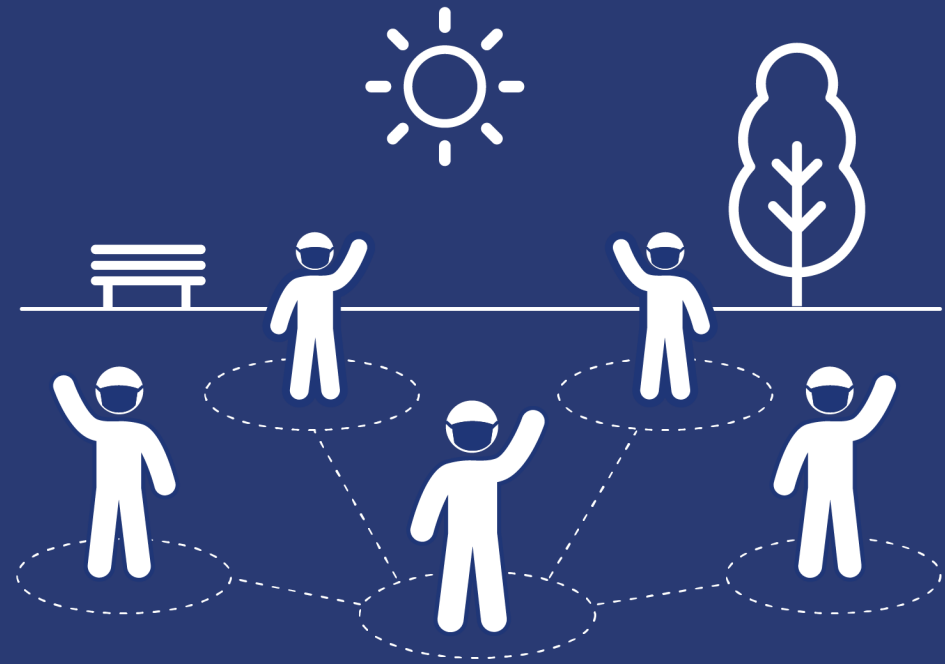


Response for COVID Vulnerable Populations

Government Audit &
Oversight Committee

September 17, 2020



Shelter in Place Hotels

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



COVID Vulnerable (CDC List)

INCREASED RISK (FEMA Reimbursable)

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

ADDITIONAL CCSF CRITERIA (non-FEMA Reimbursable)

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

Additional High risk medical conditions

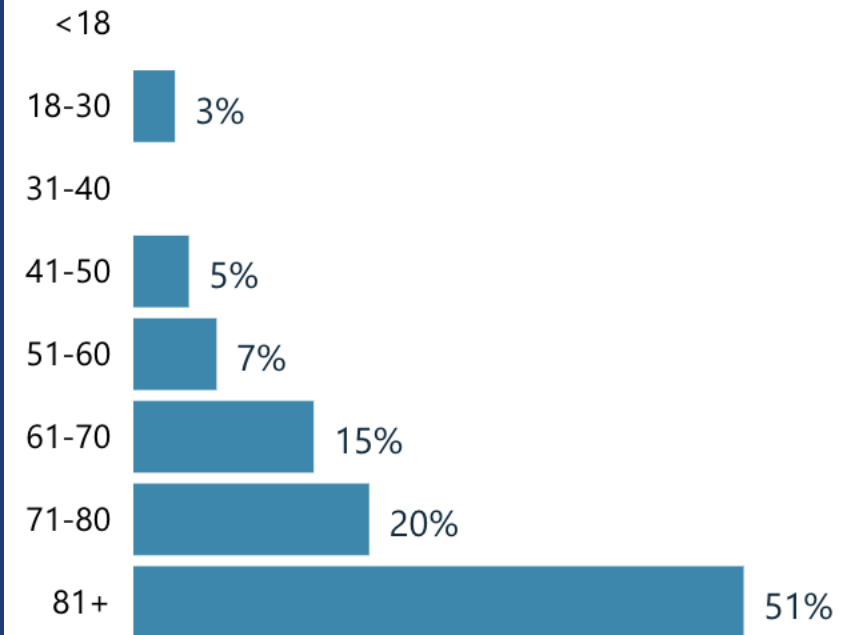
1. *Uncontrolled HIV (with CD4<200/14%, detectable VL)
2. *Pregnancy
3. *< 1 year old
4. *Type 1 diabetes
5. *End stage liver disease
6. *oxygen dependent

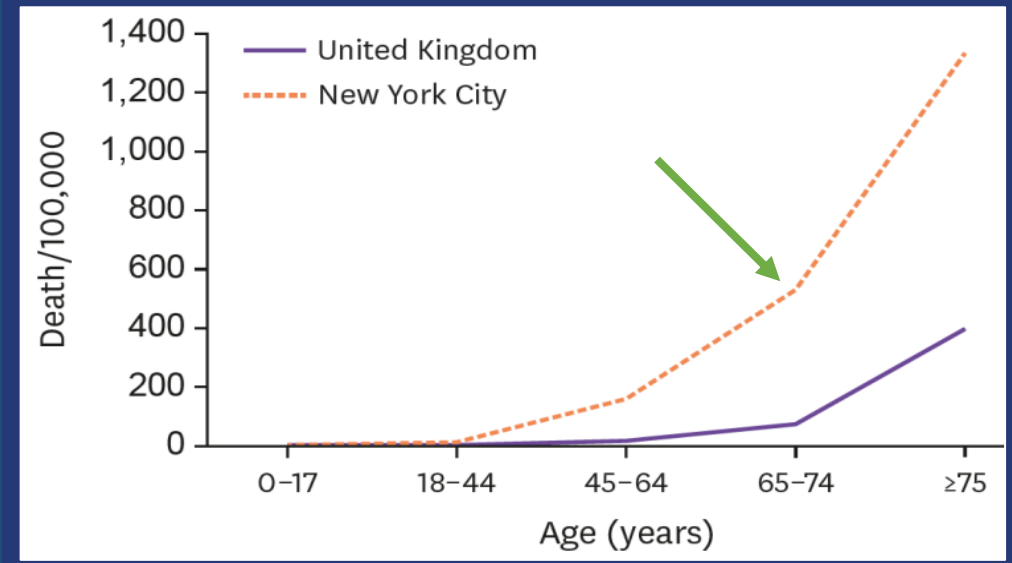
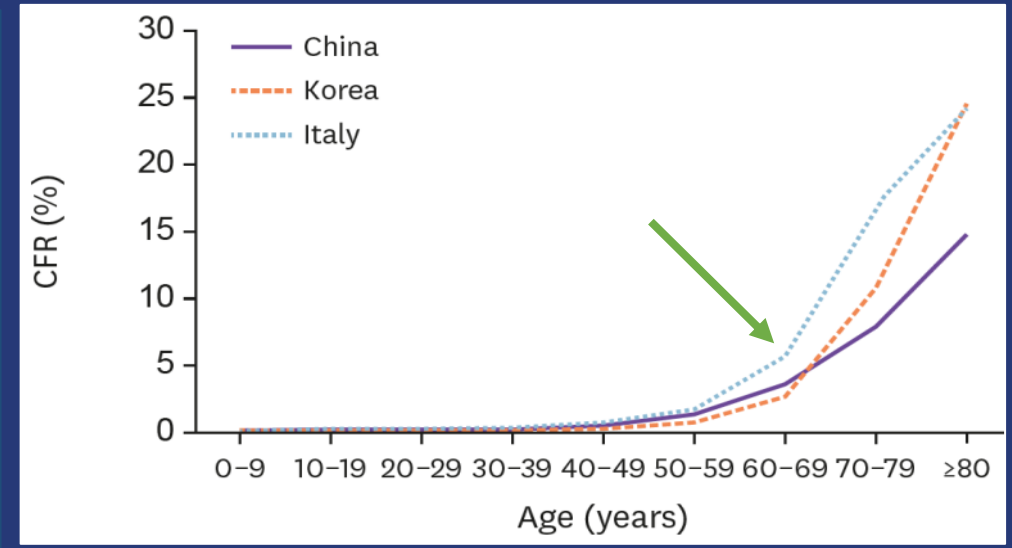
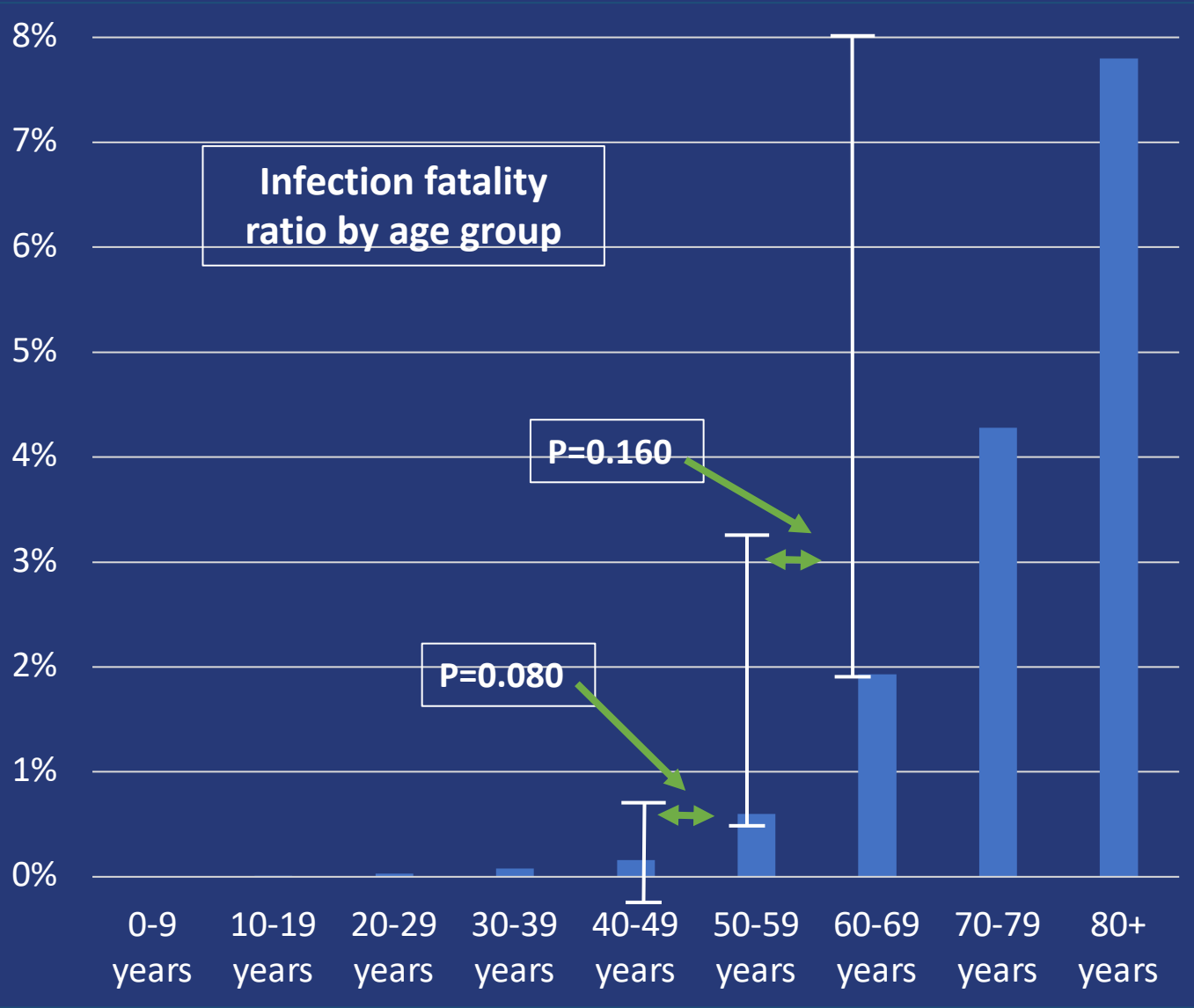
Risk for severe illness due to COVID-19 increases with age

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

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

Deaths - Age Group





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

FEMA Reimbursement Criteria¹

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

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

Controller's Office Estimated Costs

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

Thank You