

RECOMMENDATIONS OF THE COVID-19 Homelessness Response Team

Sacramento COVID-19 Homelessness Response Plan

Overview

The Sacramento COVID-19 Homelessness Response Team (Homelessness Response Team) is part of a broader County and City emergency and public health response to COVID-19. The Response Team is comprised of representatives from the Sacramento County Department of Health Services (DHS), the Sacramento County Department of Human Assistance (DHA), the Sacramento County Director of Homeless Initiatives, the City of Sacramento Homeless Services Division, Sacramento Steps Forward (SSF), and the Sacramento Housing and Redevelopment Agency (SHRA). In the midst of the current public health pandemic of COVID-19, and particularly in response to the local and State “stay-at-home” orders, the Homelessness Response Team has been working for several weeks to address the needs and challenges of the homeless population, a particularly vulnerable and often, high risk, population that does not have homes or access to basic hygiene supplies. The purpose of the Homelessness Response Team is to plan proactively; slow the spread of COVID-19 within this vulnerable population; mitigate impacts to persons experiencing homelessness; and respond to the unique needs of people experiencing homelessness during this crisis.

Approach

The Homelessness Response Team is working to address the needs of the homeless population in Sacramento following guidance from the Centers for Disease Control (CDC); Federal housing and homelessness agencies, including the United States Department of Housing and Urban Development (HUD); direction from the State of California; and best practices from other communities.

The Homelessness Response Team has focused on strategies and actions in three primary areas of direct services for people experiencing homelessness:

- 1) Keeping existing shelters safe and operational through education and provision of supplies;
- 2) Expanding sheltering capacity, focusing on isolation/quarantine opportunities; and
- 3) Supporting encampments through outreach, supply delivery, and increased sanitation

Additional work of the Homelessness Response Team includes: aligning funding; following requirements for FEMA reimbursement; public messaging; technical assistance; and optimizing health care access.

Unlike traditional work in the homeless system of care, the work of the Homelessness Response Team is driven first by the need to be responsive to the COVID-19 pandemic. The needs of the homeless population are greater than protection from the impact of the COVID-19 virus. The pandemic has required a shift from a response that is focused primarily on re-housing and connection to social services to a response that is more focused on addressing immediate health needs and increasing protective measures for the homeless population.

Funding

Funding to support this plan is primarily from State and Federal sources, most of which are special allocations specifically designated for local response to the COVID-19 pandemic. On March 18, Governor Gavin Newsom directed \$150 million of emergency funding authorized by the Legislature to go directly to local communities to provide shelter and emergency housing to address COVID-19 among the homeless population. These funds are distributed to cities, counties, and Continuums of Care (CoC) following the allocation methodology used for the Homeless Housing, Assistance, and Prevention Program (HHAP). The City of Sacramento (City), County of Sacramento (County), and local CoC, Sacramento Steps Forward (SSF) have submitted applications to the State for the COVID-19 funds and anticipate receiving funds the week of April 6. Sacramento's allocations are shown in the table below.

In addition, the City and County both will receive funding directly through the Federal Coronavirus Aid, Relief, and Economic Security Act (CARES) through the Emergency Solutions Grant (ESG) program; and the Community Development Block Grant (CDBG) program. ESG funds are exclusively to allow local governments to address COVID-19 among the homeless population. CDBG funds must benefit low- or moderate-income communities and generally are used primarily for capital improvement projects, with a limit of 15% of CDBG funds allowed to be spent on public service activities, such as homeless sheltering or supportive services. Through the CARES Act, the maximum 15% public service cap is suspended, allowing the entire CARES CDBG allocations to support public service activities. The United States Department of Housing and Urban Development (HUD) must allocate these funds within 30 days of enactment of the CARES Act. The City and County initial allocations of ESG and CDBG funds are shown in the table

below; the City and County could get additional funds through subsequent allocations.

Source	Homeless specific?	COVID specific?	Amount
State COVID - City	Yes	Yes	\$2,245,840
State COVID - County	Yes	Yes	\$997,067
State COVID - CoC ¹	Yes	Yes	\$1,083,737
CARES ESG - City	Yes	Yes	\$1,453,941
CARES ESG - County	Yes	Yes	\$1,747,452
CARES CDBG - City	No	Yes	\$2,869,932
CARES CDBG - County	No	Yes	\$3,470,768
DHS Sanitation Funding	Yes	Yes	\$250,000
HEAP - CoC ¹	Yes	No	\$1,000,000
TOTAL			\$15,118,737

In addition to the Federal and State funding primarily supporting sheltering expansion, the Homelessness Response Team's recommendations includes \$1.25 million to support encampment responses. Pending the CoC approval on April 8th, \$1 million of funding from the CoC Homeless Emergency Assistance Program (HEAP) is recommended to be re-allocated to the Homelessness Response Team efforts. These HEAP funds, currently allocated to support the County's Flexible Housing Program, will be back-filled with an equal amount of the CoC HHAP funding. Finally, the County DHS has allocated \$250,000 to support sanitation in encampments.

Recommendation

Based on anticipated needs, direction from the State and Federal government, recommendations of the County DHS, and available funding, the Homelessness Response Team has developed a plan that includes support for existing shelters, expansion of quarantine/isolation shelter capacity, and a robust encampment response. The estimates on scale and funding shown below are based on best modeling assumptions. Project level allocations may be adjusted within and between categories to reflect actual cost information and/or demand.

¹ Requires approval by the CoC Board (scheduled for April 8th). Recommendation is to re-allocate \$1 million of CoC HEAP funds from the Flexible Housing Program and then backfill those funds with CoC HHAP funding.

Component	Scale	Impact	Estimated Allocation
Support shelters	existing	Supplies & contract augmentation	\$100,000
Isolation/quarantine shelters	Admin, supplies & transportation		\$536,080
	Expansion of existing shelters	80 beds	\$286,400
	Trailers	60 trailers	\$351,140
	Motels	850 rooms	\$12,593,680
	SUBTOTAL		\$13,767,300
Encampment	Outreach, supplies & transportation		\$491,427
	Meals	500/day	\$510,000
	Sanitation	50 stations	\$250,000
	SUBTOTAL		\$1,251,427
TOTAL			\$15,118,727

All components are launching immediately. Capacity for isolation and quarantine units will be ramped up quickly over the next few weeks so as to accommodate the needs of the highest priority clients (COVID-19 positive, pending and symptomatic persons) as the pandemic progression is understood. Staging and ramp-up of motel units will be done under the advice of DHS as they monitor the progression of the virus in the homeless population. Details on each component are provided below.

Prioritization

The expanded isolation/quarantine shelters detailed below (both motels and trailers) will accept referrals based on the following prioritization:

Rank	Status
1	COVID positive – any age
2	Under public health/medical investigation, pending test OR has recently been exposed to a COVID positive person. (regardless of symptoms and age)
3	<ul style="list-style-type: none"> • 65+ years and pre-existing health conditions with symptoms ² • 65+ years and pre-existing health conditions with symptoms and recently released from the hospital, jails, homeless designated FQHC
4	<ul style="list-style-type: none"> • 65+ year OR has pre-existing health conditions with symptoms • 65+ year OR has pre-existing health conditions with symptoms and recently released from the hospital, jails, homeless designated FQHC
5	<ul style="list-style-type: none"> • Any age with symptoms • Any age with symptoms and recently released from the hospital, jails, homeless designated FQHC
6	65+ years with pre-existing conditions, no symptoms
7	All ages with pre-existing conditions, no symptoms

Existing Shelter Support

This element will ensure that existing shelters can safely remain open, meet CDC guidelines, and serve the general homeless population. Existing shelters also serve as referral sites for people in need of isolation/quarantine as well as “step down” shelters for people exiting an isolation/quarantine unit. Recognizing the impact on existing shelters, the Homelessness Response Team recommends augmenting contracts with the following providers of existing shelters who are being asked to expand and create dormitory quarantine for at-risk populations:

- North A Street Shelter
- North 5th Street Shelter
- Mather Community Campus
- Scattered Site Shelters (City & County contracts)

Existing shelter support also includes purchase and distribution of Personal Protective Equipment (PPE) for front line shelter staff in both existing dormitory style shelters, as well as for the expansion shelters provided through trailers and motels. Following the guidance of DHS, the Homelessness Response Team has been managing the ordering and distribution of PPE as well as general sanitation supplies (cleaning agents,

² Symptoms include fever by temperature and new or worsening cough.

gloves, etc.). In addition, the Homelessness Response Team is meeting weekly with shelter providers to provide technical assistance on complying with CDC guidance on protocols for assessing persons' health upon entry and daily, social distancing, cleaning and sanitation; and to provide support on the referral process into isolation beds when a client in a shelter is symptomatic. City and County funded shelters already have been engaged in regular conversations around shelter protocols, and all COVID-19 shelter providers will be trained this week by Sacramento Steps Forward (SSF) on the referral process for isolation beds. Additionally, connections with medical resources and DHS will be strengthened to support assessing, isolating, and transitioning symptomatic clients and mitigating potential impacts on the dormitory population.

Expanded Isolation/Quarantine Units

This element will provide safe places for persons experiencing homelessness who are COVID-19 positive or pending test results, symptomatic, or otherwise highly vulnerable. Using existing motels throughout the community and State-donated trailers placed at CalExpo, funding is recommended to operationalize the following:

- Medically Supported Isolation Care Centers - Will be reserved for Prioritization Populations 1 and 2 (see Prioritization descriptions above) that are either confirmed positive or pending under investigation who have the ability for self-care. The State trailers located at CalExpo are designated as the first site for Medical Care Isolation Units with a capacity of 60 households. This site will be brought online within a week; if the number of persons in Prioritization Populations 1 and 2 exceeds the capacity at CalExpo, additional centers will be identified through expanded motel inventory.

Lead onsite staff will be medical staff, with facility support provided by the contracted shelter provider. Direct client interaction will occur primarily through medical staff, but all onsite staff will be equipped with PPE at the recommended level.

A project coordinator designated by County DHS will be responsible for overall coordination and oversight at Medically Supported Isolation Care Centers. City staff will be responsible for shelter/facility operations at the CalExpo site. If expanded to motels, County DHA will be responsible for shelter/facility operations at motel sites.

- Preventative Quarantine Units - Will be occupied by persons from Prioritization Populations 3 through 5 (highly vulnerable symptomatic persons) and will also be made available for Prioritization Populations 6 and 7 (highly vulnerable persons who are not symptomatic) as capacity exists and as directed by County DHS. Existing congregate shelters under City and County administration also will prioritize highly vulnerable, non-symptomatic persons, as well as persons discharged from Medical Care Isolation Units. Persons with symptoms will be isolated from staff and other residents to the greatest extent possible.

County DHA has identified motel sites with over 1,100 units with owners interested in participating. A contract with the first site with 116 units can be executed immediately.

Lead onsite staff will be the contracted shelter provider, with medical support primarily through telephonic medical care. Onsite staff will be provided with recommended PPE and follow other protocols for sanitation and social distancing as recommended by the CDC for congregate shelter staff.

A project coordinator designated by DHA will be responsible for overall coordination and oversight of Prevention Quarantine Units with medical support coordinated by DHS.

The following describes operational and administrative components for each model:

- Siting facilities - DHA will be responsible for negotiating, contracting, and ongoing coordination with motel owners. City of Sacramento staff is readying trailers for occupancy and will be responsible for ongoing coordination with CalExpo.
- Day-to Day Sheltering Services - Will be provided through Goodwill Industries through an existing contract (DHA) or a new contract (City). Goodwill Industries was identified through a phone survey of shelter provider capacity and willingness. Services will include 24-hour availability to meet daily needs, monitoring ongoing client needs and issues, assisting clients to maintain quarantine, assisting clients to meet critical health and behavioral health needs, and coordination with medical staff, motel or CalExpo staff, and Project Coordinators.

- Medical Support - DHS has arranged for onsite medical lead staff for Medically Supported Isolation Care Centers, available during daytime hours, and for telephonic medical support for Preventative Quarantine Units. DHS staff is developing written protocols to address:
 - Medical staff roles and communication protocols with all parties;
 - Ongoing health monitoring to assess whether a person requires a higher level of care;
 - Continuation of critical mental and behavioral health services, including continuation of substance use treatment;
 - Sanitation protocols; and
 - Discharge protocols and procedures from isolation units.
- Transportation - Has been a challenging issue because of the need to protect vehicles, drivers, or other riders, if any. Transportation is a critical element and must be resolved in order to launch. (More details in "Challenges" section below).
- Onsite security - Will be provided in both models. DHA will contract with private security for motels and the City will contract with private security for the CalExpo trailers.
- Insurance - Liability insurance will be provided by the County and City in their respective contracts.

For City administered programs, during the entire term of contract, the City of Sacramento requires all contractors to maintain insurance coverage with limits of not less than one million dollars (\$1,000,000). Contractor must furnish City with certificates and required endorsements evidencing the insurance required, prior to contract execution.

For County administered programs, the Contractors shall maintain in force all times during the terms of the agreements and any extensions or modifications thereto, insurance as specified in each contract. It is the responsibility of the contractor to notify its insurance advisor or insurance carrier(s) regarding coverage, limits forms, and other insurance requirements specified in the contract. It is understood and agreed that the County shall not pay any sum to the contractor

under any agreement unless and until the County is satisfied that all insurance required by the agreement is in force as the time services hereunder are rendered.

Placement in both isolation and quarantine units will be coordinated centrally through DHS and SSF consistent with prioritization and placement protocols. Client-level information will be maintained in the Homeless Management Information System (HMIS). Referrals will be made through designated referral partners, as follows:

- Healthcare partners, including hospitals, psychiatric hospitals, Federally Qualified Health Centers (FQHCs) designated for persons experiencing homelessness, mobile health teams working within the encampment strategy and County Correctional Health Services
- COVID-19 Emergency shelter providers
- Designated outreach providers who utilize HMIS and are able to maintain client contact
- Correctional health
- County's HOT team and City's IMPACT team, County Probation, Adult Protective Services

Referrals with Prioritization Populations 1 and 2 only will be made through healthcare partners. Referrals 3 through 5 will require a medical screening to confirm symptomatic conditions.

As capacity expands, providers or organizations aware of persons who are unsheltered and positive, are suspected positive, or are at higher risk due to vulnerabilities, will be able to refer clients to 211 to be linked to a designated referral entity with staff who can assess and arrange transportation. This can include other community-based outreach efforts.

A standardized health assessment has been developed for use by designated referral entities and referrals will be automated through HMIS. Referral placement, including transportation to intervention sites, is anticipated to be available 12 hours/day, seven days/week.

Encampments

The Sacramento COVID-19 Homelessness Response Team encampment strategy is focused on providing coordinated support to people who are unsheltered to remain safely in place per CDC guidance to slow the spread of COVID-19. CDC guidance states:

- Ensure nearby restroom facilities have functional water taps, are stocked with hand hygiene materials (soap, drying materials) and bath tissue, and remain open to people experiencing homelessness 24 hours per day.
- If toilets or handwashing facilities are not available nearby, provide access to portable latrines with handwashing facilities for encampments of more than 10 people.

The encampment strategy is focused around two main areas:

1. To enable people living in encampments to remain in place safely, we will provide access to food and water, education and supplies to prevent the spread of the virus, and toilets and handwashing facilities or mobile equipment.
2. To provide a pathway to isolation trailers and motels for people who are unsheltered who meet the prioritization criteria for these resources, we will use outreach and medical response teams.

The encampment strategy is supported by a multi-agency team defined below, and includes over 37 designated outreach workers from the County, SSF, Sacramento Self Help Housing (SSHH), and Sacramento Covered; availability of health services from UC Davis medical students; and up to four mobile integrated health units coordinated through DHS Public Health, the City Fire Department supported by up to 20 medical volunteers.

Core Team	Contributing Public Agencies	Core Operations Team	Supporting Community Partners
<ul style="list-style-type: none"> • SSF - Lead Coordinator • County Dept. of Health Services (DHS) • County Dept. of Human Assistance (DHA) • County Director of Homeless Initiatives • City Homeless Services Division 	<ul style="list-style-type: none"> • Sacramento County Sheriff's Department, Probation, Regional Parks, other County Departments • City of Sacramento Police Department and City Parks • City and County Public Works 	<ul style="list-style-type: none"> • SSF • DHS • DHA • County Public Health • Sacramento Covered • Sacramento Self-Help Housing • Loaves and Fishes 	<ul style="list-style-type: none"> • Lived Experience Organizations • Community non-profit entities • Faith-based entities • UC Davis Medical students

The implementation of the encampment strategy involves four main areas of work:

Coordinated Outreach and Education to unsheltered people, which includes finalizing an inventory and assessment of encampment conditions; providing ongoing prevention education; providing food, water, and hygiene supplies; and referring unsheltered people who are high risk or symptomatic into quarantine and isolation facilities.

Volunteer Health Services to support designated and community-based outreach teams through on-call UC Davis medical students and Mobile Integrated Health units.

Food and Hygiene support to include providing outreach organizations with food and water and hygiene materials to distribute to encampments and also to include providing up to 50 hygiene stations to encampments based on need and availability of facilities.

Open Communications and Reporting to be maintained with outreach teams, law enforcement, advocacy groups, the public and media around encampment activities.

Progress to date includes:

- Sanitation equipment ordered for approximately 10-20 sites in the City and County, which includes 65 toilets and 20 sinks
 - The City of Elk Grove has placed three (3) sanitation stations
- Delivery of 200 meals per day, Monday through Friday, as secured with Loaves & Fishes. Sacramento Covered also currently delivering 220 meals per day to Whole Person Care clients, for a total of 420 meals
 - Strategy provides opportunity to provide an additional 500 meals/day
 - Sacramento Covered also planning on scaling up their meals to 400-500 meals/day
- Finalization of hygiene kit contents to be ordered next week
- Secured commitments from organizations to participate from outreach and medical partners for COVID-19 screening process
- Division of encampments in the County into 13 zones, of which seven have been assessed.
 - Currently 23 encampments with less than 20 people, and 17 encampments with 20 or more people have been identified.

Additional considerations that are not yet resolved are as follows:

- We will need a broader food distribution network
- Transportation is a critical element and will need to be resolved in order to take people identified for COVID-19 facilities. (More details in “Challenges” section below).

Administration

The Homelessness Response Team plan is a collaboration between the City, County and SSF, with each managing different components. Ongoing coordination will continue among the entities, with responsibility for continued planning, removal of barriers to implementation, communication with State and Federal agencies, and reporting. Overall leadership, coordination and planning will be managed by the Homelessness Response Team leadership: the County Director of Homeless Initiatives, the County Director of Human Assistance, the City Homeless Services Manager, and the Executive Director of SSF. The table below provides additional detail. The contracts held by each entity are:

- City of Sacramento: CalExpo Trailers

City Shelter Contracts

- County DHA: Motels
County Shelter Contracts
- County DHS: Encampment Sanitation
- Sacramento Steps Forward: Encampment Response Coordination
Operationalization of Referral Process

Funding allocations shown below optimize capacity of each organization, and also align FEMA reimbursable funding sources with activities anticipated to be reimbursable. While Federal funds are not reimbursable, the State COVID-19 funding is eligible for reimbursement, and initial discussions with the State confirm that the majority of the isolation/quarantine shelter expansion should be eligible for reimbursement. The table below shows the recommended alignment of fund type by activity, including the transfers from the City and CoC to the County to support the motel expansion.

Source	Amount Available	Admini strator	Uses	Amount Allocated
City COVID HHAP	\$2,245,840	City	trailers	\$351,140
		<i>transfer to County for motels</i>		<i>\$1,894,700</i>
County COVID HHAP	\$997,067	County DHA	motels	\$997,067
CoC COVID HHAP	\$1,083,737	SSF	isolation/quaranti ne shelter support	\$536,080
		<i>transfer to County for motels</i>		<i>\$547,657</i>
City CARES ESG	\$1,453,941	City	shelter augmentation & expansion	\$264,400
		<i>transfer to County for motels</i>		<i>\$1,189,541</i>
County CARES ESG	\$1,747,452	County DHA	motels	\$1,747,452

City CARES CDBG	\$2,869,932	City transfer motels	n/a to County for	\$0 \$2,869,932
County CARES CDBG	\$3,470,768	County DHA	motels	\$3,470,768
CoC HEAP	\$1,000,000	SSF	encampment response	\$1,000,000
DHS Funding	\$250,000	County DHS	encampment sanitation	\$250,000
	\$15,118,737			\$15,118,737

Challenges

The needs of the homeless population as a result of COVID-19 requires a quick, intense, flexible and ongoing collaborative response to a fluid crisis, and necessitates coordinating resources from many community partners

Through partnerships with County Departments, including DHA and DHS, the City and County Office of Emergency Services, community partners and others, the Homelessness Response Team has arranged the majority of the components needed to support the recommendations. However, there are many challenges that remain below.

Ongoing staffing capacity within County departments, City, and SSF: Capacity has been stretched in planning efforts, and as we transition to implementation, additional staffing resources may need to be identified and assigned. Staff will return with recommendations to address staffing capacity needs.

Provider capacity: While providers from throughout the homeless system of care have stepped up to respond quickly to the needs associated with COVID-19, many of them are challenged with maintaining their existing workforce and operations Staff will continue to follow up on requests made to the State Office of Emergency Services for staffing support.

Transportation: People will need to be transported (some multiple times) between facilities, some who are diagnosed with COVID-19 or symptomatic, safe and accessible transportation is critical. The Homelessness Response Team has explored multiple approaches to transportation partners, and exploring a partnership with Sacramento Regional Transit (RT), but transportation capacity may be an issue, especially for those clients coming directly from clinical settings.

Coordination with broader response effort: Ongoing coordination and communication with broader responsive efforts is essential. As experienced across the nation, we may anticipate challenges in availability of medical personnel and PPE, which may impact these recommendations.

Re-housing: Expected lengths of stay in the isolation/quarantine shelters may be as few as 14 days. While the Homelessness Response Team is working to offer exits from isolation/quarantine to a more dormitory style shelter, the potential capacity for isolation/quarantine is much larger than the existing capacity in traditional shelters

Referral process: The new referral process for isolation/quarantine units includes medical screening and training to community partners, and may cause confusion and frustration to people experiencing homelessness, who may not understand why certain sheltering options are not available to them.