San Gabriel Valley Council of Governments

AGENDA AND NOTICE OF THE MEETING OF THE HOMELESSNESS COMMITTEE
Wednesday, April 1, 2020 -- 10:00 AM
TELECONFERENCE/WEBINAR
Link to Zoom Meeting – Meeting ID # 705-121-757

Chair
Becky Shevlin
City of Monrovia

Vice-Chair
Margaret Clark
City of Rosemead

MEMBERS
Baldwin Park
Claremont
Duarte
Glendora
Irwindale
Monrovia
Pomona
Rosemead
LA County Supervisorial District #1
West Covina

EX OFFICIO
J. Lyons
W. Huang

Thank you for participating in today's meeting. The Homelessness Committee encourages public participation and invites you to share your views on agenda items.

MEETINGS: ***Regular Meetings of the Homelessness Committee are held on the first Wednesday of each month at 8:30 AM at the West Covina Council Chambers Meeting Room (1444 W. Garvey Avenue S., West Covina, CA 91790).*** The Meeting agenda packet is available at the San Gabriel Valley Council of Government's (SGVCOG) Office, 1000 South Fremont Avenue, Suite 10210, Alhambra, CA, and on the website, www.sgvcog.org. Copies are available via email upon request (sgv@sgvcog.org). Documents distributed to a majority of the Committee after the posting will be available for review in the SGVCOG office and on the SGVCOG website. Your attendance at this public meeting may result in the recording of your voice.

MEETING MODIFICATIONS DUE TO THE STATE AND LOCAL STATE OF EMERGENCY RESULTING FROM THE THREAT OF COVID-19: On March 17, 2020, Governor Gavin Newsom issued Executive Order N-29-20 authorizing a local legislative body to hold public meetings via teleconferencing and allows for members of the public to observe and address the meeting telephonically or electronically to promote social distancing due to the state and local State of Emergency resulting from the threat of the Novel Coronavirus (COVID-19).

To follow the new Order issued by the Governor and ensure the safety of Board Members and staff for the purpose of limiting the risk of COVID-19, in-person public participation at the Homelessness Committee meeting scheduled for April 1, 2020 will be not be allowed. Members of the public may view the meeting live on the SGVCOG's website. To access the meeting video, log onto www.sgvcog.org,

Public comments can be submitted electronically by emailing Timothy Kirkconnell at TKirkconnell@sgvcog.org at least 1 hour prior to the scheduled meeting time. Emailed public comments will be read into the record. If you wish to comment on a specific agenda item, please identify the item in your email. General public comments will be addressed during the general public comment item on the agenda

Any member of the public requiring a reasonable accommodation to participate in this meeting should contact Katie Ward at least 48 hours prior to the meeting at (626) 457-1800 or at kward@sgvcog.org.

CITIZEN PARTICIPATION: Your participation is welcomed and invited at all Committee meetings. Time is reserved at each regular meeting for those who wish to address the Board. SGVCOG requests that persons addressing the Committee refrain from making personal, slanderous, profane or disruptive remarks.

TO ADDRESS THE COMMITTEE: At a regular meeting, the public may comment on any matter within the jurisdiction of the Committee during the public comment period and may also comment on any agenda item at the time it is discussed. At a special meeting, the

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the SGVCOG office at (626) 457-1800. Notification 48 hours prior to the meeting will enable the SGVCOG to make reasonable arrangement to ensure accessibility to this meeting.

public may only comment on items that are on the agenda. Members of the public wishing to speak are asked to complete a comment card or simply rise to be recognized when the Chair asks for public comments to speak. We ask that members of the public state their name for the record and keep their remarks brief. If several persons wish to address the Committee on a single item, the Chair may impose a time limit on individual remarks at the beginning of discussion. **The Committee may not discuss or vote on items not on the agenda.**

AGENDA ITEMS: The Agenda contains the regular order of business of the Committee. Items on the Agenda have generally been reviewed and investigated by the staff in advance of the meeting so that the Committee can be fully informed about a matter before making its decision.

CONSENT CALENDAR: Items listed on the Consent Calendar are considered to be routine and will be acted upon by one motion. There will be no separate discussion on these items unless a Committee member or citizen so requests. In this event, the item will be removed from the Consent Calendar and considered after the Consent Calendar. If you would like an item on the Consent Calendar discussed, simply tell Staff or a member of the Committee.

PRELIMINARY BUSINESS

1. Call to Order
2. Roll Call
3. Public Comment *(If necessary, the Chair may place reasonable time limits on all comments)*
4. Changes to Agenda Order: Identify emergency items arising after agenda posting and requiring action prior to the next regular meeting *(It is anticipated that the Committee may take action on these matters)*

CONSENT CALENDAR *(It is anticipated the Committee may take action on the following matters)*

5. Homeless Committee Meeting Minutes – 2/5/2020 (Page 1)
Recommended Action: Approve.

PRESENTATIONS *(It is anticipated the Committee may take action on the following matters)*

6. Homeless Services Coronavirus Protocols – Union Station Homeless Services (Shawn Morrissey) (Page 5)
Recommended Action: For information only.
7. Behavioral Health Urgent Care Clinic (BHUCC) Service Overview – Stars Behavioral Health Group (La Tisha Boothe) (Page 11)
Recommended Action: For information only.

UPDATE ITEMS *(It is anticipated the Committee may take action on the following matters)*

8. State COVID-19 Emergency Homelessness Grant (Timothy Kirkconnell) (Page 27)
Recommended Action: For information only.

LIAISON REPORTS *(It is anticipated the Committee may take action on the following matters)*

9. Los Angeles Homeless Services Authority (Page 35)
Information on COVID-19 Study & Impact on Homeless Community
10. United Way Everyone In (Page 47)
Discussion of Policy Initiatives for COVID-19
11. Homeless Initiative (Page 61)
Guidance Papers for Service Agencies & Shelters

CHAIR'S REPORT *(It is anticipated the Committee may take action on the following matters)*

ADJOURN

SGVCOG Homelessness Committee Approved Minutes
Date: March 4, 2020
Time: 8:35 AM
Location: West Covina Council MC Room; 1444 W. Garvey Avenue South, West Covina, California 91790

PRELIMINARY BUSINESS

1. Call to Order
The meeting was called to order at 8:35 AM

2. Roll Call

Members Present
J. Leano, Claremont
K. Davis, Glendora
F. Briones, LA County District 1
B. Shevlin, Monrovia
M. Clark, Rosemead
L. Johnson, West Covina
B. DeFrank, Pomona
C. Averell, Baldwin Park
M. Ortiz, Irwindale

W. Huang, Pasadena

Members Absent
Duarte

SGVCOG Staff
M. Creter
C. Sims
T. Kirkconnell

3. Public Comment: Scott Chamberlain presented on previous activities of the Consortium and raised the upcoming tour of Recuperative Care beds.

4. Changes to Agenda Order: No changes to agenda order.

CONSENT CALENDAR

5. Homelessness Meeting Minutes
There was a motion to approve consent calendar item 5 (M/S: K. Davis/ L. Johnson)

[Motion Passed]

AYES:	Claremont, Irwindale, Monrovia, Rosemead, West Covina, Duarte, Glendora, Pomona, Baldwin Park
NOES:	
ABSTAIN:	
ABSENT:	Duarte, LA County Supervisorial District #1

PRESENTATIONS

TempLA – Los Angeles County's Department of Human Resources offered a presentation on the temporary employee program for LA County designed to support formerly homeless clients find work and eventually a permanent job placement.

ACTION ITEMS

6. SB-1212 (Rubio) – San Gabriel Valley Regional Housing Trust (RHT) Board of Directors C. Sims presented on this item. She provided an overview of the bill which would make several modifications to the RHT.

There was a motion to recommend that the Governing Board support Senate Bill 1212 and draft a letter in support of the legislation. (M/S: K. Davis/L. Johnson)
[Motion Passed]

AYES:	Claremont, Irwindale, Monrovia, Rosemead, West Covina, Duarte, Glendora, Pomona, Baldwin Park
NOES:	
ABSTAIN:	
ABSENT:	Duarte, LA County Supervisorial District #1

STAFF REPORTS

7. AB-1907 – CEQA Exemption for Emergency, Interim, and Affordable Shelter
T. Kirkconnell presented on the recently introduced bill from Assembly member Santiago that would exempt specific housing projects from CEQA compliance requirements. The Committee asked for additional information and a presentation on the legislation from Asm. Santiago's office.

8. Senate Constitutional Amendment 1 – Repeal of Article 34 of California Constitution (Public Housing Projects)
T. Kirkconnell presented on the Senate Constitutional Amendment that would repeal a 1950 Constitutional Amendment requiring that any public housing project be subject to an approval vote by the community in which the project is being built. The Committee has asked for more information and a presentation.

LIAISON REPORTS

9. Los Angeles Homeless Services Authority (LAHSA)
A LAHSA representative presented on the release of City Homeless Management Information System (HMIS) data. The information is drawn from client information gathered between July and December 2019. Additionally, LAHSA encouraged cities to apply for the Problem Solving Training that the organization has made available. SGVCOG is working to obtain more slots for members and will coordinate with members & LAHSA.

10. Los Angeles County Homeless Initiative
A Homeless Initiative representative discussed the forthcoming Quarterly Report which will discuss programmatic spending and metrics related to Initiative spending and Measure

H funds. Additionally, the Homeless Initiative will also host it's fourth annual conference on March 5, 2020.

11. Coordinated Entry System
A Union Station Homeless Services Representative discussed their ongoing discussion with LAHSA in improving the functionality of the Coordinated Entry System (CES) and their recently hired housing navigators.

12. San Gabriel Valley Consortium on Homelessness
Encouraged committee members to attend the Recuperative Care tour on March 6, 2020. Also reiterated his thanks to Assembly member Holden for supporting their housing summit on February 29, 2020

13. San Gabriel Valley State and Federal Legislative Caucus
None

CHAIR'S REPORT

The Chair reminded partner agencies to provide written reports for future agendas and reiterated that, without a 1-page report submitted in advance, there would be no guarantee of time to speak. Additionally, future liaison verbal reports would be limited to two minutes.

ADJOURN

The meeting was adjourned at 9:48 AM

REPORT

DATE: April 1, 2020

TO: SGVCOG Homeless Committee

FROM: Marisa Creter, Executive Director

RE: UNION STATION HOMELESS SERVICES COVID-19 PROTOCOLS

RECOMMENDED ACTION

For information only.

BACKGROUND

As the lead agency for the Adults and Families populations in the Coordinated Entry System (CES) for the San Gabriel Valley/Service Planning Area 3, Union Station Homeless Services is responsible for many services available for homeless clients. As a result of the current COVID-19 pandemic, Union Station has developed new protocols for ensuring the safety of clients, employees, and the public.

In addition to standard best practices regarding office cleanliness, there have been several protocol changes for interacting with the homeless population they serve, including:

- Enhanced Cleaning Procedures
- Revised Volunteer Rules
- Cancelation of Large Meetings
- Quarantine procedures at Bridge Housing sites

The Presentation will include information regarding the reports from outreach staff and the progress of implementation of the new protective guidelines.

Prepared by: _____
Timothy Kirkconnell
Senior Management Analyst

Approved by: Marisa Creter
Marisa Creter
Executive Director

ATTACHMENTS:

Attachment A – USHS COVID-19 Procedures PDF

Union Station Office Standards

March 13, 2020

Shared Spaces (Hoteling Desk, Dining Areas)

- Wipe down a space prior to utilizing it
- If using shared resources (staplers, pens, etc.) please wipe them down before us
- Remove all personal items from the desk/area when you are done utilizing it so they can be cleaned appropriately overnight

Personal Desks/Workspace

- Ensure that your desk is cleared off and debris free at the end of each day
- If you work in a personal office and are hosting a meeting, keep the door open when possible

Conference Rooms/Meeting Spaces

- Until April 15th (or until further notice) conference room capacities will be limited to half the typical capacity. Please see the conference room reference sheet for accurate totals. Reference sheet can be found on the ADP Portal
- When possible, keep the door to the conference room open during the meeting
- Leave the room debris free when you leave
- Wipe down the space before and after usage when possible

Personal Contact

- Until April 15th (or until further notice) staff must adhere to the following guidelines
    - Refrain from personal touch (handshakes, hugging)
    - Increase social distancing when possible (distance yourself from one another as much as possible)
    - Abstain from group meals, potlucks, buffets, etc.

USHS Participation in & Hosting of Conferences/Meetings/Events
Pay special attention to new max capacity for each meeting space

- Until April 15th (or until further notice) staff must adhere to the following guidelines
    - USHS staff members are not to attend events/meetings (as a USHS representative) with 25 members or more
    - Staff have access to utilize Zoom to host meetings
    - Staff have questions, please contact your department Director
    - USHS will cancel hosting events if not required
- All staff are encouraged to utilize Zoom to host virtual meetings
- ***When a meeting is required***, meeting leads are required to have a sign in sheet complete with all attendees and their contact information
    - Submit meeting check in sheets daily to Wellnessplan@unionstationhs.org

Google Calendar

- All staff should ensure their Union Station calendar is accurate and public.
    - Meetings that need to be confidential should be made private

    - Appointments should include location and attendees
- Calendar should reflect telecommuting

Check In Policy

- Until April 15th (or until further notice) all staff and guests will be required to check in when entering any USHS facilities or vehicles and contact info of all guests should be recorded. *Location specific staff members have been identified to be responsible for submitting the form weekly*
    - Staff are responsible for ensuring that their guests utilize the sign in sheet
    - All guests are required to provide contact information

Union Station Staff Client Transportation Policy

- For **Non-Symptomatic** Clients
    - Attempt to facilitate public transportation accommodations, purchase TAP cards or fund other independent options- additional funds will be made available to facilitate this.
    - Cancel all non-urgent driving-related appointments with clients
    - Refrain from scheduling any non-critical driving-related appointments with clients
    - For urgent driving appointments utilize an Uber service when possible
    - When no other options are available for critical interventions please use the following procedures:
        - 1. Both driver and rider should be masked
        - 2. Windows should be down
        - 3.Utilize gloves & properly dispose of gloves
        - 4. Use sanitizer
- For **Symptomatic** Clients
    - Do not provide transportation
    - Call emergency services
    - Complete an incident report

Until further notice, all employees are expected to continue individual scope of work with USHS identified protocols and taking part in any required training. Accommodations for will be allowed in the following circumstances:

1. Those with an underlying medical condition that puts them at risk of COVID 19 may be eligible to work fulltime from home. They must contact their supervisor and HR for approval.
2. Those required to be at home to look after children (due to school or daycare closings) or other family members affected by COVID 19. Employee must inform HR and provide proof of need, if requested.
3. Any employee who is ill – especially those showing any signs of the virus *are required to stay home.* They must inform their immediate supervisor. HR should be notified

Decreased Density/Remote Work

A task force is currently underway to assess all agency positions and quickly create equitable practices that will meet the goal of decreasing density at all Union Station sites.

Additionally, all employees who must self-isolate or stay home based on the above criteria will have the option of working from home *if at all possible*. In some cases employees may be asked to do duties that are outside their usual scope of work (although related).

If the employee is unable to work – either because their job duties are not able to be performed remotely, or because of illness or looking after children/family members, then the following will apply:

1. Employees must use all accrued sick leave and vacation time.
2. If the employee has run out of both sick and vacation time, USHS will advance them *up to a maximum of 5 sick and 5 vacation days, if needed.*
3. They may contact HR to look into disability or other benefits if needed.

REPORT

DATE: April 1, 2020

TO: SGVCOG Homeless Committee

FROM: Marisa Creter, Executive Director

RE: BEHAVIORAL HEALTH URGENT CARE CLINIC (BHUCC) SERVICE OVERVIEW

RECOMMENDED ACTION

For information only.

BACKGROUND

In light of the current COVID-19 epidemic, it is critical to ensure that emergency rooms and hospitals are able to provide care to patients as rapidly as possible. One common series of emergency room visits is patients currently experiencing a mental episode that taxes the resources of first responders to address their health care needs. It is especially well-timed that today's presentation is geared towards providing an alternative to the hospital for patients in need of mental health care.

The Behavioral Health Urgent Care Clinic (BHUCC) is a subsidiary of Star View Behavioral Health Urgent Care Centers. The BHUCC is a Crisis Stabilization Service that can provide care for up to 12 adults and 6 adolescents on either a voluntary or involuntary basis. BHUCC operates as a 24/7 outpatient program but may allow patients to remain in the facility for up to 24 hours. Typically, the length of stay for patients in the BHUCC is between 4 and 6 hours.

Our presenter today is La Trisha Boothe and she will be available for questions and her contact information will be shared following the meeting.

Prepared by: _____
Timothy Kirkconnell
Senior Management Analyst

Approved by: Marisa Creter
Marisa Creter
Executive Director

ATTACHMENTS:

Attachment A – Presentation Materials for BHUCC

BHUCC
BEHAVIORAL HEALTH
URGENT CARE CENTER

STAR VIEW BEHAVIORAL HEALTH URGENT CARE CENTERS

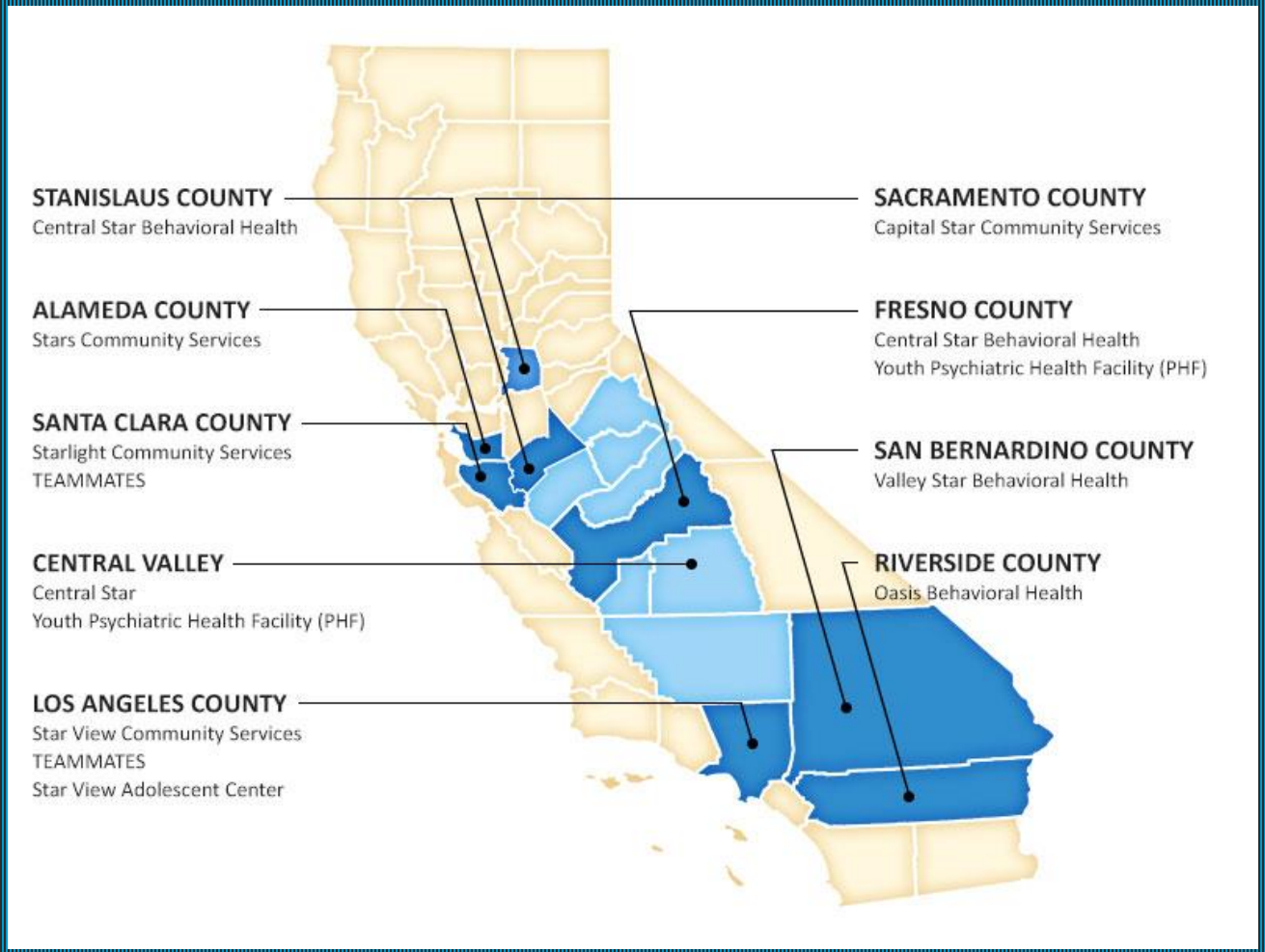
3210 Long Beach Blvd.
Long Beach, CA 90807
Opening August 2018

18501 Gale Ave.
City of Industry, CA 91748
Opening Spring 2019

Partnering with People for Positive Change

BHUCC
BEHAVIORAL HEALTH URGENT CARE CENTER

ABOUT STARS BEHAVIORAL HEALTH GROUP



- In operation since 1988
- Locations in 8 California counties
- Experience running crisis and acute care programs
- Experience working with and in the community

Partnering with People for Positive Change

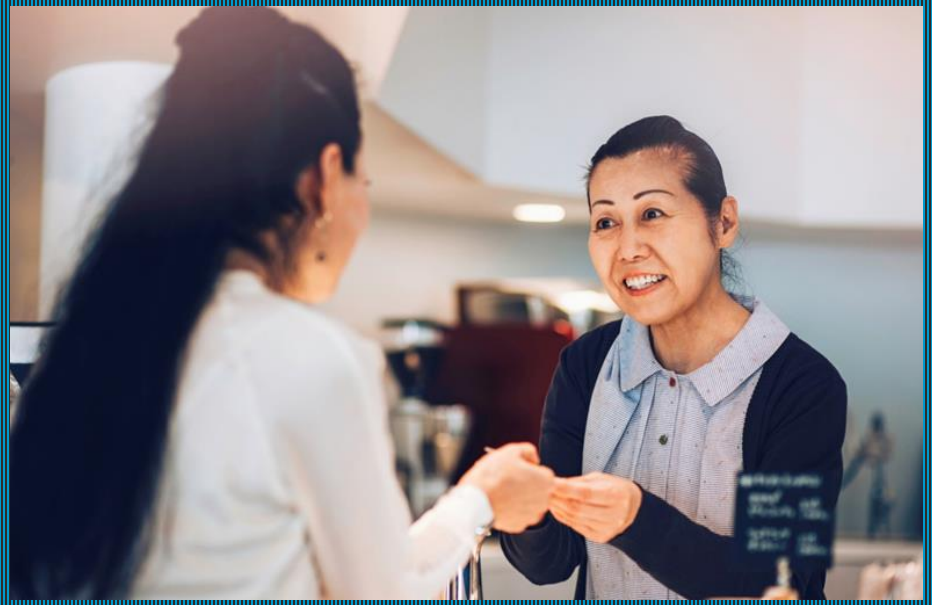
BHUCC
BEHAVIORAL HEALTH
URGENT CARE CENTER

WHAT IS A BHUCC?

- LPS certified - Crisis Stabilization service
- Up to 12 Adults and 6 Adolescents
- Voluntary and Involuntary
- 24/7 Outpatient Program
- Patients may stay up to 24 hours
- Average stay is 4 to 6 hours

BHUCC
BEHAVIORAL HEALTH URGENT CARE CENTER

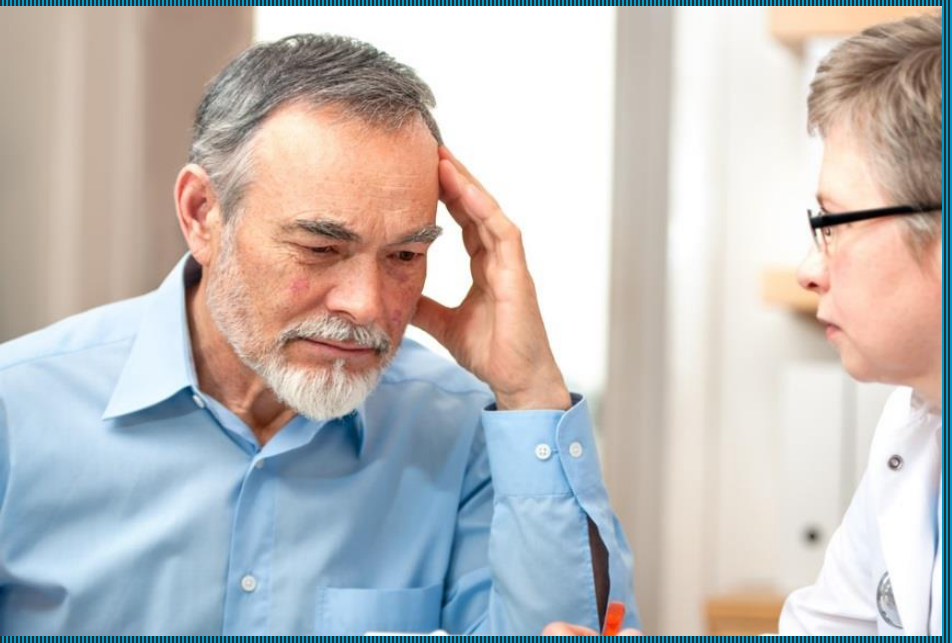
WHAT SERVICES DO WE PROVIDE?



- Assessment by nursing staff and psychiatric assessment
- Case management and linkage to services
- Warm handoff to higher level or lower level of care
- Transportation for all patients to their destination as needed and appropriate
- Patients can stay the night
- 5150; 5585 designation as needed

BHUCC
BEHAVIORAL HEALTH URGENT CARE CENTER

WHAT IS A CWIC?



- Crisis Walk-In Center
- Operated from 8 a.m. to 8 p.m. daily
- Estimate average 30 clients per day
- Immediate psychiatric assessment and case management services
- Medication prescription on urgent basis

BHUCC
BEHAVIORAL HEALTH
URGENT CARE CENTER

WHO ARE OUR STAFF?

- Psychiatrists
- Psychiatric Nurse Practitioners
- RNs/ LVNs
- Mental Health Therapists
- Recovery Counselors
- Peer & Family Advocates
- Safety Specialists

BHUCC
BEHAVIORAL HEALTH
URGENT CARE CENTER

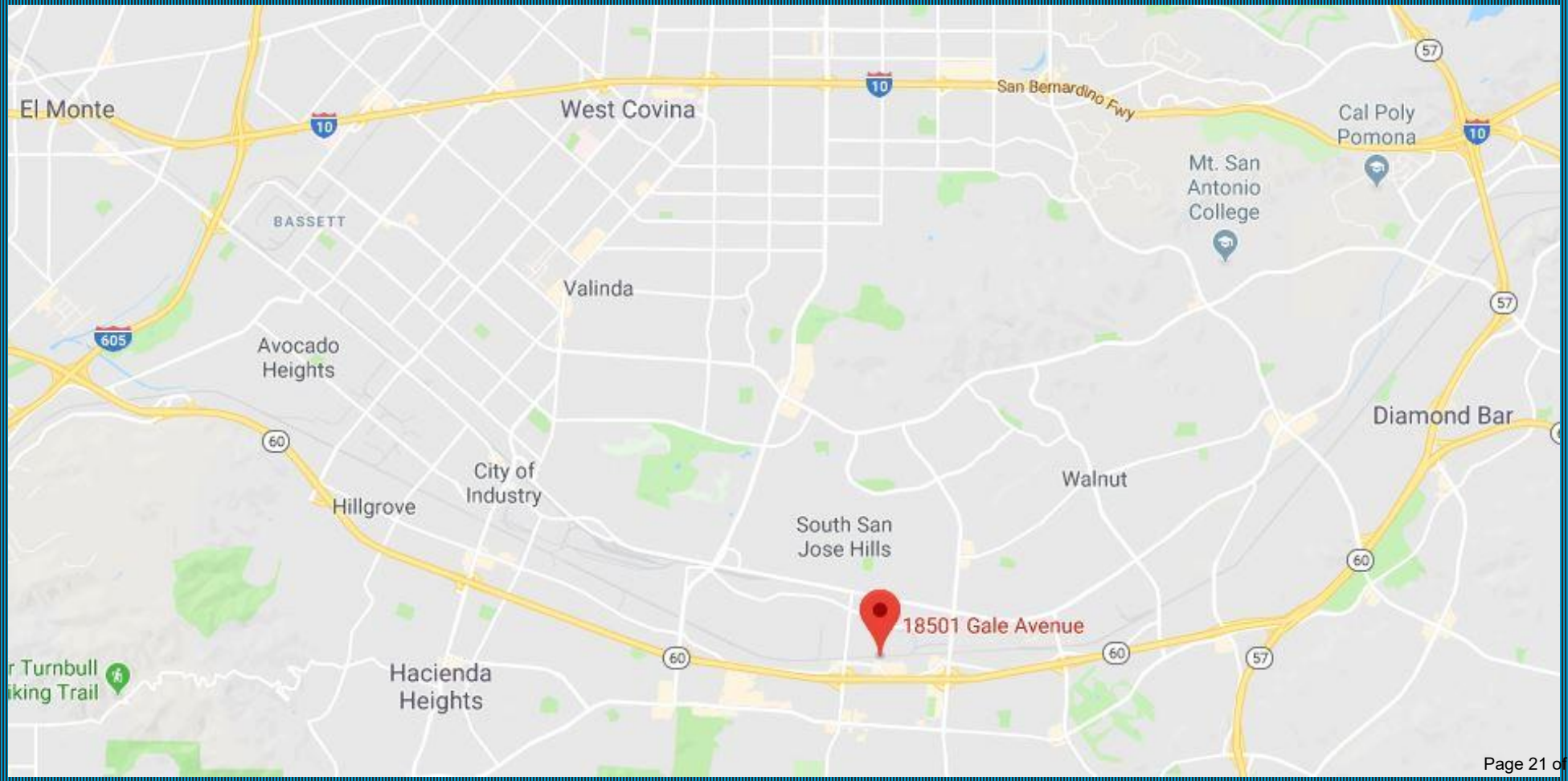
LONG BEACH
URGENT CARE CENTER

BHUCC
BEHAVIORAL HEALTH
URGENT CARE CENTER

3210 LONG BEACH BLVD.
LONG BEACH, CA 90807

BHUCC
BEHAVIORAL HEALTH
URGENT CARE CENTER

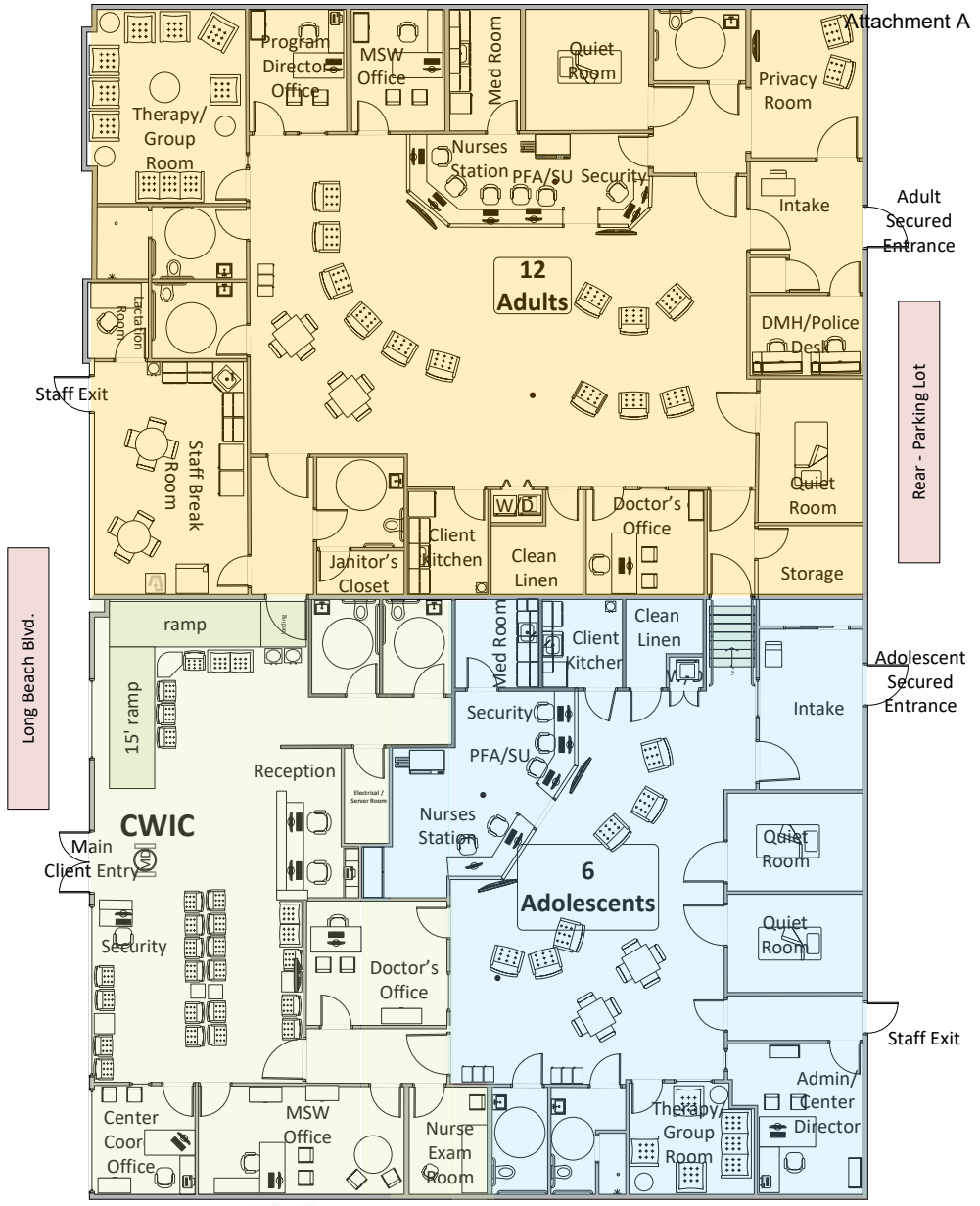
18501 GALE AVE.
CITY OF INDUSTRY, CA 91748



BHUCC
BEHAVIORAL HEALTH
URGENT CARE CENTER

LONG BEACH

9,000+/- Sq. Ft.



Star View Behavioral Health Urgent Care Center

3210 Long Beach Blvd.
Long Beach, CA 90807

Revision date
5/14/18

BHUCC
BEHAVIORAL HEALTH
URGENT CARE CENTER

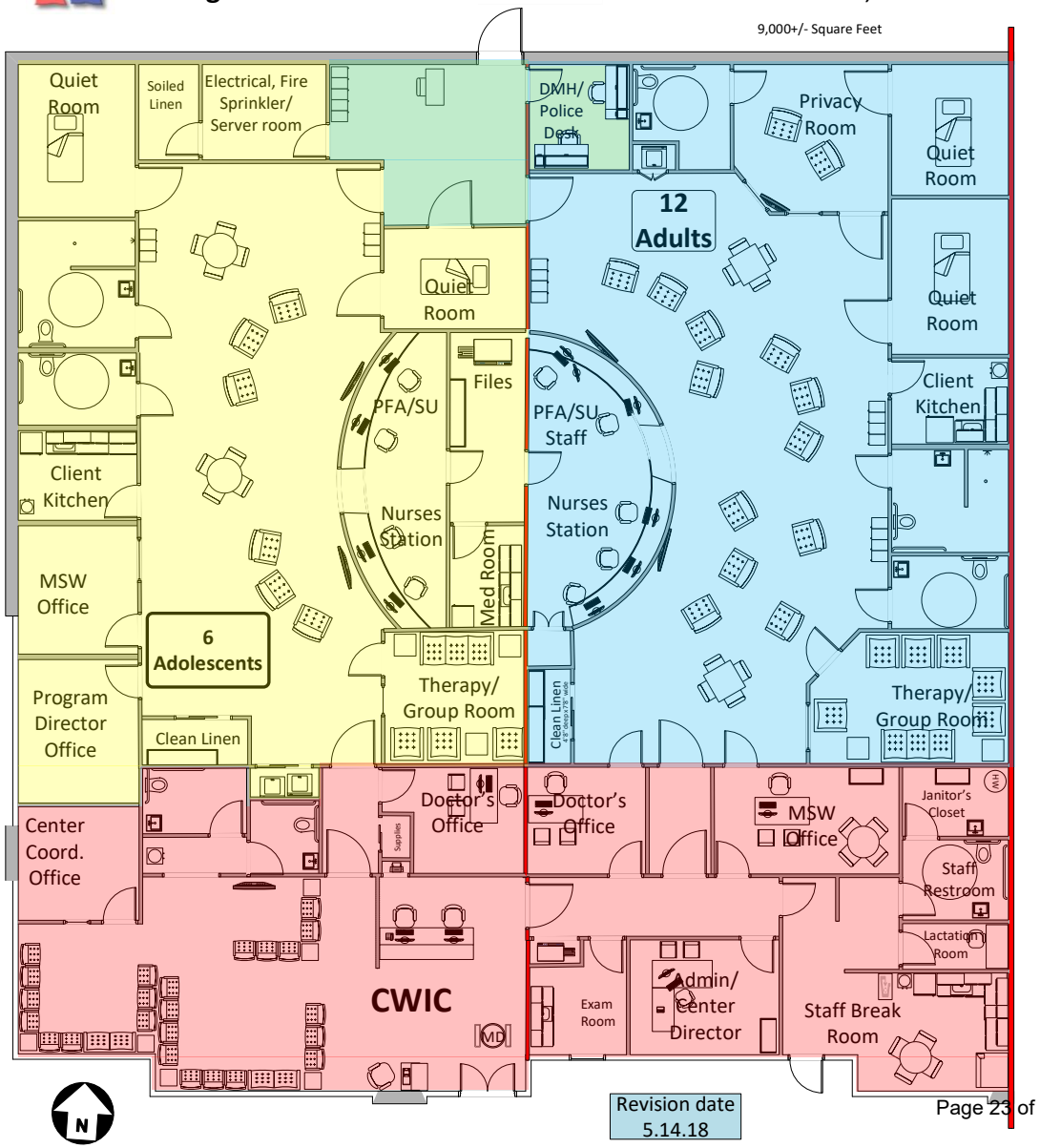
CITY OF INDUSTRY

9,000+/- Sq. Ft.

Star View Behavioral Health
Urgent Care Center

BHUCC BEHAVIORAL HEALTH URGENT CARE CENTER

18501 GALE AVE, STE 100
CITY OF INDUSTRY, CA 91748



Revision date
5.14.18

BHUCC
BEHAVIORAL HEALTH
URGENT CARE CENTER

BENEFIT TO THE COMMUNITY

- Relieves Emergency Rooms
- Frees up law enforcement
- Reduces unnecessary in-patient psychiatric hospitalizations
- Reduces homelessness through linkage to appropriate treatment & resources
- Increases community safety by providing treatment to those in most need

BHUCC
BEHAVIORAL HEALTH
URGENT CARE CENTER

QUESTIONS?

- Who are the contacts we should be making in the months prior to opening?
- Who should we be partnering with (educating about these new services) to both receive referrals as well as direct clients post crisis intervention?
- Beyond what we have presented today, is there additional information you feel would be helpful to communicate to people about the program?

REPORT

DATE: April 1, 2020

TO: SGVCOG Homeless Committee

FROM: Marisa Creter, Executive Director

RE: PROPOSED USES OF LOS ANGELES COUNTY'S COVID-19 EMERGENCY HOMELESS GRANT ALLOCATION

RECOMMENDED ACTION

For information only.

BACKGROUND

On March 17, 2020, the Governor signed SB 89, emergency legislation that authorizes $500 million in immediately available funding to help California fight COVID-19 for any purpose related to the March 4, 2020 proclamation of a State of Emergency, including to support local governments to protect the health and safety of homeless populations, reduce the spread of COVID-19 in homeless populations, and provide safe beds for people experiencing homelessness.

On March 18, 2020, the Governor directed the allocation of $100 million from this $500 million COVID-19 emergency funding directly to the 58 counties, 44 Continuums of Care (CoCs), and the 13 cities that have populations of 300,000 or more, including the cities of Los Angeles and Long Beach, for local emergency actions to address COVID-19 among the homeless population.

On March 26, 2020, the letter was shared with the Board of Supervisors Homeless Deputies and the discussion that ensued covered several focus areas, namely new interim housing, assistance to cities to meet hygiene needs of homeless residents, and to meet the emergency needs of the people living in Permanent Supportive Housing (PSH). The majority of the funding obtained through the State will be directed towards temporary hotel/motel housing units.

This process is ongoing and the SGVCOG will continue to track the progress of this program, including any additional information on when funds will become available and how dispersal will be conducted.

Prepared by: _____
Timothy Kirkconnell
Senior Management Analyst

Approved by: Marisa Creter
Marisa Creter
Executive Director

ATTACHMENTS:

Attachment A – L.A. Count CEO Board Letter [DRAFT]

County of Los Angeles
CHIEF EXECUTIVE OFFICE
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
http://ceo.lacounty.gov

SACHI A. HAMAI
Chief Executive Officer

Board of Supervisors
HILDA L. SOLIS
First District

MARK RIDLEY-THOMAS
Second District

SHEILA KUEHL
Third District

JANICE HAHN
Fourth District

KATHRYN BARGER
Fifth District

March 31, 2020

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

UTILIZATION OF COVID-19 EMERGENCY HOMELESSNESS GRANT FUNDING (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

Authorize the Chief Executive Officer (CEO), or her designee, to accept and allocate State COVID-19 Emergency Homelessness Grant funding to support new emergency interim housing, hygiene facilities, and the emergency needs of people living in permanent supportive housing as part of an effective Countywide COVID-19 response

IT IS RECOMMENDED THAT THE BOARD:

1. Authorize the Chief Executive Officer (CEO), or her designee, to accept $10,567,011 in State COVID-19 Emergency Homelessness Grant funding allocated to the County.

2. Authorize the CEO, or her designee, to accept any additional future State COVID-19 Emergency Homelessness Grant funding allocated to the County.

3. Authorize the CEO, or her designee, to immediately begin expending, as necessary, current and future State COVID-19 Emergency Homelessness Grant funding allocated to the County on new emergency interim housing, hygiene facilities, and emergency needs of people living in permanent supportive housing, as described in Attachment A.

4. Authorize the CEO, or her designee, to amend existing agreements between the County and the Los Angeles Homeless Services Authority (LAHSA) and Councils of Government (COGs) to deliver the new interim housing and hygiene facilities and services described in Attachment A.

DRAFT

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

On March 17, 2020, the Governor signed SB 89, emergency legislation that authorizes $500 million in immediately available funding to help California fight COVID-19 for any purpose related to the March 4, 2020 proclamation of a State of Emergency, including to support local governments to protect the health and safety of homeless populations, reduce the spread of COVID-19 in homeless populations, and provide safe beds for people experiencing homelessness.

On March 18, 2020, the Governor directed the allocation of $100 million from this $500 million COVID-19 emergency funding directly to the 58 counties; 44 Continuums of Care (CoCs); and the 13 cities within California that have populations of 300,000 or more, which include the cities of Los Angeles and Long Beach, for local emergency actions to address COVID-19 among the homeless population.

Approval of Recommendation 1 will enable the CEO to immediately accept the County's COVID-19 Emergency Homelessness Grant allocation of $10,567,011.

Recommendation 2 will enable the CEO to immediately accept any future increases in State COVID-19 emergency funding.

Recommendation 3 will provide the CEO with the authority to immediately expend current and future State COVID-19 Emergency Homelessness Grant funding for any of the uses described in Attachment A.

Recommendation 4 will provide the CEO the authority to amend existing agreements necessary to expedite the effective use of State COVID-19 Emergency Homelessness Grant funding for the uses described in Attachment A.

IMPLEMENTATION OF STRATEGIC PLAN GOALS

The recommended actions are consistent with the following goals of the County's Strategic Plan: Goal I - Make Investments that Transform Lives and Goal II - Foster Vibrant and Resilient Communities.

FISCAL IMPACT/FINANCING

Approval of these recommendations will have no net County cost impact.

DRAFT

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

COVID-19 Emergency Homelessness Grant allocations to local jurisdictions have been made following the methodology used by the State in allocating Homeless Housing, Assistance, and Prevention Program (HHAP) funds previously approved as part of the FY 2019-20 State Budget (AB 101—Chapter 159, Statutes of 2019).

The County and other local jurisdictions have broad discretion to expend these COVID-19 Emergency Homelessness funds as they deem appropriate to address and mitigate the impact of the COVID-19 crisis on populations experiencing homelessness. The City of Los Angeles, LAHSA, the City of Long Beach, and the Long Beach, Pasadena, and Glendale Continuums of Care (CoCs) are also receiving separate COVID-19 Emergency Homelessness Grant allocations. The allocations across all seven grantees in Los Angeles County is as follows:

LA County Grantees	Share of $100 million
1. LA County	$10,567,011
2. LA City	$19,335,938
3. LAHSA	$10,963,460
4. Long Beach City	$764,902
5. Long Beach CoC	$369,106
6. Pasadena CoC	$105,626
7. Glendale CoC	$47,356
TOTAL	**$42,153,399**

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of these COVID-19 Emergency Homelessness funding recommendations will affirm the County's commitment to protect people experiencing homelessness and who are extremely vulnerable during the current COVID-19 crisis.

Respectfully submitted,

SACHI A. HAMAI
Chief Executive Officer

SAH:FAD:TM:
PA:JR:BT:tv

DRAFT

Attachments

c: Executive Office, Board of Supervisors
County Counsel
Auditor-Controller
Department of Health Services
Department of Mental Health
Department of Public Health
Los Angeles Homeless Services Authority

DRAFT

Attachment A

Proposed Uses of Los Angeles County's COVID-19 Emergency Homeless Grant Allocation

New Interim Housing

To increase the number of interim housing sites, to help people experiencing homelessness who are unsheltered to be safe during the COVID-19 emergency.

Assistance to Cities to Meet the Hygiene Needs of People Experiencing Homelessness

To support cities (other than Los Angeles and Long Beach which are receiving this funding directly from the State) in executing their responsibilities for sanitation during this emergency for people experiencing homelessness. Potential uses of the funding include, but are not limited to:

- Mobile toilet facilities and supplies;
- Mobile shower facilities and supplies;
- Handwashing stations; and
- Staffing, supplies, and services to clean and maintain the above types of emergency hygiene facilities and equipment.

Emergency Needs of People Living in Permanent Supportive Housing

To ensure the safety of COVID-19 vulnerable populations residing in Permanent Supportive Housing (PSH). Potential uses include, but are not limited to:

- Food and nutrition;
- Staffing costs;
- Transportation costs; and
- Staffing and supplies to provide cleaning and hygiene services in PSH units.

DRAFT

Estimated Emergency and Observational/Quarantine Bed Need for the US Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations,

Intensive Care Units and Mortality

Dennis Culhane, Dan Treglia and Ken Steif

University of Pennsylvania

Randall Kuhn

University of California Los Angeles

Thomas Byrne

Boston University

March 20, 2020

Estimated Emergency and Observational/Quarantine Bed Need for the U.S. Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations, Intensive Care Units, and Mortality

Dennis Culhane, Dan Treglia, Ken Steif, Randall Kuhn, & Thomas Byrne

The rapid progression of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic has raised concerns about the potential impact of coronavirus disease (COVID-19) on the homeless population. According to official reports, 575,000 people in the United States meet the U.S. Department of Housing and Urban Development (HUD) definition of homelessness – living in a homeless shelter or a place not fit for human habitation.[1] On any given night New York City and Los Angeles County, two areas heavily impacted by COVID-19, are estimated to have 70,000 and 58,000 homeless individuals, respectively.

In recent days, both the State of California and the City of Los Angeles have made substantial funding allocations to support rapid emergency shelter for unsheltered individuals, outreach for early detection, and quarantine space. Policing reforms have also been put in place to ensure that homeless individuals are able to shelter in place should the need arise. The federal government is in the process of considering additional funding allocations aimed at protecting homeless populations from COVID-19. This report aims to establish the potential mortality and hospitalization costs of inaction along with estimating the funding needs associated with a comprehensive plan of action.

Potential impacts of COVID-19 on the homeless population

We estimate the potential impact of COVID-19 on the homeless population and the homeless and healthcare systems caring for them. We model our estimates on a variety of severity and fatality scenarios informed by the unique health burdens facing the homeless population, applied to the age distribution of the homeless population. Concern has been raised around the potential for widespread transmission of COVID-19 within the homeless population due to inadequate access to hygiene and sanitation and the difficulty of early detection among a population isolated from health care. Yet, given limited understanding around the exact parameters of the virus' transmission, it is difficult to explicitly model the potential transmission, and so we simply model a range of infection rate scenarios.

Less widely known—but considerably more important—is the extraordinarily high susceptibility to symptomatic infection, hospitalization, and fatality among the homeless population due not only to their advanced age, but also the accelerated physical decline and mental weathering that frequently results from repeat exposure to harsh elements. For decades, the single adult homeless population has been dominated by members of the late baby boom cohort (e.g., those born between 1955-1965, approximately), and the age distribution of homeless populations has shifted upwards as this birth cohort phenomenon has persisted into older ages.[2,3] A recent study of aging trends among homeless

populations in New York City, Los Angeles County, and Boston observed that the modal age of homeless clients in all cities was between 50 and 55 years. Studies of COVID-19 severity and case fatality suggest that older populations face risk orders of magnitude higher than those facing younger populations.[4,5]

Concerns over chronological age are magnified by concerns over accelerated physical decline among homeless populations.[6] Homeless individuals are admitted to the hospital with medical-surgical conditions 10-15 years earlier than comparable, housed individuals,[7] and with age-related impairments typical of housed individuals 20 years older.[8] Early studies of COVID-19 risk factors point to comorbidities relating to hypertension, diabetes, cardiac disease, chronic respiratory disease, and cancer.[9] In Los Angeles and other communities on the West Coast, concerns about physical susceptibility are further heightened by high rates of unsheltered, which are thought to carry both a generalized risk of accelerated age-related decline and specific exposures to poor hygiene and respiratory distress.[10] Existing studies of homeless populations have observed obstructive pulmonary disease prevalence between 20 and 30%,[8,11] compared to 10% for the general adult population. [12]

This study serves two distinct purposes. First, we model potential scenarios of COVID-19 severity, hospitalization and fatality among homeless populations. Second, we estimate additional shelter system capacity required to manage the acute impact of the COVID-19 pandemic on the existing homeless population. A cornerstone of the strategy for reducing the infection and transmission rates among the homeless population is to find immediate shelter for those living unsheltered and incorporate social distancing – of approximately 100 square feet per person - into existing emergency shelter and transitional housing settings and to isolate people who are symptomatic. We perform this exercise for all unsheltered persons and homeless individuals in emergency shelter or transitional housing, which are generally congregate in nature (no private rooms or partitions) and highly dense. We have excluded families with children, who tend to be sheltered in private rooms or apartments.

Modeling Health Impacts of COVID-19 on the Homeless Population

Data and Methods

Because detailed national age distribution data are not available, we drew on aggregate age distributions for the adult homeless population (age 25+) from the Homeless Management Information Systems (HMIS) of New York City (NYC) for 2017 and Los Angeles County (LAC) for 2018, two municipalities with robust social service data infrastructures for which we could readily access data. (Previous research by this team has found that the age structure of adult homelessness is fairly robust across states).[2,3,13]

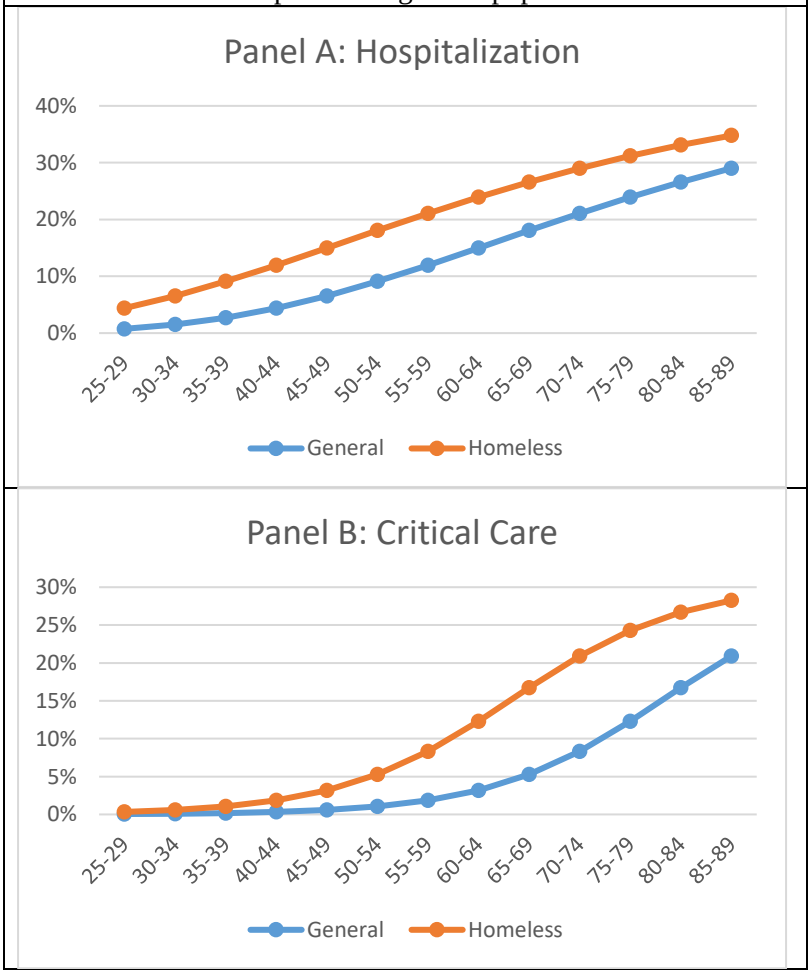
The most granular geography at which official homelessness estimates are available is the Continuum of Care (CoC), which is the geographic unit at which federal homeless assistance grants are awarded and local homeless services are coordinated. These geographies do not map uniformly onto county boundaries, and we thus interpolate county estimates of these outcomes from CoC-level data mirroring a process described by Almquist and colleagues.[14]

We built estimates of the distribution of hospitalization, critical care and fatality for five-year age groups by modifying the estimates included in the widely publicized Imperial College report published March 16, 2020.[4] We used nonlinear regression techniques to approximate rates for five-year age groups instead of ten-year groups. To estimate potential impacts on the homeless population, we built on the intuition of existing studies that older homeless populations bear health risks comparable to those of individuals 15 to 20 years older.[7,8] To be conservative, we focused primarily on a 15-year accelerated

aging shift while also reporting 10-year and 20-year shift models. A future scientific report will explore a wider range of assumptions.

Figure 1 compares the risk curves for homeless populations to the general population using a model that assumes infected homeless individuals would be twice as likely to be hospitalized, two to four times as likely to require critical care, and two to three times as likely to die.

Figure 1: Age-specific risk for homelessness-adjusted scenarios in comparison to general population



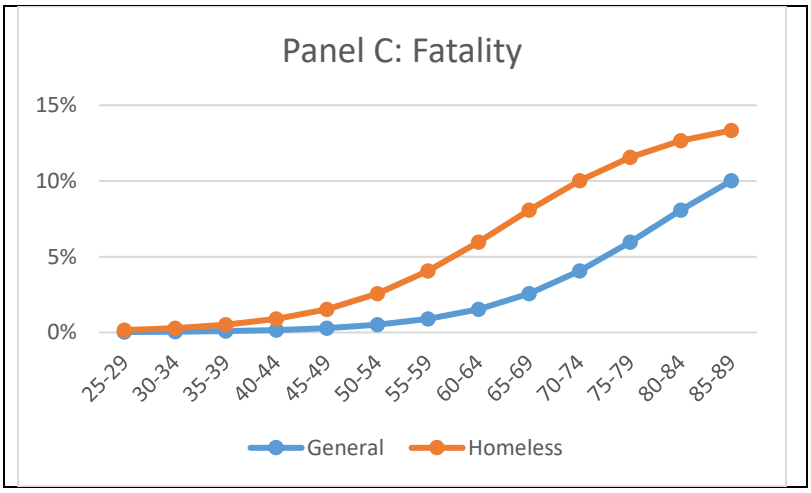
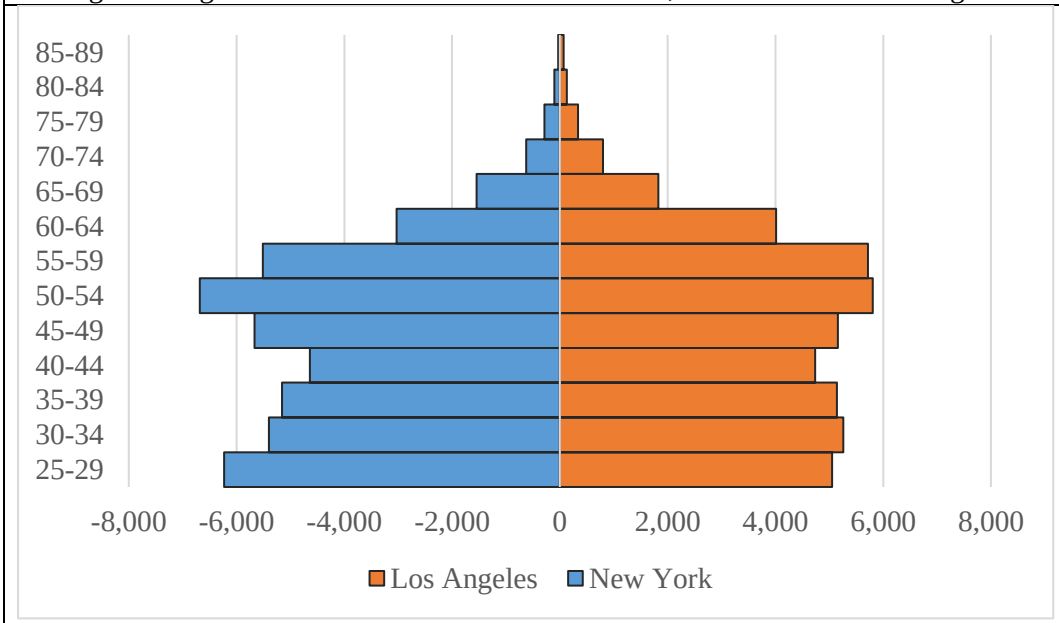


Figure 2 shows the age distribution of the homeless clients of LAC and NYC. The total number of clients age 25+ was 44,914 in NYC and 44,054 in LAC. The modal age group in both areas was 50-54, while the mean age was 45.6 in NYC and 46.7 in LAC. The proportion over age 65 was 5.8% in NYC and 7.2% in LAC, lower than the national average among the general population. The proportion over age 50, and thus potentially heavily affected by accelerated aging was 39.7% in NYC and 42.5% in LAC.

Figure 2: Age distribution of adult homeless clients, New York and Los Angeles



Source: Los Angeles HMIS, California Policy Lab Secure Data Enclave; New York HMIS, provided by NYC Center for Innovation through Data Intelligence

Table 1 shows the projected number of hospitalizations and critical care and fatality episodes anticipated among the homeless population of the United States. These projections are imposed on the estimated 493,000 single adults experiencing homelessness on a given night (unsheltered PIT counts

adjusted *1.4, see later section on bed estimation method), which creates a conservative estimate of COVID-19's impact on the homeless population given that the total number of people experiencing homelessness over the course of a year is likely 3-4 times that. Our estimates assume that 40% of the homeless population will be infected at any given time at the peak of the crisis, and that the U.S. homeless population would have the same age distribution as NYC and LAC grounded in work from a prior study of aging homelessness.

Findings

- We estimate that 21,295 people experiencing homelessness, or 4.3% of the U.S. homeless population, could require hospitalization at the peak infection rate of 40%, with a potential range from 2.4% to 10.3% hospitalizations.
- Critical care needs could range from 0.6% to 4.2%, with the midpoint scenario seeing 7,145 in critical care nationally.
- Finally, we estimate a wide range--0.3% to 1.9%-- of potential fatality rates, with the central estimate of 0.7% implying 3,454 homeless deaths. We believe that the true likely fatality outcome would be on the higher end of this range given the challenge of actually getting homeless clients to the hospital, especially when they are unsheltered, as well as the unusually high mortality risks that prevail among the homeless population.

Table 1: Projected COVID-19 outcomes for U.S. homeless population assuming peak 40% infection rate at a given time

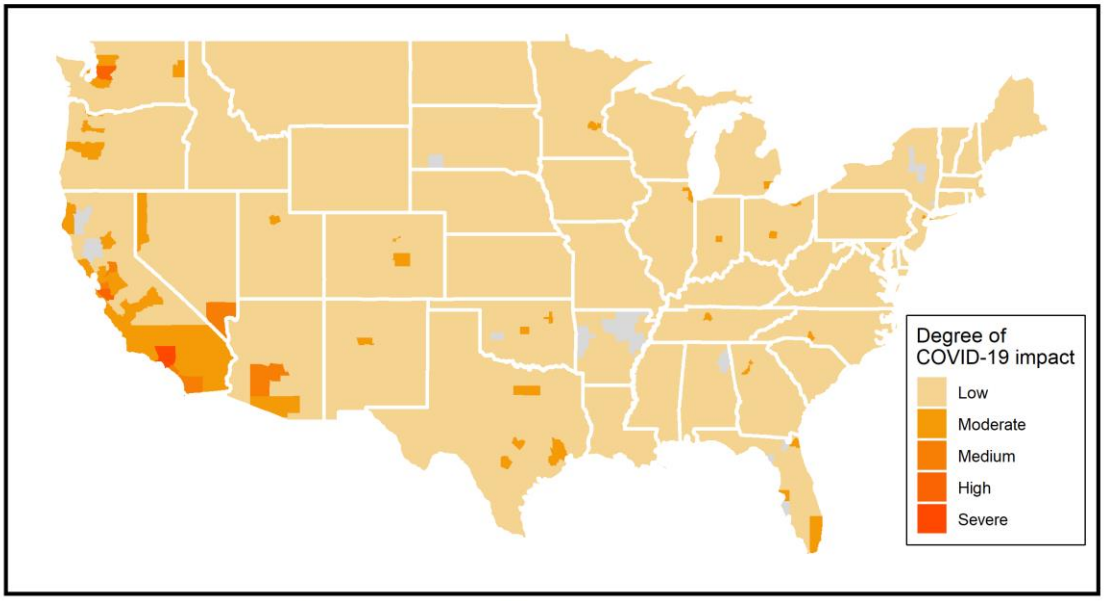
	Number of cases	Percent of total population	Range across scenarios
Hospitalization	21,295	4.3%	2.4%-10.3%
Critical Care	7,145	1.4%	0.6%-4.2%
Fatality	3,454	0.7%	0.3%-1.9%

Map 1 depicts the proportionate distribution of hospitalizations, ICU admissions, and mortality among homeless individuals across the United States as a result of the COVID-19 pandemic. It is largely reflective of the distribution of the homeless population generally, with cases concentrated in urban areas and most regions seeing very few COVID-19 cases and low mortality.

Map 1

Proportionate distribution of hospitalizations, ICU, and mortality among homeless individuals due to COVID-19 pandemic

Estimates based on 40% infection rate and 15-year accelerated aging



Source: Age distribution from Los Angeles Homeless Services Agency HMIS 2018;
New York City Department of Social Services HMIS 2017;
CoC data from U.S. Department of Housing and Urban Development 2019 Point-in-Time Estimates of Homelessness;
U.S. Department of Housing and Urban Development 2019 CoC GIS Geodatabase.
Grey areas indicate counties where no data is available.

Estimating Additional Shelter Capacity

Data and Methods

We use data from the U.S. Department of Housing and Urban Development's 2019 Annual Homelessness Assessment Report (AHAR) to create assessments of additional capacity required to manage the acute effects of the COVID-19 crisis on the homeless population. To impose social distancing within shelters and transitional housing we assume a 50% reduction in current density among, with an expectation that new capacity developed as part of the COVID-19 response will be built with adequate social distancing in mind. Additionally, using estimates from Glynn and colleagues[15] we model the true number of unsheltered homeless persons – those living on the streets and other places not meant for human habitation – as 40% larger than is estimated by official HUD-mandated 2019 PIT counts to account for persons unobserved by enumerators and not incorporated through statistical modeling. Additionally:

- Emergency shelter beds are given an annual cost of 25,000, or 68.50 per night.[16]
- We estimate a peak infection rate of 40% and keep that constant for our estimates and maintain that rate – which we know will vary over time for our analyses.
- Finally, for those who are infected we estimate an additional 7,500 per bed to accommodate partitions and added non-Medicaid funded support services.

Findings

Our estimates suggest the need for an additional 400,000 shelter beds to manage the COVID-19 pandemic for the current, estimated homeless population. This includes:

- 300,000 beds to accommodate homeless persons living unsheltered (including unsheltered families)
- 100,000 beds to increase social distancing within existing shelter facilities

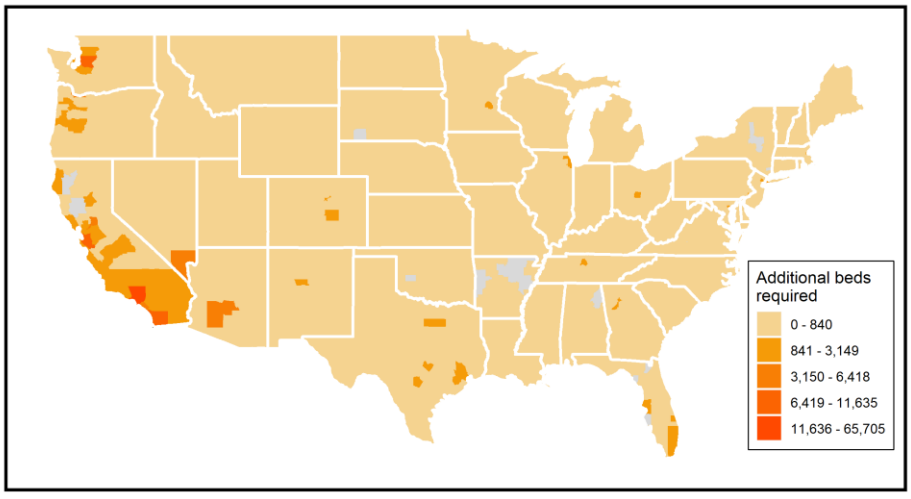
At a cost of approximately 25,000 per bed per year, we estimate the annual cost of meeting this need at 10 billion. In addition, we assume a 40% infection rate among the homeless population at any given time. Given that we are calculating need based on a static estimate of the homeless population with a high-estimate of the infection rate, this represents a worst-case scenario. Assuming a premium of 7,500 per bed per year for partitions and other supports, this would require an additional 1.5 billion for 200,000 of the shelter beds to serve as observation/quarantine. Therefore, the total estimated cost to meet the emergency and observational/quarantine shelter bed need is approximately 11.5 billion for the current year.

Map 2 shows the need for these additional beds by U.S. county. This map reflects the geographical heterogeneity in unsheltered and single adult homelessness across the country, with need concentrated in a handful of areas and municipalities. Ten percent of all counties will need only one, single bed to accommodate the additional need, and half will need fewer than 10 additional beds. The top 1% of counties will require at least 2,100 additional beds, with Los Angeles County facing far and away the greatest need at 65,000 new beds.

Map 2

Additional shelter capacity required during the COVID-19 pandemic

County-level need estimated from 2019 HUD Point-in-Time counts



Source: Author calculations based on CoC data from U.S. Department of Housing & Urban Development 2019 Point-in-Time Estimates of Homelessness; U.S. Department of Housing and Urban Development 2019 CoC GIS Geodatabase
Grey areas indicate counties where no data is available.

Conclusion

The COVID-19 pandemic is creating a severe and emergent health crisis for the homeless population across the United States, a crisis that our shelter and health systems are simply not adequately prepared

to meet. The current virus, when scaffolded on top of the already present crisis of aged homelessness, as well as a myriad of other factors impacting this population, is likely to wreak havoc on this already highly vulnerable group.

For the 500,000 single adults who experience homelessness on a given night, the current crisis is likely to cause upwards of 21,000 hospitalizations and 3,400 deaths. Given an annual shelter turnover rate of at least 3 – meaning that over the course of a year at least three times the PIT-estimate will experience homelessness and the confined and harsh conditions that come with it, the infection, critical care, and fatality rates presented here are almost certainly lower bound estimates. Compounding this, we model these rates and solutions for current (2019) levels of homelessness. While economists are only beginning to quantify the short-and long-term economic impacts of this pandemic, we are almost certain to see a recession resulting from the infection itself, resultant social distancing, and general market uncertainty. Predictions vary widely, but the current record unemployment claims will be followed by additional housing instability and homelessness that will further stretch an already taxed homelessness assistance system.

There are obvious and immediate steps that we can take to mitigate this situation. By creating adequate and humane shelter for people living unsheltered and reconfiguring existing facilities to accommodate social distancing and isolate symptomatic individuals, lives can be saved. Federal, state and local governments will need to collaborate around the funding, staffing and siting of facilities. But the urgency is clear, as is the moral imperative to act.

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To: Mayor Terry Tornek
Councilmember Tyron Hampton
Councilmember Margaret McAustin
Councilmember John Kennedy
Councilmember Gene Masuda
Councilmember Victor Gordo
Councilmember Steve Madison
Councilmember Andy Wilson
City Attorney Michele Bagneris

From: Members of the Pasadena Tenants Union

RE: City of Pasadena COVID-19 and Other Declared Public Health Emergencies Eviction Moratorium and Tenant Protections

In light of the rapidly escalating crisis around the novel coronavirus (COVID-19) pandemic and the heightened risk that our homeless and housing insecure neighbors are exposed to, the members of the Pasadena Tenants Union urge the City of Pasadena, in line with other cities such as Santa Monica, San Jose, San Francisco, and New York City, to carry out the following measures to ensure the safety and health of, not only the tenants of Pasadena, but the entire city which is at risk from the spread of the virus.

Moratorium on evictions. Enact a sweeping moratorium against the eviction of any tenant in the City of Pasadena. This moratorium must have universal application. Requiring proof of a direct causal effect of COVID-19 may exclude individuals indirectly affected by the secondary and tertiary economic effects of the health crisis. For instance, workers who cannot find jobs due to the economic downturn may not be able to prove a causal connection—yet that does not change the fact that they cannot afford to pay their rent. An eviction moratorium must also help contain the spread of the virus and reduce unnecessary risks by preventing mandatory court dates in eviction proceedings, which contravene the Governor's mandate that gatherings of more than 250 be cancelled. To achieve these crucial objectives, this moratorium must be drafted to include the following:

- Landlords must be barred from filing unlawful detainer cases in the Los Angeles Superior Court system during and for a period following the moratorium.

- Service by the landlord of an eviction notice during the moratorium period, as well as the filing of an unlawful detainer case during the moratorium period, shall each be complete defenses to an unlawful detainer case.
- All unlawful detainer cases in which there is not yet a final judgment must be stayed or dismissed. Trial shall not be held, and neither a judge nor any clerk of the court shall enter judgment against any defendant, or issue any writ of execution.
- Execution of any judgment for plaintiff in an unlawful detainer case, regardless of when entered, shall be stayed until 180 days after the end of the moratorium. The Sheriff shall be restrained from evicting any occupant until 180 days after the end of the moratorium.
- No tenant, at any time, shall be evicted for nonpayment of rent, late charges, or any other fees or charges accrued during the moratorium or during a period thereafter.

Moratorium on utility shutoffs. Access to utilities is critical to residents' ability to sanitize their homes, wash their hands, and maintain their health. The City should enact a moratorium on the shutoff of utilities for residences and businesses, whose stakeholders rely on continuing operation in order to maintain their income and their housing.

Partial Payment and Forgiveness of Late Rents. The loss of income due to illness, the care of ill family members, preventative and responsible social distancing once symptoms are apparent, reduction of hours or complete closure of a workplace can be devastating. For many tenants, recovering back rent will be highly burdensome if not impossible. For this reason, landlords must be required to accept partial payment of rent and forgive unpaid rent for the duration of this emergency period.

Rent Freeze and Ban on Late fees. A broad swath of workers is suffering economically from the COVID-19 pandemic and the consequences of displacement and overcrowding are more dire than ever. With the City's high pre-existing levels of rent burden, the relatively large rent increases allowed under the rent stabilization ordinance, and the assessment of late fees can jeopardize many families' housing. To promote housing stability, the City should:

- During the period of the eviction moratorium, and for a period thereafter, prohibit landlords from charging any late fee to tenants or requiring, in order to avoid the rent freeze or raise the rent, that any tenant sign a new lease.
- The landlord's charging of a late fee to a tenant, increasing rent during this time, or requiring, as a way to avoid the rent freeze or raise the rent, that a tenant sign a new lease shall each be a complete defense to any unlawful detainer case the landlord files thereafter regarding this tenancy.
- Establish clear and effective enforcement procedures to ensure that landlords are complying with the rent freeze provisions and tenants are aware of and able to exercise their rights under the rent freeze.
- Fully fund tenant outreach and education, and establish a tenant hotline to report violations of the eviction moratorium or rent freeze.
- Landlords shall be required to extend all expiring leases until 120 days after the end of the eviction moratorium. Failure to extend a lease in this manner shall be a complete defense to an unlawful detainer case.

Emergency Rental Assistance. Ensure that rental assistance is available after the eviction moratorium expires, minimizes burdens on low-income tenants, and is predicated on the landlord's compliance with all health, safety, and habitability laws.

Enforcement and Outreach. Empower the City Attorney with the authority to impose penalties if landlords do not inform tenants of their rights under these provisions. The City shall also fund outreach by community-based organizations to tenants, and provide a complaint hotline to tenants. The City shall fund sufficient staffing to ensure timely enforcement of tenants' rights.

Homeowner Assistance. Protect low-income homeowners at risk of default and financial distress due to the spread of COVID-19 through assistance programs that achieve the following:

- Halt mortgage payments for individuals suffering economic hardship during the spread of COVID-19.
- Establish a mortgage assistance fund for all low-income homeowners.
- Establish a moratorium on trustee's sales, recordation of notices of default, and evictions of people who are post-trustee's sale of their homes, but have yet to move out.
- Work with State and County agencies to suspend collection from low-income homeowners of property tax assessments made through the Property Assessed Clean Energy" (PACE) loans and other home improvement and clean energy loan programs.

Ordinance Fact Sheet

TO: CITY COUNCIL **DATE:** March 17, 2020

FROM: CITY ATTORNEY

SUBJECT: UNCODIFIED ORDINANCE ENACTING A MORATORIUM ON EVICTION FOR NON-PAYMENT OF RENT BY TENANTS IMPACTED BY THE COVID-19 PANDEMIC

TITLE OF PROPOSED ORDINANCE

AN UNCODIFIED ORDINANCE ENACTING A MORATORIUM ON EVICTION FOR NON-PAYMENT OF RENT BY TENANTS IMPACTED BY THE COVID-19 PANDEMIC

PURPOSE OF ORDINANCE

This ordinance imposes a moratorium on eviction for non-payment of rent by residential and commercial tenants impacted by the COVID-19 pandemic.

REASON WHY LEGISLATION IS NEEDED

This ordinance is needed as a result of the public health emergency caused by the COVID-19 pandemic, and the precautions recommended by health authorities, where many tenants in Pasadena have experienced or expect soon to experience sudden and unexpected income loss.

PROGRAMS, DEPARTMENTS OR GROUPS AFFECTED

This ordinance may be asserted by tenants as an affirmative defense in an unlawful detainer action. As such, no City departments will be required to implement the proposed ordinance.

MEETING OF 03/17/2020

AGENDA ITEM NO. 5 (3)

FISCAL IMPACT

This ordinance will not have any fiscal impact.

ENVIRONMENTAL DETERMINATION

On this same date, the Council will be asked to find that the ordinance is exempt from the California Environmental Quality Act.

Respectfully submitted,

Michele Beal Bagneris
City Attorney

Prepared by:

Javan N. Rad
Chief Assistant City Attorney

Concurred by:

Steve Mermell
City Manager

JNR:drc
3/16/2020
0000160576C031

Introduced by Council member _____

ORDINANCE NO.

AN UNCODIFIED ORDINANCE ENACTING A MORATORIUM ON EVICTIONS FOR NON-PAYMENT OF RENT BY TENANTS IMPACTED BY THE COVID-19 PANDEMIC

WHEREAS, pursuant to the City's police power, as granted broadly under Article XI, Section 7 of the California Constitution, the City Council has the authority to enact and enforce ordinances and regulations for the public peace, morals and welfare of the City and its residents;

WHEREAS, international, national, state, and local health and governmental authorities are responding to an outbreak of respiratory disease caused by a novel coronavirus named "SARS-CoV-2," and the disease it causes has been named "coronavirus disease 2019," abbreviated COVID-19, ("COVID-19");

WHEREAS, on March 4, 2020, the Health Officer declared the existence of a local health emergency in Pasadena, and on May 9, 2020, the City Council adopted a resolution ratifying the Health Officer's declaration;

WHEREAS, on March 4, 2020, the Los Angeles County Board of Supervisors and Department of Public Health declared a local emergency and local public health emergency to aid the regional healthcare and governmental community in responding to COVID-19;

WHEREAS, on March 4, 2020, the Governor of the State of California declared a state of emergency to make additional resources available, formalize emergency actions already underway across multiple state agencies and departments, and help the state prepare for broader spread of COVID-19;

WHEREAS, on March 13, 2020, the President of the United States of America declared a national emergency and announced that the federal government would make emergency funding available to assist state and local governments in preventing the spread of and addressing the effects of COVID-19;

WHEREAS, on March 16, 2020, the City Manager, as Director of Disaster Emergency Services pursuant to Chapter 2.370 of the Pasadena Municipal Code, declared the existence of a local emergency and a first supplement to the declaration of local emergency to allow the City of Pasadena to address the COVID-19 pandemic;

WHEREAS, the Centers for Disease Control and Prevention, the California Department of Health, and the Los Angeles County Department of Public Health have all issued recommendations including but not limited to social distancing, staying home if sick, canceling or postponing large group events, working from home, and other precautions to protect public health and prevent transmission of this communicable virus;

WHEREAS, as a result of the public health emergency and the precautions recommended by health authorities, many tenants in Pasadena have experienced or expect soon to experience sudden and unexpected income loss;

WHEREAS, the Governor of the State of California has stated that individuals exposed to COVID-19 may be temporarily unable to report to work due to illness caused by COVID-19 or quarantines related to COVID-19 and individuals directly affected by COVID-19 may experience potential loss of income, health care and medical coverage, and ability to pay for housing and basic needs, thereby placing increased demands on already strained regional and local health and safety resources, including shelters and food banks;

WHEREAS, further economic impacts are anticipated, leaving tenants vulnerable to eviction;

WHEREAS, during this local emergency, and in the interest of protecting the public health and preventing transmission of COVID-19, it is essential to (a) avoid unnecessary housing displacement, to protect the City's affordable housing stock, and to prevent housed individuals from falling into homelessness; and (b) avoid unnecessary displacement of commercial businesses;

WHEREAS, loss of income as a result of COVID-19 may inhibit Pasadena residents and businesses from fulfilling their financial obligations;

WHEREAS, this ordinance is necessary to protect public health and safety, as affected by the emergency caused by the spread of COVID-19; and

WHEREAS, staff discussions, testimony, and documentary evidence presented in a public forum support the basis of the findings and actions set forth in this ordinance.

NOW, THEREFORE, THE PEOPLE OF THE CITY OF PASADENA DO ORDAIN AS FOLLOWS:

SECTION 1. This ordinance, due to its length and corresponding cost of publication will be published by title and summary as permitted by Section 508 of the Pasadena City Charter. The approved summary of this ordinance is as follows:

"SUMMARY

Ordinance No. _____ imposes a moratorium on eviction for non-payment of rent by residential tenants impacted by the COVID-19 pandemic.

Ordinance No. _____ shall take effect upon publication."

SECTION 2. The above recitals are true and correct and are a substantive part of this Ordinance.

SECTION 3. A moratorium on eviction for non-payment of rent by residential tenants impacted by the COVID-19 pandemic is imposed as set forth herein.

SECTION 4. During the period of local public health emergency and/or local emergency declared in response to COVID-19:

A. For residential properties, no landlord shall endeavor to evict a tenant in either of the following situations: (1) for non-payment of rent if the tenant demonstrates that the tenant is unable to pay rent due to financial impacts related to COVID-19 or (2) for a no-fault eviction unless necessary for the health and safety of tenants, neighbors, or the landlord. A landlord who knows thaty a tenant cannot pay some or all of the rent temporarily for the reasons set forth above shall not serve a notice pursuant to CCP Section 1161(2), file or prosecute an unlawful detainer action based on a three-day pay or quit notice, or otherwise seek to evict for non-payment of rent.

B. For commercial properties, no landlord shall endeavor to evict a commercial tenant for non-payment of rent if a commercial tenant is unable to pay rent due to financial impacts related to COVID-19.

SECTION 5. A landlord knows of a tenant's inability to pay rent within the meaning of this ordinance if the tenant, within 30 days after the date that rent is due, notifies the landlord in writing of lost income and inability to pay full rent due to financial impacts related to COVID-19, and provides documentation to support the claim. Any medical or financial information provided to the landlord shall be held in confidence, and only used for evaluating the tenant's claim.

SECTION 6. Nothing in this ordinance shall relieve the tenant of liability for the unpaid rent, which the landlord may seek after expiration of the local emergency and the tenant must pay within six months of the expiration of the local emergency. A landlord may not charge or collect a late fee for rent that is delayed for the reasons stated in this ordinance; nor may a landlord seek rent that is delayed or the reasons stated in this ordinance through the eviction process.

SECTION 7. Definitions. For purposes of this ordinance,

A. "In writing" includes email or text communications to a landlord or the landlord's representative with whom the tenant has previously corresponded by email or text.

B. "Financial impacts related to COVID-19" include, but are not limited to, (1) for residential tenants, lost household income as a result of any of the following: (a) being sick with COVID-19, or caring for a household or family member who is sick with COVID-19; (b) lay-off, loss of hours, or other income reduction resulting from business closure or other economic or employer impacts of COVID-19; (c) compliance with a recommendation from a government health authority to stay home, self-quarantine, or avoid congregating with others during the state of emergency; (d) extraordinary out-of-pocket medical expenses; or (e) child care needs arising from school closures related to COVID-19; and (2) for commercial tenants, lost business income from full or partial closure of the business (voluntarily or by mandate) to prevent or reduce the spread of COVID-19.

C. "No-fault eviction" refers to any eviction for which the notice to terminate tenancy is not based on alleged fault by the residential tenant, including, but not limited

to, eviction notices served pursuant to Code of Civil Procedure Sections 1161(1), 1161(5), or 1161c.

SECTION 8. This ordinance may be asserted as an affirmative defense in an unlawful detainer action. Any failure to comply with this ordinance does not constitute a criminal offense.

SECTION 9. This ordinance shall not be read in any way to (a) adversely affect and/or abrogate the rights of tenants under Chapter 9.75 of the Pasadena Municipal Code (Tenant Protection); and/or (b) prohibit any terminations of tenancy for just cause, or other terminations of tenancy where this ordinance does not apply.

SECTION 10. As applied to notices of termination issued prior to the effective date of this ordinance, this ordinance shall apply to tenancies where, as of the effective date of this ordinance, said tenant remains in possession and/or any eviction lawsuit has not reached a final judgment or issuance of a final order, after all appeals have been exhausted.

SECTION 11. This Ordinance shall remain in effect until the termination of the later of any local emergency or local health emergency in Pasadena that relates to the COVID-19 pandemic.

SECTION 12. Severability. If any provision of this ordinance is found to be unconstitutional or otherwise invalid by any court of competent jurisdiction, that invalidity shall not affect the remaining provisions of this chapter which can be implemented without the invalid provisions, and to this end, the provisions of this chapter are declared to be severable. The City Council hereby declares that it would have adopted this ordinance and each provision thereof irrespective of whether any one or more provisions are found invalid, unconstitutional or otherwise unenforceable.

SECTION 13. The City Clerk shall certify the adoption of this ordinance and shall cause this ordinance to be published by title and summary.

SECTION 14. This Ordinance shall take effect upon publication.

Signed and approved this _____ day of _____, 2020.

_____
Terry Tornek
Mayor of the City of Pasadena

I HEREBY CERTIFY that the foregoing ordinance was adopted by the City Council of the City of Pasadena at its meeting held on _____ day of _____2020 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Date Published:

_____
Mark Jomsky, CMC
City Clerk

Approved as to form:

_____
Javan N. Rad
Chief Assistant City Attorney

0000160584C031

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health
Guidance for Homeless Shelters

The Los Angeles County Department of Public Health (Public Health) is asking for your assistance to help slow the spread of the novel (new) coronavirus in Los Angeles County. As we continue to see an increase in positive cases, it is important that we put precautions in place to slow the spread of the virus. Efforts to promote social distancing and to continue to care for individuals experiencing homelessness will protect our healthcare system and those who are most vulnerable. We understand that homeless shelters pose unique challenges, including restrictions on client or resident movement, variable space accommodations, and alternative staff work schedules. We strongly recommend that all organizations review and update their emergency plans and consider ways to continue essential services if on-site operations must be reduced temporarily. We would like to provide you with some general information about COVID-19 as well as specific actions you should take to help prevent the spread of respiratory infections, including COVID-19 at your shelter site.

We encourage you to visit the DPH Novel Coronavirus webpage for resources including Guidance for Business and Employers, Frequently Asked Questions, and infographics: http://publichealth.lacounty.gov/media/Coronavirus/.

General Information

What is novel coronavirus?
Coronaviruses are a large family of viruses. Many of them infect animals, but some coronaviruses from animals can evolve (change) and infect humans, then spread from person-to-person. This is what happened with the current novel coronavirus. Diseases from coronaviruses in people typically cause mild to moderate illness, like the common cold. Some, like the SARS or MERS viruses, cause serious infections like pneumonia.

What are common symptoms of COVID-19?
Information to date shows this new virus causes symptoms consistent with a respiratory illness, such as cough, fever, and, in some, shortness of breath or difficulty breathing.

How are coronaviruses spread?
Like other respiratory illnesses, such as influenza, human coronaviruses most commonly spread to others from an infected person who has symptoms through:

- Droplets produced when an infected person coughs or sneezes.
- Close personal contact, such as caring for an infected person.
- Touching an object or surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands.

COVID-19 is new and we continue learning more each day about how it spreads and how long it takes for people to become sick. As information changes, we will keep you informed.

Do not assume that someone is at risk for novel coronavirus infection based on their race/ethnicity or country of origin.

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health
Guidance for Homeless Shelters

What preventive measures should be taken at an organizational level to reduce the spread of respiratory viruses, like the virus that causes COVID-19?

- Encourage and support your staff and volunteers to stay home when they are sick. Remind them to stay home and not return to work until 7 days after symptoms began or 3 days (72 hours) after symptoms have improved and fever has resolved without the use of fever-reducing medications.
- Provide adequate supplies for good hygiene, including easy access to clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer (especially near food areas and restrooms)
- Minimize, where possible, close contact and the sharing of objects such as cups, food, and drink.
- Routinely clean and disinfect all frequently touched surfaces and objects, such as doorknobs, banisters, countertops, faucet handles, and phones. Use the usual cleaning agents and follow the label directions.
- Provide guests of the facility and employees with accurate information about novel coronavirus and steps they can take to protect themselves and their families.
- Post information in common areas that serve as reminders of the need for all guests, employees, and volunteers to engage in personal protection actions (materials for downloading are available at publichealth.lacounty.gov).

Everyday personal prevention actions include:

- Wash hands often with soap and water for at least 20 seconds or use alcohol-based hand sanitizer that contains at least 60% alcohol especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- Cover coughs and sneezes with a tissue, and then dispose of the tissue and clean hands immediately. If you do not have a tissue, use your elbow (not your hands).
    - Environmental cleaning should be done with EPA-approved healthcare disinfectant consistent with recommended wet contact time. Reference: California Department of Public Health AFL for Environmental Infection Control for the Coronavirus Disease 2019 (COVID-19) (02/19/20)

What practices should we adopt or change to slow the transmission of respiratory illnesses?

- Assess all guests daily and upon entry for symptoms of fever, cough and shortness of breath. Quickly move guests who are ill into an area that is isolated from the rest of the facility.
    - Designate a sick room (ideally in an area with an accessible bathroom) where guests with cold and flu symptoms can be housed in a separate building, room, or designated area. Beds in this area should be placed at least 6 feet apart or head-to toe with beds 3 feet apart. Mobile screens can be used to encourage compliance with separation areas.
- Symptomatic guests should eat meals separate from asymptomatic guests.
    - If symptomatic guests need to move through areas with asymptomatic guests, they should be encouraged to perform hand hygiene, wear a surgical mask, and minimize the time in these areas.

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health
Guidance for Homeless Shelters

- Monitor staff for fever or respiratory symptoms before they start work
    - Staff with fever and respiratory symptoms should be sent home until 7 days after the first onset of symptoms (cough, fever, headache, etc.), **or** 72 hours after symptoms improve and being fever-free (under 100.4° F) without the use of fever reducing medication, whichever is longer.
    - Staff with mild respiratory symptoms (runny nose, cough), should not report to work.
- Staff should wear personal protective equipment (PPE) such as masks, gloves or gowns only when appropriate:
    - Staff interacting with symptomatic individuals should provide a facemask to the guest and put on a facemask and eye protection on themselves during close contact with guests. Close contact is defined as a distance of less than 6 feet from the symptomatic individual for a period greater than 10 minutes for non-healthcare workers, or greater than 2 minutes if providing healthcare.
    - If staff is providing healthcare to the guest, they should put on a facemask, gloves, eye protection and gowns.
    - Make facemasks, eye protection, gowns, and gloves, available in clinical care areas for staff performing clinical duties.
    - Ensure employees clean their hands, including before and after contact with guests, after contact with contaminated surfaces or equipment, and after removing items such as gloves, gowns and masks.
    - Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.
- Hand hygiene stations (sinks with antibacterial soap and alcohol gel products) should be readily available throughout the facility, esp. at the entrances of the facility. Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.
    - Ensure employees clean their hands according to CDC guidelines (https://www.cdc.gov/handhygiene/providers/index.html), including before and after contact with guests, after contact with contaminated surfaces or equipment, and after removing items such as masks, gloves and gowns.
    - Educate and remind guests to perform hand hygiene throughout the day, particularly after using the restroom and prior to eating their meals.
- Position a trash can near the exit inside any guest dorms to make it easy for employees to discard items such as gloves, masks and gowns.
- Increased frequency of environmental cleaning should be done with EPA-approved healthcare disinfectant consistent with recommended wet contact time.
    - Reference: California Department of Public Health AFL for Environmental Infection Control for the Coronavirus Disease 2019 (COVID-19) (02/19/20)https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-14.pdf
- Ensure there are no shared utensils, cups or linens and guests are requested to wash their hands prior to eating meals.

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health
Guidance for Homeless Shelters

What should our facility be prepared to do if there is increased community transmission of COVID-19?
Increased community transmission of COVID-19 indicates growing risk to the general public and that additional precautions may need to be taken to contain any local community transmission. Shelters should have a plan and be prepared to take these additional actions, if recommended by Public Health:

- Have a plan to communicate with your staff, volunteers and guests. Visit our website, publichealth.lacounty.gov for accurate and updated information that can be used for your communications. Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to workers and those you serve.
- Plan for worker absences. Do not require a healthcare provider's note for employees or volunteers who are sick with acute respiratory illness to validate their illness or to return to work. Healthcare provider offices and medical facilities will be extremely busy and not able to provide such documentation in a timely way.
- Plan for ways to continue essential services if on-site operations are reduced temporarily.
- Post signs at facility entrance instructing visitors and guests to alert staff if they have fever, cough or shortness of breath. Do not discourage symptomatic guests from entering.
- Have a plan for quickly directing people who are ill to an area of the facility that is isolated from other parts of the facility.
- Describe what actions the facility is taking to protect staff and guests, answer questions and explain what they can do to protect themselves and their fellow guests.

What should we do if a PEH guest exhibits mild COVID-19 symptoms?

- Confine clients with mild respiratory symptoms consistent with COVID-19 infection to individual rooms, if possible, and have them avoid common areas.
- Follow CDC recommendations for how to prevent further spread in your facility. If individual rooms for sick clients are not available, consider using a large, well-ventilated room for people with mild respiratory symptoms.
- In areas where clients with respiratory illness are staying, keep beds at least 3 feet apart and use temporary barriers between beds, such as curtains, and request that all clients sleep head-to-toe.
- If possible, designate a separate bathroom for sick clients with COVID-19 symptoms.
- Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to ill persons to as-needed cleaning (e.g., of soiled items and surfaces) to avoid unnecessary contact with the ill persons.
- Decisions about whether clients with mild illness due to suspected or confirmed COVID-19 should remain in the shelter or be directed to alternative housing sites should be made in coordination with local health authorities.
- If you identify any client with severe symptoms, notify your public health department and arrange for the client to receive immediate medical care.
- Ensure that all common areas within the facility follow good practices for environmental cleaning. Cleaning should be conducted in accordance with CDC recommendations.
- If you plan to transfer the guest to a higher level of care due to worsening respiratory status, notify EMS that the guest has an undiagnosed respiratory infection.

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health
Guidance for Homeless Shelters

- If multiple guests in your facility become newly sick with fever and respiratory symptoms, notify Los Angeles County Department of Public Health at 213-240-7941 during daytime hours or (213) 974-1234 (After Hours Emergency Operator).

What should we do if PEH client and staff member tests positive for COVID-19?

- If COVID-19 infection has been confirmed guests of your facility, consider temporarily suspending new admissions, visitors, and transportation to other institutions for 14 days.
    - Restrict the movement of persons within the facility, from leaving the facility, and from being transferred to another facility for 14 days.
    - Limit transport of suspected COVID-19 patients to essential purposes only. Place facemasks on suspected COVID-19 patients during transport.
- The Department of Public Health will activate public health nurses (PHNs) to visit the site and assess the facility, determine additional measures for separation, screen close contacts and quarantine, if necessary. Environmental Health will provide guidance and technical assistance on sanitation and cleaning practices.
- Staff should be monitored for symptoms. Exposed staff should be sent home for self-quarantine for 14 days. Guests whose symptoms worsen should be referred to medical care.

Additional Resources

- LAC DPH coronavirus website: http://www.ph.lacounty.gov/media/Coronavirus/
- LAC DPH coronavirus webpage for Health Professionals Includes travel alert posters and provider checklist: http://publichealth.lacounty.gov/acd/nCorona2019.htm
- Los Angeles Health Alert Network: The Department of Public Health (DPH) emails priority communications to health care professionals through LAHAN. Topics include local or national disease outbreaks and emerging health risks. http://publichealth.lacounty.gov/lahan/
- California Department of Public Health: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx
- CDC Resources for Healthcare Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html
- CDC Healthcare Infection Prevention and Control FAQs for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html
- CDC Coronavirus main website: https://www.cdc.gov/coronavirus/2019-ncov/index.html
- CDC Healthcare Supply of Personal Protective Equipment: https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html

If you have questions and would like to speak to someone call the Los Angeles County Information line 2-1-1 which is available 24 hours a day

We appreciate your commitment and dedication to keeping Los Angeles County healthy.

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health
Guidance for Homeless Service Agencies and Outreach Teams

Los Angeles Department of Public Health (LA DPH):
Factsheet: http://www.publichealth.lacounty.gov/media/Coronavirus/FAQ.pdf
Guidance to Field Staff: http://publichealth.lacounty.gov/media/Coronavirus/GuidanceFieldStaff.pdf

The following recommendations are for homeless service agencies and outreach teams to prepare for and help slow the spread of novel coronavirus (COVID-19) in your staff and with the people experiencing homelessness (PEH) that you serve. There is significant spread of COVID-19 in the community, and PEH represent a vulnerable group. PEH have a higher burden of cardiopulmonary and immune-compromising conditions, like COPD, heart failure, and diabetes, and experience accelerated aging and frailty. Additionally, PEH have limited access to hygiene supplies, live in conditions that limit infection control practices, and often live in communal settings (shelters or crowded encampments). For these reasons, LAHSA and the Public Health Departments, plan to deliver regular guidance on the status of COVID-19 in PEH, secure and offer housing to PEH, training on prevention and screening in the field, and implementation of our emergency response plan.

Create or Revise an Infection Control Plan for your Homeless Services Agency

- **Stay informed** with reliable information from:
  - Los Angeles County Department of Public Health (LACDPH, County)
    - Twitter: @lapublichealth
    - Facebook: facebook.com/lapublichealth
  - Centers for Disease Control and Prevention (CDC, National)
    - Twitter: @CDCgov
    - Facebook: facebook.com/cdc
- Have a **communication plan** for staff and volunteers
  - Identify and address potential language, cultural and disability barriers associated with communicating COVID-10 information to workers and those you serve.
  - **Post educational flyers** throughout your office notifying staff about COVID-19 and prevention practices.
  - **Provide training to staff about COVID-19** status, transmission, and prevention practices both in the workplace and in the field.
- **Revise or create policies and procedures** for educating and training staff about how to care for themselves and their clients during an infectious disease outbreak.
  - For example, consider how an infectious disease outbreak may impact your current policies related to documentation and transportation in your agency's vehicle. Also, review options for street-based staff who may have chronic medical conditions that place them at greater risk for infectious complications and identify alternative work that they might conduct.
- **Clarify "sick leave policies"** with staff.
  - Screen staff prior to the start of their work shift. Advise staff to call their supervisor and stay at home if they develop flu symptoms.

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Guidance for Homeless Service Agencies and Outreach Teams

  - Staff with fever and respiratory symptoms should be sent home until 7 days after the first onset of symptoms (cough, fever, headache, etc.), **or** 72 hours after symptoms improve and being fever-free (under 100.4° F) without the use of fever-reducing medication, whichever is longer.
  - Do not require a doctor's clearance to return to work.
  - Develop a policy for home isolation, if staff have traveled to high-risk areas or have known contacts with people with COVID-19.
- **Create an "Alternate Staffing plan"** in preparation for possible staffing shortages. Plan for ways to continue essential services if on-site operations are reduced temporarily.
- Create **targeted responses in consultation with public health department and city/county agencies** for the diverse settings where your staff work with clients, including through outreach teams on the street/encampments, homeless shelters, and clinic/healthcare settings for PEH.
  - Work with the Department of Public Health to develop a plan for isolation and quarantine areas as needs arise in your community.
- **Order supplies** for personal protective equipment (PPE) and hygiene kits (for at least one month), including:
  - Surgical masks, disposable gloves, gowns
  - Personal-sized, alcohol-based hand sanitizer, soap, sanitizing wipes
  - Plastic trash bags, single-use tissues
  - Consider: tents, blankets, water bottles, snacks

Eligible ESG Program Costs for Infection Preparedness:
https://files.hudexchange.info/resources/documents/Eligible-ESG-Program-Costs-for-Infectious-Disease-Preparedness.pdf

- **Distribute personal protective equipment** and hygiene supplies to staff. Train staff on when and how to use personal protective equipment, including face masks and gloves, handwashing practices, and social distancing techniques in the field.

Encourage PEH to enter housing and provide education and hygiene supplies to prevent the spread of COVID-19

- **Outreach teams** are a vital source of education, resources, and screening protocols during this time. Outreach teams are an invaluable source of **trauma-informed**, **trustworthy information** to promote PEH to seek shelter, to promote ways to prevent transmission, are knowledgeable about what to do for those who may be sick, and reduce fear and stigma amongst PEH. Outreach teams may provide **hygiene education and supplies** and reminders to maintain social distancing to prevent the spread of COVID-19 in PEH.
- **Action Steps:**
  - **Distribute reliable information** from the Department of Public Health.
    - **FAQ -** http://www.publichealth.lacounty.gov/media/Coronavirus/FAQ.pdf

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health
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  - **Infographic -** http://www.publichealth.lacounty.gov/media/Coronavirus/CoronavirusInfographicEnglish.pdf
- **Tailor messaging to PEH.**
- **Ensure that PEH with underlying health conditions are connected to a medical provider and know to speak with their provider if they have symptoms of respiratory illness; make every effort to offer PEH with serious health conditions shelter or interim housing.**
- Encourage regular hand hygiene and recognize inherent limitations for PEH. Distribute personal sized hand sanitizer for PEH and direct PEH to hand-washing stations, if available.
- Counsel clients to cover their cough or sneeze into a tissue and dispose of tissues. If a tissue is not available, then they should cough into their elbow.
- Remind clients to avoid rubbing eyes, nose, or mouth. Consider distributing cleaning supplies (like sanitizing wipes), tissues, and plastic bags for waste disposal to PEH living on the streets or in encampments.
- Counsel clients to avoid sharing food, drinks, utensils, cookware, cigarettes, pipes, blankets, and bedding with others.
- Counsel clients to avoid close contact with anyone who has cold or flu symptoms and maintain the "six-foot rule."
- If the client sleeps in a tent with others, consider sleeping head to toe.
- Encourage clients to get recommended vaccines, including influenza and pneumonia.
- Counsel clients to come into shelters, shower stations, and/or bathroom stations to improve hygiene conditions.
- Address clients' unique mental health stressors and reinforce positive coping skills, including reaching out to their mental health providers, looking to social contacts for support, etc.

Provide education and simple screening to PEH with cold or flu symptoms.

- While most outreach team members are **not health providers or clinicians** (and should not step into this role), they can perform some **lay-friendly, basic education, and health systems navigation**. When in doubt, contact a health provider. For emergencies, call 911.
- **Action Steps**:
  - Educate PEH about when and where to seek medical attention.
  - Educate PEH about the symptoms of COVID-19 (fever, cough, and shortness of breath)[i].
  - Ask the PEH if they would like to stay in a shelter for access to running water and a bathroom.
  - Continue to encourage clients to enroll in health insurance and get connected with a medical home but also encourage them to seek medical attention early if they get sick.
  - Encourage clients to call their medical provider or 211 if they have flu symptoms.
  - Remind clients and their social contacts to call 911 if they experience severe symptoms.
- Outreach teams may assist with simple screening/triage PEH for cold or flu symptoms if they encounter PEH with flu-like symptoms in the field.

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Los Angeles County Department of Public Health
Guidance for Homeless Service Agencies and Outreach Teams

- **Actions Steps**
  - Screening for PEH: "Do you have…"
    - Fever?
    - New cough?
    - Shortness of breath?
  - Outreach teams should give a face mask to clients that have a cough or are sneezing. Outreach workers should also wear a face mask and eye protection and gloves and maintain a distance of 6 feet when assessing symptomatic clients.
  - Subjective or reported but unmeasured fever is also considered a fever, including reports of feeling feverish, having shaking chills, or night sweats. Consider carrying a disposable thermometer to check clients' temperature (actual fever is anything greater than 100.4 F). If the client has severe symptoms (high fevers, difficulty breathing, worsening shortness of breath, difficulty walking or standing upright, inability to keep water or food down, unable to care for self in tent or shelter, (looks sick!), call 911 immediately and notify dispatcher about clients' symptoms.
    EMS FAQ: http://publichealth.lacounty.gov/acd/docs/nCoV_EMS_FAQ.pdf
  - If the client has a fever and either cough or shortness of breath, advise the client to call their medical provider. If they don't have a provider, help them find a provider through 2-1-1.
    - If the client does not have a phone, consider offering your team cell phone to assist with making this call over speakerphone. Sanitize the phone with alcohol wipes after use. Use gloves and dispose of them properly in a sealed plastic bag.
  - Prioritize medical visits for clients with symptoms who have high-risk medical conditions (age greater than 50, COPD/asthma, heart failure, chronic lung or kidney disease, immune-compromising conditions, like HIV/AIDS, cancer, diabetes, and pregnancy) OR if they have reason to believe that they have been exposed to COVID-19.
    - Clients with moderate symptoms and/or high-risk medical conditions should be strongly advised to come into isolation areas at shelters for rest/recuperation and more frequent monitoring.
    - Clients with exposures to individuals with confirmed COVID-19 should attempt to self-isolate (stay 6 weeks away) from other individuals as much as possible for 14 days after exposure.
  - PEH with mild to moderate symptoms that can be managed by staying hydrated, resting, and taking over-the-counter cold medication should be encouraged to come into shelters with designated isolation areas for rest and recuperation.
    - Counsel symptomatic clients to wear a face mask when interacting with others and dispose of their tissues/waste in a trash bin daily.
    - Ask your clients about their social support. Encourage friends and social contacts to check-in on clients several times a day and bring water/food.
    - Advise client and social contacts to call 911 immediately if the client develops severe or worsening symptoms.

- If multiple clients in a single encampment or area develop COVID symptoms, please notify the Los Angeles County Department of Public Health at 213-240-7941 during daytime hours or (213) 974-1234 (After Hours Emergency Operator).
- If a PEH tests positive for COVID-19 and reports being linked to an encampment, Public Health will conduct outreach in the area, screen close contacts (e.g., intimate partner, those with whom they shared living space or food) and encourage those who may have been exposed to be admitted to a quarantine room or to enter a shelter.

Guidance for Clinical Staff: Medical providers triaging calls or face-to-face visits from symptomatic PEH should assess the client's clinical stability, medical conditions that increase the risk for COVID-19 complications, and risk of exposure to COVID-19.

- Additionally, the provider should assess the PEH's social conditions including
  - Living conditions (living in tent, make-shift shelter, shelter setting)
  - Ability to care for basic needs while sick (resting, hydrating, eating, toileting)
  - Social supports (friends or social contacts who can check-in on the client while sick, bring water/food, or call 911 if worsening)
  - Communication means (access to a phone, history of demonstrated follow-up in medical care)
  - Life negotiation skills (insight into medical diagnosis, and ability to communicate needs if symptoms worsen)

The medical provider should provide recommendations about the **patient's disposition to a hospital, shelter, or back to the street/encampment** only after completing **a comprehensive clinical and social assessment**. Medical providers should work with the Department of Public Health to ensure appropriate follow-up and monitoring for PEH who are tested for COVID-19. Symptomatic PEH who have high-risk medical conditions should be advised to stay in a shelter for frequent monitoring while sick. Consider reaching out to mental health colleagues or the Department of Mental Health hotline at 800-854-7771 if PEH has limited insight into their medical diagnosis and needs further evaluation for their mental condition (including 5150 hold).

Other helpful resources:

Center for Disease Control
"Interim guidance for homeless service providers to plan and respond to coronavirus disease 2019 (COVID-19)"
https://files.hudexchange.info/resources/documents/Interim-Guidance-for-Homeless-Service-Providers-to-Plan-and-Respond-to-COVID-19.pdf
"Mental Health and Coping and COVID-19"
https://www.cdc.gov/coronavirus/2019-ncov/about/coping.html
"People at risk for serious illness from COVID-19"
https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html

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Los Angeles County Department of Public Health
Guidance for Homeless Service Agencies and Outreach Teams

U.S. Interagency Council on Homelessness "Infectious Disease Preparedness for Homeless Assistance Providers and their Partners"
https://nahroblog.org/2020/03/04/usich-to-conduct-infectious-disease-webinar/

Los Angeles Department of Public Health's Guidance to Homeless Shelters
http://www.publichealth.lacounty.gov/media/Coronavirus/GuidanceHomelessShelters.pdf
http://www.publichealth.lacounty.gov/media/Coronavirus/HomelessSheltersAssessmentTool.pdf
http://www.publichealth.lacounty.gov/media/Coronavirus/HomelessShelterInfectionBasics.pdf

Los Angeles Department of Public Health's Guidance to Healthcare Providers
http://publichealth.lacounty.gov/acd/docs/nCoVProviderFAQs.pdf
http://publichealth.lacounty.gov/acd/docs/nCoVChecklist.pdf

Homelessness and the Response to Infectious Disease Outbreaks
https://www.ncbi.nlm.nih.gov/pubmed/18347991

Seattle-King County Influenza Pandemic Planning Guide for Homeless Service Agencies
https://www.kingcounty.gov/depts/health/emergency-preparedness/preparing-yourself/pandemic-flu/~/media/depts/health/emergency-preparedness/documents/pandemic/pandemic-flu-planning-guide-homeless-providers.ashx

Seattle-King County Public Health Sanitation and Hygiene Checklist
https://assets.documentcloud.org/documents/6796309/Sanitation-Hygiene-Assessment-Tool.pdf

Alameda County Health Care for the Homeless: Guidance for COVID-19
https://www.achch.org/coronavirus.html

NYC Health Interim Guidance COVID-19 in Congregate Settings
https://www.hudexchange.info/trainings/courses/infectious-disease-preparedness-for-homeless-assistance-providers-and-their-partners/?utm_source=HUD+Exchange+Mailing+List&utm_campaign=d2f68f47ad-Infectious-Disease-Webinar-Update-3.11.20&utm_medium=email&utm_term=0_f32b935a5f-d2f68f47ad-18492669

[i]Less common symptoms include muscle aches, fatigue, abdominal pain, nausea, and diarrhea.