to replenish Narcan as needed on their rounds.

1. Narcan and naloxone overdose protocol.

Access to Nasal Narcan and injectable naloxone kits and overdose prevention/response training provided by the Drug Overdose Prevention and Education (DOPE) Project must be made available by Site



Operators to site staff. Nasal Narcan kits will be accessible at each station or attached to laminated signage throughout each floor, depending on site needs.

Instructions on how to identify an overdose and how to respond must be posted at each station.

If a guest reports an overdose to staff:

- Instruct the guest to administer nasal Narcan available on each floor, if they haven't done so already, and follow chain of command to alert designated leadership of a medical emergency
- Confirm 911 has been called or medical staff has been alerted.
- Staff are not obligated to respond to medical emergencies, only to alert designated staff, but if staff choose to respond:
 - Wash hands and wear appropriate PPE, if possible.
 - If a guest is not responsive and not breathing, assume you are responding to an opioid overdose. If someone is not breathing, they will be unconscious, their skin color will be a blue-gray or an ashen gray, with blue, purple, or gray lips. They may be making a deep, irregular snore-gurgle sound.
 - Verbally and physically stimulate them: Yell their name, administer sternum rub or hard pinch/twist on arm.
 - Administer the first dose of nasal Narcan by putting the device all the way up a person's nostril. Naloxone will begin to work in 2 - 3 minutes, so a dose should be administered once every 2 minutes to give the naloxone time to work. Have a staff member or guest keep time, if possible.
Narcan is accessible at Harm Reduction Stations on each floor, with floor monitors, and with Shelter Health.
 - Begin rescue breathing. Opioid overdose is a respiratory emergency, not necessarily a cardiac emergency, so prioritize rescue breathing, as chest compressions aren't necessarily helpful. If available, use ambu-bag to avoid mouth-to-mouth contact, or at least a breathing shield.
Try and get the person lying flat on their back. Open their mouth, pinch their nose closed, put your mouth over theirs and form a seal. Provide one breath every five seconds. Make sure the chest rises with each breath.
 - Continue administering one dose of nasal Narcan every two minutes and providing rescue breathing until the person begins to respond, or EMS arrives on scene.
- EMS will assess the patient and either transport them to the hospital, or the patient will refuse transport if they are responsive and breathing again. If a patient denies transport, they should be monitored by staff or friends to observe for re-sedation for at least 90 minutes. The Site Operator and staff are not liable if a patient refuses transport or leaves the scene.
- Site Operator ensures that a Critical Incident Report is filed according to protocol, and ensure staff and guests debrief and receive support after the incident.



D. Ordering harm reduction supplies.

Staff must contact Whit Bastian, Harm Reduction Center Manager at the San Francisco AIDS Foundation, at mwbastian@sfaf.org or [\(415\) 992-2776](tel:4159922776) when harm reduction supplies need replenishing as follows:

- Fill out a [Harm Reduction Supplies Order Form](#) to include each item you are ordering, the site, site address and site contact details for the person who will receive each order.
- Text a photo of completed order form or scan and email completed order form to Whit Bastian.
- You will receive a confirmation that the order has been received and orders will be delivered within one business day.

E. Legal liability.

Under California law, a prescriber may issue a standing order authorizing the administration of naloxone by any trained layperson to someone who may be experiencing an opioid overdose. If the program does not have an authorized prescriber (anyone who has prescribing privileges in the state of California), then they may work with a program that provides training and naloxone distribution to come provide training to staff.

[Section 1714.22 of the California Civil Code](#) holds as follows:

(a) For purposes of this section, the following definitions shall apply:

- (1) “Opioid antagonist” means naloxone hydrochloride that is approved by the federal Food and Drug Administration for the treatment of an opioid overdose.
- (2) “Opioid overdose prevention and treatment training program” means any program operated by a local health jurisdiction or that is registered by a local health jurisdiction to train individuals to prevent, recognize, and respond to an opiate overdose, and that provides, at a minimum, training in all of the following:
 - (A) The causes of an opiate overdose.
 - (B) Mouth to mouth resuscitation.
 - (C) How to contact appropriate emergency medical services.
 - (D) How to administer an opioid antagonist.

(b) A licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the administration of an opioid antagonist to a person at risk of an opioid-related overdose by a family member, friend, or other person in a position to assist a person experiencing or reasonably suspected of experiencing an opioid overdose.

(c) (1) A person who is prescribed or possesses an opioid antagonist pursuant to a standing order shall receive the training provided by an opioid overdose prevention and treatment training program...

(f) Notwithstanding any other law, a person who possesses or distributes an opioid antagonist pursuant to a prescription or standing order shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this possession or distribution.



Notwithstanding any other law, a person not otherwise licensed to administer an opioid antagonist, but trained as required under paragraph (1) of subdivision (d), who acts with reasonable care in administering an opioid antagonist, in good faith and not for compensation, to a person who is experiencing or is suspected of experiencing an overdose shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration.

F. Harm reduction services contacts.

San Francisco Department of Public Health	Harm Reduction Coalition, DOPE Project
Eileen Loughran, Community Health Equity and Promotion Health Program coordinator Population Health Division San Francisco Department of Public Health Mobile: (415) 218-8582 eileen.loughran@sfdph.org	Kristen Marshall DOPE Project Manager Harm Reduction Coalition Mobile: (628) 225.2801 marshall@harmreduction.org
San Francisco AIDS Foundation, Syringe Access and Disposal Services	
Robert Hoffman Director of Operations Syringe Access and Disposal Services, San Francisco AIDS Foundation Mobile: (415) 609-8778 rhoffman@sfaf.org	Whit Bastian Manager, Harm Reduction Center Syringe Access and Disposal Services San Francisco AIDS Foundation Mobile: (415) 992-2776 wbastian@sfaf.org

V. BEHAVIORAL HEALTH

A. General behavioral health support.

DPH Behavioral Health Services has arranged a multi-faceted model of care to address behavioral health concerns regarding a guest. Email BHSConsultation@sfdph.org or call the consultation line at [\(415\) 379-0414](tel:4153790414). This line operates Monday through Friday, 8:00 AM - 5:00 PM After hours and on weekends, call the Mobile Crisis line at [\(415\) 970-4000](tel:4159704000).

Always call 911 if any guest, staff, provider, or vendor is in danger or in need of immediate medical assistance.

B. De-escalation.

Site Operators may elect to train and support staff who are not behavioral health professionals to engage in de-escalation when necessary. See the [CCC Providers Connect](#) for a sample of guidance to support staff in de-escalation. Trainings are also available through the CCC.

VI. HOMECARE



The Homebridge Caregiver Emergency Response Team (CERT) can assist guests with home care needs. These may include mobility support, dressing or bathing, toileting, room cleanliness, and laundry. Since homecare providers assist guests with activities of daily living, including cleaning and dressing, Site Operators should coordinate with home care staff to ensure they have access to cleaning and supplies and other guest supplies.

To make a referral, request an assessment, or coordinate care, email HSADOCHomeCare@sfgov.org. If an urgent response is needed, call Homebridge at [\(415\) 967-2151](tel:4159672151). This line operates from 9:00 AM to 6:00 PM, seven days a week.

An informational flyer, [How to Refer a Guest for Caregiver Assistance](#), should be available on site for SIP Hotel site staff.

VII. REPORTING ABUSE AND SELF-NEGLECT

When abuse or self-neglect is suspected, staff should contact [Adult Protective Services](#) (APS). APS responds to reports of abuse and self-neglect involving older adults and adults with disabilities via its 24-hour hotline: [\(800\) 814-0009](tel:8008140009).

When the suspected abuse involves minors ages 0-17, staff must report to or consult with [Family and Children's Services](#) (FCS) by calling the 24-hour hotline any day of the week: [\(800\) 856-5553](tel:8008565553). Anyone can make a confidential report of suspected child abuse, neglect, or exploitation. Be prepared to provide the child's name, address, approximate age, and situation.

Any site staff who are mandated reporters should additionally follow any other protocols put forth in state or local guidelines.

For more information about understanding signs of abuse or self-neglect, please see the "[Reporting Abuse or Self-Neglect](#)" on CCC Providers Connect.

VIII. FALL RESPONSE

SIP Hotel sites are encouraged to provide training and feedback about appropriate responses to serious falls. When someone falls and cannot get up on their own, only appropriately trained staff should attempt to move or lift them. These situations constitute medical emergencies and, as such, are critical incidents.

In the absence of staff on site who are appropriately trained, staff should call 911 if someone who has fallen cannot get up on their own or is seriously injured.

IX. REASONABLE ACCOMMODATIONS

Guests must be informed at move-in of their right to request a reasonable accommodation for a disability that inhibits their ability to shelter in place at their Alternative Housing System site. Requests must be submitted to site staff first, either in writing or verbally. Please see [Requests](#) for more information.



X. LIFE SAFETY TRANSFER REQUESTS

Guests who believe they face, or a member of their onsite household faces, imminent danger at their site may request a life safety transfer by submitting a written request to HSBHousing@sfgov.org, or by calling (415) 314-4247. Please see [Requests](#) for more information.

XI. DEATHS ON SITE

SIP Hotel sites are encouraged to develop additional site-specific protocols to support guests and staff in case of a death on site. Each onsite death must be recorded in a [Critical Incident Report](#).

XII. PILOT PROGRAMS AND INITIATIVES

CCSF may enact pilot programs and new initiatives in coordination with Site Operators and other partners. Site Operators will be offered reasonable opportunities to review and respond to proposed new initiatives and may choose not to participate in any of these programs if participation presents an undue burden.

COVID-19 MITIGATION AND PREVENTION

All aspects of program operations and policies must support staff and guests to protect against the spread of COVID-19 to the fullest extent possible by:

- Supporting guests to remain in place on site;
- Enforcing full compliance with mask wearing and physical distancing rules;
- Encouraging frequent handwashing and other personal hygiene practices;
- Enforcing appropriate [use of personal protective equipment](#) by all staff, including safe donning and doffing;
- Configuring communal and staff areas, such as stairwells, elevators, and lobbies, to alleviate “choke points” that interfere with physical distancing;
- Meeting the [COVID-19 Minimum Environmental Cleaning Standards for Businesses, Schools, and SRO Settings](#) published by the San Francisco Department of Public Health; and
- Any other practices recommended by the San Francisco Department of Public Health in response to the COVID-19 crisis.

In practice, this means the provision of disposable face masks to guests and staff; contactless delivery of meals, mail, or other items to guests; use of physical barriers to promote effective distancing; and promoting communicating with guests by phone or video technology whenever possible.

All staff must complete the [Response to COVID-19 Cases Among SIP and Congregate Shelter Residents](#) training within the first two weeks of onsite work. Please see [Required Training](#).

I. GUEST HEALTH SCREENING PROTOCOL

Alternative Housing System sites must conduct daily health screening of all guests and staff, as well as health screening of guests at intake and whenever guests re-enter a site.





Health Screening Protocol.

1. Designate a limited number of [staff members to conduct screening and use appropriate PPE](#).
 - Staff who are checking [guest temperatures](#) must use a system that creates a physical barrier between the guest and the screener as described [here](#).
 - Screeners must stand behind a physical barrier, such as a glass or plastic window or partition that can protect the staff member's face from respiratory droplets that may be produced if the guest sneezes, coughs, or talks.
 - If social distancing or barrier/partition controls cannot be put in place during screening, PPE (i.e., facemask, eye protection [goggles or disposable face shield that fully covers the front and sides of the face], and a single pair of disposable gloves) can be used when within 6 feet of a guest.
 - However, given PPE shortages, training requirements, and because PPE alone is less effective than a barrier, try to use a barrier whenever you can.
2. Ask the person being screened if they have any one of the [following signs or symptoms](#), which are new or not explained by a pre-existing condition:
 - Fever, Chills, or repeated shaking/shivering
 - Cough
 - Sore throat
 - Shortness of breath or difficulty breathing
 - Feeling unusually weak or fatigued
 - Loss of taste or smell
 - Muscle pain or body aches
 - Headache
 - Runny or congested nose
 - Diarrhea
 - Nausea or vomiting
3. Take their temperature with a non-touch (infrared) thermometer.
 - For the purpose of screening, SFDPH defines a fever as a temperature $\geq 100.4^{\circ}\text{F}$ (38.0°C)
 - If an individual reports any symptoms or has a temperature $\geq 100.4^{\circ}\text{F}$ (38.0°C), follow the steps for isolation below.
 - If individuals have a temperature less than 100.3, they may remain in the shelter or navigation center if no other symptoms.
4. If any guest or staff person has a positive symptom screening result (say yes to any question and/or have a fever of greater than 100.4 degrees), follow the medical screening protocol:



- Ensure guest is wearing a mask
- If it is decided they need further assessment/transport offsite: escort them (while staying six feet apart) to an isolation area and ask them to stay in isolation until transportation arrives.
- Begin referral to isolation and quarantine as described below

* For detailed instructions on screening, please see SFDPH symptom screening guidance.

II. WHAT TO DO IF A GUEST EXHIBITS COVID-19 SYMPTOMS

If a guest is identified with fever or any symptom above, or is an identified [Close Contact](#) to someone with COVID-19:

1. Identify a space where the guest may be isolated from other guests (ideally in their own hotel room) while awaiting further evaluation.
2. Immediately provide a mask to the guest and isolate from other guests.
3. If this is a medical emergency or the guest has trouble breathing, persistent pain or pressure in the chest, new confusion, or blue lips/face, call 911 for further evaluation.
4. Follow the [communications protocol](#) below.



Definition of a 'Close Contact.'

A **Close Contact** is someone who was within six feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from two days before illness onset (or, for asymptomatic patients, two days prior to test specimen collection) until the time the patient is isolated.

SFDPH continues to consider the following persons as Close Contacts regardless of the cumulative time of exposure:

- A person who had direct contact with that person's body fluids or secretions while they were not wearing a facemask, gown, and gloves.
- People in the home of, sex partners of, and people who take care of or are taken care of by the person with COVID-19.
- For pods/cohorts of children under 12, SFDPH considers all children and staff in a cohort to be Close Contacts.



IV. COMMUNICATION WHEN A GUEST HAS SUSPECTED OR CONFIRMED COVID-19

A. Site Operator.

Site Operators must have protocols in place to ensure that guests showing COVID-type symptoms are informed of their options and supported through the process of movement to an Isolation and Quarantine site.

B. Site staff.

Staff must notify their direct supervisor.

If a guest attempts to leave the site while awaiting COVID-19 test results or if they are confirmed to have COVID-19, site staff must inform them that they cannot return to the SIP Hotel site until they are confirmed to be COVID-19 negative, and attempt to convince them to stay onsite until next steps can be determined.

C. Site Manager.

The Site Manager must notify:

- Their CCC Program manager;
- SFDPH Outbreak Management at PEHoutbreak@sfdph.org; and
- Onsite SFDPH medical personnel (if applicable).

The Site Manager must then prepare to work with SFDPH on general exposure notification of COVID-19 case to the rest of the site.

V. AFTER A GUEST TESTS POSITIVE FOR COVID-19

A. SFDPH next steps.

If a shelter guest tests positive for COVID-19, SFDPH will take the following steps in partnership with the Site Operator:

- SFDPH will work with CBO and CCC leadership to notify staff and guests of COVID-19 case.
- SFDPH Outbreak Management will be available to answer questions from guests or staff.
- SFDPH will conduct a case investigation including identification of Close Contacts.
- SFDPH may recommend testing of guests and staff

B. After isolation and quarantine ends.

SIP Hotel guests who ultimately do not develop COVID-19 may return to their SIP Hotel site at the end of their quarantine.



Individuals who test positive will be returned to their SIP Hotel site once they are medically cleared to do so (typically a period of 10 days). Exceptions are made on a case-by-case basis to accommodate individuals for whom the SIP Hotel Program would present a serious barrier.

VI. TESTING AND OUTBREAK MANAGEMENT

Staff and guests have complimentary access to testing for COVID-19 through [CityTestSF](#).

The CCC makes arrangements for testing of SIP Hotel guests in consultation with SFDPH, with a shared focus on implementing a sustainable and effective testing strategy that detects cases of COVID-19 as early as possible. Site Operators must cooperate fully with any CCSF initiatives for testing among guests. Test data related to potential outbreaks at Alternative Housing System sites is carefully monitored by public health experts in order to identify and quickly address potential outbreaks.

GUEST SAFETY AND INCIDENT MANAGEMENT

I. SAFETY AND DE-ESCALATION PERSONNEL

Safety and de-escalation personnel must be present onsite at all times, unless otherwise authorized by CCSF. Duties of safety and de-escalation personnel include, but are not limited to, the following:

- Wand guests upon entry to the site.
- Check and tag weapons upon intake; return weapons upon discharge.
- Maintain a check-in / check-out log for guests, site staff, and visitors. Ensure that guests and staff check out prior to leaving the site and check back in when they return.
- Deny entry to unauthorized people and provide entry to authorized people.
- Make rounds to check doors and other access points.
- Escort staff as they move throughout the site, upon request.
- Call 911 if anyone onsite is in danger or in need of immediate medical and/or safety assistance.
- Serve as the main point of contact for emergency services staff.



List of people authorized to come onsite.

Site Operators must establish a list of people who are allowed onsite for safety and de-escalation personnel to cross-reference. The list should include:

- Current guests with site wristbands;
- Anyone with a current SFDPH badge;
- SFHOT and HSOC personnel with current badges; and
- The site's CCC program manager.

Security personnel may not grant anyone else access without the shift supervisor signing off on the Check-In Check-Out Log.



II. GUEST SIGN-IN AND SIGN-OUT LOGS

All guests must sign-out when they leave the site for any reason other than going out for a smoke break. Guests must also sign-in when they return to the site. Having guests sign-in and sign-out allows site staff to maintain an accurate and up-to-date list of who is on site at any given time in case an emergency evacuation occurs and staff need to account for everyone on site.

If a guest has signed-out for longer than 48 hours without prior notification, they shall be exited from the program. Please see [Safety Exits](#).

Each site will identify staff member and/or safety and de-escalation personnel who will be stationed at or near the site's entrance and be in charge of documenting when guests leave and return to the site. Persons in these positions will record the guest's name, room number, the time they left the site, and the time they returned. All persons entering the site must also receive a health screening and be checked for weapons; Site Operators may choose to conduct weapons checks outside of the site's entrance, or at the check-in area.

Please see also [Staff Sign-in and Sign Out Logs](#).

III. CRITICAL INCIDENTS

Critical incidents on site are considered any of the following:

- A violation of an [Immediate Safety Exit](#) rule.
- A violation of a [Non-Immediate Safety Exit](#) rule.
- Fire / fire alarm triggered.
- Theft.
- Serious breach of PHI or ethics violation.
- Arrest.
- Medical emergencies, including overdose cases and injuries.
- Mental health emergencies resulting in or requiring a 5150 involuntary hold.
- Suicide Attempt/Threat.
- Suspected abuse of older adults, adults with disabilities, or children.
- Death.

Call 911 if any guest, staff, provider, or vendor is in danger or in need of immediate medical assistance.

All critical incidents require that the CCC program manager be notified immediately by phone or text message, and that SIP Hotel site staff fill out a [Critical Incident Report \(CIR\)](#).

Staff must complete CIRs by the end of the shift in which the incident occurred. If multiple staff are involved, one CIR should be completed by each party involved. A facility issue, service disruption, information breach, or discovery of a death/overdose that was discovered but not witnessed, can be reported on one CIR.



When the incident is reported, the program manager will notify the CCC's Housing Group Lead, as well as the leads for the Alternative Housing System Management Unit, Guest Services Unit.

If trauma support for staff and guests might be helpful following a critical incident, SIP Hotel site staff may call Mobile Crisis at [\(415\) 970-4000](tel:4159704000).

IV. SAFETY EQUIPMENT

Each room is equipped with a carbon monoxide detector and smoke detector. SIP Hotel sites are also equipped with fire extinguishers, fire hoses, signage, and fire exits, and sprinklers installed in the rooms. The condition and adequacy of all safety equipment are confirmed prior to the launch of any Program site.

Staff should encourage guests not to tamper with any of these items. Alert the site's program manager if any of these items are missing or damaged.

V. MEDICAL WASTE

In keeping with the program's [Harm Reduction Policy and Procedure](#), and in order to minimize the spread of COVID-19, SIP Hotel site guests will be provided access to the essential supplies they need to shelter-in-place, including sharps containers, safe use/harm reduction supply kits, and naloxone/Narcan.

Personal sharps containers are to be available in every room, regardless of guest's medical history. At least one larger disposal container will be located on each floor and/or in designated locations.

Additional personal sharps containers will be accessible for guests to get a new personal container to take back to their room after disposing of full sharps containers.

Instructions on proper sharps/medical waste disposal will be posted at each station and/or designated location for safe disposal and personal sharps containers. Staff should not handle used sharps containers or used syringes/supplies.

When a larger 19-gallon sharps container is $\frac{3}{4}$ full, request syringe/medical waste removal and 19-gallon sharps container replacement. Requests for replacement and removal of a full 19-gallon sharps container should be made by referring to the [Harm Reduction protocol](#). Sharps disposal should be arranged through the CCC's [Harm Reduction Supplies contacts](#).

VI. EVACUATION AND SAFETY PLAN

Each site must have a comprehensive evacuation and safety plan that is tailored to the specifics of each site. The plan should account for fires, earthquakes and facility emergencies such as a flood, gas leak, power failure or small explosion. To the extent possible, it should minimize risks of transmission of COVID-19 during evacuation and in assembly/refuge areas. The program manager will provide support and assistance in developing this plan in coordination with facility management staff.



Site Operators must ensure that staff receive regular training related to the evacuation plan, which should include training on their specific responsibilities in the event of an evacuation or other emergency.

LAW ENFORCEMENT ACCESS TO ALTERNATIVE HOUSING SYSTEM SITES

Whenever a government or law enforcement official arrives at a SIP Hotel site and makes a request, site staff shall be polite and professional and notify management. Site staff shall cooperate with the law enforcement officials, but assistance may only be given in the following circumstances.

In any case where site staff are unsure how to handle a request by any law enforcement agency to enter the premises, Site Operators shall contact their legal counsel immediately for guidance.

I. ARREST WARRANTS

If law enforcement indicates that an arrest warrant has been issued for the commission of a felony or misdemeanor against a guest, the following information can be shared with them: the guest's name, address, phone number, birth date, SS#, and physical description of the guest. Law enforcement is not required to produce the warrant.

If the guest is present at the SIP Hotel, escort law enforcement to the guest. Law enforcement may make an arrest at the SIP Hotel. Site staff should accompany law enforcement as they conduct business at the SIP Hotel, unless to do so would create an undue safety issue for site staff.

If the guest is not present, inform law enforcement of this fact. If site staff knows when the guest may return to the SIP Hotel, site staff may inform law enforcement of this fact.

Law enforcement may NOT review SIP Hotel business documents (logs, room lists, guest files, etc.) without a subpoena.

II. HOT OR "FRESH" PURSUIT

When law enforcement is in "hot pursuit" of a suspect, SIP Hotel site staffs should assist law enforcement as requested. Law enforcement decides when "hot pursuit" exists. If law enforcement determines that "hot pursuit" exists, they may enter the building without a warrant and arrest the suspect. Law enforcement can be accompanied by a member of the site staff when police business is being conducted.

III. EXIGENT CIRCUMSTANCES

Another exception to the warrant requirement exists under the theory of "exigent circumstances." In general, "exigent circumstances" are those circumstances that exist when people are in imminent danger, evidence faces imminent destruction, or a suspect will escape. Generally, an emergency, a pressing necessity, or a set of circumstances requiring immediate attention or swift action constitutes exigent circumstances. When "exigent circumstances" exist, SIP Hotel site staff should assist law enforcement as requested. Law enforcement decides when "exigent circumstances" exist. If law enforcement determines that "exigent circumstances" exist, they may enter the building without a



warrant. Law enforcement can be accompanied by a member of the site staff when police business is being conducted.

IV. EMERGENCY PROTECTIVE ORDERS (EPOS)

At times, law enforcement is required to serve Emergency Protective Orders against individuals requiring them to stay away from a victim pending the outcome of a request for a permanent order. These orders are emergency orders by definition and service of these orders constitutes an exigent circumstance. Site staff shall cooperate with law enforcement and grant access to a SIP Hotel for purposes of serving these protective orders.

V. PAROLEES AND CLIENTS ON PROBATION

Generally, persons on parole waive certain Fourth Amendment rights and are subject to search at any time. Warrants are not required to arrest or detain a parolee. Site staff must cooperate with parole officers or police officers who come to a SIP Hotel to talk to or detain a parolee. When law enforcement comes to a SIP Hotel, site staff should do the following:

- Safety and de-escalation personnel or other site staff working at the front desk shall contact their supervisor for assistance.
- Safety and de-escalation personnel or other site staff working at the front desk shall ask Law Enforcement for ID, and site staff shall record the officer's name and badge number in an incident report which shall be completed each time an officer comes to the SIP Hotel. Officers are not required to provide proof that the guest is a parolee.
- If the guest is present, site staff shall escort the officer to the guest. If the guest is not present and the officer wants to search the guest's belongings, the SIP Hotel may inform the officer that the SIP Hotel cannot consent to such a search; however, the officer may proceed with such a search without SIP Hotel consent. Site staff shall always accompany officers when present in the SIP Hotel.

Similarly, guests on probation may also have a search condition. If law enforcement states that a guest on probation has a search condition, SIP Hotel site staff shall cooperate with law enforcement.

VI. DECEASED CLIENTS

When law enforcement informs a SIP Hotel in writing that a guest is deceased and cannot be properly identified, SIP Hotel site staff may disclose the name, address, phone number, birthdate, SS#, and physical description of the guest. The request may also be made via phone, but a written request must follow within 5 days of the release.



VIII. SUBPOENAS

A. Documents.

Subpoenas for documents shall be directed to CBO leadership, who should contact the COVID-19 Command Center for assistance.

B. Persons.

Law enforcement is not entitled access to a SIP Hotel in order to serve a guest with a subpoena. In addition, SIP Hotel site staff shall not deny nor confirm whether or not a guest is present in the SIP Hotel for purposes of service of process. Law enforcement may leave a subpoena with SIP Hotel site staff at the front desk, who may deliver it to the guest, but SIP Hotel site staff cannot deny nor confirm whether or not site staff were successful in delivering the subpoena.

IX. ICE WARRANTS

A. Civil Search Warrant.

ICE may possess a civil search warrant issued by a judge granting access to a SIP Hotel within a specific time frame. These warrants are generally valid grounds for entering a SIP Hotel. Site staff shall have their counsel review the warrant in question to ensure that the warrant has not expired and that the scope of the warrant supports access to the SIP Hotel.

B. Warrant of Deportation (Form I-205).

This form does not provide ICE officials with the right to enter a SIP Hotel and search. Site staff shall not deny nor confirm whether a guest is present in the SIP Hotel for purposes of service of process. ICE officials may leave a warrant of deportation with SIP Hotel site staff at the front desk, who may deliver it to the guest, but SIP Hotel site staff cannot deny nor confirm whether or not site staff was successful in delivering the warrant of deportation to ICE.

C. Warrant of Arrest (Form I-200).

Generally not signed by a judge and does not carry the same weight as a civil or criminal search warrant. Again, Site Operators shall have their counsel review the warrant in question to determine whether or not the warrant supports access to the SIP Hotel.

D. Immigration Detainer (Form I-247).

Advises another law enforcement agency that ICE seeks custody of an alien presently in the custody of that agency for the purpose of arresting the alien. This form does not permit ICE to enter and search a SIP Hotel.



SAFETY EXITS

The following policies and procedures apply to the SIP Hotel Program. They do not apply to shelter sites that coordinate placements outside of the CCC's centralized referral process including CCSF-funded emergency shelters serving families or minors and Transitional Housing. Additionally, these policies and procedures do not apply to Safe Sleep sites at this time.

All policies and procedures shall be carried out in ways that are consistent with COVID-19 prevention guidelines as outlined by the San Francisco Department of Public Health, including the use of face coverings and social distancing. All records shall be kept in accordance with the COVID-19 Alternative Housing System's document retention policy.



Accessibility check.

Please note the posting, translation, interpretation, and use of auxiliary aids and services requirements previously explained in [Community Expectations and Program Rules](#) as they relate to the following Safety Exits rules.

I. IMMEDIATE AND NON-IMMEDIATE SAFETY EXITS

A. Immediate Safety Exits.

Guests who receive an Immediate Safety Exit must vacate the site immediately. Items belonging to a guest who has been issued an Immediate Safety Exit will be stored for seven calendar days, not including any period while a guest is in the process of appealing their exit.

1. Rule violations.

Site staff shall execute an Immediate Safety Exit when a guest commits one of the following rule violations on site:

- Outright refusal to comply with the mask program rules.
- Acts of violence.
- Credible threats of violence that include specific actions or plans that either are:
 - Witnessed by staff; or
 - Reported by another guest and investigated by staff.
- Possession or display of a weapon, including firearms.
- Arson.
- Manufacture or preparation of drugs (controlled substances).
- Property destruction or interference that endangers another guest's ability to shelter-in-place safely, or results in a shutdown of vital site operations, even for a brief period.

Those who report being threatened must be given support about ways to protect themselves with actions that enhance their safety.



2. 48-hour absences.

If a guest would like to take a leave from their site for more than 48-hours, they should discuss the matter in advance with site staff. Written approvals will be granted on a case-by-case basis.

If a guest has been absent from their site for more than 48 consecutive hours without receiving prior written approval, site staff shall execute an Immediate Safety Exit.

If a guest returns after being offsite for more than 48 consecutive hours without prior approval the guest may file a Safety Exit appeal to request readmission to the site. Guests are advised to provide any written documentation that supports their absence due to:

- Verified hospitalization.
- Illness or injury.
- Death of an immediate family member.
- Arrest.
- Incarceration.
- Other circumstances beyond the person's control.

B. Non-Immediate Safety Exits.

The third rule violation of the same rule in this category, where all three violations were committed in the last 30 days and each violation is separated by at least six hours, is grounds for a Non-Immediate Safety Exit.

Non-Immediate Safety Exits may not be executed on weekends, before 8 AM or after 5 PM, or on legal holidays when the CCC is not open.

1. Repeated failure to follow the mask program rules.

Where a guest has **not refused** to follow program masking rules, but rather fails a third time to follow those rules, that guest must leave the site immediately. The guest may not remain onsite while waiting for the resolution of any subsequent Appeals process.

Staff must engage Behavioral Health staff as soon as possible to assess a guest's ability to follow program masking and social distancing rules to avoid getting to a Non-Immediate Safety Exit for this rule violation.

2. Other third rule violations.

The third violation of the same rule included in the enumerated list below, where all three violations were committed in the last 30 days and each violation is separated by at least six hours, may result in a Non-Immediate Safety Exit:

- General threats that lack specificity (e.g., "I'm going to get you");
- Disruptive behavior that is ongoing, continuous, uncontrollable, and presents a clear risk to the health and safety of the facility, guests, or staff; and
- Property destruction to a common space that presents a nuisance (graffiti, etc.).



Guests receiving a Non-Immediate Safety Exit for any other rule violation in this category must be informed that they may remain at the site until the resolution of any subsequent appeals processes.

3. Property destruction to a guest's room.

If a guest damages their room to the extent that they must be moved for health or safety reasons, the guest will be asked to sign a statement on a Warning Notice that they will not to damage their second room. If the guest refuses to sign the agreement, they will be offered a placement at a COVID-Related Congregate Shelter site as a life safety transfer.

If the guest signs the Warning Notice but damages the second room to the extent that they must be moved for health or safety reasons, they will be exited from the site and must vacate the site immediately. The CCC's Guest Placements Team will attempt to find a place for the guest at a COVID-Related Congregate Shelter site, but availability is not guaranteed.



Behavioral Health interventions.

Upon the first violation of a non-immediate safety exit rule, site staff must notify the following groups to request additional Behavioral Health support services for the guest:

- The site's CCC program manager;
- San Francisco Department of Public Health Behavioral Health Services via its consultation line at [\(415\) 379-0414](tel:4153790414) or by email at BHSConsultation@sfdph.org; and
- On-site behavioral health staff, as applicable.

Staff are further encouraged to make use of additional interventions below:

- **Case conferencing.** Site staff could arrange a meeting with the guest and other relevant external care providers to discuss goals, plans, and other supports needed for the guest to avoid future Warning Notices.
- **Creating a safety plan.** Site staff could collaborate with a guest in developing a written plan that outlines warning signs of a crisis, coping skills, and the steps the guest will take to stay safe in the program when a crisis is escalating in order to avoid future Warning Notices.
- **Referrals to additional supports.** Site staff could engage the guest in conversations about their potential enrollment in a program run by SFDPH, case management, the Sobering Center, Dore Urgent Care, and/or outpatient Behavioral Health care.
- **Regular check-ins with staff.** Site staff could engage the guest to determine their willingness to participate in ongoing check-ins.



III. NOTICES

Warning and Safety Exit Notices must be issued at the time of the rule violation. Documentation of guest rule violations ensures that warnings and Safety Exits are appropriate and verifiable.

A. Hard copies.

Particularly for situations where the guest is not present, SIP Hotel operators must retain copies of the notices as follows to ensure guests will receive these notices and have them explained by a staff person should they return to their site:

- A physical copy of the Notice should be provided to the guest in their primary language before they are exited. If it is not safe or reasonable to issue the Notice before the guest leaves the site, Site Operators shall provide the guest [pre-printed general statement of site rules](#) and the [complaint and appeals process](#) in their primary language.
- Site Operators must submit a copy of the Safety Exit Notice to HSBHousing@sfgov.org. The City and County of San Francisco shall retain this copy according to the CCC's document retention policy;
- Site Operators must be able to produce a copy of the Safety Exit Notice in case the guest returns.

In addition to issuing a written notice, shelter staff must verbally explain the notice, and provide information about the [Shelter Client Advocate](#) and the guest's rights, unless the guest is not present in the shelter, or the guest refuses the written notice.

Shelters must post a notice (in English and the threshold languages) stating how a guest may access their Notices, particularly with respect to guests who were given an Immediate Safety Exit without written notice due to safety issues.

B. Explanation of notices - English as a secondary language and people with communications disabilities.

SIP Hotel staff must also explain the notice to the guest verbally in the guest's primary language and/or with the use of auxiliary aids and services to communicate effectively with a guest who may have a communications disability, as defined by the Americans with Disabilities Act.

C. Warning Notices.

If a guest breaks one of the Non-Immediate Safety Exit rules above, site staff must issue a [Warning Notice](#) as follows:

Written warnings are not required when a shelter guest breaks a rule in the Immediate Safety Exit category. However, if a client breaks a rule in the Non-immediate Safety Exit category, written warning notices must include the reason for the warning and the consequences for continuing to break shelter rules must be explained to the guest.



The warning notice for shelter rule violation is in effect for 30 days. Guests cannot formally appeal warnings that have not yet led to a Safety Exit.

D. Safety Exit Notices.

All shelter guests issued a Safety Exit must be given a written [Safety Exit Notice](#) which includes the reason for Safety Exit and the length of suspension of services. Any related warning notice(s) and the Safety Exit Notice will include grievance rights, good cause policy, and contact information for the [Shelter Client Advocate](#). Site Operators may not change the format nor delete words but may make additions to the form.

The Safety Exit Notice must be issued at the time of exit unless the guest is not present. In that case, the effective date will be the following day and that date will apply for appeal right deadlines. Site Operators must post a notice stating when and where denial letters will be available for guests who were given an immediate denial of service without written notice due to safety issues.

IV. SAFETY EXIT APPEALS

Any guest who has received a Safety Exit Notice may file an appeal to request readmission to their SIP Hotel site or placement elsewhere in the COVID-19 Alternative Housing System. A guest may file an appeal with the COVID-19 Command Center by:

- Emailing an Appeals Form, or an appeal in their own writing, to HSBHousing@sfgov.org;
- Calling [\(415\) 314-4247](tel:4153144247); or
- Having someone else, such as site staff, a provider, or an advocate, complete either of the above steps on their behalf.

If the guest would like assistance with their appeal, they may contact the Shelter Client Advocates at sca@evictiondefense.org or [\(415\) 346-7685](tel:4153467685).

Guests must submit their appeal **within three business days** of the effective date of their Safety Exit Notice. If an appeal is submitted outside of the three-day window, the guest must provide details about what caused their delay. The COVID-19 Command Center responds to as soon as possible, but always **within five business day** after receipt.

GUEST COMPLAINTS, REQUESTS, AND APPEALS

The COVID-19 Alternative Housing System provides places for people to shelter-in-place during the COVID-19 crisis. Every guest receiving temporary shelter at a COVID-19 Alternative Housing System site does so at the invitation of the City and County of San Francisco (CCSF). The Alternative Housing System does not provide permanent housing, and guests staying at a COVID-19 Alternative Housing System site do not have tenancy rights against eviction. Nonetheless, all guests are entitled to fair, respectful, and equitable treatment.

This document outlines steps that guests and staff must take to file and respond to complaints, requests, and appeals related to services provided at a SIP Hotel site.



Site Operators must inform guests of the availability of support from the [Shelter Client Advocate](#). Site Operators are responsible for contacting the Shelter Client Advocate when any guest requests assistance with a complaint, request, or appeal.

These policy and procedures shall be carried out in ways that are consistent with site COVID-19 prevention guidelines as outlined by the San Francisco Department of Public Health, including the use of masks and social distancing. If a complaint, request, or appeal is tied to a situation posing an imminent danger or immediate health need, onsite staff must take immediate action to ensure the safety of everyone onsite. All records shall be kept in accordance with the COVID-19 Alternative Housing System's document retention policy.

HOW TO USE THIS GUIDANCE

General complaints. General complaints about services received onsite shall be addressed via a general complaints process.

Life safety transfer requests. If a guest and/or their onsite roommate(s) face(s) imminent danger at their current site, guests may request a life safety transfer. "Imminent danger" may include a situation where a person is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence, regardless of sex, gender identity, or sexual orientation.

Reasonable accommodations. If a guest has a disability that inhibits their ability to shelter-in-place at their Alternative Housing System site, they must start by working with onsite staff on an onsite accommodation.

Appeals. If a guest believes that their complaint or request was improperly processed, or if they have received an Immediate or Non-Immediate Safety Exit, they may submit an appeal to the COVID-19 Command Center.

Shelter Client Advocate. Site Operators must inform guests of and post information about the availability of support from the [Shelter Client Advocate](#) to assist with any guest requests, complaints, and/or appeals. The Shelter Client Advocate can be reached by emailing sca@evictiondefense.org, or by calling [\(415\) 346-7685](tel:4153467685).

I. GENERAL COMPLAINTS

Guests at a COVID-19 Alternative Housing System site who have a general complaint about services they received at their site must attempt to resolve the matter by raising the complaint directly with site staff first.

Guests shall provide the following information, either in writing or verbally:

- Full name;
- Site number or name if known, or site description; and
- A detailed description of the incident or condition, including the date, time, and location of the incident.



When a guest communicates a complaint to site staff, staff immediately shall document the complaint in writing (even if the guest has submitted their own written complaint) and notify the supervisor on site.

Onsite staff shall work with the guest to reach a resolution whenever possible. Onsite supervisors must assess whether onsite resources or services are available to resolve the guest's concerns. These services may include connections to community resources as recommended by the site's Care Coordinator.

Site staff must notify the guest directly **within three business days** after receiving the complaint, indicating whether, how, and when, the complaint will be resolved onsite.

II. GUEST REQUESTS

Guests at a COVID-19 Alternative Housing System site may file life safety transfer requests and reasonable accommodation requests.

When a guest communicates a request to site staff, staff immediately shall document the request in writing (even if the guest has submitted their own written request) and notify the supervisor on site.

Onsite staff shall work with the guest to reach a resolution whenever possible. Onsite supervisors must assess whether onsite resources or services are available to resolve the guest's concerns. These services may include connections to community resources as recommended by the site's Care Coordinator.

Site Operators must take all necessary measures, which may include adjustments to rules, policies, and practices, to support and protect any guest who faces imminent danger on site. These circumstances may include situations where a person is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence, regardless of sex, gender identity, or sexual orientation. **Site staff must call 911 if any guest, staff, provider, or vendor is in danger or in need of immediate medical assistance.**

A. Life Safety Transfer requests.

Guests who believe they face, or a member of their onsite household faces, imminent danger at their site may request a life safety transfer by:

- Emailing an Appeals Form, or their appeal in their own writing, to HSBHousing@sfgov.org;
- Calling [\(415\) 314-4247](tel:4153144247); or
- Having someone else, such as site staff, a provider, or an advocate, complete either of the above steps on their behalf.

Requests must:

- Include the guest's full name; contact information; and their site number or name if known; and
- Include at least one item that documents the nature of the immediate danger faces, such as an explanation from the guest in writing of the nature of danger/threat and how a transfer to another site would help the guest stay safe; a letter of support from a case manager or other service provider; or a police report or restraining order.



A Coordinator on the Guest Placements Team of the CCC's Human Services Branch must contact the guest directly **within five business days** after receiving the request, indicating whether, how, and when, the request will be resolved onsite.

1. Review of the request.

The Coordinator shall review the request and recommend one of the following outcomes:

- If the request is approved, the Coordinator will document the resolution in writing.
- If there is reason for denial, the Coordinator shall inform the guest in writing the reason for denial and the guest's right to request an appeal of the decision.

The Coordinator may attempt to contact the guest or their representative to ask questions after receiving the request. A guest can choose to include their Shelter Client Advocate or other representative in the discussion.

The Lead of the Guest Services Unit, or their designee, shall review the Coordinator's determination after the fact to confirm that the recommendation is justified and appropriately documented.

2. Request log.

Because the Coordinator may approve more life safety transfer and reasonable accommodation requests than can be provided immediately, they shall maintain a log tracking approved life safety transfer and reasonable accommodation requests.

The Coordinator shall consult their request log to fulfill approved requests in order of their submission with the first available unit that addresses the nature of the request.

3. Placement opportunity.

When the Guest Placement Team notifies a Site Operator that a unit that addresses the nature of the request has become available, the guest is notified by site staff that the unit is available. The guest has **three business days** to decide whether to accept the transfer.

If site staff do not hear from the guest within three business days, it is assumed that they are declining the unit, and the unit will no longer be available.

If the guest accepts the unit:

- The guest has **three business days** to move all possessions from their current unit to the new unit. Any belongings left after this time period will be discarded.
- Guests must participate in all necessary intake activities at the new site.
- The Guest Placements Team shall offer transportation and limited moving assistance to guests transferring to new units.



If the guest declines the unit or does not respond within three business days:

- The guest is moved to the bottom of the request log; and
- The Coordinator issues a letter to the guest verifying that a unit was made available to accommodate their request, that it was voluntarily denied by the guest, and that their new status on the bottom of the waitlist.

B. Reasonable Accommodation requests.

Guests must be informed at move-in of their right to request a reasonable accommodation (“RA”) where a disability inhibits their ability to shelter-in-place at their COVID-19 Alternative Housing System site. Requests must be submitted to site staff first, either in writing or verbally.

Site Operators shall inform the guest of their response to the request as soon as possible and always **within three business days**. Site staff must engage in a good faith, interactive process to determine appropriate reasonable accommodations, on a case-by-case basis. Site Operators must strive to reduce or eliminate any barriers to making RA requests. Site staff must work with the guest to reach a reasonable resolution whenever possible.

1. Confirming the need for an accommodation.

Site staff must assess whether the guest has a disability, the reasonableness of the request, and the relationship between the disability and the accommodation requested using the *Screening Guide for Reasonable Accommodation Requests* (found on [CCC Providers Connect](#)).

No further documentation is required if:

- The connection between the disability reported and the accommodation being requested is visible (wheelchair user requests an ADA bathroom or a person with no teeth requests soft food); and
- The accommodation is necessary to afford the individual the ability to shelter-in-place at their SIP Hotel site.

If more information is necessary to assess the accommodation request, the guest must be asked to provide written documentation from a health care provider, such as a SIP site medical and/or behavioral health service provider, whose professional license enables them to determine the need for the accommodation requested. The Site Operator must arrange for the guest to be provided a courtesy appointment time for a medical or Behavioral Health consultation, which the guest may choose to accept or decline. The guest may also request help from site staff or SFDPH in getting documentation from another health care provider.

2. Accommodation options.

Site staff must explore accommodations that can be provided onsite in a way that does not fundamentally alter the program or create an undue financial and administrative burden.



Onsite resolution of a reasonable accommodation request is not appropriate when any of the following conditions exist:

- No service or resource is currently available on site to meet the need identified.
- There is a relevant service or resource on site, but the guest is ineligible for it.
- A relevant service or resource has been offered to the guest, but the guest declines to engage or indicates the service does not adequately meet the need.

The site's CCC Program Manager shall review the site staff determination after the fact to confirm that it is justified and appropriately documented.

3. Request log.

Because the Coordinator may approve more life safety transfer and reasonable accommodation requests than can be provided immediately, all approved requests are added to a log tracking approved life safety transfer and reasonable accommodation requests.

Please see [Life Safety Transfer Requests](#) for protocols on making guest referrals from the request log.

Transfers may be temporary in cases where the transfer accommodates a need presented by a disability that is temporary in nature.

III. APPEALS

If a guest feels that onsite staff did not adequately address their complaint or request, or if a guest has been exited from a site and would like to request readmission to their site or placement elsewhere in the COVID-19 Alternative Housing System, the guest may file an appeal with the COVID-19 Command Center. Appeals only will be considered on at least one of the following grounds:

- Site staff did not properly administer the complaint or request process.
- Site staff did not respond within three business days.
- The complaint or request cannot be addressed onsite.
- Site staff did not consider all relevant information when addressing the complaint or request.
- The complaint or request process was inaccessible due to language or cultural barriers.
- The complaint or request process was administered in a way that discriminated against a guest's actual or perceived race, ethnicity, color, religion, national origin, sex, age, familial status, disability, sexual orientation, gender identity, or marital status.
- The guest has been exited from a site and would like to request readmission.

A. Filing an appeal.

Guests may file an appeal with the COVID-19 Command Center by:

- Emailing an Appeals Form, or their appeal in their own writing, to HSBHousing@sfgov.org;
- Calling [\(415\) 314-4247](tel:4153144247); or
- Having someone else, such as site staff, a provider, or an advocate, complete either of the above steps on their behalf.



Appeals will be considered received as of the date that all of the following pieces of information have been submitted:

- The guest's full name, contact information, and their site number or name if known;
- An explanation of the nature of the appeal, including dates, times, and locations; and
- Written documentation used to assess the underlying complaint or request.

B. After an appeal is filed.

A Coordinator on the Guest Placements Team of the CCC Operations Section, Human Services Branch, shall monitor the HSBHousing@sfgov.org and [\(415\) 314-4247](tel:4153144247) inboxes for complaints, requests, and appeals.

Upon receiving an appeal, the Coordinator shall assess the appeal, gather any additional information they feel is needed to understand the nature of the appeal, and recommend one of the following outcomes:

- Readmit the guest to their current site, or confirm that onsite staff must address the guest's complaint;
- Direct the Guest Placements Team to coordinate the guest's transfer to a medical care facility such as a hospital or nursing facility, pending availability;
- Direct the Guest Placements Team to coordinate the guest's transfer to another Alternative Housing site, pending availability; or
- Decline the guest's admission to any other Alternative Housing site and connect the guest instead to the Coordinated Entry System.

C. Decision.

The Guest Services Unit Lead, or their designee, shall review the Coordinator's recommendation to confirm that the recommendation is justified and appropriately documented. Once the Guest Services Unit Lead or their designee is able to confirm that the recommendation is supported by the facts, the Coordinator's decision is final.

The Coordinator shall communicate their decision to the guest **as soon as possible and always within five business days** of the COVID-19 Command Center's receipt of an appeal.

The decision shall be delivered to the guest in writing, as well as via the contact information they provided in their appeal. Written documentation of each appeal and resulting resolution shall be kept in accordance with the COVID-19 Alternative Housing System's document retention policy.

D. Post-appeal.

If the guest is not satisfied with the appeal panel's decision, or the CCC has not responded within five business days, the guest may file a complaint via the City's Whistleblower Program. For more information, please see <https://sfcontroller.org/whistleblower-program>.



SIP REHOUSING AND SITE DEMOBILIZATION PROCESS

The SIP Hotel Program provides a safe location for people experiencing homelessness to remain in place during the pandemic. These locations are temporary, and even as the CCSF continues to respond to COVID-19, the CCC has begun planning to rehouse the SIP Hotel Program's approximately 2,500 guests.

Care Coordinators shall facilitate the connection of guests to long-term or permanent housing by actively maintaining guest information in the CCC's RTZ system and by referring every participant to Problem Solving and Coordinated Entry within 15 business days of a guests' admission to the site.

Pursuant to the goals of the Alternative Housing System, the CCC, HSH, and their CCSF and Non-Profit Partners committed to providing care for people experiencing homelessness during this public health emergency.

In anticipation of the demobilization of the Shelter in Place (SIP) Hotel Program, HSH developed an iterative [SIP Rehousing and Site Demobilization Proposal](#) (SIP Rehousing Process) that addresses how to move people from SIP Hotel sites into a variety of permanent housing interventions quickly. The Rehousing and Site Demobilization Proposal uses a national best practice disaster rehousing model that focuses rehousing efforts to act with urgency, connecting people in need immediately to housing resources, removing onerous documentation requirements and accessing needed public benefits and supports quickly. This ambitious proposal is aligned with HSH's mission to make homelessness rare, brief and one-time.

For more information about the SIP Rehousing and Site Demobilization process, please visit <https://hsh.sfgov.org/covid-19/>.





SITE STAFFING AND TRAINING

STAFFING LEVELS

SIP Hotel sites operate 24/7, and Site Operators must ensure that the site is staffed appropriately at all times to ensure the health and safety of guests and site staff and preserve the condition of the facility.

Staffing levels may vary throughout the day or week based on programming and needs at the site. The following functions should be staffed at all times.

I. ON-SITE SUPERVISOR

Each site must have an on-site supervisor assigned at all times. On-site supervisors' shift schedules and contact information should be made available to Program Managers upon request to allow for communication about critical incidents or other time-sensitive matters.

II. FRONT DESK/MAIN PHONE LINE

Program Managers and law enforcement will rely on staff posted at the front desk, and those who answer the main phone line, to support in crisis response. Further, phones are a critical way that guests maintain connections with the outside world during the COVID-19 crisis. The front desk phone or other main line should be answered at all times, including nights and weekends. Missed calls are expected to be rare; site staff should monitor voicemail and respond to missed calls promptly. Certain sites have agreements with facility management that includes monitoring of a main line or switchboard, which is also allowable.

III. GUEST SIGN-IN/SIGN-OUT LOGS

Guests who enter or leave the site should always check in and out with staff so that staff in order to maintain an up-to-date list of each guests' whereabouts. Further, Site Operators are responsible for allowing only authorized people to access the site and checking everyone who enters the site for weapons. These two functions may be performed by one or multiple people, including safety and de-escalation personnel. Please coordinate with the Program Manager if there are questions about who is authorized to access the site; note that emergency responders and protective service workers should always be permitted on site.

IV. STAFF SIGN-IN/SIGN-OUT LOGS

All sites must maintain a log for site staff to sign in and out. Site Operators also must enforce sign-in/sign-out requirements by staff of contracted and operational partners (janitorial staff, health care providers, etc.).

These logs serve to document who is on site and when and should be saved in a secure location. Among other uses, they are critical for conducting [contact tracing and notification](#) in the event that a person on site develops COVID-19.

V. EMERGENCY RESPONSE

Any functions required to support emergency evacuation or other emergency response should be staffed at all times. Some sites have approved evacuation plans that require, for instance, a designated staffer to meet the Fire Department with certain information emergency responders will need to support a safe response. Often these roles are filled by safety and de-escalation personnel.

REQUIRED TRAINING

I. SAN FRANCISCO SHELTER MONITORING COMMITTEE STANDARDS OF CARE REQUIREMENTS

Site Operators are responsible for ensuring that their site(s) adhere to the Shelter Monitoring Committee Standards of Care requirements for annual all-staff mandatory training:

- Hand washing requirements and other communicable disease prevention;
- Proper food handling and storage;
- Emergency procedures in case of disaster, fire, or other urgent health or safety risk, including but not limited to CPR requirements;
- Safe and appropriate intervention with violent or aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse;
- Safe and appropriate interaction with shelter clients who suffer from mental illness or substance abuse;
- On-the-job burn-out prevention;
- Requirements under the ADA, in collaboration with the Mayor's Office on Disability and the City Attorney's Office;
- Policies and procedures explained in program training manuals; and
- Cultural humility, including sensitivity training regarding homelessness, the lesbian, bisexual, gay, and transgender communities, people with visible and invisible disabilities, youth, women, and trauma victims.

II. STAFF DEVELOPMENT

Site Operators must promote and support staff training and development, including but not limited to training on:

- De-escalation and safety;
- Participant engagement;
- Harm-reduction;
- Trauma-informed care;
- Health;
- Overdose prevention and response;
- Professionalism;
- Ethics; and
- Respect for participants and fellow staff.



III. ALTERNATIVE HOUSING SYSTEM ORIENTATION

Staff on site should participate in an orientation to the Alternative Housing System, which includes information about the environment and logistics of Alternative Housing sites, staff roles and responsibilities, and safety protocols. The [orientation materials](#) are online and can be accessed at <https://sfdhr.org/staff-training-resources-emergency-housing-sites>.

Site Operators may choose to adapt this material and deliver it as part of a more comprehensive, site-specific orientation.

IV. STAFF SAFETY

All staff on site, regardless of employer of record, must review an [online safety training](#). This training covers information and tips for safety on site, explains the PPE that site staff must wear, and provides instruction for putting on, taking off, storing, and cleaning PPE. Site Operators should direct staff to view this training as soon as possible upon assignment to a site and should create opportunities to review it as often as necessary while on shift.

Access the required safety training at <https://sfdhr.org/staff-training-resources-emergency-housing-sites>.

V. RESPONSE TO COVID-19 CASES AMONG SIP AND SHELTER RESIDENTS

This online training has been developed by the CCC's Outbreak Management Team. It covers protocols for ensuring that both site staff and guests follow mandatory public health measures in response to COVID-19, including mask wearing and practicing social distancing. Please see [COVID-19 Mitigation and Prevention](#).

VI. DATA AND PRIVACY

The CCC uses a guest and bed management system, known as [RTZ](#), to manage day-to-day operations of the Alternative Housing System. Site Operators must maintain up-to-date, complete, and accurate records in RTZ regarding guests and rooms at each site in RTZ.

All users must complete the online [SFDPH Annual Compliance and Privacy Training before being granted access to RTZ](#). A certificate of completion is required before system access will be granted.

Questions about RTZ system use and administration should go to RTZadmin-HSB@sfgov.org.

VII. ADDITIONAL TRAINING RESOURCES

Site Operators are encouraged to promote [CCC Providers Connect](#) as a portal to additional and ongoing training that supports staff to grow skill and effectiveness in the workplace.



STAFF SAFETY

I. PERSONAL PROTECTIVE EQUIPMENT

All staff must make full use personal protective equipment in accordance with [SFDPH guidance for work with people experiencing homelessness](#). CCSF will supply PPE for use on site. Site staff should practice extended use and re-use of this equipment because most types of personal protective equipment are scarce resources during the COVID-19 emergency.

Site Operators may terminate staff for failure to comply with these provisions.

The CCC Providers Connect includes a [sample resource](#) for site staff presenting these recommendations in a succinct and comprehensible form, which should be used or adapted as an on-site quick reference.

A. Site Operator responsibilities.

- Have supplies on hand for staff, volunteers, and those you serve, such as:
 - Soap
 - Alcohol-based hand sanitizers that contain at least 60% alcohol
 - Tissues
 - Trash baskets
 - Masks
 - Cleaning supplies
 - Personal protective equipment (PPE), as needed by staff (see below)
- Provide training and educational materials related to COVID-19 for staff and volunteers.
- Minimize the number of staff members who have face-to-face interactions with guests with respiratory symptoms.
- Develop and use contingency plans for increased absenteeism caused by employee illness or by illness in employees' family members. These plans might include extending hours, cross-training current employees, or hiring temporary employees.
- Staff and volunteers who are at [increased risk](#) for severe illness from COVID-19 cannot be designated as caregivers for sick guests who are staying in the shelter. Identify flexible job duties for these increased risk staff and volunteers so they can continue working while minimizing direct contact with guests.
- Put in place plans on how to maintain social distancing (remaining at least 6 feet apart) between all guests and staff while still providing necessary services.
- All congregate shelter staff must wear a facemask or covering at ALL times except when actively eating and/or drinking, per San Francisco Health Order No. C19-12c, consistent with guidance for the general public.



- Staff must avoid handling guest belongings. If staff are handling guest belongings, they must use disposable gloves, if available. Make sure to train any staff using gloves to [ensure proper use](#) and ensure they perform hand hygiene before and after use. If gloves are unavailable, staff must perform [hand hygiene](#) immediately after handling guest belongings.
- For situations where staff are providing medical care to guests with suspected or confirmed COVID-19 and Close Contact (within 6 feet) cannot be avoided, staff must at a minimum, wear eye protection (goggles or face shield), an N-95 or higher level respirator (or a facemask if respirators are not available or staff are not fit tested), disposable gown, and disposable gloves. **Cloth masks are not PPE and must not be used when a respirator or facemask is indicated.** If staff have direct contact with the guest, they must also wear gloves. For more details on appropriate PPE, please see SFPDPH's [Interim Framework During the COVID-19 Pandemic for PPE Use by City and County of San Francisco \(CCSF\) Disaster Service Workers and Contractors working in Settings with Significant Commingling of Individuals with Varying COVID-19 Status](#).
- Staff must launder work uniforms or clothes after use using the warmest appropriate water setting for the items and dry items completely.
- Provide resources for stress and coping to staff. Learn more about [mental health and coping](#) during COVID-19.

B. Masks.

All staff must wear a face mask at ALL times while on duty, with a guest, and/or on site, except when actively eating and/or drinking. Please see [San Francisco Health Order No. C19-12c](#).

Staff must avoid eating indoors at work, if possible.

1. N-95 masks.

A fit-testing process determines what particular N-95 respirator is an appropriate fit for each person. The CCC makes fit-testing available to all site staff. Site Operators should email HSADOCsafety@sfgov.org with contact information for the employee to be fit-tested; that employee will receive a link to an online survey for medical clearance, and once cleared, will be provided an appointment.

Site staff should take care to remember that respirators and masks should be worn in addition to (and not instead of) taking basic safety measures: staying at least six feet from others at all times and washing hands frequently and thoroughly.

This and any other guidance are subject to change as medical understanding of the virus that causes COVID-19, and San Francisco's emergency situation, develop. Sites should always conform to the most recent guidance.



2. Health and safety exceptions to masking requirements.

Site Operators should reassign to a non-congregate shelter role any staff who are unable to meet these masking requirements for any of the following reasons:

- If a staff member has a physical, intellectual, or developmental disability that prevents them from wearing a mask;
- If a staff member is Deaf and use facial and mouth movements as part of communication, where the potential accommodation would be allowing the staff member to remove their mask while communicating;
- If a staff member has trouble breathing, is not able to take off a mask without help, or has a chronic respiratory condition, and is able to present supporting, signed documentation from a medical professional;⁶ or
- If a staff member can present documentation showing that a medical professional has told them not to wear a mask of any kind (the document does not need to explain your medical condition but must include the contact and license information of the medical professional);⁷ or
- If a staff member will create a safety hazard at work (under established health and safety guidelines) by wearing anything on their face.

C. Supply and inventory of personal protective equipment and other scarce resources.

Certain critical resources are in short supply due to the COVID-19 emergency and are closely rationed by the CCC, including:

- Personal protective equipment;
- Disinfectant products;
- Thermometers;
- Hand sanitizer; and
- Paper towels and toilet paper.

The CCC supplies PPE and other scarce resources to sites based on the number and type of staffing and the guest occupancy levels. Sites do **not** order these items by unit/box; instead, the CCC relies on projections of appropriate usage, and supplies these items in accordance with standard usage rates.

D. Inventory and resupply.

Sites must submit an inventory of scarce supplies to the CCC program manager every Monday before 5:00 PM.

⁶ The document does not need to explain the staff member's medical condition but must include the contact and license information of the medical professional.

⁷ Same as previous footnote.



To appropriately supply each site with scarce resources, management must have accurate and detailed inventories of each item. Deliveries occur once per week, and the amount delivered will be informed by projected usage rates and current inventory on site. Site Operators should inform their program manager when site staffing levels change, so that program managers can calibrate appropriate inventory levels with CCC Logistics.



Inventory procedure.

1. Schedule the inventory during the least busy time of the day. (i.e.: end of shift).
2. Before starting, make sure the inventory is organized for counting.
3. Count each unused item in storage as individual units (for example: 1 box (100 count) of gloves should be counted as 100 gloves).
4. Do your best to estimate counts of items in open and partially used boxes (for example: Half box of gloves would be 50 gloves).
5. Send a completed inventory of scarce supplies to the site's CCC program manager, who will review it and arrange for ordering and delivery.

E. Emergency orders.

The Scarce Resources Emergency Order Sheet can be used to request items that are outside the normal delivery schedules, if scarce resources reach a critically low level. Indicate the quantity needed of each requested item.

Expect fulfillment within 48 hours. If an item is needed sooner, please contact the site's CCC program manager.

II. TESTING

SFDPH strongly recommends that SIP Hotel site staff get tested for COVID-19 every other week, including during vacation periods.

SIP Hotel staff are **essential personnel**. Essential personnel can [make an appointment to get tested](#) even if they don't have any symptoms or were not a [Close Contact](#) of a case.

Site staff have [free access to testing for COVID-19 at city-run test sites](#), regardless of symptoms or exposure.

III. COVID-19 AMONG SITE STAFF

Instruct staff who develop any symptom of COVID-19 while at work to immediately stop work, alert their supervisor, and leave the facility.

Symptomatic staff should call their doctor, SFDPH Communicable Disease Control 415-554-2830, or [make an appointment to get tested](#).



A. Essential personnel.

As essential personnel, you may continue to work after being in contact with a COVID-19 positive or suspected case as long as they have no symptoms and continue to wear a mask. Please check employer's policy and try to follow home quarantine steps while not working.

B. Isolation and quarantine.

Anyone who has symptoms of COVID-19, has Close Contact with an infected person, or is awaiting test results should follow the [SFPDH Guidelines for Isolation and Quarantine](#).

C. COVID-19 staff notification protocol.

In the event of a confirmed case of COVID-19 among site staff, the person's employer is responsible for identifying [Close Contacts](#) within the workplace. Staff should always receive information and guidance about workplace exposure directly from their employer. If an exposure has affected an employee of a different organization, the employers shall coordinate before notifying staff on site of potential exposure.

There are two ways in which an agency may be notified of a confirmed case of COVID-19 among staff:

1. SFPDH receives the positive test results.

Positive cases who live in San Francisco are interviewed by SFPDH Case Investigators. Case Investigators identify the employer and elicit the name of the direct supervisor. The CBO Hub receives this case information and calls the supervisor to discuss next steps beginning at Step 6 below.

2. Staff person informs supervisor of positive COVID-19 results.

Once a staff person reports to their supervisor that they have received a positive test result, adhere to the following protocols.

- a. The case's supervisor shall direct the case to go home and/or to remain at home.
- b. The case's supervisor shall alert the person responsible for COVID-19 protocols at the agency (usually the Health Officer, Privacy Officer or HR representative).
- c. The Employer shall send an email to cbosites@sfdph.org; include the case's name, date of birth, and residence and other contact information.
- d. The Employer shall post a [General Exposure Advisory](#) and a [Preliminary Notice of Potential Exposure](#) on site. These notices should remain on site until contact tracing and notification is complete, or two weeks have elapsed – whichever is sooner. Notify supervisors of all staff on site (including medical/behavioral health providers, home care providers, and facilities staff) of a pending investigation. The case's name should not be shared unless necessary to identify Close Contacts.



- e. The Employer shall relay to them guidance for [Leaving Isolation or Returning to Work for Those Who Have Confirmed or Suspected COVID-19](#), and provide information about worker's compensation and leave, as well as Front Line Worker Housing (if available).
- f. The Employer will interview the case to identify the exposure window for staff on site and identify Close Contacts within the workplace, including those from other organizations.
- g. The exposure window begins 48 hours before the onset of symptoms (if the person is asymptomatic, the exposure window begins 48 hours before the date of the positive test). The window ends on the date of the person's last shift at the site. Some individuals will have no shifts in this window, in which case there is no need to notify other staff of potential exposure.
- h. The Employer shall email cbsites@sfdph.org with a list of Close Contacts' name, dates of birth, contact information, and city of residence, as well as the name, DOB, and CCSF residence of the positive case. The CBO Hub forwards these names to the Contact Tracing Team.
- i. If any Close Contacts are not employees of the same organization CBO Hub will coordinate with the HR department of the contact's employer prior to completing this notification. CCC program managers can assist in this task.
 - All essential personnel should get tested. Staff can return to work after Close Contact with a person with COVID-19 while awaiting test results, as long as they do not have symptoms of COVID-19 and wear required PPE.
 - If a staff member who is a Close Contact tests positive, regardless of whether they have symptoms. The staff should leave work immediately to isolate and notify their supervisor.
 - The Employer shall issue a [General Exposure Advisory](#) to any other staff identified who were on site during the exposure window, but who are not Close Contacts.
 - If any of these staff are not employees of the same organization, the Employer shall coordinate with the HR department of their employers prior to completing this notification.
- j. While maintaining confidentiality, the Employer shall notify the site's CCC program manager if the case was on site during the exposure window and coordinate with them to:
 - Complete cleaning and disinfection of commonly touched areas in the worksite, as appropriate.
 - Review site sign-in and sign-out logs for the exposure window (all staff on site, regardless of their employer of record, sign in and out on this log). Use this and any other records available to establish a list of every staff person who was on site during the exposure window.



IV. OTHER INJURY, EXPOSURE, OR ILLNESS

Site Operators are encouraged to provide guidance to staff with instruction and resources for in case of injury, exposure, or illness while at work. Please see [CCC Providers Connect](#) for a sample.

V. NEEDLESTICK PREVENTION

In case hypodermic needles are encountered, site staff should have access to leather gloves, metal tongs, and sharps containers for safe disposal. Needlestick prevention measures are particularly critical when collecting garbage and laundry, and when handling guest possessions.

Sites should post signage about needlestick prevention. Please see [CCC Providers Connect](#) for a sample sign.





COLLABORATION WITH THE CCC

CCC PROGRAM MANAGERS

CCC program managers serve as Site Operators' primary point of contact to the CCC. Each site shall have a designated program manager, who oversees the site's operation, assists with contract monitoring, coordinates service providers, and provides direction to ensure ongoing alignment with the SIP Hotel Program and CCSF priorities as they evolve.

Site Operators shall work with program managers to develop expectations for regular communication, including status reports and data reporting. These expectations may change as the SIP Hotel Program evolves.

I. ON-CALL PROTOCOL

On weekends and on weekdays between the hours of 5:00 PM and 8:00 AM, program managers are available to support site staff with urgent issues on a rotating on-call schedule. Site staff should reach the on-call program manager using the on-call phone number provided. Program managers will escalate high-priority issues as needed during these times.

OPERATING PARTNERS

I. SAN FRANCISCO DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

The Alternative Housing System is part of San Francisco's Homelessness Response System, which operates under the coordination of the Department of Homelessness and Supportive Housing (HSH). Like other elements of the Homelessness Response System, it centers on Coordinated Entry for assessments, problem-solving, prioritization, and referrals.

Program rules and operations mirror the best practices in place at CCSF's shelters and Navigation Centers when possible, in order to promote access and ease guest transitions.

II. SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

The COVID-19 Alternative Housing System's design, as well as its policies and procedures, are informed by public health guidance on an ongoing basis. An informal consortium of practitioners from several CCSF departments and their funded agencies coordinates guest support at a systems level. With these partnerships, the Congregate Shelter Program aims to keep guests healthy and safe, promote wellbeing and dignity, and help guests prepare for positive outcomes after the resolution of the COVID-19 emergency. Please see [Guest Health and Wellness](#) for more information.

Buildings are assessed prior to occupancy to ensure that ventilation systems and other aspects of building design minimize opportunities to transmit COVID-19. Policies on health screenings, cleaning and maintenance, and more rely on public health guidance to prevent and mitigate spread of the illness.

As a part of a dynamic COVID-19 Alternative Housing System, intakes and discharges impact capacity throughout the system as well as in CCSF's hospitals. Modeling and analysis by public health experts guide decisions about system capacity and bed flow. And determinations about eligibility are made in partnership with public health leaders to ensure those persons most at risk of serious complications or death if they contract COVID-19 are prioritized for placement.

Finally, health care and harm reduction support for guests are a core element of the COVID-19 Alternative Housing System. Site Operators work closely with medical providers to ensure all guests receive a health screening at entry and establish a plan for ongoing care. On-site and on-call medical and behavioral health resources are available to support site staff in responding to crises and conducting early interventions.

Site Operators may or may not provide supportive services directly, but always play a critical and primary role in performing care coordination for guests. Site staff should work closely with service providers to identify needs, make referrals, and coordinate on-site and remote activities to ensure guests have robust connections with supportive services.

III. FACILITIES

HSH and the CCC have contracted for the use of hotels and other facilities. Responsibility for the successful functioning of Congregate Shelter sites is shared by the Site Operator, HSH, the CCC. Site Operators should coordinate closely with CCC facilities management partners for day-to-day operations.

Facility management partners may provide maintenance, food, janitorial, security, and/or laundry services. The content of each contract varies. Site Operators may direct any questions regarding the contracted scope of work to their CCC program manager. Site Operators should escalate to the program manager directly any questions regarding invoicing or facility damages, as well as any conflicts or concerns about facility management functions.

If the facility provides meals for guests, the program manager will work with all parties to operationalize a mechanism for communicating feedback about food quality, and other operational information related to meals.

Note that facility management staff may not have access to personally identifying information about guests, although CCSF may consider exceptions for cases where there is a compelling and unavoidable operational requirement (for instance, where hotel staff operate a central telephone switchboard).

Similarly, facility management may not design policies or rules, or participate in decisions about admissions and discharges.

IV. FOOD GROUP

By default, the CCC arranges meals. Please see [Meals](#) for more information.



DATA AND REPORTING

I. GUEST AND BED MANAGEMENT

The CCC uses a guest and bed management system, known as [RTZ](#), to manage day-to-day operations of the Alternative Housing System. Site Operators must maintain up-to-date, complete, and accurate records in RTZ regarding guests and rooms at each SIP Hotel site in RTZ. Daily RTZ updates may include information about referrals, intakes and discharges, transfers between sites, accessibility attributes of sites and rooms/beds, and information related to room/bed status and site status. Site Operators are required to maintain records in RTZ on at least a daily basis, as this data is used by CCSF to support service coordination on site, and to make decisions about referrals and placements.

All Site Operators should now be trained in RTZ and have actively assumed leadership of the data for their site. Those that have not are requested to immediately take the steps below.

1. Instruct all users to complete the [SFPDH Annual Compliance and Privacy Training](#). This training is available online and a certificate of completion is required before system access will be granted. Please find instructions on how to complete the training [here](#).
2. Coordinate with the CCC to train users for use of the system, including data entry protocols.
3. Coordinate with the CCC to ensure that site rosters are up to date for the site
4. Assume responsibility for data quality

The CCC will undertake quality assurance activities to identify opportunities for improvements in consistency and accuracy of data entry by Site Operators.

The RTZ system contains highly sensitive and confidential information. Users must comply with the online privacy training, and Site Operators should take care to limit access to only those persons with operational functions that require access to this system. Questions about user accounts, system use, and administration should go to RTZadmin-HSB@sfgov.org.

Site Operators are responsible for notifying the CCC via RTZadmin-HSB@sfgov.org within one business day when a user is released from their position, or their function changes and they no longer require access. CCSF will review inactive users weekly to validate the continuing need for user access.

II. REPORTING

Site Operators must meet all data and reporting requirements identified in the Appendix A of their contracts, including:

A. Performance metrics.

Site Operators may be required to report certain measures or conduct interim reporting in [CARBON](#), via secure email, or through uploads to a File Transfer Protocol (FTP) site. When required, Site Operators shall submit the monthly, quarterly and/or annual metrics into either the HSH CARBON database, via secure email, or through uploads to an FTP site. CCSF will provide clear instructions to all Site Operators regarding the correct mechanism for sharing data.



B. Project Roomkey / FEMA reimbursement.

Site Operators shall complete and submit any and all required forms related to FEMA reimbursement, per CCSF agreements, training, and/or instructions.

C. Census and exits.

Site Operators shall maintain daily census information and shall notify CCSF of any unplanned guest exits within 24 hours in the format, method and frequency specified by CCSF.

D. Evaluative studies.

Site Operators shall participate, as requested by CCSF, in evaluative studies designed to show the effectiveness of Grantee's services. CCSF agrees that any final reports generated through the evaluation program shall be made available to Grantee or within 30 working days of receipt of any evaluation report and such response will become part of the official report.

Ad hoc reports, data, and information. CCSF may also undertake evaluative studies of program outcomes and effectiveness and will make the results of any evaluative studies available to the Site Operator with an opportunity to respond.

III. DATA STANDARDS

Any records entered into the HSH Homeless Management Information System (HMIS) Online Navigation and Entry (ONE) System shall meet or exceed the [ONE System Continuous Data Quality Improvement Process standards](#).

Changes to data collection or reporting requirements shall be communicated to Grantee via written notice at least one month prior to expected implementation.

IV. PRIVACY

Any information shared between Site Operators, CCSF, and other providers about the served population shall be communicated in a secure manner, with appropriate release of consent forms and in compliance with applicable privacy requirements. Site Operators shall take all appropriate measure to protect and maintain the confidentiality of personally identifying information about participants, as well as the site name and address, and any other confidential information about the program or CCSF's emergency response.

Site Operators are responsible for complying with all privacy-related trainings and ensuring the safekeeping of potentially protected information in the system.



V. SAFEGUARDING CONFIDENTIAL INFORMATION

SIP Hotel site staff and partners must treat any personally identifying information about guests, as well as the name and location of the SIP Hotel site, as strictly confidential. This confidentiality should be safeguarded whether information is written, printed, spoken, or in electronic form, and its sharing should be limited to the minimum amount necessary for each person to do their job.

Staff must take care to share this information only with authorized persons using secure methods, such as secure email or encrypted hard drives. Site Operators are responsible for supplying computers and other communications technology needed by SIP Hotel site staff and are encouraged to equip these with appropriately if they are to be used to share confidential information. Staff and partners may wish to make use of [CCSF's free Secure Message Center](#) by visiting if other secure email is not available.

SIP Hotel site staff should identify and enact measures to prevent unauthorized access to information – for instance, papers containing confidential information should not be removed from the site unless operationally necessary, and passwords to computers used by Staff should not be posted publicly. Site Operators must limit access to the site by visitors. Site tours or other site access granted to individuals without an operational role in the SIP Hotel Program must be authorized by the program managers.

Any suspicion of a breach of the security of confidential information should be reported immediately to the program manager. Staff also must submit a Critical Incident Report (CIR) before the end of the shift during which the breach was discovered.





MEDIA POLICY

The privacy and health of our guests is our highest priority. To protect guests' privacy, and to minimize disruption for clinicians and site monitors please note:

- Media ARE NOT allowed on site.
- Hotel staff and contracted partners are NOT authorized to speak to the media as a representative of the city or their organization related to their contracted work at the Alternative Housing Sites.
- Do not post/share photos and/or commentary about the hotel, staff and/or guests on social media or with traditional media.
- Do not disclose hotel address/location or any identifying landmarks or signage.

Please respect this policy throughout the duration of the declared coronavirus public health emergency. This will help to maintain the health and safety of our guests and the surrounding community.

Members of the media who have questions about the alternative housing program or this policy should contact the Department of Emergency Management Press Office at [\(415\) 415-558-2712](tel:415-558-2712) or dempres@sfgov.org.

If a visitor is trying to contact a specific guest, staff will notify them and, if the guest is able to, they can meet the visitor outside of the facility. Guests are asked to practice social distancing and public health guidelines within the site and when leaving for essential needs. Please note, however, that if a shelter guest is in isolation or quarantine, they are NOT able to leave their rooms.

President, District 10
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

Shamann Walton

PRESIDENTIAL ACTION

Date: 2/11/2021

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.

210139

Haney

(Primary Sponsor)

Title.

Emergency Ordinance - Limited COVID-19 Impacts by Continuing to Make Shelter-in-Place Hotel Rooms Available to People Experiencing Homelessness

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:

(Date)

(Committee)

Meeting

Start Time:

End Time:

Temporary Assignment: Partial Full Meeting


Shamann Walton, President
Board of Supervisors

From: [Board of Supervisors, \(BOS\)](#)
To: [BOS-Supervisors](#)
Cc: [Calvillo, Angela \(BOS\)](#); [Somera, Alisa \(BOS\)](#); [Ng, Wilson \(BOS\)](#); [Wong, Linda \(BOS\)](#)
Subject: FW: Letter from Community Coalition re: SIP Hotels
Date: Wednesday, February 10, 2021 4:26:34 PM
Attachments: [CoalitionLettertoMayorBreedReSipHotels.pdf](#)

From: Sara Shortt <sshortt@chp-sf.org>
Sent: Wednesday, February 10, 2021 4:08 PM
To: Breed, Mayor London (MYR) <mayorlondonbreed@sfgov.org>
Cc: Elsbernd, Sean (MYR) <sean.elsbernd@sfgov.org>; Sawyer, Amy (MYR) <amy.sawyer@sfgov.org>; Cohen, Emily (HOM) <emily.cohen@sfgov.org>; Stewart-Kahn, Abigail (HOM) <abigail.stewart-kahn@sfgov.org>; Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>
Subject: Letter from Community Coalition re: SIP Hotels

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

Dear Mayor Breed,

Please find the attached letter regarding the city's "shelter in place" hotels, which has been signed by 50 community organizations.

We look forward to hearing your response at your earliest convenience.

Sara

Sara Shortt (she/her) | Director of Public Policy & Community Organizing
Community Housing Partnership
m: 415.846.0750
chp-sf.org

20 Jones Street, Suite 200
San Francisco, CA 94102

February 10, 2021

Honorable London Breed
Mayor of San Francisco
1 Dr. Carlton Goodlett Place, room 200
San Francisco, CA 94102

Dear Mayor Breed,

We are a group of service providers, people with lived experience with homelessness and community stakeholders who came together after the plan to close the SIP hotels was announced in October. We were concerned that this announcement was made before there was an adequate housing plan to ensure those in SIP hotels did not return to the streets, and that residents of the hotels were not properly informed about their fates, knowing only that the hotels would close. Over 100 organizations wrote to you with our concerns in a [sign on letter](#) at the time, but did not receive a response. Our goal was then and continues to be that before the city closes down SIP hotels, a realistic, well-resourced and compassionate plan is created that:

- Collaborates with service providers and residents.
- Plans for re-assignment of workers.
- Involves input of the residents.
- Is COVID safe, including testing of residents and staff before moving
- Ensures that residents are housed and their needs met with true long term stability.
- Continue to track and publicly report housing and placement outcomes for all SIP Hotel residents.
- Is data informed with strong community oversight.
- Equitably meets the needs of unhoused people outside of hotels, including underserved neighborhoods and families.
- Ensure Shelter Grievance Due Process is back in place.

Since we have formed, we worked on legislation to meet many of our goals, the city has gone back to the drawing board and created a much more realistic plan, and the closures were delayed.

However, we are concerned with recent communication from both the [Department of Homelessness and Supportive Housing](#), and [yourself](#) regarding the SIP hotel closure, which seemed to deviate from agreements we believed were reached.

The city has the responsibility to care for all unhoused people

We were concerned that these communications seemed to abdicate responsibility for unhoused people outside the SIP hotels. A recent DSHS member stated that “Due to the temporary need to prioritize people exiting SIP Hotels for housing placement, people experiencing homelessness in San Francisco who are Housing Referral Status and who are living in settings outside of the SIP Hotels will experience delays in referral to Supportive Housing and Rapid Rehousing”.

Central to our work on this issue, has been the idea of ensuring equity for those outside of SIP hotels. There are several hundred people who are document ready and waiting for housing outside of the SIP hotels, and several hundred more who are at the top of the Coordinated Entry list considered “housing referral status”.

We supported the Prop C Our City Our Home Oversight committee recommendations to fund subsidies for non SIP residents of the Bayview, prioritizing African Americans, and subsidies for homeless families outside of SIP hotels. This was done to ensure some equity out on the streets. The statement that there will be “acute delays...for San Francisco Housing Referral Status adults without children who did not serve in the US Military” who currently live on the streets indicates that you will not be rapidly implementing these initiatives, which is greatly concerning and also disturbing.

Vulnerable People Should Get Housing

In addition, the communication from HSH contradicts previous agreements that those with medical vulnerabilities, and those over the age of 60 who are not “housing referral” status will still be offered housing out of the SIP hotels. We would appreciate clarification on this critical point.

Permanent Solutions is what we have been pushing for

In the communications, there was an indication that the SIP hotel effort has led to a shift in resources going to temporary solutions, instead of permanent solutions. We just wanted to clarify that we are committed to permanent solutions, and that is what we have been fighting for since we came together. We also want to note that the San Francisco portion of the costs are a cost effective investment and have proven cheaper than some of the other temporary housing efforts the city has engaged in, such as Safe Sleeping Villages and Navigation Centers, especially now that there will be 100% FEMA reimbursement.

In sum, Mayor Breed, we were delighted when you committed back in spring of 2020 to house 7,000 unhoused people in hotel rooms, and we were also gratified that you committed to housing each and every one of the 2,500 people housing in hotels declaring no one would be sent back to the streets. Many of us were a part of this historic moment and realize what a monumental effort it was. The SIP hotels have proven to be a wonderful opportunity to do housing navigation work as folks are stabilized and easy to find. We agree with your commitment to house everyone in the SIP hotels, and have been working hard to make sure this commitment is realized.

The main reason cited for closing the hotels was uncertainty that FEMA would continue, and now that FEMA funding is guaranteed throughout the duration of the pandemic at 100% reimbursement rate, this great news allows the city to move forward in a much more careful way to ensure all hotel residents land on their feet -- in housing and stabilized. However, the rehousing of SIP hotel residents has been moving exceptionally slowly, and vacancies have risen to 9%, after a year of already unacceptable vacancy rates and excruciatingly slow referrals. We recommend two actions steps:

- 1) House those who are document ready outside of SIP hotels, such as those in Safe Sleeping Villages or on the streets, simultaneously with SIP hotel residents
- 2) Utilize the windfall of FEMA reimbursements to do acquisitions such as purchasing additional hotels that would help to permanently address the homelessness crisis.

Thank you for your consideration and your compassion. Working together we can solve homelessness. We really can do it.

Sincerely,

3rd St. Youth Center & Clinic
ABD/Skywatchers
Advancing Justice-ALC
Alliance for Social and Economic Justice
San Francisco Living Wage Coalition
Bethany United Methodist Church
Catholic Charities
Code Tenderloin
Community Housing Partnership
Compass Family Services
Delivering Innovation in Supportive Housing
Downtown Streets Team
End Hep C SF
Episcopal Community Services (ECS)
The Episcopal Church of St. John the Evangelist
Faith in Action - Bay Area
Faithful Fools
Five Keys Schools and Programs
First Mennonite Church of San Francisco
GLIDE
Hamilton Families
Homeless Prenatal Program
Hospitality House

La Casa de Las Madres
Larkin Street Youth Services
Lawyer's Committee for Civil Rights of the SF Bay Area
The LGBT Center
Mary Elizabeth Inn
Mission Neighborhood Resource Center/Mission Neighborhood Health Center
San Francisco Living Wage Coalition
St. Anthonys
St. Ignatius Parish
Senior and Disability Action
SF Aids Foundation
SF Coalition on Homelessness
SF Hepatitis C Task Force
SF Safehouse
Shanti Project
Simply the Basics
SteppingStone Health
St. James Episcopal Church
St. John's Presbyterian Church SF
St. Mary and St. Martha Lutheran Church
St. Vincent De Paul
Older Women's League (OWL)
Or Shalom Jewish Community
PODER
The Kitchen SF
The Women's Building
Western Regional Advocacy Project (WRAP)
YWAM San Francisco