

Alternative Shelter (Hotel) Program

April 30, 2020

Government Audit & Oversight

Overview: Populations

Isolation & Quarantine

For PUI/COVID+ individuals who can't isolate at home

Shelter in Place

For asymptomatic/ COVID - vulnerable people experiencing homelessness

First Responder

First responders supporting the COVID 19 response



The “Alternative Shelter” Program provides individuals that cannot shelter in place and are particularly susceptible to COVID infection a safe space to reduce the risk of infection and transmission.

Overview: Types of Sites

Hotels

For Individuals who can self care, hotels provide shelter for the duration of the Emergency Order

Trailers

Located at Pier 94, 121 trailers are available for vulnerable unsheltered individuals from District 10

Congregate Sites

Post-COVID + spaces, or for confirmed COVID positive who are not comfortable isolating or if hotel rooms are unavailable.



Hotels, trailers, and limited congregate shelter our primary strategy for isolation, quarantine, and shelter in place for vulnerable individuals.

Acquisition: Status

11 Hotels Active

11 hotels and 2 congregate sites are up and running.

2741 Rooms Active

Of these, **890** of 1329 I&Q or SIP rooms are occupied; **936** first responder rooms are available.

An additional 4 hotels with **476** rooms are being set up for opening over the next few days.

14 Hotels in Process

Approximately **700** rooms in 8 hotels are in active negotiation and expected to be in contract over the next few days.

Six more hotels with **1,453** rooms are in an active but earlier stage of discussion.



San Francisco has **5%** of the California homeless population, and **18%** of all occupied SIP hotel rooms.

Acquisition: Process

Hotel Bid

To date, we've received ~85 responses for a total of 16,000 rooms.

Identified Need

To limit the spread of COVID and maximize security, we identify specific heating / cooling systems, sizes around 100 rooms, and willingness to serve population

Negotiation

Eligible sites begin negotiation based on price and services offered by hotel.

Site Planning

Site is allocated to either I&Q or SIP for vulnerable populations

Develop site-specific plan for

- Staffing
- Feeding
- Security
- Equipment

Over time, we've honed our focus to mid-size hotels to maximize safety and manageability.

Staffing: Recruitment

Design Plan

Advance Planning team builds a site specific staffing plan, including Site Leads, Monitors.

Identify Personnel

DHR recruits DSWs from on paid furlough or non-essential telecommuting.

Other staff are recruited from CBOs & through Goodwill site monitor contract.

Outreach & Recruitment

Individuals from DHR DOC reach out to identified DSW, describe the role, the training, and the length of time.

Signup or Opt Out

Individual City Staff agrees to work, or self certifies as being unavailable.

City staff, CBO staff and staff identified by Goodwill, are scheduled for site monitor training

Every day, 225 City employees are assigned as Site Monitors. While the hotels will need hundreds of staff, people who do believe they are unable to perform the work are not pressured into taking roles.

Staffing: Example Staffing Plan

One 100-person SIP site requires ~ 20 staff per day, 7 days a week.

	Staffed by:	Staffing Ratio:	Per 100 Rooms , Per Day
Site Leaders	HSH / Contract	<i>1 per shift</i>	3
Site Monitors	HSA / DSW	<i>1:40 ratio; min. 2 per shift</i>	6 - 9
Hotel Counselors	HSH / Contract	<i>1:50 ratio</i>	6
Behavioral Health Clinician	DPH	<i>1:100 ratio; day shift</i>	1
Contracted Security	HSA Contract	<i>Min. 2 per shift</i>	6
Shelter health team	DPH	<i>Mobile</i>	N/A
Vulnerable Population Support team	HSA	<i>Mobile</i>	N/A

Staffing: Site Monitor Training

Site Training

This training includes:

- Job specification of the site monitor (do's and don'ts)
- De-escalation training
- Working with the homeless population

PPE Training

Proper use of PPE appropriate to Site Monitor roles, including gowns, masks, and gloves, which are provided.

DSW Training

Administered by DHR, this reviews how to fill out DSW protocols and reporting processes.



Training practices have evolved and improved over the last several weeks.
Current training emphasizes individual responsibilities, reporting structures, and PPE usage.

Staffing: Security

Onsite Hardening

Before opening, HSA physically secures each building based on recommendations from SFPD, SFFD, and Sheriff.

This may include alarms on exterior doors, adding stoppers to windows, and monitoring security cameras.

Private Security

All sites have 24-Hour private security.

This security monitors ingress and egress, respond to emergencies, check any weapons in secure storage, and escort site staff, if necessary.

Sheriff Patrol

Sheriff Patrol is available 24-hours a day at large sites (200+), and perform routine perimeter patrols for smaller sites.



Security is a top priority,
both for supporting clients and our site monitor workforce.

Staffing: Provider Partners

HSH works with 5 non-profit partners to staff hotels as site leads, monitors, and hotel counselors.

Urban Alchemy, Catholic Charities, Five Keys, Larkin Street, and Compass Family Services have stepped up to help staff Shelter in Place Hotels.

HSH nonprofit partners staffing congregate shelters.
HSH and HSA have both conducted outreach to several non-profit contractors to identify available workers.



While many nonprofit partners have indicated a willingness to help, most do not have additional capacity for hotel management.

HSH employees lead hotel management and leveraging current nonprofits.

Outreach: Populations

Vulnerable Populations

First priority includes vulnerable individuals discharged from hospitals, moved from congregate shelter, or brought in off the street.

Vulnerable populations are those over 60 years of age, or with an underlying health condition.

Geographic Location

Special prioritization is given to individuals in high density areas, like the Tenderloin, Bayview, and Mission.

Self Care

Each individual is evaluated for the ability to self care. If on-site behavioral health care or IHSS care is needed, they are connected to those services.

Outreach: Referrals

Shelter Equilibrium

All asymptomatic vulnerable individuals have been moved from congregate shelter into Shelter in Place hotels.

HOT Team Referral

Working from a list of known individuals, HOT team has 80 unsheltered vulnerable individuals in hotels.

Provider Referral

HSH will work with service providers focused on unhoused individuals to move the most vulnerable into shelter.

This process is being piloted in the Tenderloin.



HSH is heavily relying on data from existing city data systems to create a list of people experiencing unsheltered homelessness who meet these criteria.

Access: SROs

Risk Assessment

The Department of Public Health has completed 500 environmental health inspections of SROs

SROs are being classified by risk type, based on use of shared spaces, and management's capacity for cleaning.

Testing & Referral

Clinical decisions on whom to test are made on a case by case basis with the best available public health guidance.

Referrals for I&Q sites are widely available, both through a website and on the phone.

Communication & Outreach

The EOC also access to cleaning supplies, informational webinars, and a consultations on protocols.



DPH and the EOC are working closely together to improve communications with SRO building managers.

Questions?