File No. 200363 **Committee Item No.** 1
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee **Date** April 13, 2020

Board of Supervisors Meeting **Date** _____

Cmte Board

Cmte	Board	
☐	☐	**Motion**
☐	☐	**Resolution**
☒	☐	**Ordinance**
☒	☐	**Legislative Digest**
☒	☐	**Budget and Legislative Analyst Report**
☐	☐	**Youth Commission Report**
☒	☐	**Introduction Form**
☒	☐	**Department/Agency Cover Letter and/or Report**
☐	☐	**MOU**
☐	☐	**Grant Information Form**
☐	☐	**Grant Budget**
☐	☐	**Subcontract Budget**
☐	☐	**Contract/Agreement**
☐	☐	**Form 126 – Ethics Commission**
☐	☐	**Award Letter**
☐	☐	**Application**
☒	☐	**Public Correspondence**

OTHER **(Use back side if additional space is needed)**

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Completed by: Linda Wong **Date** April 9, 2020
Completed by: Linda Wong **Date** _____

[Emergency Ordinance - Limiting COVID-19 Impacts through Safe Shelter Options]

Emergency ordinance to require the City to secure 8,250 private rooms by April 26, 2020, through service agreements with hotels and motels for use as temporary quarantine facilities for people currently experiencing homelessness, people released from local hospitals with COVID-19 exposure or infection, and front-line workers in the COVID-19 crisis; waive the requirement under Charter, Section 9.118, that the Board of Supervisors approve the service agreements for private rooms; require daily reporting to the Board of Supervisors on the City's progress in procuring and providing the needed rooms; require congregate care facilities for the homeless to comply with social distancing practices and implement COVID-19 screening protocols; and direct the City to use best efforts to enable people leaving congregate care facilities for temporary rooms provided by the City to subsequently return to congregate care facilities.

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

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

Section 1. Declaration of Emergency under Charter Section 2.107.

(a) Section 2.107 of the Charter authorizes passage of an emergency ordinance in cases of public emergency affecting life, health, or property, or for the uninterrupted operation

of any City or County department or office required to comply with time limitations established by law. The Board of Supervisors hereby finds and declares that an actual emergency exists that requires the passage of this emergency ordinance.

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

(c) On March 16, 2020, the County Health Officer issued Order No. C19-07, replaced by Order No. C19-07b on March 31, 2020, directing San Franciscans to stay in their homes and follow social distancing requirements when outside their residence. This Order exempts individuals experiencing homelessness from these requirements, and urges such individuals to obtain shelter. The Order strongly urges – but does not require – governmental entities to make shelter available and provide handwashing or hand sanitation facilities to persons who continue experiencing homelessness.

(d) In the absence of a governmental mandate to provide shelter, thousands of people are living in close proximity to one another in San Francisco's streets, in conditions that pose a severe and imminent threat to the health, safety, and well-being of themselves and others.

(e) This emergency ordinance is necessary to reduce the spread of COVID-19 by enhancing the ability of people experiencing homelessness to comply with social distancing protocols, and enabling front-line workers and people recently discharged from hospitals with known or likely COVID-19 infection to self-quarantine effectively.

Section 2. Findings and Purpose.

(a) The occurrence of COVID-19 is rapidly increasing within the City and County of San Francisco ("City") and throughout the Bay Area. According to the County Health Officer,

there is also “a significant and increasing number of suspected cases of community transmission and likely further significant increases in transmission.” Hospital resource use in California for COVID-19 response is expected to peak on April 26, 2020, according to recent calculations by the Institute for Health Metrics and Evaluation.

(b) The County Health Officer’s Orders, together with directives from public health experts at the local, state, and national level, recognize that limiting interactions among people as much as possible is proven to slow transmission of COVID-19. The United States Centers for Disease Control and Prevention (“CDC”) has found that “[t]he potential for presymptomatic transmission underscores the importance of social distancing, including the avoidance of congregate settings, to reduce COVID-19 spread.”

(c) The approximately 8,035 San Francisco residents experiencing homelessness have no realistic way to comply with social distancing and personal hygiene protocols when living in encampments and congregate facilities such as shelters, navigation centers, and single room occupancies (“SROs”). Communicable diseases, such as COVID-19, have the potential to spread quickly through homeless encampments and congregate facilities, due in part to the close proximity of people in these settings and the lack of adequate sanitation. Many City shelters house more than 100 people, with a current minimum distance between beds of only 22 inches, making it difficult, if not impossible, for residents to comply with social distancing guidelines.

(d) The prevalence of underlying health conditions among people experiencing homelessness increases their vulnerability to COVID-19 infection, and therefore increases the likelihood that COVID-19 will spread rapidly through homeless encampments and congregate facilities.

(e) In Order No. C19-07b, the County Health Officer urged government agencies and other entities operating shelters and other congregate facilities for the homeless to “take

appropriate steps to help ensure compliance with Social Distancing Requirements, including adequate provision of hand sanitizer." But the County Health Officer has not mandated minimum spacing requirements for congregate living facilities.

(f) There is a need for quarantine facilities for San Francisco residents who test positive for or who have been exposed to COVID-19, but who do not require hospitalization, because self-quarantine at home may risk further spread of COVID-19 infection to other members of the household. The U.S. Department of Homeland Security's Federal Emergency Management Agency ("FEMA") has noted that "non-congregate sheltering may be necessary in this Public Health Emergency to protect public health and save lives." FEMA has therefore authorized reimbursement for local provision of "hotels, motels, dormitories, or other forms of non-congregate sheltering," to target populations, including "those who test positive for COVID-19 who do not require hospitalization but need isolation (including those exiting from hospitals); those who have been exposed to COVID-19 who do not require hospitalization; and asymptomatic high-risk individuals needing social distancing as a precautionary measure, such as people over 65 or with certain underlying health conditions (respiratory, compromised immunities, chronic disease)."

(g) There is also a need for quarantine facilities for front-line responders to this crisis, including but not limited to health care workers and workers in the homeless response system providing services directly to people experiencing homelessness, who are at risk of exposure to COVID-19. San Francisco anticipates that the pace and volume of health care services needed to address the expected rise in COVID-19 infections will put significant strain on the City's front-line responders to this crisis.

(h) Having a sufficient number of hotel rooms available to allow health care workers and others with COVID-19 exposure or infection to quarantine, and to allow people

experiencing homelessness to engage in social distancing, will help slow community spread of COVID-19.

(i) Requiring congregate facilities for the homeless to impose social distancing and COVID-19 infection protocols will reduce the risk of COVID-19 spread through congregate facilities.

Section 3. City Procurement of Private Rooms to Protect Vulnerable Populations and Slow Community Spread of COVID-19.

(a) Subject to the budgetary and fiscal provisions of the Charter, by no later than April 26, 2020, the City shall procure through services agreements private hotel or motel rooms to be made available without charge to and for temporary use by the following populations (collectively, "Vulnerable Populations") in the specified numbers, except that the numbers in each category shall be reduced by the number of rooms that the City procures under its authority to lease, buy or otherwise procure property:

(1) 7,000 rooms shall be made available for temporary use to meet the needs of people in San Francisco presently experiencing homelessness, including: (A) people currently residing in a City shelter, navigation center, or SRO; (B) people who are currently unsheltered; and (C) unhoused people being released from jails. Priority within this vulnerable population of people experiencing homelessness shall be given to members of especially vulnerable groups, as defined by the County Health Officer, which are people 60 years old and older, people with health conditions such as heart disease, lung disease, diabetes, kidney disease, and weakened immune systems, and people who are pregnant or were pregnant in the prior two weeks.

(2) 500 rooms shall be made available for temporary use to meet the needs of people recently discharged or diverted from San Francisco hospitals, both public and private,

who: (A) have tested positive for COVID-19 or are under evaluation for exposure to COVID-19, but (B) do not have a present need to be hospitalized, and (C) do not have an appropriate place where they can self-quarantine because they reside in an SRO or a congregate facility where there are shared bathrooms and kitchens, or reside in an encampment, or because there is a present risk of COVID-19 transmission to other people residing in their homes. Existence of a present risk of COVID-19 transmission shall be determined on the basis of the most current CDC guidance, which as of April 3, 2020 indicates that a risk of transmission exists when a person has recently tested positive for COVID-19, exhibits symptoms suggestive of COVID-19 such as fever, cough, or shortness of breath, or has had close contact with an individual suspected of or confirmed as having COVID-19.

(3) 750 rooms shall be made available for temporary use to meet the needs of front-line responders to the crisis, including but not limited to health care workers and workers in the homeless response system providing services directly to people experiencing homelessness, who need the use of a private room for quarantine due to potential exposure to or infection with COVID-19.

(b) This ordinance does not require or authorize any City department to enter into or modify any lease for real property, or buy or sell real property.

(c) The following City entities are authorized to enter into services agreements to procure private hotel rooms as set forth in subsection (a), either singly or jointly in any combination: the Human Services Agency, the Department of Homelessness and Supportive Housing, the Department of Public Health, and the Real Estate Division.

(d) Notwithstanding the requirements of Charter Section 9.118, the service agreements authorized by this emergency ordinance shall not be subject to approval by the Board of Supervisors.

(e) If the City is unable to procure the 8,250 rooms as set forth in subsection (a) by April 26, 2020, despite exhausting reasonable options for securing these rooms through agreements, the Mayor is urged to acquire any additional private rooms needed to reach a total of 8,250 through prompt exercise of the Mayor's authority to commandeer property under Charter Section 3.100(14).

(f) No later than one day after this ordinance is effective, and every day thereafter, as long as this emergency ordinance is in effect, the Department of Emergency Management shall submit to the Board of Supervisors a report that:

(1) Identifies the total number of hotel rooms procured in accordance with this ordinance, and the number of hotel rooms made available to and occupied by each of the three Vulnerable Populations identified in subsection (a);

(2) Identifies the unmet need, if any, for hotel rooms for temporary use by each of the three Vulnerable Populations;

(3) Describes barriers to the City's ability to procure needed hotel rooms to meet the needs of each of the three Vulnerable Populations;

(4) Describes the steps the City has taken, if any, to commandeer hotel rooms for temporary use by each of the three Vulnerable Populations; and

(5) Provides, in de-identified summary form, age, race, gender identity, and category of previous residence (i.e., hospital, navigation center, jail, encampment), for all members of the three Vulnerable Populations that are currently occupying City-provided rooms.

Section 4. Standards of Care at Shelters, Navigation Centers, and other Congregate Care Facilities for People Experiencing Homelessness.

The following standards of care shall apply to shelters, navigation centers, and any other congregate care facilities funded by the City for people experiencing homelessness (collectively, "Congregate Care Facilities for the Homeless"). These standards shall supplement the provisions in Chapter 20 of Article XIII of the Administrative Code that govern the standards of care for city shelters. To the extent any provision in Chapter 20 conflicts with any provision of this ordinance, this ordinance shall apply.

(a) Each Congregate Care Facility for the Homeless shall implement the social distancing guidelines ordered by the County Health Officer by, among other things, ensuring that beds and mats are located at least six feet apart, unless located in a private room occupied only by members of the same family, and requiring that guests and staff, to the greatest extent possible, maintain a distance of at least six feet from one another at all times.

(b) The Department of Public Health and Department of Homelessness and Supportive Housing ("DHSH") shall, within 72 hours of the effective date of this ordinance, develop a written plan for Congregate Care Facilities for the Homeless to use in screening guests and staff for signs of COVID-19 or other illness ("COVID-19 Plan"). The plan must comply with applicable guidance regarding screenings from CDC (including guidance available online at www.cdc.gov) and the California Department of Public Health ("CDPH") (including guidance available online at www.cdph.ca.gov).

(c) DHSH shall publish the COVID-19 Plan on its website, and distribute the COVID-19 Plan to each Congregate Care Facility for the Homeless. Each Congregate Care Facility for the Homeless shall implement the COVID-19 Plan within 24 hours of its publication by DHSH.

(d) If a Congregate Care Facility for the Homeless learns that any current guest or staff member, former guest who recently lived at the facility, or former staff member who recently worked at the facility, tests positive for COVID-19, the facility must immediately, and no later than within one hour, notify the Department of Public Health and meet any other applicable

notification requirements. As to former guests and former staff members, “recently” shall be defined in the COVID-19 Plan. If it is not defined there, guidance provided by the CDC and/or CDPH shall provide the definition.

Section 5. City’s Exercise of Best Efforts to Enable Return to Congregate Care Facilities for the Homeless.

The City shall use its best efforts to ensure that individuals who move from Congregate Care Facilities for the Homeless to temporary rooms secured by the City in accordance with this ordinance are able to return to Congregate Care Facilities for the Homeless after they are required to vacate rooms provided by the City.

Section 6. Implementation.

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

Section7. Undertaking for the General Welfare.

In enacting and implementing this emergency ordinance, the City is assuming an undertaking only to promote the general welfare. It is not assuming, nor is it imposing on its officers and employees, an obligation for breach of which it is liable in money damages to any person who claims that such breach proximately caused injury. This emergency ordinance does not create a legally enforceable right by any member of the public against the City.

Section 8. Severability. If any section, subsection, sentence, clause, phrase, or word of this emergency ordinance, or any application thereof to any person or circumstance, is held

to be invalid or unconstitutional by a decision of a court of competent jurisdiction, such decision shall not affect the validity of the remaining portions or applications of the ordinance. The Board of Supervisors hereby declares that it would have passed this ordinance and each and every section, subsection, sentence, clause, phrase, and word not declared invalid or unconstitutional without regard to whether any other portion of this ordinance or application thereof would be subsequently declared invalid or unconstitutional.

Section 9. Effective Date; Expiration.

Consistent with Charter Section 2.107, this emergency ordinance shall become effective immediately upon enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board of Supervisors overrides the Mayor's veto of the ordinance. Once enacted, it shall remain in effect for 60 days, unless reenacted as provided by Section 2.107. If not reenacted, it shall expire on the 61st day after enactment.

Section 10. Supermajority Vote Required. In accordance with Charter Section 2.107, passage of this emergency ordinance by the Board of Supervisors requires an affirmative vote of two-thirds of the Board of Supervisors.

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

By: */s/ Sarah A. Crowley*
SARAH A. CROWLEY
Deputy City Attorney

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FILE NO. 200363

LEGISLATIVE DIGEST

[Emergency Ordinance - Limiting COVID-19 Impacts through Safe Shelter Options]

Emergency ordinance to require the City to secure 8,250 private rooms by April 26, 2020, through service agreements with hotels and motels for use as temporary quarantine facilities for people currently experiencing homelessness, people released from local hospitals with COVID-19 exposure or infection, and front-line workers in the COVID-19 crisis; waive the requirement under Charter, Section 9.118, that the Board of Supervisors approve the service agreements for private rooms; require daily reporting to the Board of Supervisors on the City's progress in procuring and providing the needed rooms; require congregate care facilities for the homeless to comply with social distancing practices and implement COVID-19 screening protocols; and direct the City to use best efforts to enable people leaving congregate care facilities for temporary rooms provided by the City to subsequently return to congregate care facilities.

Existing Law

This ordinance does not amend existing law.

Background Information

This emergency ordinance addresses the present high risk of COVID-19 spread through homeless encampments and congregate living facilities by directing the City to procure hotel rooms for the temporary use of people experiencing homelessness, as well as people leaving hospitals and front-line workers in the COVID-19 crisis with a need for quarantine facilities, and by requiring congregate care facilities for the homeless to comply with social distancing practices and implement COVID-19 screening protocols.

By April 26, 2020, the City is required to procure and provide hotel or motel rooms as follows:

- 7000 rooms to people experiencing homelessness;
- 500 rooms to recently discharged or diverted hospital patients with a need for quarantine based on known or likely COVID-19 infection; and
- 750 rooms to front-line workers in the COVID-19 crisis.

The Department of Emergency Management must report daily to the Board of Supervisors on their progress in providing sufficient numbers of private rooms to meet the needs of these vulnerable groups.

The Department of Public Health (“DPH”) and the Department of Homelessness and Supportive Housing (“DHSH”) must develop a COVID-19 screening plan for use in congregate care facilities for the homeless, and such facilities must implement the prescribed plan, together with social distancing procols.

The City must exercise best efforts to ensure that individuals who move from congregate care facilities for the homeless to temporary private rooms are able to return to congregate care facilities after they are required to vacate the private rooms.

The Mayor is authorized to designate one or more City agencies to administer the ordinance.

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CITY AND COUNTY OF SAN FRANCISCO

BOARD OF SUPERVISORS

BUDGET AND LEGISLATIVE ANALYST

1390 Market Street, Suite 1150, San Francisco, CA 94102 (415) 552-9292
FAX (415) 252-0461

April 10, 2020

TO: Budget and Finance Committee

FROM: Budget and Legislative Analyst

SUBJECT: April 13, 2020 Special Budget and Finance Committee Meeting

TABLE OF CONTENTS

Item 1 Files 20-0363	Department: Human Services Agency

EXECUTIVE SUMMARY

Legislative Objectives

- The proposed emergency ordinance would require the City to purchase 8,250 hotel/motel rooms in the following quantities no later than April 26, 2020: 750 for first responder quarantine, 500 for other quarantine, and 7,000 for unsheltered individuals.
- In addition, the proposed emergency ordinance contains revisions for shelter standards, including requiring social distancing and developing new intake procedures. Finally, the proposed emergency ordinance waives the provisions of City Charter 9.118 requiring Board of Supervisors' approval for contracts if they are related to the procurement of hotel rooms.

Key Points

- The City is eligible for federal and State reimbursement of emergency costs, to the extent that the Federal Emergency Management Agency (FEMA) and the California Office of Emergency Services (Cal OES) determine that costs are eligible for reimbursement. FEMA will consider reimbursing the City 75 percent of eligible costs and the California Office of Emergency Services will consider reimbursing an additional 18.75 percent, for a total of 93.75 reimbursement from State and Federal sources.
- For non-congregate shelter costs incurred March 19, 2020 to April 30, 2020, FEMA will reimburse for the following populations: (1) Individuals who test positive for COVID-19: (2) Individuals who have a documented exposure to COVID-19, and (3) Individuals who are asymptomatic but "high-risk," such as people over 65 or who have certain diseases and are unable to socially isolate. The San Francisco Health Officer's March 13, 2020 Order states that vulnerable populations are: individuals older than 60, people with heart disease, lung disease, diabetes, kidney disease and weakened immune systems, and people who are pregnant or were pregnant in the last two weeks. Cal OES has not finalized its non-congregate shelter reimbursement guidance.

Fiscal Impact

- The estimated cost for the City to purchase 8,250 hotel rooms for one month, including security, food, and personal care and room cleaning, is $58.6 million. The City could incur additional costs for staff to provide onsite management (currently provided by City staff), which could cost an additional $1.67 million per month.
- FEMA and Cal OES reimbursements to the City could range from less than $10 million up to $40.0 million of the City's estimated $58.6 monthly costs, depending on whether the population placed in the proposed rooms are considered eligible for reimbursement. The remaining costs would have to be locally funded, which could include funding from State and Federal disaster relief (separate from FEMA and Cal OES aid).

Recommendation

- Approval of the proposed emergency ordinance is a policy matter for the Board of Supervisors.

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

On March 17, 2020, the County of San Francisco 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 order specifically exempted homeless individuals but urged the City to take steps to provide shelter for these individuals.

The Center for Disease Control (CDC) recommends that individuals who may have been exposed to the virus self-quarantine for 14 days, and the individuals who test positive for the virus but do not require hospitalization, be isolated from others, including not sharing bathrooms.

DETAILS OF PROPOSED LEGISLATION

The proposed emergency ordinance would require the City to purchase 8,250 hotel/motel rooms in the following quantities no later than April 26, 2020:

Table 1: Required Room Purchase

Population	Count
First Responders Quarantine	750
Other Medical Quarantine	500
Unhoused	7,000
Total	**8,250**

Source: File 20-0363

Note: "First Responders" refers to health care workers and those working with homeless individuals who are exposed to COVID-19. "Other Medical Quarantine" refers to individuals who have tested positive for COVID-19 but cannot self-quarantine because they live in single-room occupancy or congregate facility or live with others. "Unhoused" refers to persons living in a shelter or those without shelter.

The proposed emergency ordinance would require that the Department of Emergency Management provide a daily report to the Board of Supervisors that details the City's efforts to meet the unmet room requirements. If the deadline for procuring the rooms is not met, the proposed emergency ordinance requests the Mayor commandeer property to meet the requirements noted in Table 1.

In addition, the proposed emergency ordinance contains provisions for shelter standards, including requiring social distancing, developing intake procedures that screen for COVID-19 symptoms, and notifying the Department of Public Health within one-hour of determining a current or former shelter guest or staff member tests positive for COVID-19.

Finally, the proposed emergency ordinance waives the provisions of City Charter 9.118 requiring Board of Supervisors' approval for contracts if they are related to the procurement of hotel rooms.

FISCAL IMPACT

The estimated cost for the City to purchase 8,250 hotel rooms for one month, including security, food, and personal care and room cleaning, is $58.6 million, as shown in Table 2 below.

Table 2: Monthly Cost and Reimbursement Estimates for Room Purchases [1]

Category	One Month
First Responders Quarantine	$2,470,126
Other Medical Quarantine	$1,646,751
Unhoused	$23,054,508
Subtotal, Room Cost	**$27,171,385**

Other Costs	One Month
Security	$8,662,500
Food	$14,850,000
Personal Care and Extra Cleaning	$7,920,000
Subtotal, Other Costs	**$31,432,500**
Total Cost	**$58,603,885**

Other Potential Housing Costs

The City could incur additional costs for staff to provide onsite management for the hotels contracted to house individuals quarantined or isolated due to potential or actual COVID 19 infection. Based on information available to the Budget and Legislative Analyst at the time of writing this report, estimated onsite management costs for 8,250 additional hotel rooms are $1.67 million per month. Actual costs would vary based on the property management

[1] The estimates in Table 2 are based on the following assumptions: (1) the average room rate is $110 per day, based on the weighted average room rates for seven hotels for which the City has contracted; the total room rate is based on 8,250 rooms for 30 days; (2) security guard rates are estimated at $75 per hour (due to the hazard conditions) for at least two security guards per shift (depending on hotel size) for 24/7 coverage; these rates are based on negotiations between HSA and existing security providers; (3) food service is estimated to be $60 for three meals per day, including delivery to quarantine/isolation rooms; and (4) personal care is estimated at $32 per day for miscellaneous services, including laundry, person hygiene, additional cleaning supplies, and periodic deep cleaning by a biohazard company.

requirements for each hotel contract.[2] At the time of this writing, it is unclear whether these costs are would be eligible for State and Federal reimbursement.

State and Federal Reimbursement

As shown in Table 2 above, the estimated monthly costs to purchase 8,250 hotel rooms, including services, is $58.6 million. The City would be eligible for federal and State reimbursement, although the amount of reimbursement would depend on the Federal Emergency Management Agency (FEMA) and the California Office of Emergency Services (Cal OES) determining that costs incurred by the City were eligible for reimbursement. Federal and State reimbursement to the City could be up to 93.75 percent of the City's eligible costs as described further below.[3]

FEMA and Cal OES reimbursements to the City could range from less than $10 million up to $40.0 million of the City's estimated $58.6 costs.[4] The estimated reimbursement of the City's costs, further described below, depend on whether these costs are deemed eligible for reimbursement by Federal or State authorities.

To obtain reimbursement for emergency costs, the City is required to submit detailed documentation to Federal and State emergency agencies, including a documented medical need for each person in non-congregate shelter, justification for duration of sheltering, demonstrating costs are necessary and reasonable, and procurement that is in compliance with agency guidelines. Per Federal guidance, sheltering specific populations in non-congregate shelters should be determined by a public health official's direction or guidance.[5] For non-congregate shelter costs, FEMA will consider if local conditions merit reimbursement, including rates of community transmission, hospital admissions, and fatalities.

Federal Emergency Management Agency

The Federal Emergency Management Agency's (FEMA) Public Assistance program provides reimbursement for certain emergency related costs, including quarantine facilities, security, purchase and distribution of food, water, medication and personal protective equipment. According to a March 27, 2020 letter from FEMA to the California Office of Emergency Services, FEMA will reimburse the cost for non-congregate sheltering for the following populations:

[2] Onsite management costs are based on an estimated rate of $202 per room per month for 357 staff to provide 24/7 coverage for 8,250 hotel rooms, at an estimated hourly rate of $30.

[3] The 93.75 percent of eligible costs assumes a 75 percent reimbursement rate from FEMA and 18.75 percent reimbursement rate for Cal OES.

[4] The estimated reimbursement of $40 million assumes that 31 percent of unhoused individuals (based on the number of unhoused individuals who identified chronic health problems in the 2019 Point in Time count) would meet the FEMA criteria noted above. However, the Point in Time count was self-reported and fewer individuals may meet the medical requirements set by FEMA. While the Health Officer order urged the City to find shelter for these individuals, the unhoused individuals may not meet the FEMA criteria for high risk individuals. The lower range of less than $10 million assumes that very few unhoused individuals meet the FEMA criteria.

[5] The San Francisco Health Officer's March 13, 2020 Order states that vulnerable populations are: individuals older than 60, people with heart disease, lung disease, diabetes, kidney disease and weakened immune systems, and people who are pregnant or were pregnant in the last two weeks.

- Individuals who test positive for COVID-19
- Individuals who have a documented exposure to COVID-19
- Individuals who are asymptomatic but "high-risk," such as people over 65 or who have certain underlying health conditions (respiratory, compromised immunities, chronic disease), and who require non-congregate sheltering as a social distancing measure.

FEMA will consider reimbursement for non-congregate sheltering costs incurred between March 19, 2020 and April 30, 2020 for the above populations. Reimbursement for costs incurred after that date will require separate approval from FEMA.

FEMA will not reimburse non-congregate sheltering costs for individuals who cannot socially distance (for example, if they live in a single room occupancy hotel, on the street, or in a multi-household dwelling unit) but are not in the "high-risk" category noted above or for converting existing facilities into non-congregate shelters.

FEMA will consider reimbursing the City 75 percent of eligible costs and the California Office of Emergency Services will consider reimbursing an additional 18.75 percent, for a total of 93.75 reimbursement from State and Federal sources. The remaining 6.25 percent would need to be funded from local sources.

Other Potential Sources of Funding

According to the California Legislative Analyst's Office, San Francisco is estimated to received $148.2 million in funding from the Coronavirus Relief Fund, as part of the Coronavirus Aid, Relief, and Economic Security passed by Congress.

The City may also be eligible for other State funding. In an April 8, 2020 presentation to the Budget & Appropriations Committee, the Mayor's Office and Controller noted that $6 million of this new State funding would be allocated to San Francisco to pay for emergency homeless services. In addition, the Governor announced $50 million to secure rooms in hotels, motels, and other facilities, which will be distributed to local governments.

Give2SF

According to the Mayor and Controller's Offices April 8, 2020 presentation to the Budget & Appropriations Committee, the City's Give2SF fund had a balance of $2.4 million, of which $1.3 million was expected to be used for small businesses and $1 million of which is expected to be used for food security. An additional $6.3 million is pledged but not yet received. Spending form this fund is jointly approved by the Controller, City Administrator, and Director of Emergency Management. Because this is a Category 8 fund,[6] spending does not require Board of Supervisors' approval.

RECOMMENDATION

Approval of the proposed ordinance is a policy matter for the Board of Supervisors.

[6] The San Francisco Disaster and Emergency Response and Recovery Fund is established pursuant to Section 10.100-100 of the Administrative Code.

Print Form

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):

- [x] 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):

Ronen; Haney, Preston, Peskin, Walton, Mar

Subject:

[Emergency Ordinance - Limiting COVID-19 Impacts through Safe Shelter Options]

The text is listed:

Emergency ordinance to require the City to secure 8,250 private rooms by April 26, 2020, through service agreements with hotels and motels for use as temporary quarantine facilities for people currently experiencing homelessness, people released from local hospitals with COVID-19 exposure or infection, and front-line workers in the COVID-19 crisis; waive the requirement under Charter Section 9.118 that the Board of Supervisors approve the service agreements for private rooms; require daily reporting to the Board of Supervisors on the City's progress in procuring and providing the needed rooms; require congregate care facilities for the homeless to comply with social distancing practices and implement COVID-19 screening protocols; and direct the City to use best efforts to enable people leaving congregate care facilities for temporary rooms provided by the City to subsequently return to congregate care facilities.

Signature of Sponsoring Supervisor: /s/ Hillary Ronen

For Clerk's Use Only

DATE:	April 9, 2020
TO:	Angela Calvillo Clerk of the Board of Supervisors
FROM:	Supervisor Fewer Chairperson
RE:	Budget and Finance COMMITTEE REPORT

Pursuant to Board Rule 4.20, as Chair of the Budget and Finance Committee, I have deemed the following matter is of an urgent nature and request it be considered by the full Board on Tuesday, April 14th, as a Committee Report:

200363: Emergency Ordinance- Limiting COVID-19 Impacts through Safe Shelter Options

This matter will be heard in the Budget and Finance Committee on April 13th, at 11:30am.

UNIVERSITY OF CALIFORNIA, BERKELEY

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April 7, 2020

To the San Francisco Board of Supervisors,

Thank you for this opportunity to serve our community at a time of national emergency. As faculty members and graduate students with the University of California, we offer the following evidence-based recommendations for the sheltering and care of people experiencing homelessness in San Francisco.

The bottom line: Based on current evidence and accumulated knowledge, one can only conclude that ensuring that all people experiencing homelessness can properly shelter in place will further flatten the curve in San Francisco, decrease the demand for services from San Francisco hospitals, protect healthcare workers and first responders, allow us to lift shelter in place orders sooner than if PEH are not sheltered in place and make it safer for all of us to resume normal activities when those orders are lifted.

I. Public health principles and evidence to date about the novel coronavirus that are relevant to policies regarding people experiencing homelessness

PRINCIPLE A: In order to limit coronavirus infections overall, we have two primary tools.

- ONE, we can decrease the contact rate, i.e., the likelihood that people are exposed to people who are infected. Our primary tool for decreasing the contact rate, i.e., the likelihood that susceptible people in the population are exposed to people who are infected is *social (or physical) distancing* when we are in public settings, *sheltering in place* to avoid non-essential contact with others, *quarantining* for people who may have been exposed to prevent transmission should they be infected, and *isolation* of people who are infected from people who are not sick.
- TWO, we can decrease the probability of transmission of infection from someone with the virus to someone who is susceptible if and when such contact takes place. Our primary tools for decreasing the transmission probability, i.e., the likelihood that susceptible people are infected if they are exposed are: a) frequent access to handwashing and hygiene in sanitary sites, b) cloth masks for everyone, surgical masks for the sick.
- We also know that partial social distancing or social distancing of just vulnerable individuals is much, much less effective for our community than complete or near complete social distancing by all individuals. As an example, a recent report found that social distancing of elders will reduce the number of cases by 21% while social distancing by all age groups can reduce the number of cases by 94%.
- Social distancing early in a pandemic is far, far better than doing so later, as we are seeing in the difference in the experiences of NY and CA. However, this must apply to all populations in order to be most effective in the long run.
- It is well documented that individuals are at their most infectious right before they get sick or as they get sick (when they may not yet recognize that they have COVID-19). It also appears that some individuals may be infected and transmit disease unknowingly. Thus, all healthy individuals need to be treated as both potentially infectious as well as susceptible.

PRINCIPLE B: Another tool to decrease the effect of the pandemic on mortality is to do all we can to maximize the effect of our tools on the most vulnerable, primarily by encouraging them to shelter in place and not be in public settings at all.

II. What does this mean for people experiencing homelessness?

Under current guidelines and conditions, we need to apply both our primary tools to the population of people experiencing homelessness as well as the general population.

People experiencing homelessness cannot reduce their contact rate in encampments, on the street, in most shelters, or if they are unstably housed in situations where they cannot socially distance (such as trading sex for a place to stay or for basic

needs). In addition, people experiencing homelessness cannot reduce their transmission probability because they do not have access to the resources to do so (masks and the ability to wash their hands properly and often).

In addition, people experiencing homelessness because of their underlying poor health are much more likely as a group to become severely ill or die from COVID19 whether or not they fall into the currently accepted vulnerable groups. People experiencing homelessness have poorer health and weaker immune systems than they would if housed. Multiple factors to which people experiencing homelessness are exposed are well known to depress immune responses, including experiences of stigma, chronic exposure to violence, substance use or abuse, poor sleep and nutrition, childhood trauma, and exposure to the elements. At all ages, they are more likely to suffer from chronic diseases, including asthma, cardiovascular disease and diabetes, and to physically age more rapidly. In the Bay Area, they are also more likely to be over 55 years of age than people with a place to call home. One illustration of this is evidence from NYC finding that among COVID-19 positive PEH, 30% were hospitalized.

III. What are our recommendations?

1. Hotel rooms for most individuals
    a. For people who are not infected or sick: make it possible for all people experiencing homelessness to shelter in place (as we are instructing the general population to do) in **hotel rooms** or similar single-occupancy vacant units with private bathrooms. This will minimize their exposure to people who are infected (tool 1) and decrease their likelihood of being infected if exposed through individual access to hygiene and cloth masks (tool 2).
    b. For people who have been exposed to people who are sick: quarantine, preferably in a separate hotel from those who do not appear to be infected or sick. These individuals should have access to cloth masks.
    c. For people who are sick but do not require hospitalization: isolation, preferably in a separate hotel from those who are sick. These people should have access to surgical masks.
    d. In all hotels: provide for basic needs, including 3 meals a day delivered to each room, monitor temperatures daily, provide supportive services (possibly by moving shelter staff when appropriate with clients).
    e. Allow individuals to bring their belongings and pets into hotels with them.
2. Shelters for the minority of individuals who cannot function safely in hotel rooms and who are not sick, with partitions and increased numbers of bathrooms and sinks/hand sanitizer stations per person. Provide cloth masks. Provide basic needs and screening as for #1.
3. For people in encampments: halt confiscation of tents and belongings, provide or clear additional space so tents can be spaced far apart. Provide written official notices of halting tent confiscation and communicate in outreach so PEH understand new regulations; provide food and sanitation (regularly serviced latrines; handwashing stations; individual packs of sanitizer; sharps disposal and harm reduction supplies; and trash/garbage collection) so people can minimize their movements and shelter in place in their tents. Provide tents to people who do not have tents and who are sleeping outside. Provide cloth face masks with backups and replacements through outreach. Conduct outreach-based screening so new infections can be detected ASAP and sick individuals can be moved to hotel rooms.
4. For people in cars: halt ticketing and towing of cars, provide safe parking areas so cars can be parked far apart, provide food and sanitation (regularly serviced portable toilets with handwashing stations; individual packs of sanitizer; sharps disposal; and trash/garbage collection) so people can minimize their movements and shelter in place in their cars. Provide tents to people who do not have tents and who are sleeping outside. Provide cloth face masks with backups and replacements through outreach. Conduct outreach-based screening so new infections can be detected ASAP and sick individuals can be moved to a hotel room.
5. For people in unsafe living situations/at risk of homelessness (domestic violence, couch surfing, trading sex for a place to stay, existing jail/prison without housing): provide a hotel room to shelter in place. Given decreased access to basic needs, to decrease negative effects on these vulnerable individuals (unsafe behaviors and food insecurity) continue to provide basic needs (including food) and supportive services. Provide cloth face masks with backups and replacements through outreach. Provide screening so new infections can be detected ASAP and sick individuals can be moved to a hotel room.
6. For people who have recovered from COVID-19 who have a documented negative test: Individuals can live in a safe congregate setting with shared facilities. Given decreased access to basic needs, to decrease negative effects on these vulnerable individuals (unsafe behaviors and food insecurity) continue to provide basic needs (including food) and supportive services and/or lengthen their hotel stays for the duration of SiP.
7. Provide a single point of entry or contact for people who are homeless or unstably housed to access COVID-19 related services, care, or housing.

IV. How can we maximize the feasibility and acceptability of these recommendations?

- Bring recommendations in dialogue with unhoused communities to establish partnership and identify how we can best meet their needs.
- Service providers including Compass, GLIDE and others have partnered to provide these services in ways that acknowledge the needs of clients. We support the planning efforts they have made.
- Current laws criminalizing individuals for their homelessness need to be suspended (panhandling, sit/lie) and replaced with increased provision of basic needs without threat of punishment (confiscation of belongings, refusal of partners or pets).
- Ensure people experiencing homelessness have rapid access to care, and if necessary, hospitalization to decrease the need for intensive care.
- Have storage options available and accommodate pets for those entering hospitals, hotels, or shelters to prevent PEH avoiding medical care or screening out of fear of losing property.

We are preparing a report to the Board in a few days to further document the evidence for our recommendations. In the meantime, if you have questions, please feel free to contact Coco Auerswald, MD, MS, Associate Professor (coco.auerswald@berkeley.edu) or Sarah Ferrell, MPH cand. (sferrell@berkeley.edu).

Respectfully submitted (in alphabetical order by last name)

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