

# RESPONDING to the **COVID** **PANDEMIC**



Expanded System Capacity  
and Increased Safety Measures  
for People who are Homeless  
and Most At-Risk

FALL 2020  
PROGRESS REPORT

 City of  
**Philadelphia**

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Prepared by the Working Group  
to Support Economically  
Vulnerable Individuals

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# INTRODUCTION

COVID-19 has hit people of color especially hard.<sup>1</sup> African American and Latinx/Hispanic communities have been extremely impacted by the virus. For those who have low or no income, which is disproportionately the case among racial and ethnic minorities in Philadelphia, the numbers of cases have been higher, and the risk of serious, often life-threatening illness has been greater.

For those who lack adequate housing, the inability to provide the most basic protection of a safe place to live multiplies their challenges. In March when the “stay at home” order was issued, hundreds of Philadelphians simply could not comply because they were unsheltered — they had no homes to stay in. For thousands of others, they found themselves unable to physically separate or socially distance from one another due to crowded or congregate living conditions and therefore were at greater risk of viral exposure and spread.

The disproportionate impact of the pandemic on those who are unsheltered or housing-insecure became immediately apparent. Not only are those experiencing unsheltered homelessness more vulnerable to the elements, meaning their health is already compromised and their life expectancies shortened, but they also lack access to regular meals, basic sanitation like hand washing to prevent transmission, and access to preventive education, testing, and care.

The City responded immediately to protect the health of its most vulnerable residents. In 2019 nearly 20,000 people touched the homeless service system, and contacts with the homeless service system in 2020 indicate that a similar level of care is being accessed this year. This report records steps taken over the first six months of the pandemic to protect the health of the nearly 5,700 people known to experience homelessness at any given time in Philadelphia.<sup>2</sup>

There have been several key themes in the City's response:

### **Interdisciplinary Action**

Interdisciplinary action was, and continues to be, essential to saving lives and positioning a recovery based on resilience. No one department can effectively act alone to mitigate the pandemic's impact on the City's poorest people. The response crossed departmental boundaries and broke down barriers.

### **Building upon Strengths**

The City was able to build upon the existing strength of its Health and Human Services Cabinet (HHS), comprised by the Office of Homeless Services (OHS), Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), the Philadelphia Department of Public Health (PDPH), the Office of Community Empowerment and Opportunity, the Data Management Office, the Office of Domestic Violence Strategies, and the Mayor's Commission on Aging. Established at the outset of the Kenney Administration, HHS was well-prepared to respond quickly, effectively, and efficiently to the pandemic. Teams were familiar with one another, and had been working together with well-established, trusting, collaborative relationships that they could rely on and expand when the crisis hit.

### **Health Department Expertise**

While the interplay between social determinants of health is well-known – including the negative impact of being under or unhoused on physical and behavioral wellbeing – the role of the Philadelphia Department of Public Health (PDPH) was quickly amplified in informing the response of the homeless and behavioral health systems. PDPH expertise is being applied to the unique set of services provided by the Office of Homeless Services (OHS) and the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) through a collaborative process.

### **Supporting Service Providers**

OHS and DBHIDS rely upon caregivers to provide direct services. Those caregivers are themselves largely people of color — people who live in families and communities with vulnerable older adults likely to be disproportionately impacted by the virus. Therefore, the need to invest in those providers as partners was and continues to be especially pressing. Service providers are actors whose voices, experiences, and knowledge are as important as departmental leaders in shaping an effective response.

### **Mission-focused Teams**

When the City activated the Emergency Operations Center (EOC), it anticipated the need to focus special attention on the communities most likely to be hardest hit and incorporated this focus into the response from the outset. The EOC leadership had a long history of activating mission-focused teams and this well-established system for rapid response positioned the teams for success.

HHS teams working through the EOC structure have been largely successful in keeping the most vulnerable people alive against the odds. Through the rapid, strategic deployment of resources, information and knowledge-sharing through close daily communication, and the collaborative relationship between leaders, the infection and death rates to date among the people HHS serves have remained relatively low. This report highlights steps taken, obstacles encountered, structural challenges, and the extraordinary work of literally hundreds of dedicated caregivers who have risked their own wellbeing through a time of great uncertainty and threat to provide a lifeline to those whose circumstances contribute to vulnerability.

By drawing on our strengths and building on partnerships, we have seen signs of resilience and opportunity in the face of immense challenges. For example older individuals who were chronically homeless before the pandemic have been housed at COVID Prevention Spaces, where they have been able to experience stability and comfort in their daily life that will hopefully continue as they are offered a pathway to permanent housing. These special accommodations were achievable as the urgency of individual housing for older adults, hotel site availability, and federal emergency funds aligned.

The recovery from the pandemic continues to reshape life in Philadelphia, likely for months and years to come. The swift upheaval of the economic and social infrastructure revealed the insufficiency of our safety nets in the face of historical inequities. In response, our multidisciplinary teams will continue to forge strong partnerships within city government and throughout the community – not only to mitigate harm from this virus, but also to innovate better systems to advance our commitment to keeping all Philadelphians healthy, safe, and supported.

## Mission of Working Group for Economically Vulnerable Populations

To focus COVID-19 response efforts to increase resilience, meet basic needs — shelter, food, sanitation, medical care — and decrease vulnerability to virus spread among people experiencing homelessness. The goal of the working group was to expand system capacity and increase safety measures for people who are homeless and most at-risk.

When the pandemic hit, the Mayor issued an executive order<sup>3</sup> that activated the City's Emergency Operations Center (EOC). The EOC structures a coordinated response to disasters by bringing together leaders of all relevant departments to respond to all the elements of threat posed by the disaster and to protect all Philadelphians. In the case of a public health threat, strategic leadership is provided by public health experts. In the specific case of COVID-19, the disproportionate impact of the virus on people experiencing homelessness, especially people of color, immediately became a primary mission area of the EOC, which engaged the HHS cluster to lead and implement a strategic response. While the City has a robust homeless service system, the magnitude and nature of the pandemic necessitated a wider and more intensive cross-departmental response.

The Health and Human Services Cabinet (HHS) fulfills the City's obligation to protect and serve the most vulnerable Philadelphians, those experiencing poverty, homelessness, hunger, and behavioral health challenges. HHS is comprised of the Philadelphia Department of Public Health (PDPH), the Office of Homeless Services (OHS) including food access, the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), the Office of Community Empowerment and Opportunity (CEO), the Office of Domestic Violence Strategies, the Data Management Office, and the Mayor's Commission on Aging. While motivated to advance racial, social, political, and economic equity and opportunity through their work, the most basic function of these units is to provide needed services that save lives.

This HHS-led group had to respond quickly to protect and keep people safe in the face of a lack of supplies, lack of information, and a pressing threat to the health and wellbeing of both those residing in social service settings and caregivers. While the COVID-19 pandemic has upended the activities and routines of all Philadelphians, people experiencing homelessness face additional danger as they lack the basic protection of a home.

The tasks for this group became immediately clear:

- 1 Reaching out to those on the street to educate them about the virus followed by safe transport to services and the provision of sanitation services;
- 2 Safely screening and conducting intake for those facing homelessness that provided human-centered care while ensuring that both people facing homelessness and staff providing services did not contract or spread the virus;
- 3 Converting shelters and other congregate sites to be safer for residents;
- 4 Establishing an Isolation and Quarantine site so that people who were COVID positive or who were exposed and/or were awaiting test results could remain safe and not spread the virus;
- 5 Establishing protective spaces for those who are most vulnerable to the virus, those 65 and older and/or with chronic underlying health conditions;
- 6 Providing access to testing; and
- 7 Creating a set of outdoor meals and services for those who are unsheltered and/or housing insecure who could no longer receive services indoors or take advantage of other food distribution services.

**The following narrative highlights initiatives by the committee members to address these areas of need:**

The COVID emergency response necessitated a sudden and unprecedented transformation of the social services system. City agencies worked together to help fill gaps as social service agencies were forced to suspend or limit their operations. Human services had to be reformulated to address public health imperatives.

By the end of May, it became clear that the pandemic would require a sustained response and a long recovery. The group then reformed itself to sustain efforts using a recovery and resilience framework to address the ongoing pandemic.

This six-month report documents and highlights two phases of the response. Part one reflects the initial response as the nature and force of the pandemic prompted an immediate and radical shift in the fundamentals of service offerings. Part two of the report reflects the sustainment and recovery phase that followed. As of this writing, we are entering a new phase as the infection rates are once again surging, raising renewed questions of which health-protective measures are needed to get through the winter and to a vaccine anticipated in 2021.

# PROGRESS BY THE NUMBERS

BETWEEN MARCH 13 AND OCTOBER 9TH:

**25,248** for **3,416** with **127**  
bed nights in shelters participants known COVID-19 cases

**804**  
people provided safe accommodations for isolation, quarantine, or COVID prevention

**315,416**  
outdoor meals served

Sanitation services expanded with 3 new handwashing stations in Kensington, and one each in Center City and West Philadelphia

Federal authorization for use of non-congregate emergency shelter

New restroom trailer is launched at Love Park in Center City

Outdoor meal service opens in Center City and Kensington

Existing sanitation services expand with three new handwashing stations in both Kensington and Center City

Second COVID testing site added in Kensington

COVID Prevention Space #1 opens as a non-congregate housing option for those especially vulnerable to COVID-19 (65+ and/or underlying conditions) who are at congregate settings or would otherwise be placed in congregate care

Handwashing station added in central North Philadelphia



# IMMEDIATE RESPONSE

Spring 2020



## **Safer Street Outreach**

One of the most immediate needs in response to COVID-19 was an adaptation of how homeless outreach workers engage individuals on the street. Outreach workers had to take on new roles as public health workers by learning about the virus, both to protect themselves and to provide basic health information about the pandemic to people on the street. The ability of outreach teams to transport people became compromised as use of their vans threatened to exacerbate viral spread. The national shortage of masks and other personal protective equipment early in the pandemic made outreach workers and the people they engaged on the streets even more vulnerable.

## **Safer Screening and Intake**

For those facing homelessness, OHS social work staff conduct an interview and assessment to determine the appropriate service connections. This service is site-based and historically has been provided through a confidential, in-person interview. With COVID this immediately became impossible. In response, the staff at the City's homeless access points quickly responded by converting to remote interviews, limiting occupancy in the intake spaces, and screening participants prior to entry to the site.

Outreach workers rose to the huge challenge of becoming health communicators and fulfilling their regular role of connecting people to services and housing while adopting social distancing and minimizing the number of people in their vans. In addition to this shift in role, Outreach staff also served as the frontline defense against hunger, distributing meals prepared by Philabundance Community Kitchen during their rounds. While the City and its partners would ultimately set up a sustainable outdoor meal program, Outreach quickly pivoted to meet an urgent and dire need that they witnessed on the streets.

Most challenging among these many adaptations was that homeless service staff were suddenly being called upon to perform what have historically been public health functions: requiring hand washing before entry and administering personal health questions like "How are you feeling today? Do you have a fever, cough or other respiratory symptoms?" These COVID screening questions allowed OHS to connect people with needed healthcare, and also ensure that shelters did not intake individuals who might inadvertently introduce the virus.

A partnership with Healthcare for the Homeless provided by Public Health Management Corporation (PHMC) was critical in the success of this rapid transformation as was the support, guidance, and hands-on assistance of City public health experts working in partnership with OHS and DBHIDS congregate sites.

The City's shelter system, through a close working partnership with the Philadelphia Department of Public Health (PDPH), has been largely successful in keeping the COVID positivity rate low.

The Office of Homeless Services (OHS) worked closely with PDPH and the network of homeless service providers to establish congregate care guidance and provisions given the potential health threat of people sleeping, eating, and living together in a communal space.

A critical first step was to ensure that homeless service workers were included in those considered to be essential personnel. From March 13th through October 9th, there were 127 known COVID-19 cases in shelters, with an additional 40 cases among shelter staff. During that same time, OHS provided 25,248 bed nights for 3,416 participants.

## Responding Collaboratively with Frontline Homeless Service Workers

Homeless service workers had to quickly adapt their processes to accommodate more remote activities and the reality of needing to serve fewer individuals at a time. These frontline workers implemented these changes during a challenging time when they had limited resources to help the most vulnerable people, and their screenings helped prevent the introduction of COVID into shelters. As the COVID Prevention Space and Isolation and Quarantine (IQ) site became available, some pressure was relieved as there were more options to ensure even highly at-risk individuals could be housed in a safe manner. OHS established data reporting and collection standards to manage trends and inform ongoing practices, and formed task groups with providers and City staff working side by side to address screening, testing, social distancing and the implementation of all the other health precautions needed to keep both participants and staff safe. Additionally, all shelter and treatment sites ensured they had a current Continuity of Operations Plan.

Among the earliest safety steps taken were distributions of hand soap, sanitizer, tissues, and trash cans as the pandemic began. National breaks in the supply chain challenged the City, making the procurement of the most basic necessities difficult in the first weeks.

Further, given that homeless services is "high touch" work that is largely site based, the education of caregiver staff about spread and how to prevent it while protecting themselves became an urgent task. OHS called on PDPH routinely for guidance, education, and safety provisions for programs to ensure both participant and staff safety. OHS established weekly calls with providers to surface issues, provide the latest available information, and answer questions of the caregiving staff — and then, when outbreaks did begin to occur, navigate coordination with providers and PDPH to address them. While the expertise from PDPH was critical, the experience and first-hand knowledge of the providers was essential in bringing rapid, significant, and unprecedented changes to the people they serve and share experiences with every day.

OHS worked side by side with its providers to make physical improvements in congregate sites: removing beds to create adequate distancing between them, moving to grab and go meals rather than congregate meals, providing educational information about social distancing, hand washing and mask-wearing, and procuring bed barriers and PPE. OHS also reached out to all non-city owned shelters to ensure their HVAC systems and filters were clean. These efforts contributed to the shelter systems maintaining a very low positivity rate for COVID-19, and this work is now fully incorporated into ongoing OHS operations.



## Additional Actions Taken to Ensure Shelters are Safe During the Covid-19 Pandemic

- » Invited Public Health officials to assess the health and safety of OHS funded shelters
- » Provided no touch thermometers for daily COVID screenings of shelter participants and staff
- » Prohibited unauthorized visitors from entering the shelter premises
- » Mandated social distancing and mask wearing in all areas of the shelter
- » Implemented immediate quarantine for shelter participants displaying symptoms of COVID-19
- » Prohibited new admissions to a shelter location for 14 days after a confirmed positive COVID case to contain outbreaks
- » Referred older and medically fragile participants at greatest risk from COVID-19 infection to COVID Prevention Spaces
- » Provided up-to-date information, education, and training to shelter providers on COVID-19, including the PDPH Guidance for Behavioral Health and Homeless Service Providers
- » Provided educational posters and signs in strategic areas of the shelter to educate participants and staff on hygiene protocols
- » Expanded testing with guidance from PDPH and partnerships with Federally Qualified Health Centers (FQHCs)

### 1 TOGETHER WE CAN PREVENT COVID19

#### A Checklist for Congregate Settings

- Set up hand washing or sanitizing stations** at entrances and throughout the building. Have clients wash hands before entering eating areas.
- Face masks or cloth face coverings** should be given to every person.
- Screen incoming residents** for fever or respiratory symptoms, such as cough, sore throat, stuffy nose.
- Post infection control signs** (hand hygiene and safer ways to cough/sneeze) in strategic places, like entrances, bathrooms, and stairwells.
- Provide educational materials** about COVID-19 for non-English speakers, as needed.
- Open windows** and increase air flow.

Full guidance: [bit.ly/philadelphia-provider-guidance](https://bit.ly/philadelphia-provider-guidance)  
More information at: [phila.gov/COVID](https://phila.gov/COVID)

2

### TOGETHER WE CAN PREVENT COVID19

#### A Cleaning Checklist for Congregate Settings

**People with Symptoms**

Any person with symptoms should be **isolated** in individual rooms.

People who are sick should eat in a separate area.

Put beds at least separated by ten barriers. Request guests sleep here.

Limit the number who interact will.

People who are recovered from COVID may be immune & be considered for.

- Provide hand sanitizers** that contain at least 60% alcohol throughout the facility, including registration desks, entrances/exits, and eating areas.
- Clean and disinfect frequently touched surfaces daily.** This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- Cleaners should wear** disposable gloves, masks, and eye protection, like goggles.
- Keep a separate bathroom** for sick clients with COVID-19 symptoms when possible.
- Provide tissues and plastic bags** for discarding used tissues.

**Use a disinfectant that destroys the coronavirus.** Examples include Lysol or diluted bleach.

**Don't mix chemicals** that can be dangerous.

If you don't have disinfectant, then use **hot, soapy water** and scrub. This will also destroy the virus.

Alcohol solutions for disinfecting surfaces should have **at least 70% alcohol**.

The EPA lists additional disinfectants that destroy coronavirus. [epa.gov](https://www.epa.gov)

**To make a bleach solution, mix:**

- 5 Tablespoons Bleach (1/3 cup)
- One gallon of water

**Or**

- 4 Teaspoons bleach
- One quart of water

Call the **Philadelphia Department of Health** regarding alternative housing for people who are sick with COVID: **215-685-5488**

24/7 hotline for medical questions: **800-722-7112**

Non-medical COVID questions and concerns (in 100+ languages): **311**

Sign up for City alerts on your phone (in English and Spanish): **Text COVIDPHL to 888-777**

Department of Public Health  
CITY OF PHILADELPHIA

Full guidance: [bit.ly/philadelphia-provider-guidance](https://bit.ly/philadelphia-provider-guidance)  
More information at: [phila.gov/COVID](https://phila.gov/COVID)

To the best of your ability, please follow these practices.

### LINKS

1: [A Checklist for Congregate Settings](#)

2: [A Cleaning Checklist for Congregate Settings](#)

**SPANISH:**  
[A Cleaning Checklist for Congregate Settings](#)

(in Spanish)

# ISOLATION & QUARANTINE

On April 6, 2020, the City, opened an Isolation and Quarantine (IQ) site for individuals participating in housing or behavioral health programs who were living in congregate settings, and for unsheltered individuals.<sup>4</sup> While originally established for first responders, this shift of use responded to the challenges housing and treatment programs faced in providing isolation or quarantine options in congregate settings, and to hospitals' inability to quarantine unsheltered individuals waiting for COVID-19 test results or isolate COVID-positive individuals who did not require hospital care.

**ISOLATION:** *When an individual is positive for COVID-19. Length of stay is 14 days from the day the COVID-19 test was taken.*

**QUARANTINE:** *For individuals who are waiting for COVID-19 test results. Length of stay is until the test results come back. In the case of a negative result, quarantine ends and individual leaves the program; if the result is positive, the individual continues to complete an isolation period.*

## Services Provided

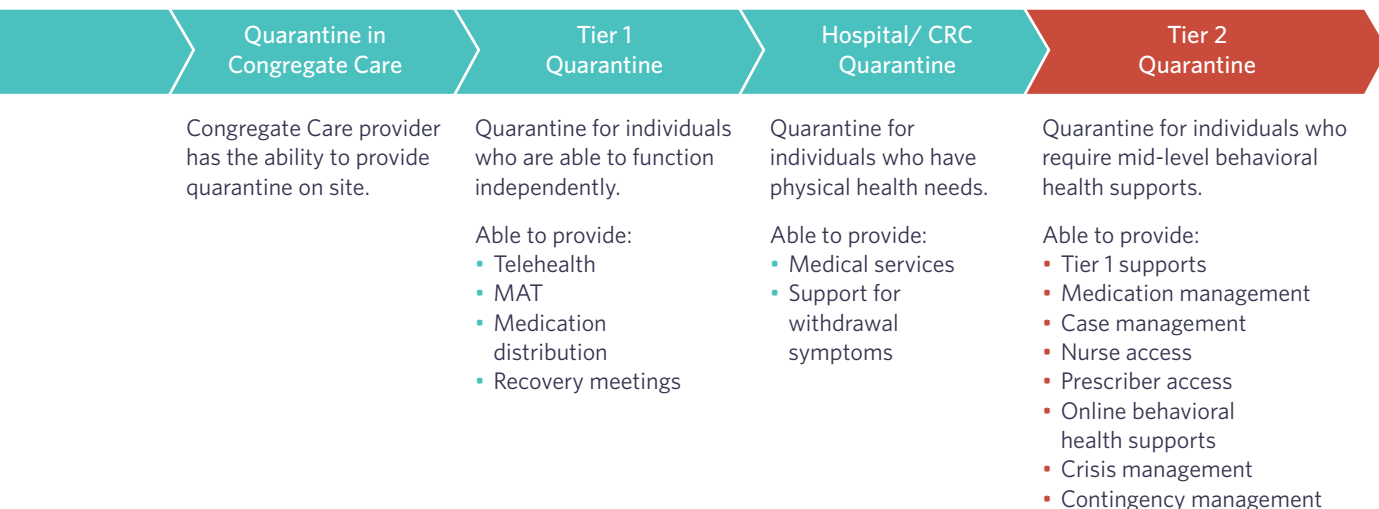
Basic services at the IQ site included a private room with a bathroom, three meals and snacks, television, and a telephone. Health and Human Services (HHS) staff quickly identified that some individuals needed additional support to be able to comply with the length of the isolation or quarantine period. Thus, HHS added additional services through expansion of existing contracts, support from those with lived experience employed by DBHIDS, and with the assistance of Medical Reserve Corps volunteers managed by the Philadelphia Department of Public Health (PDPH).

Additional services included:

- » Medication-Assisted Treatment (MAT),
- » behavioral health intake and connection to supportive services (telehealth),
- » virtual wellness checks, and
- » basic physical health services, including phone check-ins and over the counter medication.

IQ site staff recognized that some participants had additional unmet behavioral health needs, so in-person services were provided for a limited number of participants.

## Continuum of Care for New Isolation & Quarantine



# COVID PREVENTION SPACE

Establishing a COVID Prevention Space was critical in slowing the spread of the virus, and more importantly, protecting those who were more likely to suffer adverse effects if they became ill. Health data establishes that people age 65 and older and those with certain underlying health conditions are more likely to suffer life-threatening disease if they contract the virus.<sup>5</sup>

Given the number of older and health compromised people who live on the streets and in congregate settings in both the homeless and behavioral health systems, opening sites where people can live in their own space to protect themselves from infection became an urgent priority.

Consistent with CDC guidance and authorized under FEMA, HHS designed the COVID Prevention Space program to serve individuals who are highly vulnerable to COVID-19 living in congregate settings. The program serves individuals who fit the following criteria:

- » being 65 years old or older, or
- » having a compromised immune system, or
- » having an underlying respiratory illness, or
- » having a chronic illness, and
- » living in a congregate setting or would be placed on a congregate setting (unsheltered).

Because of the limitation on capacity for services, the referral criteria also include:

- » ability to do activities of daily living (ADLs) without assistance,
- » a management plan or treatment in the case of Substance Use or Opioid Use Disorder, and
- » no acute medical conditions that need ongoing medical care on site.

This is a voluntary program that provides temporary non-congregate housing for participants, as they work with staff on-site to transition to non-congregate, long term housing. Unlike the IQ program, participants at the COVID Prevention Space can leave the site during the day. On May 15th, the first COVID Prevention Space program opened, providing hotel accommodations under the management of OHS. In June, OHS contracted and trained staff from Broad Street Ministry (BSM) to manage the program, allowing OHS staff to transition back into their regular roles.

## COVID PREVENTION SPACES:



## BUILDING CAPACITY IN RESPONSE TO CHALLENGE:

Two weeks into the program, OHS staff identified the need for medical services on site to ensure the safety and wellbeing of participants. A nurse practitioner was hired by PDPH to provide this care.

# EXPANDED ACCESS TO TESTING



PDPH and OHS both provided expertise to the City’s plan for expansion of COVID testing to some asymptomatic individuals in congregate settings.

OHS set out the framework within which testing programs must operate: shelter must be provided even to individuals who do not agree to be tested, out of respect for individual agency and in accordance with the principle that there should be as few barriers as possible to entering shelter. PDPH established guidance on testing strategies in congregate settings. PDPH and OHS worked closely in responding to cases of at least one staff or participant COVID case.

PDPH required that any instance of site-wide testing be preceded by a plan to manage quarantine and isolation of individuals based on the testing results — considering whether onsite quarantine accommodations could be made for hours or days, whether onsite isolation is feasible and/or IQ site rooms are available, and whether individuals who need to isolate may need assistance with daily living.

PDPH further emphasized in its guidance that safety measures like screening staff and residents, reducing the density of shelter residents, moving high-risk individuals to the COVID Prevention Space, implementing social distancing and mask wearing, providing sanitation facilities and materials for cleaning hands, and cleaning surfaces are all necessary complements to an effective testing strategy that taken together can prevent and mitigate the spread of COVID-19 in shelters.

In close consultation with OHS, PDPH developed and implemented a testing protocol pilot. While the program was created for outbreak response in congregate settings, OHS communicated to providers that they were welcome to partner with community testing sites including FQHCs and City Health Centers for additional testing. Both PDPH and OHS offered to provide technical assistance with the health and housing aspects of a facility’s planning process for site-wide testing. Along with the Safer Shelter work, the Expanded Access to Testing work stream has been integrated into ongoing PDPH and OHS operations, and communication between the City and providers about ongoing developments has been maintained through a monthly meeting forum.

# OUTDOOR MEALS

Too many Philadelphians already experienced food insecurity before the pandemic, and due to COVID-19, programs that provided meals and other services indoors had to stop or drastically reduce their services by the end of March.

In response, Broad Street Ministry engaged philanthropy to launch “Step Up to the Plate.” Step Up to the Plate provided funding to hire out-of-work caterers and restaurant workers to prepare bagged meals for people who are unsheltered or housing insecure in locations throughout the city. It augmented the City’s efforts by providing ready to eat food for people who do not have kitchens to use the free groceries being provided through the City’s food distribution sites. Broad Street Ministry engaged Project HOME, Prevention Point, SEAMAAC, Face to Face, and St. Johns Hospice to distribute the meals safely outdoors in Center City, North and South Philadelphia, and Germantown. This program also expanded the City-funded meal program operated by Muslim Serves and Philabundance Community Kitchen (PCK) that had pivoted to providing outdoor meals.

By April 16, 2020, three outdoor meals distribution locations had been created or expanded, and at the beginning of May, a fourth location was added in South Philadelphia to address food insecurity among immigrant communities, unsheltered individuals, and other residents of that area. Each site distributed catered ready-to-go meals and followed PDPH guidelines for COVID-19, including social distancing and use of personal protection equipment (PPE). Through collaborations with other community-based organizations and City departments, outdoor meal sites have offered other services such as COVID-19 testing, benefits access, behavioral health treatment access, stimulus applications, voter registration, and Census information. City agencies, provider partners, and hundreds of community volunteers have given their resources, energy, and time to this life-sustaining project to feed members of the Philadelphia community in a safe and hospitable manner.



# 315,416

outdoor meals served between April and September 30. Meal service continues with offerings every day of the week.

## Meals Served through September

April	27,726	Center City (daytime)	Center City (evening)
May	57,652	80,860	19,990
June	63,506	Kensington	South Philadelphia
July	59,027	125,376	89,190
August	53,527		
September	53,978		

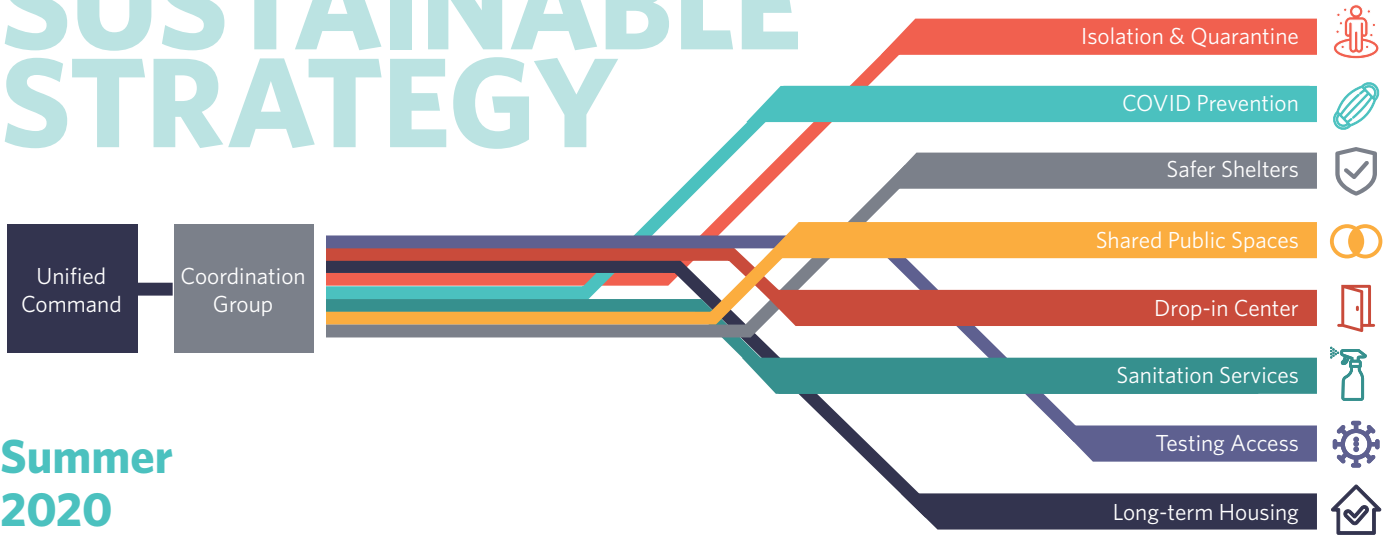


“My experience was fantastic. The set up was very organized and safe. The volunteers were incredibly welcoming. And those we fed were very appreciative.”

— Volunteer feedback to the Office of Civic Engagement Volunteer Services

# BUILDING A SUSTAINABLE STRATEGY

## WORKING GROUPS



Summer  
2020

As it became clear that the pandemic would require a sustained response and recovery for many months, the working group identified eight work streams critical to transitioning from the immediate response into a more strategic recovery phase.

Along with eight work groups, a Coordination Group was established to identify and advance coordinated outcomes, help overcome barriers, maintain accountability, and communicate with the City’s Unified Command leadership team for the COVID-19 emergency response.

The work group leaders and their teams identified outcomes and metrics specific to each workstream, and each work group reports their activities, progress, and challenges in weekly meetings.

The groups are actively planning for how COVID-related services that are reimbursable under the federal emergency authorization until December 30, 2020 can continue into 2021, especially as community transmission of COVID remains widespread and the provision of services such as meals and handwashing stations outdoors becomes more difficult with the onset of winter.

## Cross-Agency Collaboration



Coordinate health and human services to ensure that Philadelphians are safe, healthy, and educated.



Maximize local, state, and federal resources to ensure that Philadelphians are safe, healthy, and educated.



Ensure that the existing social service system addresses health disparities and the impact of systemic racism.



Improve integration of health and human services to further address the social determinants of health.



Incorporate evidence informed practices in the response and recovery.



Expand and deepen an inclusive planning process that is transparent, fosters partnerships, and includes voices of individuals and families with lived experience, providers, and community stakeholders.

# SUMMARY OF PROGRESS

WORK STREAM	STATUS	NEXT STEPS
 Safer Shelters	Shelter safety policies and protocols developed by the Office of Homeless Services and the Department of Public Health have been incorporated into the regular operations of the City	Safety practices will be applied to additional beds opened for winter use
 Isolation and Quarantine (IQ) Site	Transitioned to a smaller site on July 27 due to decreased demand and falling case counts; Expanded criteria to meet needs of contract tracing program	Continuing communication that the site is available for people who cannot quarantine at home; Transition to a larger site for the winter
 Alternative IQ Site	Developed a new IQ model in response to a demonstrated need for a very low barrier IQ site in Kensington; Began preparing the documentation needed to make the model operational	Identify potential locations citywide that demonstrate need for a low barrier IQ site
 COVID Prevention Space	Made over 250 hotel beds available as a safe residence for individuals 65 and older and/or with underlying health conditions; Reached near capacity during October and shifted focus from intake to permanent housing move-outs	Maintain services until mid-December; Continue to facilitate move-outs to permanent housing
 Permanent Housing	Identified long-term housing options to offer all COVID Prevention Space residents; Started the process of housing case planning for all residents	Complete contingency planning for anyone remaining in the COVID Prevention Spaces on December 30
 Expanded Access to Testing	Testing policies and protocols developed by the Office of Homeless Services and the Department of Public Health have been incorporated into the regular operations of the City	Monitor COVID case rate in shelters and citywide
 Informing Shared Public Spaces	Addressed hotspot areas for street homelessness with services-forward interventions including work with SEPTA, PHL Airport, and the Kensington and Center City neighborhoods	Finalize tent policy and procedures so that there is a uniform, services-forward approach documented and applied citywide
 Kensington Drop-in Center	Operated in Kensington with daytime services from 5/11 to 8/28 and with overnight respite from 5/18 to 8/23; Included showers, meals, restrooms and referrals to treatment and housing	Implement a second phase of drop-in center programming in Kensington
 Sanitation Services	Expanded services to include a new restroom trailer in Center City and new handwashing stations in Center City, West Philadelphia, Kensington, South Philadelphia, and Central North Philadelphia; Developed a winter plan	Implementing transition to porta potty facilities and hand sanitizer stations for the winter while trailers and handwashing stations are unable to be used effectively due to freezing temperatures



# OUTCOMES AND NEXT STEPS

## Individuals Served by Hotel Accommodations for Isolation, Quarantine, and COVID Prevention

**804**

individuals provided safe shelter for isolation, quarantine, or COVID prevention at three hotel sites from start date of operation through October 9, 2020.

	<b>IQ Site</b>	<b>COVID Prevention Space I</b>	<b>COVID Prevention Space II</b>
Service Type and Dates of Operation	<b>IQ:</b> 3/21/20 - present	<b>IQ:</b> 4/1/20 - 5/15/20  <b>COVID Prevention:</b> 5/15/20 - present	<b>COVID Prevention:</b> 7/27/20 - present
Individuals sheltered since April 3, 2020	<b>531</b>	<b>131</b>	<b>142</b>





# ISOLATION & QUARANTINE SITES

On May 28, the management of the Isolation and Quarantine (IQ) program transitioned from OEM to HHS. Due to the decrease in demand for the IQ program, the IQ site moved from a hotel with a 168-room capacity to one with 40 rooms. The new IQ site opened for intake on July 27, and PDPH took over management of the IQ program with a DBHIDS provider for behavioral health support. This allowed the original, larger hotel to be used as a second COVID Prevention Space, as there was increased demand for non-congregate accommodations for people especially vulnerable to COVID-19. OHS contracted a provider to manage the facility's daily operations, including meals, security, and maintenance.

## OUTCOMES ACHIEVED:

### Identify Isolation & Quarantine sites for vulnerable populations

Identify hotel accommodations suitable for IQ	IQ site identified and operational
Track the number of referrals to IQ	904 referrals received as of October 5 for over 500 unique individuals; main sources include hospitals and other healthcare providers, shelter, and behavioral health treatment centers

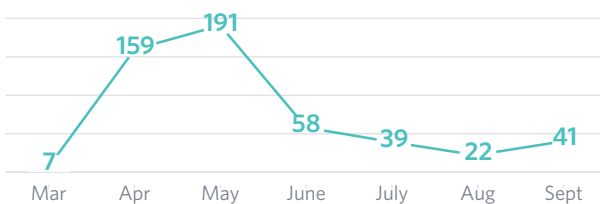
### Ensure all residents and staff receive educational resources

Ensure mental healthcare services for all individuals	Provider on site 24/7
Provide training to all staff (vulnerable populations, naloxone, behavioral health).	Trainings on PPE, naloxone, and Methadone Maintenance Treatment completed; trainings on CPR and de-escalation planned
Provide educational literature to residents on COVID-19	Welcome packet provided with information from PDPH and the CDC as well as information about social services

### Ensure social equity among staff and residents at IQ sites

Continue to partner with diverse organizations/subcontractors	Contracted with a minority-owned provider for management of security, cleaning, and food; Sub-contractor for cleaning services is minority-owned
---	--

## Intakes:



## Discharge Reason:



## NEXT STEPS:

Utilization of the IQ site is increasing again as winter approaches and case counts rise. The IQ site is transitioning to a larger site, and PDPH is planning to maintain the IQ site into 2021. PDPH is also working to start onsite COVID testing, which will facilitate faster test results and allow for a more efficient use of the space.



# LOW BARRIER ISOLATION & QUARANTINE SITE

Although the criteria for the IQ site includes access for sheltered and unsheltered individuals experiencing homelessness, the existing IQ site is unable to meet the needs of some homeless individuals, particularly those who are actively using substances. In response to this unmet need, a sub-group for the IQ workstream formed to make plans for a lower-barrier IQ site, including careful consideration of entrance criteria, the range of services required on site, and how to promote equity in access and implementation.

## NEXT STEPS:

The IQ sub-group is preparing a program description and scope of work to facilitate an efficient contracting process when the need for the alternative IQ program arises again. The group is also working with PDPH to determine what conditions related to increased spread of the virus should trigger the launch of the alternative IQ program.



# COVID PREVENTION SPACE

By the end of July, all 91 rooms in the first COVID Prevention Space were full. On July 27th, the second COVID Prevention Space program opened, with Resources for Human Development (RHD) contracted by OHS to manage the program operations, including intake, case management, and medical support.

As of October 27, 2020, 215 individuals were residing in the two COVID Prevention Spaces, and about half of the residents were referred directly from the street. OHS, DBHIDS, and MDO are working on long-term and permanent housing placements for residents to minimize the number of individuals who are especially vulnerable to COVID-19 that need to enter or return to congregate settings when the COVID Prevention Spaces close by December 30th.

## COVID PREVENTION SPACE SNAPSHOT

**October 27, 2020**

**215** TOTAL RESIDENTS  
total capacity of 230

**SPACE #1:**  
**87** residents

**SPACE #2:**  
**128** residents

## NEXT STEPS:

- » As winter approaches, the remaining capacity at the COVID Prevention Spaces is anticipated to fill quickly. Because this space is time-limited due to the expiration of federal funds on December 30th, intake of additional individuals in the late fall and early winter will be balanced with the ability to develop safe discharge plans for all residents.
- » By the end of August, housing case planning and matching was completed for the individuals in COVID Prevention Space #1, and work to place as many residents as possible in long-term housing continues in close collaboration with the long-term housing work group.



# LONG-TERM HOUSING

COVID vulnerable individuals have been prioritized for coordinated entry to the homeless services system, and OHS, DBHIDS, and MDO are working to secure permanent housing opportunities for this population to minimize the number of individuals who need to go to congregate settings.

Long-term housing options include permanent housing, Philadelphia Housing Authority (PHA) vouchers, rapid rehousing programs, and shared room occupancy sites. The COVID Prevention Space is only available until federal support ends on December 30, 2020 and OHS has the goal of offering every resident a pathway to long-term housing ahead of that deadline. Residents can choose whether to pursue an option that is available to them.

Beyond the housing options listed at right, OHS has been identifying additional long-term housing opportunities including grant-funded housing for six chronically homeless older adults, new single-room (SRO) programs selected through an RFP process which will house 58 individuals, and a planned initiative to increase the number of landlords making units available for tenants who need permanent supportive housing.

## NEXT STEPS:

- » The long-term housing group is working to identify all housing options for those in the COVID Prevention Spaces and for those individuals most vulnerable to COVID who are in congregate settings.
- » OHS has developed contingency plans to ensure vulnerable individuals from the COVID Prevention Space do not have to enter or reenter congregate care, including standing up temporary sites for people who are completing the permanent housing process. These contingency plans prioritize continuity of case management.
- » While discharging residents to the shelter system is a last resort, the staff and residents across the shelter system have done an exceptional job of implementing and complying with Health department guidance, which has helped suppress the COVID case rate in congregate care to very low levels and maintain a safe environment.

## Housing Options Developed for and Provided to the COVID Prevention Space residents

### Shared Housing

*An opportunity to live with 2 additional individuals, in a 3-bedroom home. Individuals will share the house and expenses, including rent, and have the benefit of living in a small community. Services for one year minimum.*

### Housing Trust Fund 100 (HTF100)

*A permanent tenant based rental assistance program for single men, women, and couples who are experiencing homelessness who have risk factors related to COVID-19. Payment of rent is required for those with income; a person may begin the program without income and work toward attaining income. Units are pre-selected and pre-inspected. Support Services are required to participate in this program.*

### Mainstream Voucher

*A tenant-based voucher offered through the Philadelphia Housing Authority for people who are 62 and under and have a disability. Rent is based on income. Services are part of the program.*

### Permanent Supportive Housing

*Various housing types and programs operated by non-profit organizations for people who are homeless and have a disability. Programs may be tenant based or project based and located in a single apartment building. Payment of rent is required for those with income and services are offered. Some programs require sobriety and/or interest in recovery.*

### HOME\$200

*A permanent housing opportunity that offers an efficiency or one-bedroom apartment with rent limited to \$200 each month plus the cost of utilities. The apartments are pre-selected and pre-inspected. The remaining amount of the rent is paid by the program. Income from SSI or employment is required to participate.*

# SHARED PUBLIC SPACES 3.0

At the start of the Kenney administration, the Office of Homeless Services spearheaded Shared Public Spaces, an initiative to ensure that public spaces are accessible and enjoyed by all.

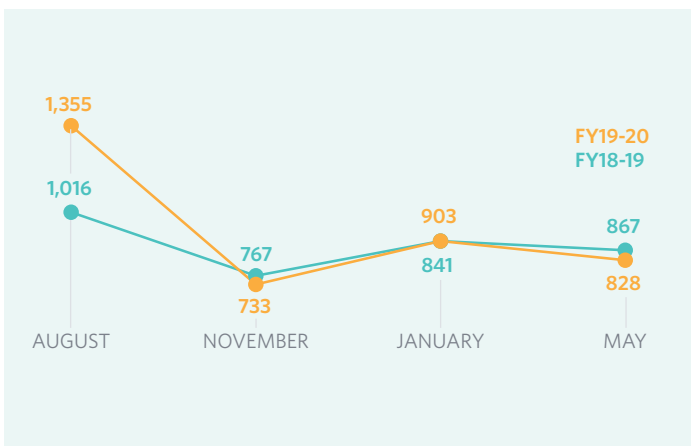
Shared Public Spaces brought together business and hospitality leaders, homeless service providers, and City agencies to develop a shared understanding and guide for how public spaces can be used. Following the success of initiatives including the [Guide to Public Spaces](#) and the Hub of Hope daytime engagement center for individuals experiencing homelessness, OHS launched Shared Public Spaces 2.0, which engaged partners in solutions-oriented activity, including the creation of PHL Cares, a donor advised fund to create new permanent housing solutions and the expansion of a Same Day Pay program, which served as an alternative to panhandling.

While these efforts continue, the pandemic required an immediate response to the new conditions created in the city's public spaces. The once bustling city streets and spaces became quiet except for individuals experiencing homelessness, who did not have a home to comply with the Stay at Home Order. This juxtaposition magnified the visibility of the homeless in public spaces, even when the actual numbers remained the same.

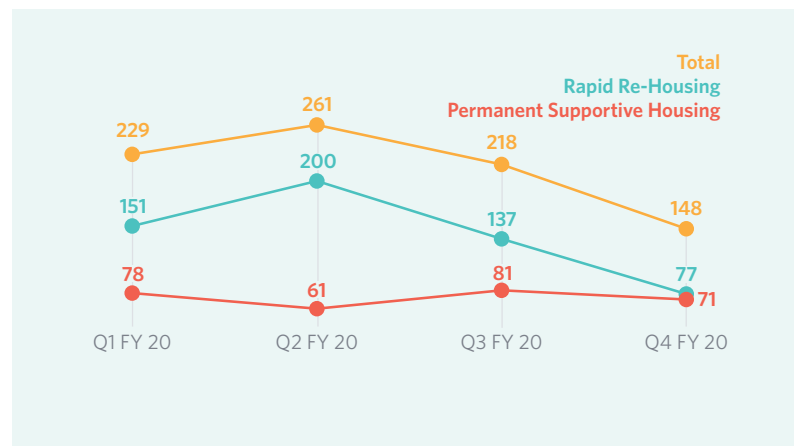
Shared Public Spaces 3.0 was created to address the needs of those living on the street during the pandemic, create new resources to address their needs, and assist in returning spaces to their pre-pandemic use. Shared Public Spaces 3.0 brought new and existing partners, including SEPTA, PHL Airport, Impact Services, Center City District, Delaware County, to the table to address hotspots that emerged during the pandemic. Partners collaborated and brought new resources to the table to meet the need. For example, SEPTA created two new co-responder teams to provide services in Kensington.

MDO, OHS, PDPH, DBHIDS and OEM have been working together on developing and implementing policies and protocols that affect homeless individuals, with the goal of ensuring all people utilizing shared public spaces are treated in a consistent manner. This work is driven by a services-forward and equitable approach, where the response to anyone who is residing in a public space because they are unhoused starts with offers of services and assistance. Between March and October, the City had several key interventions at the PHL airport, a partnership with SEPTA in Kensington, and at the Parkway protest camp.

## POINT IN TIME HOMELESS STREET COUNT



## LONG-TERM HOUSING PLACEMENTS



## Cross-Agency Development and Implementation of Policies and Protocols

Updated the Service Day protocol, which was used in weekly large-scale cleaning events at homeless hotspot locations implemented throughout the summer in Kensington.

Developed draft framework for addressing encampments with a service led approach.

Developed draft framework for collaboration with SEPTA on responses to homeless individuals living in SEPTA facilities and moving stock.

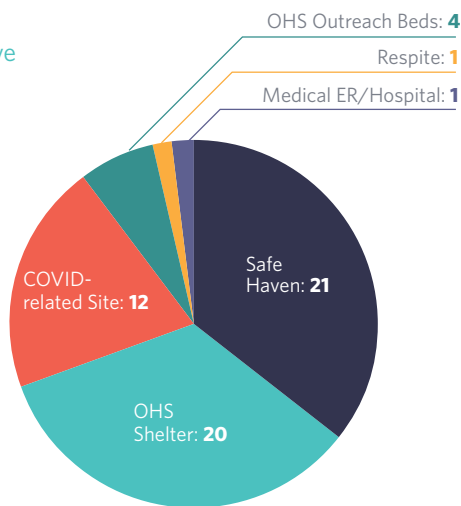
Collaborated closely with the Office of Emergency Management to prepare for and respond to Tropical Storm Isaias.

## Responding to Unhoused Individuals at the PHL Airport

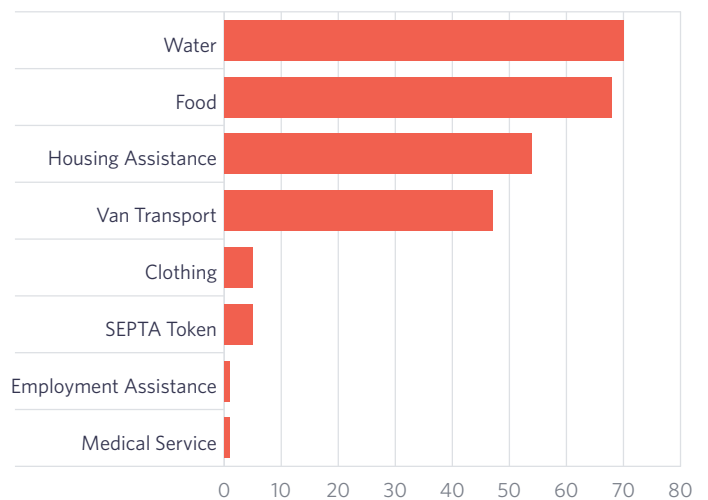
With the closure of some resources in Philadelphia and the surrounding counties, the airport saw a surge of individuals living in the airport terminal, many of whom came from Delaware County. Throughout May, outreach teams regularly engaged and offered services to those experiencing homelessness at the PHL airport, providing individuals with food, water, and hygiene care kits. Individuals interested in services were placed into DBHIDS residential programs, OHS shelters, and the COVID Prevention Space.

Four additional individuals residing at the airport were referred to a Housing First program with Pathways to Housing PA. On May 26, 2020 there was a one-day initiative where multiple outreach teams were on site, offering testing set up by PDPH and transportation to various locations with support from the Philadelphia Fire Department. Of the approximately 27 individuals engaged, most chose to be transported to shelter, the COVID Prevention Space, or somewhere they could connect with another healthcare or social services provider such as the Veterans Administration.

Placements from the Airport Initiative



Number of People Accepting Service or Assistance, by type

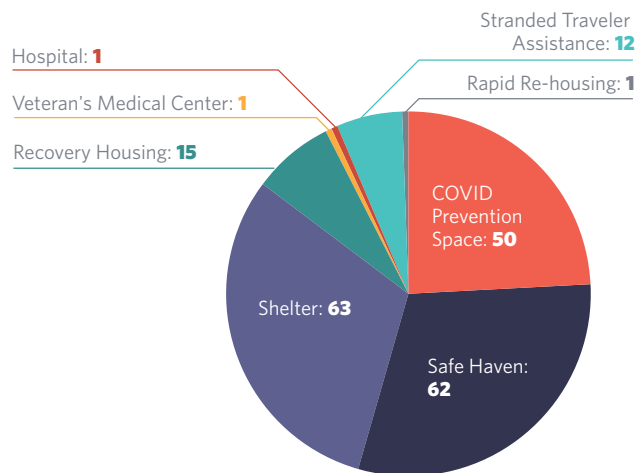


## Responding to Unhoused Individuals in Kensington

Before the pandemic, the Shared Public Spaces group was already working to identify gaps in services and opportunities for enhanced collaboration in Kensington due to the multiple layers of hardship impacting the community there. Kensington residents are experiencing trauma from the ongoing opioid crisis, increasing incidents of violence, and high rates of poverty and street homelessness — all in addition to the threat of COVID-19 disease. In response, the City has implemented several efforts specifically tailored to the Kensington neighborhood, including:

- » The creation of a drop-in center from May through August that provided a safe place for unhoused individuals to access food, shelter, treatment, and clean sanitation facilities.
- » The implementation of summer strategy, a weekly event supplementing the ongoing daily street outreach and engagement where an interdisciplinary team met individuals on the street in a targeted response to remove barriers that keep people from accessing services such as treatment and shelter.
- » A restart of the Same Day Pay program with COVID-19 precautions in place, which provides individuals the opportunity to earn money through very low barrier, single day work engagements in their own neighborhood.

### Outreach Placements from the Parkway and Ridge Avenue Protest Camps



## Collaboration with SEPTA

The City and SEPTA have a long-standing partnership in serving individuals experiencing homelessness. In Shared Public Spaces 1.0, the City and SEPTA partnered with Project Home to create the Hub of Hope, a daytime engagement center in the Suburban Station concourse. During the pandemic, SEPTA experienced a surge in the number of homeless individuals living in both its stations and on its vehicles. In response, the City developed a framework for collaboration to chart a path forward, with SEPTA already implementing a key recommendation – the creation of additional co-responder teams. The City will continue to partner with SEPTA to address the needs of the transit system’s riders, as well as those who are homeless.

## Responding to Unhoused Individuals at the Parkway and Ridge Avenue Protest Camps

Homeless Connect was developed and implemented as a multi-day event to intensively focus resources in one place in a concerted effort to bring people off the street and into the homeless services system. Outreach and OHS workers at Homeless Connect found that 1-2 days of relationship building facilitated placements 2-3 days later in the week. This effort proved highly successful, with over 200 placements to Housing First, treatment, or shelter, and 40 placements of individuals at the COVID Prevention Space.

### NEXT STEP:

The most urgent priority of the Shared Public Spaces group is working with a number of partners, including the Law Department, the OHS Encampment Team, DBHIDS Homeless Outreach, Parks and Recreation, and the Philadelphia Police Department to finalize a tent policy and procedures to be applied uniformly citywide.



# KENSINGTON DROP-IN CENTER

Due to the COVID-19 pandemic many indoor services providers were forced to close or reduce services, and the City was unable to operate its cooling centers that provide respite from extreme heat throughout the summer.

In response to these unmet needs, the Opioid Response Unit (ORU) and OHS developed and implemented plans for a drop-in center in Kensington, a neighborhood with a high incidence of individuals with substance use disorder experiencing street homelessness. The drop-in center layout and programming ensured appropriate social distancing and safety precautions for participants and staff. The center also served as a low-barrier access point for services, including referrals to shelter and treatment.

The drop-in center was co-located with a COVID testing site run by a partnership between the City and Philadelphia FIGHT.

The center operated successfully from May 11 to August 28, and the City is actively seeking a location to resume services as soon as possible. One Day at a Time (ODAAT) operated the center, and with the City's partnership, ODAAT was able to build capacity such that this project can serve as a replicable model to use again in Kensington or to adapt for use in different neighborhoods.

**11,000**  
contacts

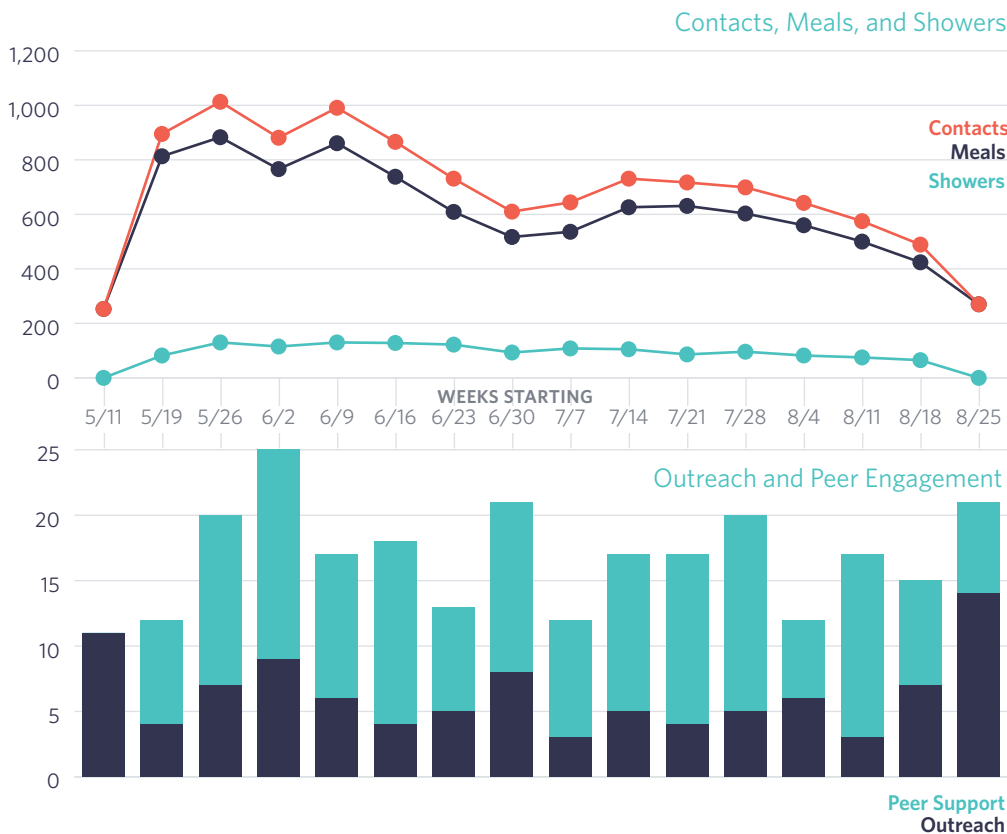
**9,500**  
meals

**1,400**  
showers

**139**  
placements  
and referrals

## NEXT STEPS:

Urgent work continues to reestablish services in Kensington. The provision of overnight respite diverts people from the street who need very low-barrier places to stay, and the drop-in center is a critical access point for restrooms and sinks, especially as winter approaches.





# SANITATION SERVICES

MDO, PDPH, and DBHIDS built on the relationships and successful strategies used in combating Philadelphia's Hepatitis A outbreak in 2019 to expand sanitation services in response to the COVID-19 pandemic, including the deployment of additional restroom trailers and portable handwashing stations.

The Kensington Drop-in Center provided much needed restroom access during the summer, but limited capacity due to social distancing meant that the additional restroom trailers and handwashing stations were necessary to help meet the demand for sanitation services. This group continues to work to identify an alternative sanitation service solution that is both financially and operationally sustainable and builds on the important role of public restrooms as an engagement opportunity.

A key component of this effort is to create a strategy for the equitable distribution of sanitation services across neighborhoods, serving communities with the highest need. To that end, the City developed weighted criteria for the allocation of sanitation services to areas most in need based on poverty levels, degree of substance use disorder, the level of street homelessness, and the Affordable Care Act Community Health Needs Assessment score. The application of this criteria generated recommendations for siting additional handwashing stations, beyond Kensington and Center City including one in central North Philadelphia and one in West Philadelphia.

## NEXT STEPS:

- » Implementing the alternative restroom strategy developed for Kensington will provide long-term sustainability and better meet the needs of the restroom guests with reliable restroom, laundry, and shower services. Beacon House on the Episcopal Campus is scheduled to open in January as an anchor point for services in Kensington, but the gap in services since the closure of the summer drop-in center on August 28 has compounded challenges as mechanical issues with the restroom trailers have become more frequent with increased utilization and the impending freezing temperatures will render the trailers fully unusable.
- » Options for installing alcohol-based hand sanitizer dispensers are being explored as a supplement to the portable handwashing stations, which cannot be used during the winter when temperatures drop below freezing.
- » HHS, ORU, and OHS are investigating possibilities to make additional indoor and exterior public bathrooms available in Center City. The City has been meeting with the owners of local buildings to identify centrally located restroom facilities that can be made permanently available to the public with enough space to facilitate traffic flow consistent with social distancing guidelines.

“Employees are continuing to engage and build strong relationships of trust with regular patrons. Participants continue to benefit from the relationships being built with staff at the site and the subsequent engagement to support services and resources. Our team is continuing to do a great job of bringing about awareness, safety and best health practices regarding COVID-19, as well as assisting and directing participants to other levels of care and support services related to housing and substance abuse treatment.”

—One Day at a Time (ODAAT), Restroom Staffing Provider



# OUTCOMES

Public restrooms are available for use by the unsheltered populations.

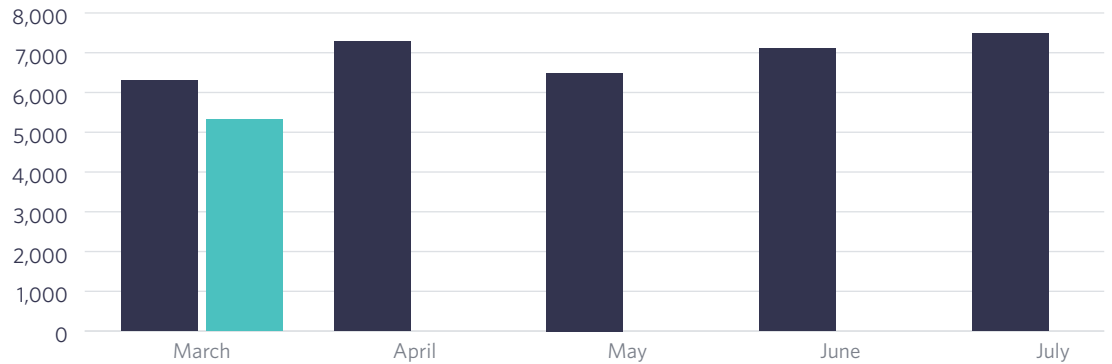
## Center City Love Park Restroom Utilization

- » **26,000+** total uses, averaging 1,400 weekly
- » Average **271** unique users each week
- » Average **6 uses/visitor** each week

## Kensington Restroom Utilization Since April

- » **6,932** monthly average of Monmouth restroom trailer in Kensington
- » **39,988** total uses of Kensington restroom trailers March - July

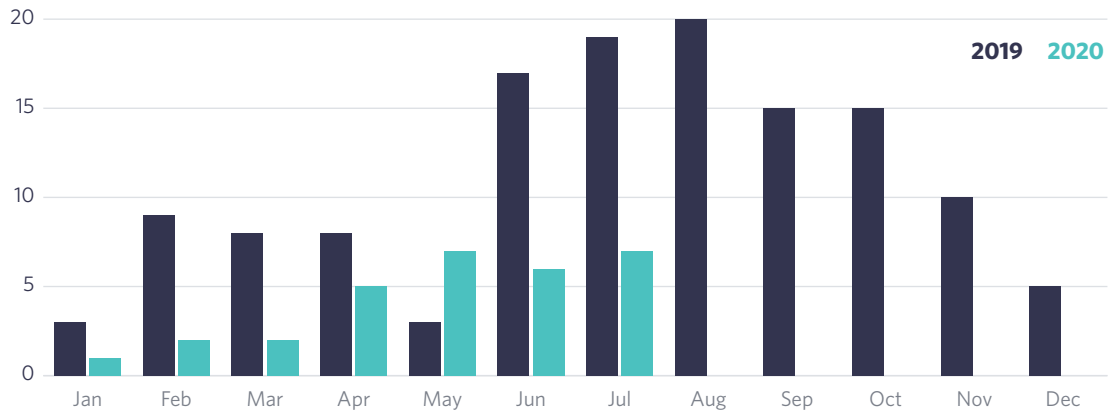
Kensington Restroom Utilization



Sanitation and health of the community, both actual and perceived, are improved.

## Complaints about public urination or defecation have declined.

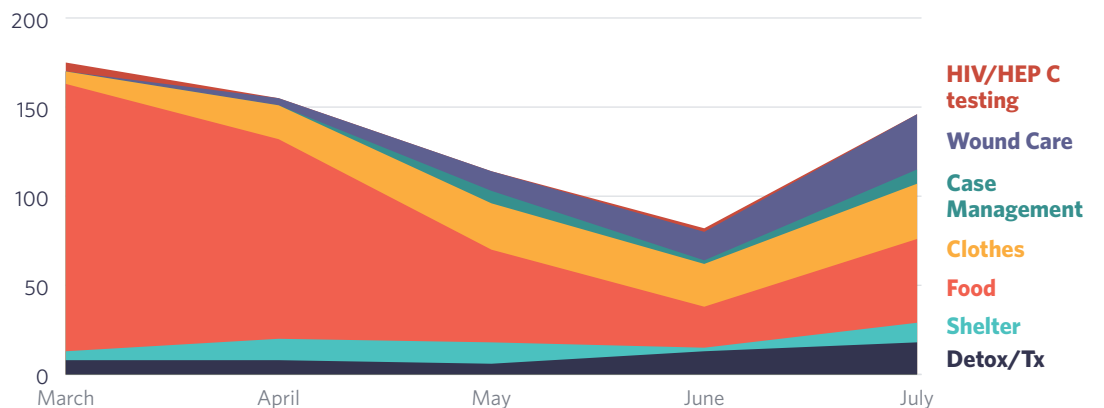
311 calls about urination or defecation



The restroom trailers serve as a new vehicle for engagement and connecting to services, treatment and resources.

## Restroom staff made over 672 referrals to connect people with resources to meet their basic needs including food, shelter, clothing, healthcare, and treatment.

Kensington Bathroom Referrals



# CONCLUSION

The COVID-19 pandemic is a significant and unprecedented challenge to human services work, especially in adapting interpersonal engagement and congregate care residential settings to safely serve people experiencing economic vulnerability. The City of Philadelphia was able to launch a swift and robust HHS-led response to hunger and homelessness by building on well-established, cross-departmental relationships that have been tried and tested in previous crisis response efforts and further strengthened by collaborative day-to-day work.

As case counts begin to rise again this fall, flexibility in response will continue to be essential in addressing urgent needs and adopting best practices as the science around the virus is increasingly better understood. The federal authorization on funding for many of the emergency measures expires December 30, but the COVID response and recovery is likely to extend for many months beyond that. Because of this, the current focus of the HHS-led response is on making critical pieces of the emergency response part of longer-term, sustainable systems.

The lessons the City learns from managing the COVID pandemic, along with the interagency relationships and community partnerships strengthened in the process, will make Philadelphia a more resilient City, better prepared to face the long recovery ahead and future challenges to come.

# APPENDIX

## Acronyms

BSM	Broad Street Ministry	MDO	Managing Director's Office
CDC	Center for Disease Control	MMT	Methadone Maintenance Treatment
CRC	Crisis Response Center	ODAAT	One Day at a Time
DBHIDS	Department of Behavioral Health and Intellectual disAbility Services	OEM	Office of Emergency Management
EOC	Emergency Operations Center	OHS	Office of Homeless Services
FQHC	Federally Qualified Health Center	ORU	Opioid Response Unit
HHS	Health and Human Services	PDPH	Philadelphia Department of Public Health
IQ	Isolation and Quarantine	PPE	Personal Protective Equipment
MAT	Medication-Assisted Treatment	RFP	Request for Proposal

## Membership

Coordination Group†    Work Group Leads\*    Work Group Members    Initial Response Members\*\*

### Department of Behavioral Health and Intellectual disAbility Services

Jill Bowen †  
Deanna Lear†  
Bridgette Tobler  
Timothy Sheahan  
Carrie Wagner  
Kehinde Solanke  
Katrina Pratt-Roebuck  
Clayton Moser  
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Veronica Craig  
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### Office of Emergency Management

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Lynn Fisher

### Managing Director's Office - HHS

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Damaris Feliciano  
Frances Hess  
Anna Marion

### Managing Director's Office - Opioid Response Unit

Noelle Foizen †\*  
Gabe Halperin-Goldstein  
Isabel Rosales

## References

- 1 PEW <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2020/10/how-covid-19-has-undercut-philadelphians-physical-and-financial-well-being>
- 2 Philadelphia Office of Homeless Services Point-in-Time (PIT) Count 2020 [http://philadelphiaofficeofhomelesservices.org/wp-content/uploads/2020/08/2020-Point-in-Time-Count-and-Youth-Count-of-People-Experiencing-Homelessness\\_8.4.20.pdf](http://philadelphiaofficeofhomelesservices.org/wp-content/uploads/2020/08/2020-Point-in-Time-Count-and-Youth-Count-of-People-Experiencing-Homelessness_8.4.20.pdf)
- 3 EXECUTIVE ORDER No. 3-20, <https://www.phila.gov/ExecutiveOrders/Executive%20Orders/eo99324.pdf>
- 4 The IQ program relied on the collaboration of Fire, Office of Emergency Management, the Department of Behavioral Health and Intellectual disAbility Services, Office of Homeless Services, Philadelphia Department of Public Health, Managing Director's Office, Sheriff's Office, and the Police Department.
- 5 <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>



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311

# Responding to the COVID-19 pandemic

Data Update to the  
Fall 2020 Progress Report

Prepared by the Working Group to Support  
Economically Vulnerable Individuals  
Published April 2021



This data update is an addendum to the Fall 2020 Progress Report on Responding to the COVID-19 Pandemic, prepared by the City of Philadelphia’s Working Group to Support Economically Vulnerable Individuals in the COVID-19 response, available here:

[Return to the Fall 2020 Report](#)

The full report contains a detailed account of Health and Human Services led response efforts, including immediate responses and the transition into a more sustainable, long-term recovery. The initial report includes data from March – October 2020, and this update extends data for quantitative metrics through February 2021. Each metric in this update is accompanied by a cross-reference to the relevant section of the report, indicated by the ► symbol and page number.

## Emergency Housing

▶▶ page 8

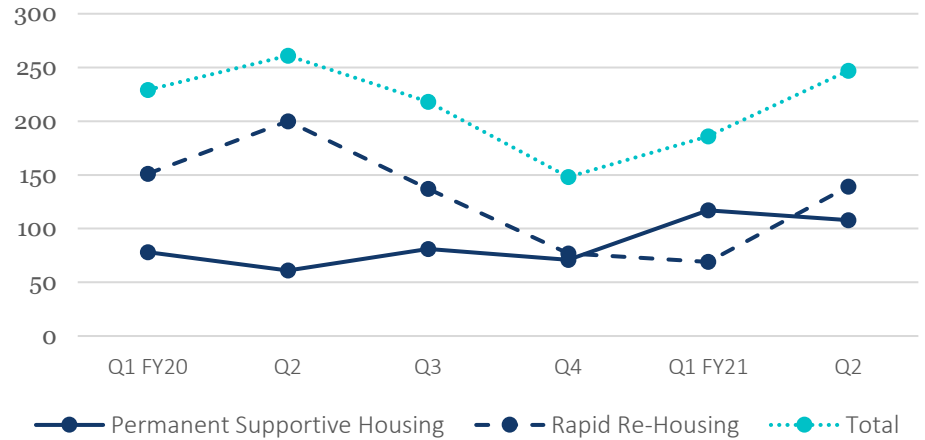
Between March 13, 2020 and February 28, 2021:

# 10,643

participants accessed emergency shelter, with successful safety measures containing COVID spread to 307 known cases.

## Permanent Housing & Rapid Re-Housing Placements

▶▶ page 19



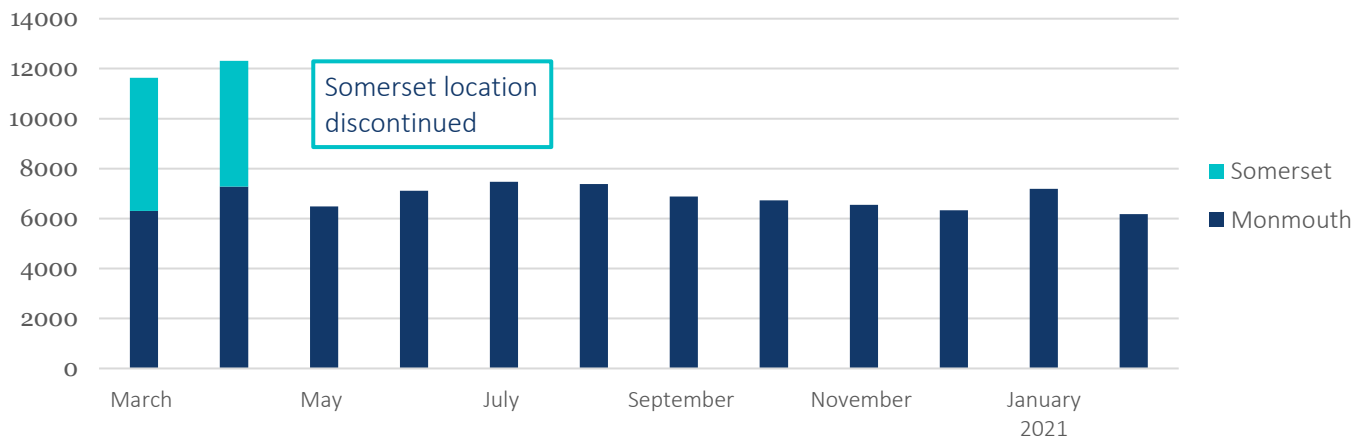
## COVID Prevention Spaces

▶▶ page 18

**91** individuals placed into Rapid Re-Housing, Permanent Supportive Housing, or other permanent housing through February 28, 2021.

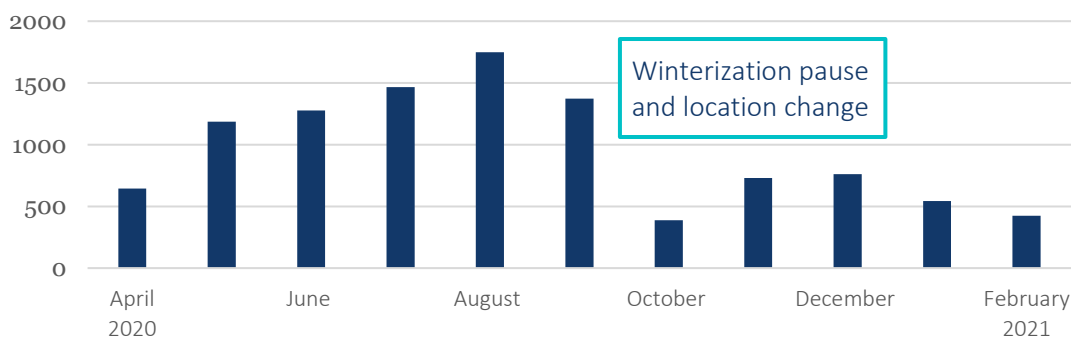
## Utilization of the Kensington Restrooms: Total Monthly Visits

▶▶ page 24



## Utilization of the Center City Restrooms: Average Weekly Visits

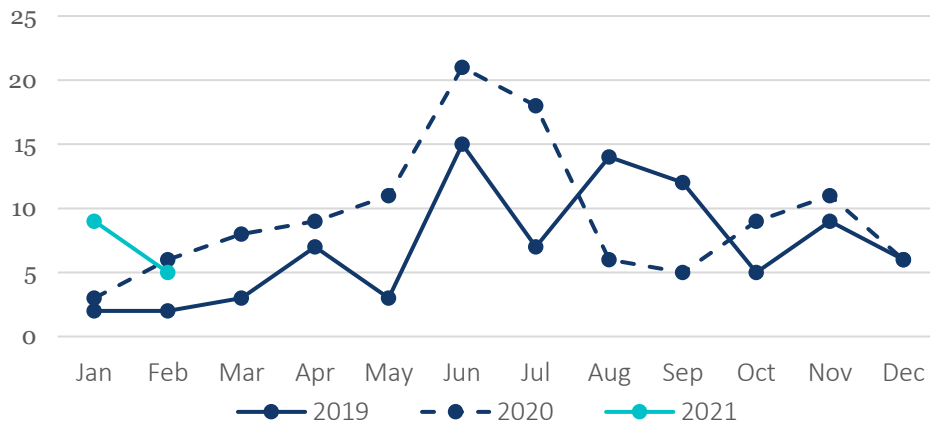
▶▶ page 24



Services paused from September 20 through October 29, 2020 for a change in location and to transition from a restroom trailer to porta potties, which are more suitable for use in freezing weather.

## 311 Calls Referencing Urination

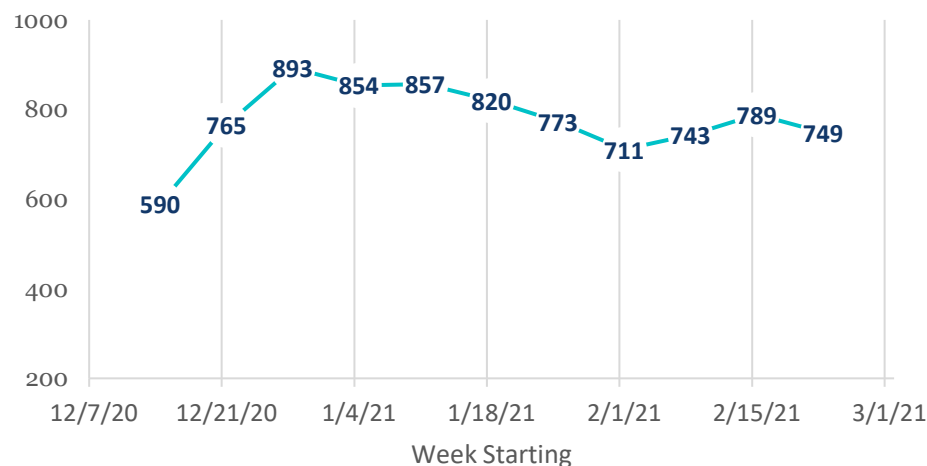
▶▶ page 24



Since October 2020, there have been over 11,000 uses of the public bathrooms in Center City and over 33,000 uses of the public bathrooms in Kensington. This high utilization combined with the ongoing 311 calls referencing urination demonstrate the urgent need for accessible public bathrooms to serve the sanitation needs of Philadelphia residents, both housed and unhoused.

## Kensington Winter Drop-in Center: Weekly Contacts

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From opening day on December 14, 2020 through February 28, 2021 there were:

- 195 peer support engagements,
- 64 referrals to treatment,
- 51 emergency housing placements, and
- 53 outreach contacts

at the drop-in center. Showers and overnight bed services began the week of February 8, with more than 200 overnight stays each week and an average of over 50 showers each week through February 28.

## Isolation and Quarantine Site

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**1,017** individuals served through February 28, 2021, up from 531 individuals served between March 21 and October 9, 2020.

## Meals Served at Outdoor Meal Sites

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**454,790**

outdoor meals were served through February 28, 2021. The average number of meals served per week across all four meal sites was more than 6,100 between October 12, 2020, and February 28, 2021.

### Meals Served by Site

North Apron of City Hall	102,217
South Philadelphia	121,420
Kensington	194,623
Thomas Paine Plaza	36,530