1. Call to Order & Introductions

2. Consent Agenda
   a. March 6, 2020 CoC Board Meeting Minutes
   b. Resolution to Allow Remote Conferencing
   c. CoC Minimum Standards
   d. Alternative Shelter Proposal

3. Return to Monthly CoC Board Meetings

4. Approval of CoC Attorney

5. CoC Covid-19 Response

6. Non-Congregate Shelter Proposal

7. CoC Priorities for COVID-19 Funding

8. Establish a COC Disaster Task Force

9. Update on Governor’s Executive Order Regarding Sunshine Law

10. Partnership to End Childhood Homelessness Project

Adjourn
1. **Call to Order and Introductions**

- The Chair opened the meeting at 10:03 a.m. and began the meeting with introductions around the room.

2. **Consent Agenda**

- The Consent Agenda consisted of:
  - January 10, 2020 CoC Board Meeting Minutes
  - January 2020 and February 2020 Rapid Rehousing Housing Specialists Meeting Reports
  - March 2020 Data & System Performance; Diversity, Equity & Inclusion; and Youth Action Committee reports
  - Homeless Leadership Alliance Update

- Remove the Continuum of Care Board minutes and the March 2020 Data & System Performance Report

**MOTION:** Amy Foster motions to approve the consent agenda with the removal of the January 10, 2020 CoC Board Meeting Minutes and the March 2020 Data & System Performance Report. Seconded by April. All in favor. Motion passes unanimously.

- Sarah Mollo needs to be added as an attendee to the January 10, 2020 CoC Board Meeting Minutes.
• The issue with the Data & System Performance report has to do with the DEI Committee, which is on the same page as the Data & System Performance report, and concerns the membership application. HLA staff indicated the questionnaire need to align with the Charter to ensure the right people are on the committee. Any changes made to the application will be based on the Charter and come back to Committee.

**MOTION:** Motion made by April Lott to approve the January 10, 2020 CoC Board Committee minutes with the addition of Sarah Mollo and the DEI Report. Seconded by Connor Donovan. All in favor. Motion passes unanimously.

• HLA staff thanked all who participated in the PIT Count this year.

3. Public Comment

• Jadon Sowell from Pinellas County Human Services announced a social action funding opportunity. There is a deadline of April 30. Anywhere from $10,000 to $250,000 can be requested and there are five priority areas: Food and Nutrition; Homeless Prevention; Aging Population and Housing for Disadvantaged Populations.

• Theresa Jones requests that the DEI committee should look at collaborating with other organizations that address issues other than just homelessness but also examine issues such as employment.

• Board member Lott mentioned a discussion at the most recent Providers Council meeting that centered on an elderly man in his 80s living at Pinellas Hope. They had, in fact, determined there were 10 individuals over 75 living in Pinellas Hope. Suggestion to pool resources and determine how to help them.

**ACTION:** Have an update at the May meeting on the Homeless Help Line and joint services with 2-1-1.

4. Full SPDAT Assessment Process

• Staff would like the implement SPDAT because of the data for returns to homelessness. Strategic Planning determined if there are no vacancies and individuals or families are scoring within PSH, HUD requires they are offered Rapid Rehousing. If accepted, the Rapid Rehousing case manager completes the SPDAT, which is much more comprehensive than the ViSPDAT. This helps the case manager determine a housing plan. It helps case managers gauge where someone needs assistance.

**MOTION:** April Lott moves to approve. Second is not needed since this comes from Committee.
• Further discussion followed about developing a hybrid model. There had been discussion in Strategic Planning with regard to the clog in the Rapid Rehousing program. The ACE questionnaire had been discussed but the SPDAT is more comprehensive.

**MOTION:** Motion already on the floor. All in favor. Motion passes unanimously.

5. **Funding Priorities for the CoC for FY 2019-2020 and 2020-2021**

• The four Funding Priorities agreed upon:
  
  o Intensive case management for street homeless
  o Implement the Moving On project
  o Youth 100 Day Challenge
  o Seek funding to expand Prevention that includes Navigation assistance

• Funders Council wanted to ensure that funds for current projects will not be used. City of St. Petersburg and Pinellas County have tried to align funding around priorities.

**MOTION:** Duggan Cooley moves to approve. Seconded by April Lott but requiring further clarification and with questions concerning the list of priorities: will HLA be adding to staff, what are the anticipated costs around each of the projects, earlier discussion of two additional priorities for a hybrid model are not on the list, seniors are not on the list.

• Discussion: The priorities are to direct the HLA to look for opportunities. This is a list of priorities for which funding would need to be found. The CoC does not approve budget any longer and a budget amendment would not be brought to the Board. As the CoC transitions from a 501(c)3 to a policy board, it will make decisions on what is seen as a need in the community.

**MOTION:** Motion already on the floor. All in favor. Motion passes unanimously.

6. **Priority Populations for the CoC for 2020**

• The populations to prioritize were developed by the Providers Council and Strategic Planning and are as follows:

  **For HUD Funding:**
  o Family youth
  o Individuals
  o Veterans
  o Domestic violence
  o Individuals 55+ in all categories
For Local Funding:
  o Homeless individuals
  o Doubled Up Families with Children
  o Unaccompanied Children and Domestic Violence
  o Individuals 55+ in all categories

- Follow up discussion focused on the gap for minorities but it would need to be carefully crafted language in order to not discriminate on race, ethnicity, sexual orientation, etc. Every effort should be made on any projects to address the disparity in populations. Recommend adding ‘with a particular emphasis on addressing the racial disparity gap in our community’ to the priority population statement.

- Final outcome after discussion is the following statement and priority populations:

  The Pinellas Continuum of Care recognizes the racial and ethnic disparities of overrepresented populations. The following are data driven populations for HUD and local funding:

  1. Populations for Prioritization for HUD funding, no specific order:
     a) Family and Youth
     b) Individuals
     c) Veterans and Chronic Homeless
     d) Domestic Violence
     e) 55 years of age and over
     f) Racial and Ethnic Disparity Among the Above Populations

  2. Populations for Prioritization for Local Funding, no specific order:
     a) Homeless Individuals
     b) Doubled Up Families with Children
     c) Unaccompanied Children and Domestic Violence
     d) 55 years of age and over
     e) Racial and Ethnic Disparity Among the Above Populations

MOTION: April Lott moves to approve. Seconded by Michael Jalzao. All in favor. Motion passes unanimously.

7. CoC Charter Revision

- Executive Committee met twice and recommended changes to the Charter beginning on page 10:

  Page 10: Makes Executive Committee responsible for each of the subcommittees and allows for members of the CoC Board to become members of such subcommittees

  Page 12: Allows Chair to appoint Board members to committees through volunteerism and appointment
Page 14: Discusses the make up of each committee. A Board member will chair each of the Committees. The Committee will elect a Vice Chair and a Secretary and at least one member of the Pinellas CoC membership that is not a Board member. All Committees will be chaired by a Board Member that is appointed by the CoC Board Chair.

- Anybody that is a member of a committee but is not a Board member needs to be a member of the Continuum of Care. It is noted that the language stating committee membership may include any CoC member and the follow up statement which states they may be from the ‘larger community’ is confusing. The public can join the Continuum of Care as a non-voting member and then can become a member of the Committee.

**MOTION:** April Lott moves to approve the recommended changes to the Charter. Seconded by Debbie Johnson. All in favor. Motion passes unanimously.

8. **Appointment of the Rank and Review Committee for the Partnership to End Childhood Homelessness Pilot Project**

- Agreeing to serve on the committee are Lariana Forsythe, Amy Foster, Nicole Carr and Ashley Lowery.

9. **Update on Memorandum of Understanding Between FL-502 St. Petersburg, Clearwater, Largo/Pinellas County Continuum of Care and the Homeless Leadership Alliance of Pinellas, Inc.**

- The Executive Committee met with the HLA Board to review updates to the Memorandum of Understanding. This review is still in process and both groups are actively working on discussions.

- Board members are welcome to attend the next Executive Committee meeting in order to question or comment.

10. **Data System & Performance Committee Proposed Benchmarks**

- Chair of the Data & System Performance Committee reviewed the effort that went into creating the proposed benchmarks. They have been reviewed by Providers Council and Funders Council. The benchmark will be a quarterly report and measure where we are and where we should be.

- The Prevention and Diversion benchmarks are new. This will be helpful to see if our Prevention and Diversions services are effective.
**MOTION:** Duggan Cooley moves to adopt the benchmarks. This comes from Committee so a second is not required. All in favor. Motion passes unanimously.

Meeting adjourned at 12:00 pm.

Notes:

Sarah Mollo left at 11:18 AM
Kathleen Peters left at 11:42 AM

CLICK HERE TO RETURN TO AGENDA
# Agenda Item Description Form

<table>
<thead>
<tr>
<th>Meeting Name:</th>
<th>Pinellas CoC Board Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Date:</td>
<td>May 1, 2020</td>
</tr>
<tr>
<td>Item Title:</td>
<td>Resolution to Allow Remote Conferencing</td>
</tr>
<tr>
<td>Agenda Item Number:</td>
<td>2b</td>
</tr>
<tr>
<td>Name of Staff Member Submitting:</td>
<td>Susan Myers</td>
</tr>
<tr>
<td>Background:</td>
<td>Ratify the Resolution approved by Executive Committee on April 6, 2020 to allow for remote conferencing during the Governor’s Executive Order 20-69</td>
</tr>
<tr>
<td>Budget Impact (if any):</td>
<td>N/A</td>
</tr>
<tr>
<td>Staff Recommendation:</td>
<td>Ratify the Resolution</td>
</tr>
<tr>
<td>CEO Approval:</td>
<td>Susan Myers, CEO – Approved 04/28/20</td>
</tr>
</tbody>
</table>
RESOLUTION 2020-02

A RESOLUTION OF THE PINELLAS COUNTY FLORIDA CONTINUUM OF CARE, ADOPTING ADDITIONAL MINIMUM STANDARDS FOR EMERGENCY SHELTER OPERATIONS, ISOLATION HOUSING, HEALTH AND SANITATION GUIDELINES, AND GUIDELINES FOR UNSHELTERED PEOPLE FOR THE COMMUNITY, AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Governor of the State of Florida, Ron DeSantis, issued Executive Order 20-52, declaring a State of Emergency in response to COVID-19, on March 9, 2020; and

WHEREAS, on March 20, 2020, the Governor issued Executive Order 20-69, suspending the strict adherence to the in-person quorum requirements under Florida’s Government in the Sunshine Act; and

WHEREAS, the Pinellas County Board of County Commissioners met on March 13, 2020, concerning the threat of COVID-19, also known as “Corona Virus”, a global pandemic that will impact the State of Florida, and has declared a “Local State of Emergency”;

WHEREAS, the Pinellas County Board of County Commissioners met on March 19, 2020, and passed Resolution 20-17 closing all the public beaches and public parking in Pinellas County, Florida, due to the threat of COVID-19 and to control community spread; and

WHEREAS, the Pinellas County Board of County Commissioners met on March 25, 2020, and passed the “Safer at Home” Order, directing all Pinellas County residents to stay at home and closing all non-essential businesses; and

WHEREAS, on April 1, 2020, Governor Ron DeSantis enacted Executive Order 20-91, directing Floridians to stay at home and closing all non-essential businesses through April 30, 2020; and

WHEREAS, the Center for Disease Control “CDC”, and the World Health Organization “WHO”, have recommended both social distancing and self-quarantines to control the spread and alleviate the potential strain on healthcare related infrastructure and resources; and

WHEREAS, the COVID-19 virus has the propensity to travel from person to person through direct physical contact; and

WHEREAS, the COVID-19 virus has the propensity to attach to surfaces for prolonged periods of time, thus causing property damage and continuing the spread of the virus; and

WHEREAS, the Pinellas County CoC desires to limit the spread of the disease through limiting contact with either person or property, with expediency and in accordance with the recommendation of Public Health Officials; and
WHEREAS, the Pinellas County CoC wishes to authorize its designated officers to act with expediency in response to the challenges and community needs arising due to this public health crises without the convening of the full Board of Directors; and

WHEREAS, the Pinellas County CoC believes that such designation in the best interests of the public and of the community it serves; and

WHEREAS, the Pinellas County CoC Executive Committee has met and adopted emergency procedures under Resolution 2020-01 during the operation of the Governor’s Declaration of State of Emergency;

NOW, THEREFORE, BE IT RESOLVED BY BOARD OF DIRECTORS OF THE PINELLAS COUNTY FLORIDA CONTINUUM OF CARE, THAT:

Section 1. The Executive Committee has reviewed and adopted updated recommended standards and procedures for the operations of service providers within the Continuum of Care, which are incorporated by reference herein as follows:
   1. Exhibit A: Emergency Shelter Operations.
   2. Exhibit B: Health and Sanitation Guidelines.
   3. Exhibit C: Guidelines for Unsheltered People.
   4. Exhibit D: Isolation Housing.

Section 2. These standards shall be presented to the Pinellas County CoC Board of Directors at the next convened meeting.

Section 3. The Pinellas County CoC’s delegation of authority to the Executive Committee shall last for the duration of the Florida Declared State of Emergency, under Governor Ron DeSantis’ Executive Order 20-52 for the Public Health Emergency related to COVID-19; and

Section 4. This Resolution shall become effective immediately upon final passage and adoption.


ATTEST: ________________________________
By: ________________________________
Sean King, Chairman of the Board

By: ________________________________
Secretary for the Pinellas County Continuum of Care
**AGENDA ITEM DESCRIPTION FORM**

<table>
<thead>
<tr>
<th>Meeting Name:</th>
<th>Pinellas CoC Board Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Date:</td>
<td>May 1, 2020</td>
</tr>
<tr>
<td>Item Title:</td>
<td>CoC Minimum Standards</td>
</tr>
<tr>
<td>Agenda Item Number:</td>
<td>2c</td>
</tr>
<tr>
<td>Name of Staff Member Submitting:</td>
<td>Susan Myers</td>
</tr>
<tr>
<td>Background:</td>
<td>Ratify the Minimum Shelter Standards, Isolation Sites Minimum Standards, Unsheltered Homeless Standards and the Shelter Sanitation Guidelines approved by Executive Committee on April 6, 2020</td>
</tr>
<tr>
<td>Budget Impact (if any):</td>
<td>N/A</td>
</tr>
<tr>
<td>Staff Recommendation:</td>
<td>Ratify all the CoC Minimum Standards</td>
</tr>
<tr>
<td>CEO Approval:</td>
<td><em>Susan Myers, CEO – Approved, 04/28/20</em></td>
</tr>
</tbody>
</table>
Minimum Standards for Pinellas County Continuum of Care
Emergency Shelters Addendum
April 6, 2020

1. All staff and volunteers are identifiable to clients and visitors.
2. Organization staff has been trained in emergency evacuation, first aid procedures and CPR procedures, and receives on-going in-service training in counseling skills and handling tensions in a non-violent manner.
3. Organization staff and volunteers receive training on relevant community resources, social service programs, client rights, ethics, code of conduct, safety, confidentiality, HIPAA, and ADA.
4. The organization encourages and supports appropriate training for staff professional development. This is to include:
   a) Reporting Protocols for Confirmed or Suspected Infections
   b) Trauma-informed Communication with Shelter Clients
   c) Screening Procedures and Symptom Identification
   d) Cleaning & Disinfecting Surfaces
   e) Cleaning Bodily Fluids
   f) Hand Hygiene
   g) Proper Waste Disposal
   h) Using Personal Protective Equipment
   i) Safe Food Handling
5. The organization has a cultural competency plan that includes access to translation services for persons with limited English proficiency.
6. The organization has written intake and client record keeping procedures and files that include intake interviews and records of services provided.
7. The organization has policies and procedures in place designed to identify sex offenders who are subject to community notification requirements at intake and these policies and procedures are adhered to.
8. The organization prohibits possession and the use of alcohol, in the exception of temporary shelter due to emergency situations.
9. The organization prohibits possession and the use of illegal drugs on site and has written policy to that effect.
10. At the time of intake, the appropriate staff member shall review with facility residents the following: project rules and guidelines. Re-release of information, confidentiality, privacy, data collection and HIPAA rules, and expectations during a state of emergency. The receipt of this information is immediately acknowledged in writing by the residents.
11. The organization provides all residents with, and posts in a conspicuous place, a copy of house rules and regulations, and a copy of the disciplinary and grievance procedures. The rules and regulations must include what to expect during a State of Emergency.
12. The organization has a written document outlining clients’ rights, which is read and otherwise made known to clients upon admission with accommodation for
literacy and language barriers. Clients rights include rules and regulations during a State of Emergency. Upon intake, all clients receive a copy of the clients’ rights document which includes instructions for grievances and appeals and identifies the agency clients’ rights officer (if applicable).

13. Receipt of this policy is acknowledged in writing by the residents.

14. The organization has provisions for storing, refrigerating, securing and retrieving residents’ medication (if applicable). There is a policy and procedure which outlines how prescribed and over the counter medications is handled and addressed. A medication log is maintained and updated by staff as client medications are distributed (if applicable).

15. The organization refers residents to a medical facility or clinic for needed health examinations and medical care, emergency treatment, and follow-up visits.

16. Children and youth have access to public education and receive assistance exercising their rights as protected by federal and state laws regarding requirements for enrollment in school.

17. The organization has a written, posted policy for consent or non-consent to searches and clients are verbally informed of the policy and receive the policy in writing. This does not apply to temporary shelter due to emergency situations.

18. The organization has a written plan and process for reporting child and elder abuse.

19. The organization has a designated space for locking and securing client files in order to ensure client confidentiality.

20. Offenders must be allowed to attend all meetings in person or virtually as designated by the supervising probation officer.

21. Support services are voluntary, participant choice

22. All activities focused on moving client to PH; participants have Housing Plan, not Services Plan.

23. For facility-based projects with clients, the organization complies with all applicable building, housing, zoning environmental, fire, health, safety, and life safety codes and fair housing laws.

24. The organization has available and accessible, at all times, first aid equipment and supplies, and has established and posted procedures and emergency contact numbers for medical and other emergencies.

25. A bed, crib, cot or a mat with clean and appropriate linens and bedding is provided for each client except in extenuating overflow situations.

26. In congregate facilities restrooms should have an adequate number of showers and toilets for the number of clients housed in the facility.

27. The general appearance of the building is well maintained. Facilities are in good repair. Windows and doors operate properly and are not broken and can be secured properly.

28. The facility has heating units for winter and the ability to create airflow in hot weather.

29. During a state of emergency, clients may need to be screened for contiguous health conditions. In these events Emergency Shelters are to:
a. Minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms.
b. Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g. check-in staff).
c. Staff and volunteers at high risk of severe contagious disease (those who are older or have underlying health conditions) should not be designated as caregivers for sick clients who are staying in the shelter.
d. All staff, especially handling client belongings, should use disposable gloves. Make sure to train any staff using gloves to ensure proper use.
e. Limit visitors to the facility.
f. In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least 6 feet apart, and all clients sleep head-to-toe.
g. Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing. Provide alcohol-based hand sanitizers that contain at least 60% alcohol (if that is an option at your shelter) at key points within the facility, including registration desks, entrances/exits, and eating areas.
h. Provide access to:
   i. Fluids to stay hydrated
   ii. Tissues
   iii. Plastic bags for the proper disposal of used tissues
30. Screen clients coming into the shelter and staying in the shelter for potential symptoms:
   Determine if the client has a fever, by:
   a. Taking their temperature using a temporal thermometer (see box), or
   b. Asking “Have you felt like you had a fever in the past day?”
      a) To use thermometer:
         i. Turn on the thermometer.
         ii. Gently sweep the thermometer across the client’s forehead.
         iii. Remove the thermometer and read the number:
            Fever: Any temperature 100.4 F or greater is considered a fever.
            No fever: People with temperatures at or below 100.3 F may continue into the shelter using normal procedures.
         iv. Clean the thermometer with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
   c. Ask the client “Do you have a new or worsening cough today?” If the client has a fever OR a new/worsening cough:
      a. Provide a facemask for the client to wear over their nose and mouth, if facemasks are available and if the client can tolerate it. If facemasks are not available, advise the client on cough etiquette and provide tissues.
      b. Notify management and appropriate healthcare providers, as available
c. Direct them to an isolation room if available, or an available space in the area designated for symptomatic persons
   i. If your shelter does not have an area for symptomatic people, redirect the person to the location prespecified by your CoC, public health department, and community leadership
   ii. Let the client know:
       1. If their symptoms worsen, they should notify someone immediately
       2. Not to leave their room/the symptomatic area except to use the restroom

If they leave their room/the symptomatic area, they must wear a mask

31. Monitor clients who could be at high risk for complications from a contagious disease (those who are older or have underlying health conditions) and reach out to them regularly.
   a) Confine clients with **mild** respiratory symptoms consistent with contagious disease infection to individual rooms, if possible, and have them avoid common areas.
   b) Follow CDC recommendations for how to prevent further spread in your facility.
   c) If individual rooms for sick clients are not available, consider using a large, well-ventilated room.
   d) In areas where clients with respiratory illness are staying, keep beds at least 6 feet apart and use temporary barriers between beds, such as curtains, and request that all clients sleep head-to-toe.
   e) If possible, designate a separate bathroom for sick clients with contagious disease **symptoms**.

32. CoC shelter sanitation guidelines (See Attachment I)
**Know How to Prevent the Spread of Disease**

**Respiratory**

### Cough Hygiene

**Visual Alerts:** Post visual alerts (in appropriate languages) at the entrances of shelter facilities and areas where people congregate.

Respiratory Hygiene/Cough Etiquette:

- Cover your mouth and nose with a tissue when coughing or sneezing.
- Use the nearest waste receptacle to dispose of the tissue after use.
- Perform hand hygiene (e.g., handwashing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.
- Waiting areas: 1) Provide tissues and no-touch receptacles for used tissue disposal, 2) Provide conveniently located dispensers of alcohol-based hand rub and ensure hand washing supplies (soap, disposable towels) are consistently available near sinks.

**Masking of Persons with Respiratory Symptoms:** During periods of increased respiratory infection activity in the community, offer masks to persons who are coughing. Either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) may be used to contain respiratory secretions.

**Separating Persons with Respiratory Symptoms:** For patients known or suspected to have respiratory illness, separate individuals who are sick and close contacts from other guests until 24 hours after the symptoms are gone. If possible, put individuals who are sick in a separate room or in a separate section of the shelter away from other guests who are not sick. If this is not possible, encourage persons with respiratory illness to stay at least 3-6 feet away from those not providing direct care and support. (CDC)

### General Prevention

Staff should separate sleeping cots by 3-6 feet (1-2 meters), if possible, to reduce the potential for spread of respiratory droplets between shelter guests.

Maintain a clean-living environment. If frequently touched surfaces are contaminated with respiratory droplets or secretions:

- Wipe up visible material with paper towels and dispose of used towels in a plastic garbage bag.
- Disinfect using any standard household disinfectant. (CDC)

Some diseases spread by airborne transmission can be prevented with vaccination. (CDC)
Know How to Prevent the Spread of Disease

**Surfaces**

**Disinfecting Surfaces**

*Hard surfaces:* Some germs can live on hard surfaces for hours and sometimes even days (CDC). Hard surfaces that are frequently touched, such as door knobs and handrails, should be disinfected at least 3-4 times a day, if possible. Use for stainless steel, food/mouth contact items, tile floors, nonporous surfaces, counters, sinks, and toilets:

- Wear gloves.
- Wet surfaces with the diluted bleach formula (CDC). Allow the area to remain wet for 10 minutes, if possible.
- Allow to air dry.
- Remove gloves and discard in a plastic bag. (How to Remove Gloves, CDC)
- Wash hands with soap and water or use alcohol hand gel immediately after removing gloves. (CDC)

**Other Disinfectants:** To determine if a product is effective against specific diseases, review the product label or specification sheet. The product name can be searched in the Environmental Protection Agency’s [registered product database](https://www.epa.gov).

**Steps to Clean up Vomit or Feces**

- Block off area immediately.
- Put on personal protective equipment (PPE), including two sets of gloves, masks, eye protection or face shield, and gown.
- Do not use a vacuum cleaner to clean up vomit or stool. Wipe up the material with paper towels and dispose of used towels in a plastic garbage bag. Rinse areas with water.
- For carpeted areas, use absorbent materials such as kitty litter to absorb liquid, and dispose as above.
- Disinfect areas as instructed below:
  - [Cleaning up Vomit and Other Unpleasant Tasks, Oregon Health Authority](https://www.oregon.gov/OHA/DF/Pages/Cleaning-up-Vomit-and-Other-Unpleasant-Tasks.aspx)
## Know How to Prevent the Spread of Disease

<table>
<thead>
<tr>
<th>Handling of Soiled Clothing and Linen</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Garments heavily soiled with stool should be handled carefully by wearing gloves and placing garments in a plastic bag for disposal. If stool can easily be removed using toilet paper, the garment may be laundered as described below. Lightly soiled clothing (stained by no solids attached) may be washed as described below:</td>
<td></td>
</tr>
<tr>
<td>▶ Wash clothing in a washing machine, preferably with hot water (temperature ≥165°F).</td>
<td></td>
</tr>
<tr>
<td>▶ Use household detergents for washing clothing.</td>
<td></td>
</tr>
<tr>
<td>▶ Household bleach can be used in the rinse water.</td>
<td></td>
</tr>
<tr>
<td>▶ Dry clothes in a hot dryer (temperature ≥ 171°F).</td>
<td></td>
</tr>
<tr>
<td>▶ There is no need to disinfect the tubs of washers or tumblers of dryers if cycles are run until they are completed.</td>
<td></td>
</tr>
<tr>
<td>▶ Hands should be washed with soap and water or cleaned with alcohol hand gel after handling soiled linens. (CDC)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surface-Specific Tips</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other measures to keep restrooms clean and prevent the spread of disease:</td>
<td></td>
</tr>
<tr>
<td>▶ Keep restrooms supplied with paper towels and hand soap.</td>
<td></td>
</tr>
<tr>
<td>▶ Post culturally and linguistically appropriate signs to remind people to wash hands after restroom use.</td>
<td></td>
</tr>
<tr>
<td>▶ If feasible, provide hands-free exit from the toilet room, for example:</td>
<td></td>
</tr>
<tr>
<td>▶ By propping the doors open</td>
<td></td>
</tr>
<tr>
<td>▶ Or, by providing paper towels (with appropriately placed waste bin) for use to open door (CDC)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Prevention</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Some diseases spread by surface contamination can be prevented with vaccination. (CDC)</td>
<td></td>
</tr>
</tbody>
</table>
# Know How to Prevent the Spread of Disease

## Food Handling

### Serving Food
- Provide handwashing facilities and alcohol hand gel at the beginning of food service lines.
- If possible, ensure that food is served to guests. Do not allow self-service buffets.
- Ensure that the plate is not handled by the guest until the end of the line; do not pass plates back and forth between the guest and the server.
- Ensure plates are not reused for second servings.
- Have staff handle trays and utensils; do not allow self-service of trays, utensils, plates, and cups.
- Serve food in individual portions rather than shared “family-style.”
- Require the wearing of disposable gloves when serving food.
- Thoroughly and continuously disinfect the facility and food areas using the guidelines below. (CDC)

### Handwashing (Food Handling)
- Food handlers should thoroughly wash their hands and arms with soap and water for at least 20 seconds, thoroughly rinse with clean running water, and properly dry their hands and arms.
- Ensure handwashing signs are posted in the appropriate locations and in appropriate languages.
- Provide alcohol hand gel for guests at the start of the serving line, if feasible.
- Provide handwashing facilities for food handlers.
- Food handlers should wash their hands with soap and water before beginning work, before returning to work from any toilet visit or break, and after engaging in other activities that contaminate hands.
- Food handlers should change their gloves any time they touch soiled or non-food service surfaces or items, e.g., the floor, their nose or mouth, dirty dishes, etc., and after using the bathroom (CDC).
- Properly store, cook, clean, and handle foods. (NIH)

### Monitoring Food Handlers for Illness
- Carefully monitor for worker health by providing a sign-in log for workers, staff, and volunteers attesting to health status and fitness to work in the food operation.
- Any worker with diarrheal illness should go home and not return until at least 24 hours after diarrhea and vomiting stop. (CDC)
# Know How to Prevent the Spread of Disease

## Blood & Body Fluids

<table>
<thead>
<tr>
<th>Condoms &amp; Dental Dams</th>
<th>Provide access to various types of barrier protection to individuals in the shelter, such as condoms. (<a href="#">APIC</a>)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Make educational materials available to shelter residents such as condom do's and don'ts.</td>
</tr>
<tr>
<td></td>
<td>- <a href="#">CDC Male Condom Fact Sheets</a></td>
</tr>
<tr>
<td></td>
<td>- <a href="#">Female Condom Fact Sheet</a></td>
</tr>
<tr>
<td></td>
<td>- <a href="#">Dental Dam Fact Sheet</a></td>
</tr>
<tr>
<td></td>
<td>- <a href="#">General Condom Fact Sheet</a></td>
</tr>
<tr>
<td></td>
<td>- Sample Blood/Bodily Fluids Clean-Up Protocol, (<a href="#">King County</a>, pg. 16)</td>
</tr>
</tbody>
</table>

| Vaccinations | Vaccines are safe, effective, and recommended ways to prevent hepatitis A, hepatitis B, and human papillomavirus (HPV) ([CDC](#)). Make these vaccinations available at shelter facility or provide information about how shelter residents can be vaccinated. |

| Treatment & Testing | All sexually transmitted infections (STIs) can either be prevented with vaccination (human papillomavirus [HPV], hepatitis C virus [HCV]), treated with medicine to help reduce recurrences or maintain in a latent phase (herpes simplex virus [HSV], human immunodeficiency virus [HIV]), or may be cured entirely (chlamydia, gonorrhea, syphilis, etc.) ([CDC](#)). Connect with local public health officials or Federally Qualified Health Centers (FQHCs) who can offer STI treatments to shelter residents and provide testing for STIs. |
Isolation sites include places where people who are confirmed to be positive for a contagious illness that do not need hospitalization and those awaiting test results. Isolation sites are intended to be locations for patients who do not require medical care.

Individuals that qualify for isolation housing include individuals that:
- Still need Transmission-Based Precautions,
- Do not require the level of care available at an acute care hospital, and
- Cannot remain in or return to their place of residence.

**Minimum Standards for Isolation Sites**
- Behavioral health teams should be involved in the planning for these sites to facilitate continued access to support for people with substance abuse or mental health disorders.
- In some situations, for example due to severe untreated mental illness, an individual may not be able to comply with isolation recommendations. In these cases, community leaders should consult local health authorities to determine alternative options.
- Determine maximum number of patients who can safely receive care.
- Each patient should have a separate room with a separate bathroom.
- Facility is functional for patient movement, including doors that are wide enough for wheelchairs and stretchers.
- No visitors or pets to avoid unnecessary risks to patients and staff; post signage at entrances to the site indicating this policy.
- Food services is catering provided with disposable plates/utensils.
- Environmental services staff have all necessary training and wear appropriate PPE for exposure to disinfectants and patients.
- EPA-registered disinfectants from List N are used according to label instructions.
- Environmental services staff perform terminal cleaning of rooms and patients perform daily cleaning.
- Patients should be provided cleaning materials (i.e., disinfectant wipes, gloves) and instructed to clean high-touch surfaces and any surfaces that may have blood, stool, or body fluids on them daily, according to the label instructions.
- Establish a process for at least daily removal of trash from rooms.
- Sanitation and waste services are available for medical waste (if required).
- Sanitation and waste services are available for routine waste.
- Laundry services are provided in accordance with routine laundering practices using either washer and dryers on site or through a contract with a laundry service.
- To the extent possible, patients should arrive with all necessary medications.
- Ensure patients’ medications are properly labeled to prevent use on the wrong patient.
• Patients should be able to self-administer all medications; medications may be stored in their room.
• On-site glucose monitoring using personal glucometers (no sharing of glucometers).
• At a minimum, staff should wear an N95 respirator (or a facemask if respirator is not available) and eye protection while in the patient care area.
• Staff should wear gloves for contact with patients or their environment.
HUD’s People Experiencing Unsheltered Homelessness
During A State of Emergency
Interim Guidance
March 22, 2020

CoC
• Street outreach workers to update or create encampment maps
  o Critical to ensure the ability to track people, their locations & their contact with others
  o Use encampment map to prioritize visit from street outreach and mobile food distributions

Unsheltered Homeless
• Unless individual housing units are available, do not clear encampments during community spread of contagious disease outbreak such as COVID-19. Clearing encampments can cause people to disperse throughout the community and break connections with service providers. This increases the potential for infectious disease spread.
• Encourage people staying in encampments to set up their tents/sleeping quarters with at least 12 feet x 12 feet of space per individual.
• Ensure nearby restroom facilities have functional water taps, are stocked with hand hygiene materials (soap, drying materials) and bath tissue, and remain open to people experiencing homelessness 24 hours per day.
• If toilets or handwashing facilities are not available nearby, provide access to portable latrines with handwashing facilities for encampments of more than 10 people.
• Arrange for mobile food distribution to each encampment to discourage crowding at drop sites

Communications
Provide straightforward communications to people sleeping outside in the appropriate language. Identify people who are influential in the community who can help communicate with others. Post signs in strategic locations to provide information on hand hygiene, respiratory hygiene, and cough etiquette. Request up-to-date contact information for each person.

Information to share includes:
• The most recent information about COVID-19 spread in their area
• Advice to avoid crowded areas if COVID-19 is circulating in their community
• Social distancing recommendations
• Hand hygiene instructions, cough etiquette instructions, and advice not to share personal items
• How to recognize the symptoms of COVID-19 and what to do if they are sick
• What to do if their friends, family, or community members are sick
• How to isolate themselves if they have symptoms
• Updated information on where to find food, water, hygiene facilities, regular healthcare, and behavioral health resources if there have been local closures or changes

**People at Higher Risk of COVID-19**
Some people who are experiencing unsheltered homelessness may be at higher risk of moderate to severe disease because of certain conditions:

- Persons 60 and over
- People with underlying health conditions
  - People with chronic lung disease or moderate to severe asthma
  - People who have serious heart conditions
  - People who are immunocompromised
    *Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications*
  - People with severe obesity (body mass index [BMI] of 40 or higher)
  - People with diabetes
  - People with chronic kidney disease undergoing dialysis
  - People with liver disease

Pay particular attention to preventing disease among these individuals.

**Homeless services outreach staff**

- Assign outreach staff who are at higher risk for severe illness to other duties.
- Advise outreach staff who will be continuing outreach activities on how to protect themselves and their clients from COVID-19 in the course of their normal duties. Instruct staff to:
  - Greet clients from a distance of 6 feet and explain that additional precautions are being taken to protect from COVID-19.
  - Screen clients for symptoms consistent with COVID-19 by asking them if they have a fever, new or worsening cough, or shortness of breath.
    - If the client has a cough, immediately provide them with a surgical mask to wear.
    - If urgent medical attention is necessary, use standard outreach protocols to facilitate access to healthcare.
  - Continue conversations and provision of information while maintaining 6 feet of distance.
  - Maintain good hand hygiene by washing hands with soap and water for at least 20 seconds or using hand sanitizer (with at least 60% alcohol) on a regular basis.
  - Wear gloves if handling client belongings. Wash hands or use hand sanitizer (>60% alcohol) before and after wearing gloves.
• If at any point staff does not feel that they are able to protect themselves or the client from the spread of COVID-19, discontinue the interaction and notify the outreach supervisor. Examples include if the client declines to wear a mask or if staff is unable to maintain a distance of 6 feet.

• Provide all clients with hygiene products, when available.

• Street medicine and healthcare worker outreach staff should review and follow recommendations for healthcare workers.

• Review stress and coping resources for outreach staff and their clients during this time to include but not limited to:
  o Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.
  o Take care of physical health. Take deep breaths, stretch, or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.
  o Make time to unwind.
  o Connect with others. Talk with trusted people about concerns and feelings.
  o Acknowledge that secondary traumatic stress can impact anyone helping families after a traumatic event.
  o Learn the symptoms including physical (fatigue, illness) and mental (fear, withdrawal, guilt).
  o Allow time to recover from responding to the pandemic.
  o Create a menu of personal self-care activities, such as spending time with friends and family, exercising, or reading a book.
  o Take a break from media coverage of COVID-19.
  o Ask for help if feeling overwhelmed or concerned that COVID-19 is affecting the ability to care for family and clients as before the outbreak.
## AGENDA ITEM DESCRIPTION FORM

<table>
<thead>
<tr>
<th>Meeting Name:</th>
<th>Pinellas CoC Board Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Date:</td>
<td>May 1, 2020</td>
</tr>
<tr>
<td>Item Title:</td>
<td>Alternative Shelter Proposal</td>
</tr>
<tr>
<td>Agenda Item Number:</td>
<td>2d</td>
</tr>
<tr>
<td>Name of Staff Member Submitting:</td>
<td>Susan Myers</td>
</tr>
<tr>
<td>Background:</td>
<td>Ratify the Alternative Shelter Proposal approved by Executive Committee on April 6, 2020</td>
</tr>
<tr>
<td>Budget Impact (if any):</td>
<td>N/A</td>
</tr>
<tr>
<td>Staff Recommendation:</td>
<td>Ratify the Alternative Shelter Proposal</td>
</tr>
<tr>
<td>CEO Approval:</td>
<td>Susan Myers, CEO – Approved 04/28/20</td>
</tr>
</tbody>
</table>
Overview
Numerous states are utilizing hotel vouchers, master leases with hotels and motels, and community centers, including recreation centers, to help Emergency Shelters maintain social distancing guidelines. Washington and California have created new COVID-19 Emergency Housing Grants that have allowed CoC’s to apply for funding to enter into Master Lease agreements with local hotels and motels to provide non-congregate shelters. Alameda County in California is contracted with the state to provide shelter services via hotels. Snohomish County, WA and Multnomah County, OR received county funding for non-congregate sheltering using master lease agreements with hotels and motels that include staff and support services.

Master leases include a fee for rooms, laundry services, housekeeping needs, and if possible, food service. Leases are for a specified number of rooms for a specific time frame with an option to extend based on the state of the emergency.

As per the Nationwide Emergency Declaration for Coronavirus 2019 (COVID-19), the U.S. Department of Homeland Security’s Federal Emergency Management Agency (FEMA) recognizes that non-congregate sheltering may be necessary in this Public Health Emergency to protect public health and save lives. The use of master leasing with local hotels and motels would protect persons needing social distancing as a precautionary measure, as determined by public health officials and allow the CoC to reduce density within Emergency Shelters.

The CoC is recommending the expansion of the Pinellas County Request for Non-Congregate Sheltering FEMA-4486-DR-FL to include individuals experiencing homelessness that need social distancing as a precautionary measure, as determined by public health officials, particularly for high-risk groups such as people over 65 or with certain underlying health conditions (respiratory, compromised immunities, chronic disease), this may include those whose living situation makes them unable to adhere to social distancing guidance. If expansion is not possible, the CoC will need to identify alternative funding.

These beds do not add new capacity into the CoC. The beds would mostly be filled by people who are already in other shelters. That means creating safer shelter spaces for vulnerable community members and better follow social distancing guidelines issued by the CDC and Public Health officials. The implementation of non-congregate sheltering would also address the need for additional beds in the event a shelter would be closed due to the need to be quarantined.

All of the shelter beds in the CoC would be accessed by reservation only through Street Outreach, HLA Diversion, and Navigation; no beds would be available for those just walking up or being dropped off. This includes anyone discharged from a medical setting. Medical settings and hospitals must ensure someone has a bed and may not
send someone to a shelter without first obtaining a reservation through the COVID Isolation (Hospital to Hotel) process.

In regard to the current capacity of Emergency Shelters within the CoC, as of April 6, 2020, Pinellas HMIS data shows that Catholic Charities had 68 beds available and Safe Harbor had 98 beds available. St. Petersburg Free Clinic has 4 family units available and St. Vincent dePaul South has 1 family unit available. Pinellas Hope Medical Respite has 9 beds that are open. All other shelter beds are offline.

**Non-congregate sheltering**
The majority of the beds that would be opening through a hotel/motel master lease project would serve clients who are already accessing shelter services and who are not showing respiratory symptoms and who have not tested positive for COVID-19.

The hotels/motels should be considered as “Non-congregate shelters” that would allow the County to provide sufficient spacing for homeless clients in compliance with Public Health guidance.

Staff and clients would be required to follow distancing and hygiene guidelines. Sites would need to be cleaned/sanitized regularly, following the CoC’s minimum guidelines for Emergency Shelters.

Clients must be referred in by shelter providers, Street Outreach, and HLA Diversion and Navigation, and would be screened for symptoms before they can enter. If clients begin showing symptoms, the staff is to take the approved course of action as if the individual was in Emergency Shelter.

Clients would be required to sign a participant agreement that outlines the expectations of staying in the hotel or motel, to include not leaving the property. If clients chose to leave the property they cannot return and may not be able to return to shelter. The participant agreement will need to include a schedule for designated smoking times to ensure social distancing is being upheld.

There also needs to be agreements developed with local stores for delivery options in order to ensure clients' physical comfort necessities are met during this state of emergency. These agreements would allow clients the ability to sustain their needs.

**Prioritization Factors**
- Concentration of individuals experiencing homelessness that are 60 and over
- Individuals experiencing homelessness that also have Chronic Health Conditions
Estimated Need

- 775 Estimated rooms needed:
  - Individuals over the age of 60 in emergency shelter: Estimate 220 rooms needed or 17.2% of those currently in shelter. (44 of these individuals are also medically vulnerable.)
  - Medically vulnerable persons in emergency shelter: Estimate 145 rooms needed or 13.29% of those currently in shelter.
  - Individuals over the age of 60 that are street homeless: Estimate 154 rooms or 21.2% of unsheltered homeless. (84 of these individuals are also medically vulnerable).
  - Medically vulnerable street homeless persons: Estimate 256 rooms could be needed or 35.2% of unsheltered homeless.

Social-distancing shelter staffing

There needs to be 24/7 staffing, just like any other shelter. Shelter monitors, community health, and housing specialists would be the primary staffing pattern.

Shelter staff who can commit to active work, including light lifting and movement, would staff these new shelter sites. All staff needs to be able to follow and practice social distancing while still providing comfort and care to shelter clients.

Tasks include helping set up rooms and food delivery service. Staff might also be asked to use any special skills, such as basic first aid, conflict management, or counseling. The positions in these shelters all interact with others, although distancing would be maintained. These positions would be preferable for people who are not vulnerable to more severe disease.

There would be the need for the addition of temporary employees — provided that those workers were not also in the high-risk category, are not also caring for someone in the high-risk category, and take appropriate precautions related to maintaining distance, proper hygiene, sanitation, and, where necessary, using personal protective equipment.

Temporary employees would be utilized to fill a range of positions, including entry-level shelter workers, leads, managers. There would be a need to include individuals with specialized behavioral health skills, experience in human services, social work, healthcare, homeless services, other related fields, and/or proficiency in languages other than English.

There may need to be a call for volunteers to perform various functions.
Staff and volunteers would also need to abide by the rules and regulations from the CDC regarding social distancing and wear appropriate personal protective equipment (PPE) when bringing supplies and handling clients’ property.

Services
Non-congregate sheltering would need to provide access to substance abuse, mental and behavioral health services, healthcare, and health screenings. There would also need to be Wi-Fi access to fulfill educational and work requirements.

Staff at the non-congregate shelter(s) would be focused on finding housing for clients as well as sheltering them. Shelter staff would work with Coordinated Entry to utilize FHAP, Housing Vouchers, Family Bridge Housing, and RRH.

Security
It is recommended the hotel/motel maintains 24/7 security to monitor the building’s perimeter.

Cost
Cost estimate will need to be developed and should include:
- Hotel/motel room
- Meals
- Staffing
- Security
- Support Services

Reporting Requirements
Reporting requirements would need to be vetted through Pinellas HMIS but there may be an opportunity to create a new shelter project, Non-Congregate Shelter, in Pinellas HMIS. Clients would be exited out of their current shelter, and an entry would be made into this new shelter project.

Summary
Non-congregate sheltering ensures the CoC’s shelter system is able to practice social distancing, as this is essential for limiting the spread of this illness to or among some of the most vulnerable neighbors in the community. Non-congregate sheltering allows the CoC to work safely and directly with people who need assistance in meeting their basic housing, social services, and healthcare needs.
**AGENDA ITEM DESCRIPTION FORM**

<table>
<thead>
<tr>
<th>Meeting Name:</th>
<th>Pinellas Continuum of Care Board of Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Date:</td>
<td>May 1, 2020</td>
</tr>
<tr>
<td>Item Title:</td>
<td>Non-Congregate Shelter Proposal</td>
</tr>
<tr>
<td>Agenda Item Number:</td>
<td>6</td>
</tr>
<tr>
<td>Name of Staff Member Submitting:</td>
<td>Susan Myers</td>
</tr>
<tr>
<td>Background:</td>
<td>The HLA submitted a proposal to the County for a Non-Congregate Sheltering option for homeless residents sixty-five and over and/or in the event one or more of Homeless Emergency Shelter must be quarantined and additional beds are needed. The HLA and Directions for Living will be partners in this endeavor and will model the project after the County's current COVID-19 Isolation/Quarantine hotel project. Case Management services will be housing-focused with clients entering the Coordinated Entry process. The proposal includes an estimated budget of $26,555 for one-week of hotel and services for 46 individuals, which is the current CoC population for those 65+ who are currently unsheltered or residing in an emergency shelter. This population is more vulnerable to COVID-19 and infection risks are increased by residing in congregate living facilities. It is unknown how many individuals will want/need to participate in this project or how long they will stay. However, the proposed budget is scalable in order to address any future potential impacts of COVID-19 on our homeless community. The HLA currently has $30,000 in funding that can be reallocated for this purpose and Directions for Living has applied for $75,000 in funding from the Tampa Bay Resiliency Fund. The HLA has requested that the County provide any additional resources needed for this project to assist with reducing the risk of exposure to COVID-19 for our community's homeless residents.</td>
</tr>
<tr>
<td>Budget Impact (if any):</td>
<td>TBD based on the number of participants, the need, and funding availability.</td>
</tr>
<tr>
<td>Staff Recommendation:</td>
<td>Support the Non-Congregate Shelter proposal</td>
</tr>
<tr>
<td>CEO Approval:</td>
<td>Susan Myers, CEO – Approved 04/28/20</td>
</tr>
</tbody>
</table>
Non-Congregate Sheltering Proposal

Numerous states and local communities are utilizing hotel vouchers, master leases with hotels and motels, and community centers, including recreation centers, to help Emergency Shelters maintain social distancing guidelines. Washington and California have created new COVID-19 Emergency Housing Grants that have allowed communities to apply for funding to enter into Master Lease Agreements with local hotels and motels to provide non-congregate shelters. Alameda County in California is contracted with the state to provide shelter services via hotels. Snohomish County, WA and Multnomah County, OR received county funding for non-congregate sheltering using master lease agreements with hotels and motels that include staff and support services.

Master leases include a fee for rooms, laundry services, housekeeping needs, and food. Leases are for a specified number of rooms for a specific time frame, with an option to extend based on the state of the emergency.

As per the Nationwide Emergency Declaration for Coronavirus 2019 (COVID-19), the U.S. Department of Homeland Security Federal Emergency Management Agency (FEMA) recognizes that non-congregate sheltering may be necessary in this Public Health Emergency to protect public health and save lives. The use of master leasing with local hotels and motels would protect vulnerable homeless social distancing as a precautionary measure, as determined by public health officials and allow the CoC to reduce density within Emergency Shelters.

The CoC proposes the expansion of the Pinellas County Request for Non-Congregate Sheltering FEMA-4486-DR-FL to include individuals experiencing homelessness who need social distancing as a precautionary measure, as determined by public health officials, particularly for high-risk groups, such as people over 65 or with certain underlying health conditions (respiratory, compromised immunities, chronic disease), this may include those whose living situation makes them unable to adhere to social distancing guidance. If expansion is not possible, alternative funding will need to be identified.

Non-congregate sheltering creates safer shelter spaces for vulnerable community members and following social distancing guidelines issued by the CDC and Public Health officials. The implementation of non-congregate sheltering would also address the need for additional beds in the event a shelter is closed due to the need to be quarantined.

In regard to the current capacity of Emergency Shelters within the CoC, as of April 22, 2020, Pinellas HMIS data shows that Catholic Charities had 77 beds available and Safe Harbor had 6
beds available. St. Vincent dePaul South had 4 family units available. Pinellas Hope Medical Respite had 9 beds that were open. All other shelter beds are filled.

The hotels/motels should be considered “Non-Congregate Shelters” that would allow for sufficient spacing for homeless clients in compliance with Public Health guidance.

Staff and clients would be required to follow distancing and hygiene guidelines. Sites would need to be cleaned/sanitized regularly, following the CoC’s Minimum Guidelines for Emergency Shelters.

Clients would be required to sign a Participant Agreement that outlines the expectations of staying in the hotel or motel and follow the Executive Order 20-91 Stay-at-Home Policy for Floridians. The Participant Agreement will need to include a schedule for designated smoking times to ensure social distancing is being upheld.

There also needs to be agreements with delivery service vendors in order to ensure clients’ physical comfort necessities are met during this state of emergency. These services would allow clients the ability to sustain their needs.

**Prioritization Factors**
- Individuals experiencing homelessness who are 65 and over.
- If there is a need for additional homeless emergency shelter beds because no vacant beds are available.

**Estimated Need**
- 46 Estimated rooms needed for those 65 and over:
  - Individuals aged 65+ in Emergency Shelter: Estimate 42 rooms needed
  - Individuals aged 65+ who are street homeless: Estimate 4 rooms

**Budget**

The proposed budget is scalable and can be adjusted based on the community need for non-congregate sheltering.
- The estimated total budget for a one-week hotel stay for 46 individuals would be $26,555.

The estimated costs for a one-week hotel stay are based on:
- Research of the current costs for hotels within Pinellas County the weekly hotel rate would be $490 per person. (Hotel costs is based on the average of $70 per night.)
- Per Feeding America (2018) $52.50 is the average cost, per person, for weekly meals.
- The weekly case management cost is estimated at $1,600. ($20 per hour for two, contracted, housing-focused case managers working 40 hours per week).
Funding

- The HLA currently has $30,000 available to fund this non-congregate sheltering project and is requesting that Pinellas County provide any additional funding to serve these vulnerable elderly homeless residents. The HLA’s funding is currently budgeted for homeless Diversion and Prevention services, which is also greatly needed. However, the funder has allowed for flexible usage of these funds with this project being an approved expenditure if needed.
- Directions for Living has agreed to provide Housing Focused case management services.
- Non-Congregate Shelter participants will be assessed for potential permanent housing opportunities via the CoC’s Coordinated Entry Process and contingent upon funding availability and provider capacity.
- It is likely that additional flexible funding will be available upon receipt of CARES Act funding that could be allocated for additional Rapid Rehousing services.

Non-Congregate Shelter Staff
The non-congregate shelter project will use contracted, housing-focused, case management services. Housing Focused case managers will address the behaviors and patterns that have affected the client’s ability to secure and maintain housing. Case managers will work remotely using different communication platforms, including telephone, videoconferencing, or other web-based technologies.

If there comes a need to include temporary employees or volunteers to work on-site, these individuals will need to have experience in human services, social work, healthcare, homeless services, other related fields, and/or proficiency in languages other than English. These individuals may not be in the high-risk category or caring for someone in the high-risk category, and take appropriate precautions related to maintaining distance, proper hygiene, and sanitation. There may be a need to include individuals with experience in human services, social work, healthcare, homeless services, other related fields, and/or proficiency in languages other than English.

Staff and volunteers will be required to abide by the rules and regulations from the CDC regarding social distancing and wear appropriate Personal Protective Equipment (PPE) when bringing supplies and handling clients’ property.

Food Services

- Occupants must receive food for breakfast, lunch, and dinner, including beverages.
- Food delivery must be contactless:
  - Such meals must be pre-packaged with napkins and plastic utensils.
  - To ensure social distancing, staff delivering meals should place meals outside the unit in front of the unit’s door and knock on the door to notify the occupant that food has been delivered.
- Occupants must dispose all food packaging, leftover food, napkins and utensils in the
waste disposal receptacle in their unit.

Non-Congregate Shelter Services
Non-congregate sheltering would need to provide access to substance abuse, mental and behavioral health services, healthcare, and health screenings, these may be conducted virtually. There would also need to be Wi-Fi access to fulfill educational and work requirements.

All services at the non-congregate shelter(s) must be focused on finding housing for clients and would work with Coordinated Entry to utilize FHAP, Housing Vouchers, Family Bridge Housing, and RRH.

Guest & Visitors Non-Congregate Shelter Rules
House rules will be posted in a conspicuous place within each guestroom and the common area. Rules must be in all appropriate languages and readily accessible to accommodate non-hearing and sight impaired individuals. Guests will be informed that if the guest fails to follow House Rules, the Owner has the right to refuse the guest further access to all or part of the Premises.

Guest and Visitor Rules are as follows:

- No visitors are permitted on Premises unless authorized to be on-site to provide services to a guest. All visitors must use PPE per CDC guidance and comply with social distancing protocols.
- Guests must wear a protective mask in public areas or anytime that their guest door is open or opened.
- Guests must comply with social distancing protocols.
- Guests may not have other guests in their room.
- Guests may not receive visits from persons not authorized to be on Premises.
- Guests cannot smoke in their room or any other part of the Premises except in designated smoking area(s). Guests must comply with the social distancing protocol for the designated smoking area(s).
- Guests cannot bring fuels for heating, cooking devices or irons onto the Premises.
- Guests must not touch smoke detectors.
- Guests must not touch fire alarms, extinguishers, or other emergency items except in the case of emergency.
- Possession and the use of weapons and illegal drugs on site is prohibited.

Hotel/Motel Operations:

- Provide 24/7 staffing of premises, one staff person per 8 am to 4 pm shift and 4 pm to 12 am shift with overnight security between midnight and 8 am.
- All staff will be provided with PPE and instructed on how to use PPE to protect themselves and others from COVID-19 infection.
- Develop and use check-in protocols that are contactless to the extent possible and in
compliance with social distancing requirements under the Pinellas County Safer-at-Home Protocols.

- Receive and check-in guests during all operation shifts, including overnight shift.
- Verify authorized Provider personnel and maintain a daily ledger of guests and Provider personnel visits.
- Record in the daily ledger, and immediately report to the designated contact, a guest’s exit without an Exit Plan issued by the designated contact or the guest’s attempted re-entry.
- Work with meal delivery services to receive the meals from the meal provider with Owner staff placing them in front of guests’ rooms.
- Work with guests’ social service and health-related providers to ensure that verified providers have access to the guest.
- Monitor and reinforce social distancing, personal hygiene practices and use of (PPE) and post signage regarding same in the guestrooms, common areas and designated smoking area(s).
- Clean and disinfect guestrooms upon check out of each guest in accordance with CDC Guidance utilizing EPA-registered disinfectant products qualified for use against COVID-19.
- Sanitize/disinfect high touch areas using EPA-approved product every two hours in common areas, including property railings, entry gates, guest rooms’ external door handles and designated smoking area(s).
- Conduct general housekeeping in common areas.
- Weekly laundry service for linens and towels or more often as may be necessary (guests will be provided laundry bags to place used/spoiled linens outside their room for staff’s collection).
- Daily collection and disposal of garbage waste placed outside of guestrooms by guests.
- Provision of all utilities (electricity, water, internet).
- Use of extermination services to prevent infestations.

Security
It is recommended the hotel/motel maintains 24/7 security to monitor the building’s perimeter.

Non-Congregate Shelter Outcomes
Non-Congregate Shelter is a housing-focused project. Therefore, three of the CoC’s approved benchmarks will be applied to the Non-Congregate Shelter project:

- At least 30% of households in ES projects will exit anywhere other than homelessness;
- No more than 23% of households who exited to permanent housing return to ES, SH, TH, or SO within 6 months of exit; and,
• No more than 37% of households who exited to permanent housing return to ES, SH, TH, or SO within two years of exit

Reporting Requirements
Reporting requirements would need to be vetted through Pinellas HMIS but there may be an opportunity to create a new shelter project, Non-Congregate Shelter, in Pinellas HMIS. Clients would be exited out of their current shelter, and an entry would be made into this new shelter project.

Summary
Non-congregate sheltering ensures the CoC’s shelter system is able to practice social distancing, as this is essential for limiting the spread of this illness to or among some of the most vulnerable neighbors in the community. Non-congregate sheltering allows the CoC to work safely and directly with people who need assistance in meeting their basic housing, social services, and healthcare needs.

CLICK HERE TO RETURN TO AGENDA
## AGENDA ITEM DESCRIPTION FORM

<table>
<thead>
<tr>
<th>Meeting Name:</th>
<th>Pinellas CoC Board of Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Date:</td>
<td>May 1, 2020</td>
</tr>
<tr>
<td>Item Title:</td>
<td>CoC COVID-19 Funding Prioritization</td>
</tr>
<tr>
<td>Agenda Item Number:</td>
<td>6</td>
</tr>
<tr>
<td>Name of Staff Member Submitting:</td>
<td>Susan Myers</td>
</tr>
</tbody>
</table>

### Background:

As the CoC Lead Agency, the HLA will be receiving additional ESG funding through the CARES Act via the Florida Department of Children and Families. DCF has not yet released the amount of this funding, though the current allocation is $200,000 which is sub-contracted to Directions for Living to provide Prevention and Rapid Rehousing services. It is anticipated that the additional funding will be at least this amount though we are anticipating it will be substantially more.

The CoC needs to establish priorities for this additional funding, which can be utilized to:

1. engage homeless individuals and families living on the street,
2. improve the number and quality of emergency shelters for homeless individuals and families,
3. help operate these shelters,
4. provide essential services to shelter residents,
5. rapidly rehouse homeless individuals and families, and
6. prevent families/individuals from becoming homeless.

HUD’s Office of Special Needs Assistance Programs (SNAPS) is stressing CoC’s need to prioritize funding based on solutions that provide rapid access to permanent housing and stabilization of permanent housing. The National Alliance to End Homelessness (NAEH) created a Framework for COVID-19 Homeless Response that focuses on prevention, unsheltered homelessness, shelter, stabilizing households in homeless system-funded programs (RRH and PSH) and exiting from homelessness to permanent housing. The framework's goal is to move as many people out of shelter/unsheltered homelessness as quickly as possible to stop the spread of COVID-19. NAEH's best practice is for communities to be strategic and ensure that new funding is dedicated to making the most impact for those currently experiencing homelessness and at immediate risk of homelessness.
SNAPS has also stressed the need to target CARES Act funding to areas of inquiry, with funds at the center of racial equity. Therefore, the Diversity, Equity, and Inclusion Committee has recommendations that include questions to be answered that use an equity lens to prioritize funding (attached).

<table>
<thead>
<tr>
<th>Budget Impact (if any):</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Recommendation:</td>
<td>HLA staff is recommending CoC utilize these additional COVID-19 funds for Rapid Re-Housing and Prevention. Due to time constraints, HLA staff also recommends allowing the Executive Committee to determine the prioritization and funding allocation, utilizing an equity lens.</td>
</tr>
<tr>
<td>CEO Approval:</td>
<td><em>Susan Myers, CEO – Approved 04 28 20</em></td>
</tr>
</tbody>
</table>
Municipal health agencies reveal that Black people are disproportionately diagnosed with COVID-19 in the US. This is a trend that experts suggest is the result of compounded, systemic inequities in marginalized communities and existing disparities in health outcomes.

As the CoC prepares for additional funds to flow into the homeless response system, the Diversity, Equity, and Inclusion Committee would like to offer a preliminary framework on how to navigate the COVID-19 response while centering racial equity. It is time to make changes quickly to diversify groups of decision-makers.

We encourage the CoC to include within the emergency management structure:

- Black people
- Latinx people
- Asian people
- People who identify as LGBTQ+
- Native people
- Trans and gender-expansive people
- People living with disabilities
- Homeless and formerly homeless individuals

These voices must be incorporated into the standard composition of the CoC’s emergency management response. Equity-based strategic planning, outreach to marginalized communities, and strong community engagement are critical to the goal of creating permanent housing solutions.

At a minimum, the CoC should ask the following questions when making funding decisions:

1. How does the budget prioritize programs and strategies that build community capacity, specifically in communities most affected by inequities?
2. How is the process going to develop multiple funding streams for programs that address equity and racial justice?
3. Do documents and presentations clearly state a commitment to equity and racial justice, including any guiding principles and values?
4. In the creation of a budget, how are various levels of staff (paying particular attention to communities of color) being engaged in frequent, proactive ways to identify annual budget priorities?
5. How have and how can communities of color, which are not staff, be innovatively engaged in the budget process?
6. Will the proposal increase, expand, or create programs that are vital to or disproportionately needed by a particular under-resourced/underserved racial/ethnic community?
7. Will there be adequate provisions to ensure success and fairness, including sufficient public participation by stakeholders in the development, implementation, and evaluation?
8. What modifications in the proposal are needed to maximize racial justice and inclusion?

To ensure appropriate resource allocation when naming critical components of emergency management response, the CoC should implement equity-based strategic planning. A full equity lens framework for strategic planning for decision making should include:

I. Scoping
   Identify affected subpopulations of homeless, focusing on marginalized groups and their potential unintended health impacts.

II. Potential Impacts
   Identify available data or evidence to prospectively assess the unintended impacts of the planning decision(s).

III. Mitigation
   Practice evidence-based recommendations to minimize or eliminate negative impacts and maximize positive impacts on vulnerable or marginalized groups.

IV. Monitoring
   Review evidence-based recommendations to minimize or eliminate negative impacts and maximize positive impacts on vulnerable or marginalized groups.

V. Dissemination
   Share the results and recommendations for addressing equity.

VI. Evaluation
   Determine whether the approach was practical and appropriate (process), and whether there were opportunities for adjustments.

*Equity Lens Framework outline is from The Health Equity Impact Assessment Tool from the Ontario Ministry of Health and Long-Term Care (MOHLTC)*

CLICK HERE TO RETURN TO AGENDA
### AGENDA ITEM DESCRIPTION FORM

<table>
<thead>
<tr>
<th>Meeting Name:</th>
<th>Pinellas Continuum of Care Board of Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Date:</td>
<td>May 1, 2020</td>
</tr>
<tr>
<td>Item Title:</td>
<td>Establish a CoC Disaster Task Force</td>
</tr>
<tr>
<td>Agenda Item Number:</td>
<td>8</td>
</tr>
<tr>
<td>Name of Staff Member Submitting:</td>
<td>Susan Myers</td>
</tr>
</tbody>
</table>
| Background:           | The Pinellas County Emergency Management Department established numerous community work groups to address the impacts of COVID-19 on various populations/establishments and created a Homeless Workgroup. The HLA was asked to be the Lead Agency for the Homeless Workgroup, which currently consists of both providers and funders of homeless services. During the April 24th Emergency Management meeting, it was announced that the Homeless Workgroup would be continued through hurricane season. As such, the HLA is recommending that a standing “CoC Disaster Task Force” be formally established to plan for and address the needs of our homeless community and service providers during a crisis. Recommended members of the CoC Disaster Task Force include representatives from:  
  - CoC Board of Directors  
  - CoC Providers Council  
  - CoC Funders Council  
  - Homeless/Formerly Homeless  
  - CoC Members  
  The Task Force will focus on developing community-wide disaster plans and presenting recommendations to the CoC Board for responding to a multitude of possible events that could impact our homeless community. The goal is to better protect our vulnerable homeless residents by improving the CoC’s preparedness to address the impact of any potential community disaster. |
<p>| Budget Impact (if any): | N/A                                         |</p>
<table>
<thead>
<tr>
<th>Staff Recommendation:</th>
<th>Establish a CoC Disaster Task Force</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEO Approval:</td>
<td>Susan Myers, CEO – Approved, 04/28/20</td>
</tr>
</tbody>
</table>
**PINELLS CONTINUUM OF CARE**

**AGENDA ITEM DESCRIPTION FORM**

<table>
<thead>
<tr>
<th>Meeting Name:</th>
<th>CoC Board Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Date:</td>
<td>May 1st, 2020</td>
</tr>
<tr>
<td>Item Title:</td>
<td><strong>Partnership to End Childhood Homelessness Project</strong></td>
</tr>
<tr>
<td>Agenda Item Number:</td>
<td>10</td>
</tr>
<tr>
<td>Name of Staff Member Submitting:</td>
<td>Susan Finlaw-Dusseault</td>
</tr>
</tbody>
</table>

**Background:**

In collaboration with the City of St. Petersburg, the **Homeless Leadership Alliance** released a Request for Proposal (RFP) “Partnership to End Childhood Homelessness”, to provide permanent, stable housing for families when at least one child is identified as homeless and is attending one of the seven transformation zone schools in St. Petersburg, Florida. The Transformation Zone schools are Campbell Park Elementary, Fairmount Park Elementary, Lakewood Elementary, Maximo Elementary, Melrose Elementary, New Heights Elementary and John Hopkins Middle School.

The **Homeless Leadership Alliance** will manage and coordinate the pilot project, which will be implemented by an agency/organization selected by the **Homeless Leadership Alliance** through a competitive solicitation Review and Ranking process. **This RFP was open to any non-profit 501(c)(3) organization with a Federal Tax ID or EIN number with an existing service contract with the School Board of Pinellas County, Florida.**

The original timeline established -prior to COVID-19 being declared a pandemic- is listed below:

- March 10, 2020: Release of RFP
- March 19, 2020: Mandatory Bidders Conference for Organizations Interested/Planning to Apply
- March 25, 2020: Applicant Deadline to Submit Written Questions
- March 31, 2020: Electronic Submission of RFP and Related Attachments Due to HLA
HLA received one application in response to the Request for Proposal from Directions for Living. The Review and Ranking met to deliberate and ask questions of the applicant. The Directions for Living application received the following scores (on a 100-point scale):

<table>
<thead>
<tr>
<th>Committee Member</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duggan Cooley</td>
<td>94</td>
</tr>
<tr>
<td>Amy Foster</td>
<td>89</td>
</tr>
<tr>
<td>Lariana Forsythe</td>
<td>92</td>
</tr>
<tr>
<td>Michael Jalazo</td>
<td>94</td>
</tr>
<tr>
<td>Ashley Lowery</td>
<td>96</td>
</tr>
<tr>
<td><strong>Average Score</strong></td>
<td><strong>93</strong></td>
</tr>
</tbody>
</table>

Directions for Living staff are poised to move forward with the launching of the project by the June 10th, 2020 deadline. For ease of review, the full application is attached to the email should a CoC Board member want to review the full submission.

Budget Impact (if any):
Subrecipient will receive reimbursement of a maximum of $250,000 effective June 10th, 2020-August 31st, 2021.

Staff Recommendation:
Homeless Leadership Alliance to execute a contract with Directions for Living for the purpose of implementation of the Partnership to End Childhood Homelessness Project.

CEO Approval: