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#### INTRODUCTION

- 1. When COVID-19 spread in March 2020, the City of San Diego and the County of San Diego, along with City and County contracted service providers, swiftly acted to *protect* the general population. Yet, the City and County took countervailing efforts for unhoused individuals, who are particularly susceptible to life-threatening complications from COVID-19 infection. By placing high risk unhoused individuals *at greater risk* of contracting the virus, the City and County prevented unhoused individuals from being able to exercise the very public health measures the City and County urged on the general population. These actions are similar to actions the City and County took during the Hepatitis A epidemic in 2017 that particularly endangered and proved fatal to unhoused individuals living in San Diego.
- 2. The City and County received millions of dollars in state and federal COVID-19 emergency funds to carry out public health directives to protect their residents. The City and County jointly created, for unhoused residents, their COVID-19 Shelter Program, which included pandemic-related services alongside existing homelessness services.
- 3. The City and County allocated these emergency funds to the new COVID-19 Shelter Program, in addition to allocating a portion to the region's existing homeless programs. As part of the joint COVID-19 Shelter Program, "Operation Shelter to Home" incorporated the City and County's policy to provide services to unhoused individuals following public health guidelines. The COVID-19 Shelter Program was designed to provide both congregate and noncongregate shelter to unhoused residents. The City and County knew that unhoused individuals, especially many individuals with disabilities, were particularly vulnerable to contracting and suffering from severe symptoms of the COVID-19 disease, especially if they did not have appropriate shelter and care. The City and County adopted a policy that their unhoused residents could access congregate shelter or non-congregate shelter depending on their medical or disability conditions. Based on the Centers for Disease Control and Prevention (CDC) and state guidelines, hotel and motel rooms were non-congregate shelter options provided to high risk unhoused individuals, including Plaintiffs.

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4. By April 1, 2020, the County had secured approximately 2,000 hotel and motel rooms to provide temporary lodging resources to persons experiencing homelessness from COVID-19, including individuals who are at particularly high risk if contracting COVID-19. But, instead of providing high risk unhoused individuals the required access to available hotel and motel rooms, the City and County pushed all unhoused individuals into a single, congregate setting, the San Diego Convention Center, before they could obtain appropriate shelter assessments or be linked to health or social services. The City further deployed law enforcement to threaten and cite unhoused individuals with quality of life ordinance violations against CDC guidelines, and withheld available non-congregate housing options from high risk unhoused individuals—contradicting the County and City's own governing policies. The City also conditioned access to existing and new homeless programs and services on unhoused residents accepting shelter placements, however, the City primarily only placed residents at the Convention Center. In addition, the County placed its Public Health Nurses with the City's Homeless Outreach Team to screen unhoused individuals for services; however, high risk unhoused individuals were not screened for eligibility, referred to appropriate shelter options, or connected to services.

- 5. While public health reports warned of the dangers that congregate settings pose to high risk unhoused individuals with underlying health conditions and the outbreaks that occurred in congregate living settings throughout the United States, the City and County continued to deny high risk unhoused individuals' requests for hotel and motel rooms and requests for reasonable modifications to their COVID-19 Shelter Program, and kept pushing high risk unhoused individuals to the Convention Center.
- 6. Meanwhile, upon information and belief, many hotel and motel rooms leased under Operation Shelter to Home were left unoccupied.
- 7. The City touted its infusion of emergency homeless funds into its own Convention Center. The City diverted state and federal COVID-19 funds to its Convention Center despite the risk this congregate setting poses to the health and safety of unhoused individuals.

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- 8. However, based on information and belief, neither the City nor the County screened for individuals who qualified based on the needs of high risk individuals during the COVID-19 pandemic, leaving many rooms unoccupied.
- 9. The City and County intended to keep high risk unhoused residents from accessing their non-congregate housing options, and were motivated by the receipt of state and federal COVID-19 funds which it poured into its Convention Center. The City and County's financial motivation knowingly threatened the safety of high risk unhoused residents most susceptible to complications and death from COVID-19, who were individuals with disabilities. The City and County's actions systematically limited access for high risk unhoused individuals with disabilities to non-congregate shelter, and functionally denied their access to the COVID-19 Shelter Program. This harmful practice disproportionately impacted individuals with disabilities and racial minorities.
- 10. In administering homeless programs and services, the City and County also failed to accommodate the needs of individuals with disabilities, including their failure to respond to Plaintiffs' multiple requests for accommodation. Because of COVID-19's propensity for rapid community spread, the City and County's actions threaten public safety. Without court intervention, the City and County will not cease their harmful actions at any other time in the foreseeable future.

#### **JURISDICTION AND VENUE**

- 11. This Court has personal jurisdiction over the Defendants because the Defendants are located in and conduct business in San Diego.
- 12. This Court has subject matter jurisdiction over the claims asserted because relief is sought under Gov. Code §§ 11135, 12920, 12927, 12955, Civ. Code §§ 54 *et seq.*, and Code of Civ. Proc. §§ 1060 and 1085.
- 13. Venue is proper in this county as the acts upon which this action is based occurred in this county, and all parties are headquartered in this county.

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#### **THE PARTIES**

- 14. Plaintiff ARTHUR PRICE (Price) is a 31-year-old African American. Price is a person with a disability as defined in Government Code § 12926 and meets the definition of chronically homeless as defined by U.S. Department of Housing and Urban Development (HUD) regulations. Price was born with a limb deficiency and intellectual disabilities. He takes medication for his high blood pressure and thyroid removal surgery. His thyroid removal surgery places him at higher risk of infection. He also frequently suffers from migraines. Price receives Supplemental Security Income (SSI). His income is insufficient to afford rents in San Diego. Price has been living on and off the streets for over three years. He slept in various locations around the City of San Diego, including motel rooms, city streets, and at friends' homes.
- 15. Price is currently living out of a motel. But he can't afford to stay in the motel long term. He also cannot stay in a congregate setting because it would exacerbate his disability symptoms. He needs a hotel or motel room because his medical condition and immunocompromised state put him at high risk for complications and death from COVID-19.
- 16. Since the inception of COVID-19, Price has been trying to find long-term adequate housing. He has sought assistance from agencies and providers, including the regional center. He contacted 211 San Diego and the Regional Task Force on the Homeless to request a hotel or motel room. Despite his requests, he was not offered or assessed for placement with a hotel or motel room. The City's Homeless Outreach Team told Price that his only option was the San Diego Convention Center. The City's Homeless Outreach Team did not connect him with a Public Health Nurse and Price was not screened by a Public Health Nurse for being at high risk if contracting COVID-19 based on medical conditions. On June 2, 2020, Price submitted a written demand to the City Attorney. Price demanded a hotel or motel room under Operation Shelter to Home, or in the alternative, a request for reasonable modification. On June 3, 2020, Price sent a copy of the demand to the City Office of ADA Compliance and Accessibility. Price received no response.
- 17. Plaintiff CHERRIE DOSIO (Dosio) is a 34-year-old unhoused, single mother with disabilities. Dosio is a person with a disability as defined in Government Code § 12926 and

meets the definition of chronically homeless as defined by HUD regulations. Dosio has Crohn's disease and epilepsy as well as a mental health condition. She also has active colon and ovarian cancer. As a result of Crohn's disease and subsequent cancer, she uses a colostomy bag and takes high doses of steroids. This leaves Dosio immunocompromised and requiring constant access to sanitation facilities to care for her colostomy bag. Over the last few years, Dosio has been in over 30 comas and has undergone 19 abdominal surgeries. Dosio receives Supplemental Security Income (SSI). Her income is insufficient to enable her to afford market-rate rents in San Diego. On May 28, 2020, CalWORKs approved 16 days' worth of hotel vouchers. After the allotted vouchers ran out, her family went back to living in vehicles as before.

- 18. Dosio's physical condition and immunocompromised state put her at high risk for complications and death from COVID-19 infection. She cares for three minor children. Her son has asthma, which puts him at a higher risk for complications from a COVID-19 infection. She needs access to a hotel or motel room because her medical conditions make her more vulnerable to contracting COVID-19, and suffering complications.
- 19. In May 2020, Dosio contacted 211 San Diego and the Regional Task Force on the Homeless and multiple City and County contracted providers to request housing, including hotel and motel rooms. During each call, Dosio identified as a person with high risk if contracting COVID-19. Over 19 providers had already denied her housing, many due to the presence of her emotional support animals. When Dosio called 211 San Diego, the automatic recording stated that hotel or motel rooms and Convention Center shelter beds could not be accessed through the hotline. Dosio contacted every shelter in the City and County of San Diego, and was told all beds were full. When Dosio was referred to 211 San Diego by a service provider, 211 gave her the same list of shelters and said that was the only way to get into a noncongregate shelter room was if she was COVID positive or HIV positive. On June 2, 2020, Dosio submitted a written demand to the City Attorney. Dosio demanded a hotel or motel room under Operation Shelter to Home, or in the alternative, a request for reasonable modification. On June 3, 2020, Dosio sent a copy of the demand to the City Office of ADA Compliance and Accessibility. Dosio did not receive a response from the City.

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his fiancé and domestic partner, Plaintiff PATRICK QUINONES. Voelp is a person with a disability as defined in Government Code § 12926 and meets the definition of chronically homeless as defined by HUD regulations. Voelp has congestive heart failure and is immunocompromised. Both make him physically weak and unable to fight infection. He needs full-time caregiving from his fiancé. His physical conditions put him at high risk for complications and death from COVID-19 infection. The motorhome that Voelp and his fiancé share is old (1978) and dysfunctional. They purchased it for \$500 in April, 2020. They are struggling to meet their needs in their motorhome. Because the police continue to enforce against individuals living in their vehicles, they are at constant risk of losing their home.

Plaintiff CHRISTOPHER VOELP is a 36-year-old living in a motorhome with

- 21. Voelp contacted 211 San Diego, Regional Task Force on the Homeless, and the City's Homeless Outreach Team for non-congregate shelter – hotel or motel – placement due to the pandemic and his health condition that places him at a higher risk of severe illness if he contracts COVID-19. When Voelp called 211 San Diego, he explained his disabilities and health conditions and requested a hotel or motel room. Voelp was given phone numbers to San Diego Housing Commission's contracted service providers – Father Joe's Villages and Alpha Project. Father Joe's Villages did not answer when he called. Alpha Project only provided him a referral to the Convention Center despite Voelp explaining he could not go to a mass congregate shelter, and disclosing his disabilities and high risk conditions. Voelp called Regional Task Force on the Homeless and left a message for a hotel or motel room to shelter in place, but did not receive a response. He was not offered a hotel or motel room. He later spoke to Alpha Project, explained his health condition, and was told the only option was the Convention Center or Golden Hall. On June 2, 2020, Voelp submitted a written demand to the City Attorney. Voelp demanded a hotel or motel room under Operation Shelter to Home, or in the alternative, a request for reasonable modification. On June 3, 2020, Voelp sent a copy of the demand to the City Office of ADA Compliance and Accessibility. Voelp did not receive a response from the City.
  - 22. Plaintiff PATRICK QUINONES (Quinones) is a 31-year-old living in a

- 23. When Quinones asked 211 San Diego for hotel or motel options, 211 explained those options were reserved for people who tested positive for COVID-19. According to 211, Quinones's only option is to move into the congregate shelter at the San Diego Convention Center. Quinones also contacted the Regional Task Force on the Homeless and the City's Homeless Outreach Team for hotel or motel options, and was referred back to 211 San Diego. On June 2, 2020, Quinones submitted a written demand to the City Attorney. Quinones demanded a hotel or motel room under Operation Shelter to Home, or in the alternative, a request for reasonable modification. On June 3, 2020, Quinones sent a copy of the demand to the City Office of ADA Compliance and Accessibility. Quinones did not receive a response from the City.
- 24. Plaintiff KEITH REID (Reid) is a 58-year-old African American man living out of his vehicle. Reid is a person with a disability as defined in Government Code §12926. Reid has gout that attacks his feet and hinders his walking. Reid has heart conditions, high blood pressure, and a sleeping disorder. His physical conditions put him at high risk for complications and death from COVID-19 infection. The stress of living out of his vehicle exacerbates his disability symptoms. He fears the vulnerable position of sleeping out in the open. In May 2020, he sought a hotel or motel room from 211 San Diego and was told he must obtain a medical evaluation or get tested for COVID-19. Reid was evaluated for COVID-19 only and not for his high risk underlying medical condition. He also called Regional Task Force on the Homeless and

the City's Homeless Outreach Team for assistance in obtaining shelter and services. All three agencies – 211, Regional Task Force on the Homeless, and the City's Homeless Outreach Team – told him that his only option was the Convention Center, despite his disabilities. On June 2, 2020, Reid submitted a written demand to the City Attorney. Reid demanded a hotel or motel room under Operation Shelter to Home, or in the alternative, a request for reasonable modification. On June 3, 2020, Reid sent a copy of the demand to the City Office of ADA Compliance and Accessibility. Reid did not receive a response from the City.

- 25. Plaintiff Food Not Bombs San Diego (Food Not Bombs) is an association dedicated to nonviolent direct action to assist individuals who experience food insecurities. Food Not Bombs' mission is to share free vegan meals with the hungry as food is an essential need for the wellbeing of individuals served. Food Not Bombs holds food sharing events at various locations in the City of San Diego, including at parks in City Heights. The majority of the individuals who participate in Food Not Bombs' food sharing events are unsheltered, unhoused individuals with disabilities, including families with children. These constituents include families, who are living in vehicles or tents. Food Not Bombs also provides hygiene materials, clothing, and tents for unhoused individuals and unhoused families, and works to connect individuals and families to appropriate service providers.
- 26. During the pandemic, Food Not Bombs has had to divert resources, including volunteer time and money, to counteract the City's actions against unhoused individuals and the failure of the City and County to provide shelter and services. Food Not Bombs constituents are unhoused individuals, who are disproportionately people with disabilities and at high risk if contracting COVID-19. The City has threatened unhoused individuals with arrest or removal to the San Diego Convention Center resulting in the dispersal of unhoused individuals into canyons, alleyways, and other more remote locations. Food Not Bombs learned many individuals are unable to stay at the San Diego Convention Center, and the City's enforcement action increased the needs of individuals and families the association serves. Food Not Bombs has had to spend additional time and money preparing food that can be carried into these remote locations, and expend additional time and effort to reach individuals and families in these locations.

- 27. Because unhoused individuals have not had access to public restroom facilities—due to the City and County locking or rendering inaccessible at least some public restrooms based on COVID-19 and protests—Food Not Bombs has had to divert volunteer time and money to obtaining and delivering additional non-food items, like toilet paper and sanitizer to unhoused individuals and families. Because of ongoing threats and harassment from law enforcement, many unhoused individuals are fearful to move out of remote locations, and Food Not Bombs has had to navigate difficult terrain, and spend time finding people. Food Not Bombs has diverted time away from preparing and serving food to obtain masks for unhoused individuals to allow them to enter places with restrooms, like stores and coffee shops. Food Not Bombs has a beneficial interest in the City and County complying with state law and administering the homeless programs, including Operation Shelter to Home, in a non-discriminatory manner.
- 28. Defendant CITY OF SAN DIEGO is now and, at all times mentioned in this Complaint, a local government agency and subdivision of the State of California.
- 29. Defendant CITY OF SAN DIEGO, its employees and agents, participated personally in the unlawful conduct challenged herein and, to the extent that they did not personally participate, authorized, acquiesced, set in motion, or otherwise failed to take necessary steps to prevent the acts that resulted in the unlawful conduct and the harm suffered by Plaintiffs. The challenged acts caused the violation of Plaintiffs' rights.
- 30. Defendant COUNTY OF SAN DIEGO is now and, at all times mentioned in this Complaint, a government agency and subdivision of the State of California.
- 31. Defendant COUNTY OF SAN DIEGO, its employees and agents, participated personally in the unlawful conduct challenged herein and, to the extent that they did not personally participate, authorized, acquiesced, set in motion, or otherwise failed to take necessary steps to prevent the acts that resulted in the unlawful conduct and the harm suffered by Plaintiffs. The challenged acts caused the violation of Plaintiffs' rights.
- 32. Plaintiffs are ignorant of the true names and capacities of the persons or entities named herein as DOES 1-20, but are informed and believe, and on that basis allege, that each of such defendants participated personally in the unlawful conduct challenged herein. Plaintiffs will

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seek leave to amend this complaint when said defendants' true names and capacities have been ascertained.

### **FACTS**

### **Homelessness and Disability**

- 33. San Diego's homelessness is the result of the lack of affordable housing. People become unhoused because of poverty – they simply cannot afford to pay the high cost of rent. The San Diego Housing Federation reports a shortfall of 135,749 homes affordable to lowincome San Diegans, with rents up 32% in the last decade. The demand for affordable housing units and housing subsidies far exceeds supply. The stock of affordable housing units is small and has long waiting lists. Because the City has failed to implement affordable housing preservation efforts, the stock will continue to shrink as units are lost in the coming years. The demand for housing subsidies for use on the private housing market far exceeds supply. The City's largest subsidy program, the Housing Choice Voucher (Section 8) program, helps more than 35,000 people. The program has a 10- to 12-year waiting list, and there are over 60,000 persons on the waitlist.
- 34. In addition to causing homelessness, poverty links disability and homelessness. People with disabilities are more than twice as likely to face poverty than people without disabilities. Many people with disabilities are unable to work due to their disabilities and must rely on a rapidly shrinking social safety net to cover the cost of housing and other necessities. The social safety net, including Supplemental Security Income and Social Security Disability Insurance, of which many individuals with disabilities rely on as their only source of income, have not kept pace with rising rents. This is especially true in a city like San Diego, which lacks basic tenant protections such as rent control.
  - 35. The lack of affordable housing has resulted in the ongoing rise of homelessness.

<sup>&</sup>lt;sup>1</sup> The Affordable Housing Crisis in San Diego: How Do We Meet the Need?, San Diego Housing Federation (2017). Available online at: http://docs.sandiego.gov/ councilcomm agendas attach/2017/sglu 170125 4c.pdf.

<sup>&</sup>lt;sup>2</sup> W. Erickson, C. Lee, S. von Schrader, Disability Statistics from the American Community Survey, Cornell University (2017). Available online at: www.disabilitystatistics.org.

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The U.S. Department of Housing and Urban Development (HUD) defines "chronically homeless" as an individual with a disability who has been homeless continuously for at least 12 months or on at least four separate occasions in the last three years. 24 C.F.R. § 91.5(1). A person is homeless if he or she lacks a fixed, regular, and adequate nighttime residence. This includes persons who use RVs or other vehicles for other than temporary living quarters for recreational use. 42 U.S.C. § 11302(a); 24 C.F.R. § 3282.8(g).

- In the City of San Diego, the prevalence of disabilities among those experiencing 36. homelessness is almost five times that of the general population. Within the City of San Diego, 9% of residents have disabilities.<sup>3</sup> Of the unhoused population of San Diego, 39% reported serious mental health disabilities, 43% reported chronic health conditions, and 40% reported a physical disability. Some surveys have found even higher rates of disability. For example, of the 1,145 persons attending a one-day resource fair for the unhoused individuals in the City, 60.2% reported a long-lasting medical condition and 49.5% reported having a mental illness.<sup>5</sup>
- 37. The applicable definition of chronic health condition is "a diagnosed condition that is more than three (3) months in duration and is either not curable or has residual effects that limit daily living and required adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to: heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or

<sup>&</sup>lt;sup>3</sup> City of San Diego Fiscal Year 2020-2024 Consolidated Plan at 13 (June 2019), City of San Diego. Available online at: https://www.sandiego.gov/sites/default/files/cosdfy2024conplan.pdf. <sup>4</sup> 2017 We All Count Annual Report at 5, Regional Task Force on the Homeless. Available online at: <a href="https://www.rtfhsd.org/wp-content/uploads/2017/07/comp-report-final.pdf">https://www.rtfhsd.org/wp-content/uploads/2017/07/comp-report-final.pdf</a>. The methodology for counting individuals experiencing homelessness in San Diego changed in 2019, which artificially reduced the number of individuals counted. Moreover, individuals living in certain vehicles were not counted at all in 2018. For these reasons, we believe that the 2017 data, which is still generally considered an undercount of the actual homeless population, is the most accurate data set available.

<sup>&</sup>lt;sup>5</sup> See Project Homeless Connect Report (2015), San Diego Housing Commission. Available online at: http://www.sdhc.org/uploadedFiles/Housing Innovations/Project Homeless Connect/ 2015Project%20Homeless%20Connect%20Report\_04.15.15.pdf.

fibromyalgia); adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); severe headache/migraine; cancer; chronic bronchitis; liver condition; stroke; or emphysema."

- 38. On information and belief, the majority of unhoused people in San Diego who reported a chronic health condition or long-lasting medical condition have a CDC-recognized medical condition that place them at high risk of complications or death if infected with COVID-19.
- 39. The CDC guidelines identified that continued homeless services during community spread of COVID-19 is critical. The guidelines include that local governments should put together a plan that provides non-congregate shelter for high risk unhoused individuals alongside appropriate services, supplies, and staffing.<sup>7</sup> The same plan should include how individuals are connected to housing opportunities once their stay at the non-congregate shelter is complete.
- 40. In following the CDC guidelines, the Federal Emergency Management Agency's (FEMA) Public Assistance Program entered into an agreement with the State of California to pay for hotel and/or motel rooms as temporary non-congregate shelter where medical need is indicated.
- 41. Because of their disabilities, many high risk unhoused individuals with disabilities cannot access congregate shelters. Shelters are temporary, crowded, lack any semblance of privacy, and aggravate mental health and/or physical conditions. They also pose a risk to those with underlying health conditions and compromised immune systems, especially during the COVID-19 pandemic. Placements in congregate shelters, including transitional shelters, also result in re-traumatization for unhoused individuals with disabilities. Shelters are not meant for long-term occupancy and perpetuate cycles of instability. Thus, unhoused individuals are forced

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<sup>&</sup>lt;sup>26</sup> HUD HMIS (Homeless Management Information System) Data Standards. Available online at:

to move from shelter to shelter or between street and shelter, resulting in a constant upheaval that aggravates their disabilities, re-traumatizes them, and deteriorates their physical and mental health.

42. Being unhoused is dangerous, especially for women, seniors, and people with disabilities. In the fiscal year ending September 30, 2017, 117 unhoused people died on San Diego streets, double the figure from two years earlier. Adults who are unhoused and age 50 and older have rates of chronic illness and geriatric conditions similar to or more than adults who are age 65-70 and housed. The City and County's recent Hepatitis A epidemic highlights the public health dangers, both to unhoused individuals and to others, associated with living on the streets without access to affordable, accessible, and permanent housing or proper sanitation.

### **Homelessness and Race**

- 43. In the City of San Diego, racial minorities, particularly African Americans, experience homelessness at a higher rate than white individuals. Any policy or protocol that adversely impacts unhoused individuals has a disproportionate adverse impact on racial minorities, particularly African Americans.
- 44. Racial minorities are further disproportionately adversely impacted by COVID-19. In San Diego County, the rate of infection for Latino or Hispanic individuals is four times the rate of infection for white individuals.8 The rate of infection for Black or African American individuals is almost twice the rate of infection for white individuals.9 The COVID-19 mortality rate for Black individuals is 2.6 times higher than the rate for white individuals.10 As of April 22, 2020, the CDC reported on the disproportionate burden of COVID-19 illness and death among racial and ethnic minorities, with recent data suggesting an "overrepresentation of blacks

<sup>&</sup>lt;sup>8</sup> County of San Diego Daily 2019 Novel Coronavirus (COVID-19) Race/Ethnicity Summary (June 5, 2020), County of San Diego. Available online at:

https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/Epidemiology/COVID-19%20Race%20and%20Ethnicity%20Summary.pdf.

9 Id

<sup>&</sup>lt;sup>10</sup> The Color of Coronavirus: COVID-19 Deaths by Race and Ethnicity in the U.S. (May 27, 2020), APM Research Lab. Available online at: <a href="https://www.apmresearchlab.org/covid/deaths-by-race#reporting">https://www.apmresearchlab.org/covid/deaths-by-race#reporting</a>.

among hospitalized patients", and "death rates among black/African American persons (92.3 deaths per 100,000 population) and Hispanic/Latino persons (74.3) that were substantially higher than that of white (45.2) or Asian (34.5) persons."11

- 45. The City and County knows this disparity exists. The City's 2019 Community Action Plan on Homelessness states "Black/African American and American Indian/Alaskan Natives are over-represented in San Diego's unhoused population, with Black/African Americans representing 6% of the general population in the City of San Diego, but 29% of the Emergency Shelter population (2018 [Point in Time Count])." The 2017 We All Count annual report released by the Regional Task Force on the Homeless states: "Compared to the general population of San Diego, a much higher population of the unsheltered homeless identified as Black or African-American (21 percent compared to 5 percent)."
- 46. Based on United States Census Bureau American Community Survey data, the City of San Diego is between 6 and 7% African American and between 60 and 70% white. The City relied on data from the HUD-required "Point-In-Time" conducted and published by the San Diego Regional Task Force on the Homeless. In that report, 21% of unsheltered unhoused individuals in San Diego County are African American and 60% are white. Yet, African Americans are three times as likely to be impacted by the City's homeless programs, and policies that impact unhoused individuals, as white individuals.

# The City and County's COVID-19 Shelter Program Provided Pandemic Related Care and Homeless Services and Programs

- 47. The City and County are responsible for providing programs and services, particularly shelter, to unhoused individuals and families in San Diego.
- 48. During COVID-19, the City and County created their COVID-19 Shelter Program specifically to address COVID-19. This COVID-19 Shelter Program included both congregate and non-congregate opportunities leased by the City and County. The shelter sites also included

<sup>&</sup>lt;sup>11</sup> Coronavirus Disease 2019 (COVID-19) Racial & Ethnic Minority Groups (June 4, 2020), CDC. Available online at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html">https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html</a>.

essential homeless services and programs to assist unhoused individuals during the pandemic, and to provide linkage to services that would help with permanent housing placement.

- 49. The City and County contracted with City agencies and outside entities, including San Diego Housing Commission and the Regional Task Force on the Homeless, to manage and administer the COVID-19 Shelter Program in addition to other homeless programs. For example, before COVID-19, through contracts with the City, San Diego Housing Commission operated the City's four emergency shelters and three bridge shelters that provided 1,297 beds on a nightly basis.
- 50. The County of San Diego provides homeless services through a variety of its programs, including Public Health Services, Project One For All, the Continuum of Care, and the Emergency Solutions Grant program. Public Health Services works to prevent epidemics and the spread of disease, assist communities in recovery and assure quality and accessibility of health services throughout the County. Project One for All provides intensive wraparound services, including mental health counseling and housing, to unhoused individuals with serious mental illness. The Continuum of Care, run by Regional Task Force on the Homeless and made up of representatives of the County and other partners, works to end homelessness, address the underlying causes of homelessness and lessen the negative impact of homelessness on individuals and the community.
- 51. As stated in the City's 2019 Community Action Plan on Homelessness, the City drives housing policy for the region:<sup>12</sup>

The City of San Diego is a geographic subset of a larger regional Continuum of Care (CoC), which includes 18 jurisdictions within the County of San Diego. While the City of San Diego contains 46% of the total population of the County, it contains the majority of people experiencing homelessness (63%) as well as the majority of the resources. In many ways, the City of San Diego drives homeless policy, funding and outcomes for the region because of the large share of programs, resources and people located within the City limits. Although the Continuum of Care controls systems like Homeless Management Information System (HMIS) and Coordinated Entry (CES) that underpin the

<sup>&</sup>lt;sup>12</sup> City of San Diego Community Action Plan on Homelessness at 15 (2019), San Diego Housing Commission. Available online at: https://www.sdhc.org/wpcontent/uploads/2019/10/SD\_Homeless\_CSH\_report\_final\_10-2019.pdf.

region's approach, when the City takes action and makes positive change it will impact not just the City itself but the region.

- 52. The City's fiscal year 2020 budget for homeless programs exceeded \$116 million. The City's funding includes federal, state, and local sources. The City touted its 2020 budget for homeless programs as including increased funding for homelessness coordination staff, rapid rehousing efforts, safe parking, storage facilities, and the creation of a flexible funding pool for housing solutions. <sup>14</sup>
- 53. Through its Homeless programs, the City administers millions in funding from HUD's Continuum of Care, a program designed to end homelessness by quickly rehousing unhoused individuals and families while minimizing trauma and dislocation.
- 54. The City identified the goals of the homeless programs to: (1) "[a]ssist individuals and families to gain stable housing after experiencing homelessness or a housing crisis by providing appropriate housing and service solutions grounded in best practices"; (2) identify health care and mental health resources as vital services for homeless families to achieve stability; and, (3) include as homelessness programs and services shelters, transitional housing, permanent supportive housing options, outreach and engagement, housing location assistance, medical services, substance abuse recovery, mental health care, veteran services, and storage.<sup>15</sup>
- 55. A portion of the City's Community Development Block Grants (CDBG) funds are allocated to the Housing Navigation Center that the City launched in December 2019.
- 56. The City designated its Emergency Solutions Grant funds to unhoused shelter and service programs, including an integrated program to serve unhoused by providing "[v]irtually every resource an individual would need to break the cycle of homelessness," including individual assessments, primary health care, and permanent supportive housing.

<sup>&</sup>lt;sup>13</sup> City of San Diego Fiscal Year 2020-2024 Consolidated Plan (June 2019), City of San Diego. Available online at: <a href="https://www.sandiego.gov/sites/default/files/cosdfy2024conplan.pdf">https://www.sandiego.gov/sites/default/files/cosdfy2024conplan.pdf</a>.

<sup>&</sup>lt;sup>14</sup> Adopted Budget Fiscal Year 2020 (March 2019), City of San Diego. Available online at: <a href="https://www.sandiego.gov/sites/default/files/fy20ab\_full.pdf">https://www.sandiego.gov/sites/default/files/fy20ab\_full.pdf</a>.

<sup>&</sup>lt;sup>15</sup> City of San Diego Fiscal Year 2020-2024 Consolidated Plan (June 2019), City of San Diego. Available online at: <a href="https://www.sandiego.gov/sites/default/files/cosdfy2024conplan.pdf">https://www.sandiego.gov/sites/default/files/cosdfy2024conplan.pdf</a>.

- 57. In addition to federal funding, the City and County's Continuum of Care (headed by the Regional Task Force on the Homeless) and the City are recipients of state Homeless Emergency Aid Program (HEAP) funds for homeless programs to connect unhoused individuals to services through the jurisdiction's Continuum of Care program. The state awarded them a total of \$32,932,066.43. This HEAP funding required a crisis shelter declaration and included street outreach, health and safety education, improvements to emergency shelters, and improvements to current structures that serve unhoused individuals and families. Since July 2019, the City has also received \$22.5 million in state Homeless Housing, Assistant, and Prevention Program (HHAP) funds and the state notified recipients that these funds could be used to address needs created by the COVID-19 outbreak.<sup>16</sup>
- 58. The City and County's COVID-19 Shelter Program utilized emergency funds in addition to the existing homeless programs and services from both government entities, and the City and County created a comprehensive plan for pandemic care and linkage intervention for the long term care and needs of unhoused individuals who reside in the City and County.

### Regional Task Force on the Homeless and San Diego Housing Commission

59. The Regional Task Force on the Homeless is the San Diego region's Continuum of Care, which is responsible for coordinating housing activities and policies within the 18 jurisdictions in the region, acting as the lead agency in applying for and administering federal housing funding, administering the Homeless Management Information System and the Coordinated Entry System, and conducting the point-in-time count. The City and County play key leading roles within the Regional Task Force on the Homeless. A City Councilmember serves as its Governance Board chair. A member of the County Board of Supervisors serves as

<sup>&</sup>lt;sup>16</sup> County to fund more hotel rooms, storage for homeless, San Diego Union-Tribune (May 19, 2020). Available online at:

https://www.sandiegouniontribune.com/news/homelessness/story/2020-05-19/county-to-fund-more-hotel-rooms-storage-for-homeless?fbclid=IwAR0f%E2%80%A6.

<sup>&</sup>lt;sup>17</sup> City of San Diego Fiscal Year 2020-2024 Consolidated Plan at 13 (June 2019), City of San Diego. Available online at: https://www.sandiego.gov/sites/default/files/cosdfy2024conplan.pdf.

vice-chair<sup>18</sup> on the Board of Directors, which decides on the overall strategic planning and involvement of the Regional Task Force on the Homeless.

of the City to administer contracts with homeless service providers funded by the City. There are approximately 45 contracts, including the three bridge shelter contracts with the San Diego Housing Commission is a City agency that works at the direction of the City to administer contracts with homeless service providers funded by the City. There are approximately 45 contracts, including the three bridge shelter contracts with Alpha Project, Veterans Village of San Diego, and Father Joe's Village working out of the Convention Center during times relevant to this complaint, as well as PATH (People Assisting the Homeless) Interim Shelter and Father Joe Village's Paul Mirabel Center Interim Shelter. San Diego Housing Commission is responsible for ensuring the most recent information on resources, including current shelter options, are being provided to all its homeless service provider contractors who in turn share these choices with people who are unhoused, including people who are unsheltered.

### <u>City and County's Record of Mishandling Infectious Disease Among Unhoused</u> <u>Individuals</u>

61. In 2017, the City and County witnessed the devastation a public health outbreak can wreak on a unhoused population. Of the 589 Hepatitis A outbreak-associated cases reported, 49% occurred among people experiencing homelessness, who were at higher risk for infection than housed individuals. <sup>19</sup> The outbreak resulted in at least twenty deaths in San Diego. The City and County's failure to provide adequate resources, including housing and sanitation services, to its growing unhoused population was both the cause of the City's 2017 Hepatitis A epidemic and the reason why the epidemic became a national crisis.

<sup>&</sup>lt;sup>18</sup> *Board of Directors*, Regional Task Force on the Homeless. Available online at: https://www.rtfhsd.org/who-we-are/board-of-directors/.

<sup>&</sup>lt;sup>19</sup> Wooten, Darcy A., Forgotten but Not Gone: Learning From the Hepatitis A Outbreak and Public Health Response in San Diego, *Topics in antiviral medicine* (2019), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6372360/pdf/tam-26-117.pdf.

- 62. Cases genetically and epidemiologically linked to the San Diego strain included 76 in Santa Cruz, 12 in Los Angeles, 12 in Monterey, and 17 in other areas in California. Linked cases were also identified in Arizona, Colorado, Kentucky, Indiana, Rhode Island, West Virginia, and Utah.<sup>20</sup>
- 63. Because of the lack of preventative measures, the outbreak cost the region millions of dollars.<sup>21</sup> After the fact, the County of San Diego cast the outbreak as "exceptional in scale and transmission characteristics". 22 The County stated in its After Action Report:

Contracting HAV is not usually life-threatening and the great majority of those infected with the virus fully recover. However, those affected in the San Diego HAV outbreak had high rates of hospitalization and death due to age and the presence of underlying health conditions, particularly chronic liver disease.

This report addresses actions taken during the HAV outbreak and does not directly relate to the broader issues of homelessness or illegal drug use or poverty; however, those issues have consequences beyond the obvious impact of affected individuals, families and the larger community, as witnessed by this HAV event.<sup>23</sup>

64. Homelessness in and of itself posed the risk of a Hepatitis A outbreak and continues to pose a risk of other infectious diseases.<sup>24</sup> This is especially the case for infectious diseases like Hepatitis A when there is a lack of a sufficient number of public toilets for unhoused people to use. The San Diego Region's response to the Hepatitis A outbreak was a public health strategy of vaccination, sanitation, and education and temporary shelters (three industrial tents costing \$6.5 million). Since the Hepatitis A outbreak, the City and County has failed to take steps to provide adequate housing, an adequate number of restroom facilities with functional water taps, and hygiene materials including soap and bath tissue for those on the

24 <sup>20</sup> *Id*.

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<sup>21</sup> Hepatitis A Outbreak After Action Report at 6 (May 2018), County of San Diego. Available online at: https://www.sandiegocounty.gov/content/dam/sdc/cosd/SanDiegoHepatitisAOutbreak-2017-18-AfterActionReport.pdf.

<sup>22</sup> *Id* 

27 <sup>23</sup> *Id*.

<sup>24</sup> Wooten, *supra* at note 18.

65. While vaccinations and a public health response was the most important strategy to stop the outbreak, homelessness was the "root cause of the outbreak":<sup>25</sup>

Homelessness and its association with poor sanitation constituted a root cause of the outbreak. Homelessness was also associated with many challenges in trying to stop the outbreak that differ markedly from those encountered in food-borne outbreaks. Although measures to address homelessness were employed in combating the outbreak (eg, the temporary housing with industrial tents), it is clear that much more needs to be done in addressing the homelessness crisis in San Diego and in many areas throughout the United States. Homelessness and associated poor sanitation threaten to make outbreaks of HAV and other infectious illnesses more common in the future. Attention to this threat and the political will to address the crisis need to be heightened if we are to make any substantial progress in preventing such outbreaks.<sup>26</sup>

- 66. Before the City's Hepatitis A outbreak, the CDC and the World Health Organization did not recognize homelessness as an independent risk for the disease.<sup>27</sup> However, after the San Diego Region's outbreak was studied, the Advisory Committee on Immunization Practices voted to recommend adding homelessness as an indication for Hepatitis A vaccination.<sup>28</sup>
- 67. Researchers identified the high number of homeless individuals as possibly contributing to the size and severity of the outbreak.<sup>29</sup> The number of individuals dying from Hepatitis A (the case-fatality ratio) was higher than historical outbreaks which was thought possibly due to the population infected, disproportionately unhoused individuals, being older than the general population.

[People experiencing homelessness], especially those who are unsheltered, may be at increased risk of HAV infection because of high population density and

<sup>&</sup>lt;sup>25</sup> *Id* 

<sup>&</sup>lt;sup>26</sup> *Id*.

<sup>&</sup>lt;sup>27</sup> Corey M Peak, Sarah S Stous, Jessica M Healy, Megan G Hofmeister, Yulin Lin, Sumathi Ramachandran, Monique A Foster, Annie Kao, Eric C McDonald, Homelessness and Hepatitis A—San Diego County, 2016–2018, Clinical Infectious Diseases (August 2019), <a href="https://doi.org/10.1093/cid/ciz788">https://doi.org/10.1093/cid/ciz788</a>.

 $<sup>^{28}</sup>$  *Id*.

<sup>&</sup>lt;sup>29</sup> *Id* 

inadequate facilities for sanitation and hygiene and at increased risk of severe outcomes because of a high prevalence of associated comorbidities, malnutrition, and alcohol-related liver disease.<sup>30</sup>

- 68. During the outbreak, unhoused individuals were at 3.3 times higher odds of infection, 2.5 times higher odds of hospitalization, and 3.9 times higher odds of death associated with hepatitis A.
- 69. Just as homelessness was a risk factor for Hepatitis A, homelessness is a risk factor for COVID-19 (as discussed below). This City and County's response to COVID-19 is reminiscent of its actions and omissions during the Hepatitis A outbreak. And just like Hepatitis A, unhoused individuals have a higher likelihood of contracting, transmitting, and dying from COVID-19 than the general population.

### **State and CDC Guidance for Assisting Unhoused During COVID-19**

- 70. The state and federal government each released COVID-19 guidance for local authorities to prevent and mitigate the spread of COVID-19 among unhoused individuals.
- 71. The State of California set forth its recommendations in its "Recommended Strategic Approaches for COVID-19 Response for Individuals Experiencing Homelessness." The Centers for Disease Control and Prevention (CDC) set forth its recommendations in its "People Experiencing Homelessness and COVID-19 Interim Guidance." Both the State of California and the CDC prioritize infection protection.
- 72. As set forth by the State of California guidance, authorities were to focus on infection prevention efforts, with the primary strategy being the provision of non-congregate housing: "The primary strategy for intensive infection prevention efforts is providing single occupancy housing."31

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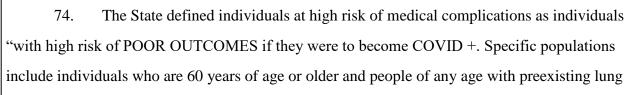
 $^{30}$  *Id*.

<sup>&</sup>lt;sup>31</sup> State of California Recommended Strategic Approaches for COVID-19 Response for Individuals Experiencing Homelessness (March 2020), State of California. Available online at: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Protocols-Homeless-Pop.pdf.

1	73. As demonstrated in the flow chart below, <sup>32</sup> the State of California recommended
2	that low-risk individuals experiencing homelessness: (a) remain in current status (either sheltered
3	or unsheltered) or (b) move into motels, hotels, or trailers where they will not be forced to
4	congregate. The State recommended that high risk individuals experiencing homelessness either
5	(a) move into motels, hotels, or trailers where they will not be forced to congregate, or (b) move
6	into an alternative care center, if they need help performing activities of daily living.
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27	32 State of California COVID-19 Recommended Protocol for People Experiencing
28	Homelessness, State of California. Available online at: <a href="https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-">https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-</a>
	19/flowchart-COVID19-homelessness.pdf.

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Unsheltered

Presumed

COVID -

& LOW risk of

**complications** 

Remain in current

status (in shelter or

unsheltered)

NOTE: Shelter should meet social

distancing protocol & unsheltered protocols should follow CDC guidance.

shelter/outreach staff.

If determined low likelihood

categorization in Step 2.

See attached page for screening check procedure.

Presumed

COVID -

& HIGH risk of

complications

disease, heart disease, cancer, diabetes, HIV, or other major medical conditions (if further health screening is possible)."<sup>33</sup>

75. The State set forth recommendations for coordinated system decision-making processes. The recommendations state:<sup>34</sup>

## Potential Pathways for Coordinated System Decision-maker

- Client is given option of staying where they are or of entering an appropriate shelter environment, if available (presumed COVID-19 negative, and not at high risk of medical complications)
- Client is at high risk of medical complications, is assessed and is likely COVID-19 negative →
  transport to a hotel/motel/trailer for population at high risk of medical complications.
- Client considered a PUI → client should be given a mask, separated from the general population, and transported to a quarantine hotel/motel/trailer, or alternative care center if necessary.
- 76. In its guidance, the CDC sets forth key actions for local entities, including health departments, homeless service systems, housing authorities, and homeless outreach services, to take "to protect people experiencing homelessness from the spread of COVID-19."<sup>35</sup>
  Acknowledging the unhoused individuals' risk of COVID-19 infection from community spread, the CDC guidance stated:

In the context of COVID-19, the risks associated with sleeping outdoors in an encampment setting are different than with staying indoors in a congregate setting such as an emergency shelter or other congregate living facility. Outdoor settings may allow people to increase distance between themselves and others. However, sleeping outdoors does not provide protection from the environment, quick access to hygiene and sanitation facilities, or connection to healthcare. The balance of risks should be considered for each

<sup>&</sup>lt;sup>33</sup> State of California Recommended Strategic Approaches for COVID-19 Response for Individuals Experiencing Homelessness (March 2020), State of California. Available online at: <a href="https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Protocols-Homeless-Pop.pdf">https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Protocols-Homeless-Pop.pdf</a>.

 $<sup>^{34}</sup>$  Id

<sup>&</sup>lt;sup>35</sup> Interim Guidance for Responding to Coronavirus Disease 2019 (COVID-19) Among People Experiencing Unsheltered Homelessness, CDC. Available online at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html">https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html</a>.

individual experiencing unsheltered homelessness.

77. The CDC guidance emphasized the need to clearly communicate plans to partners and stakeholders, including law enforcement and unhoused individuals:<sup>36</sup>

**Law enforcement** should be apprised of plans related to protecting people experiencing unsheltered homelessness from COVID-19 in order to best work in coordination with homelessness service systems and state and local health departments.

**People experiencing homelessness themselves** are an important resource to help navigate their communities and keep their friends and family members safe. Consider developing an advisory board with representation from people experiencing homelessness to ensure plans are implementable in the community.

- 78. The CDC guidance set forth prevention measures for encampments as summarized above. The State of California repeated this guidance verbatim in its "Recommended Strategic Approaches for COVID-19 Response for Individuals Experiencing Homelessness," summarized above. The CDC also set forth prevention measures for communications which include providing unhoused individuals with "the most recent information about COVID-19 spread in their area" and "[a]dvice to avoid crowded areas if COVID-19 is circulating in their community."
- 79. The CDC states: "Some people who are experiencing unsheltered homelessness may be at higher risk of severe illness from COVID-19 due to older age or certain underlying medical conditions, such as chronic lung disease or serious heart conditions. Reach out to these clients regularly to ensure they are linked to care as necessary. Prioritize providing individual rooms for these clients, where available." The guidance links to CDC's definition of people who are at higher risk for severe illness from COVID-19, which incorporates "[p]eople of all ages with underlying medical conditions, particularly if not well controlled, including: 38

<sup>&</sup>lt;sup>36</sup> *Id*.

 $<sup>^{37}</sup>$  *Id*.

<sup>&</sup>lt;sup>38</sup> Coronavirus Disease 2019 (COVID-19) At Risk for Severe Illness (May 14, 2020), CDC. Available online at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html">https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html</a>.

- 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"
- 80. The CDC explains why people who live in a nursing home or long-term care facility are at higher risk of COVID-19: "The communal nature of nursing homes and long-term care facilities, and the population served (generally older adults often with underlying medical conditions), put those living in nursing homes at higher risk of infection and severe illness from COVID-19."<sup>39</sup>
- 81. Upon information and belief, the City and County have not followed CDC guidance for individuals experiencing homelessness, including for those who live in encampments. The City has enforced City ordinances against individuals living in encampments, and has either forced them to move into the 1,500-person San Diego Convention Center or dispersed them from their encamped location. Upon information and belief, the County has not provided access points to any of its non-congregate shelter and services for the high risk if contracting COVID-19 category.

### **COVID-19 Reports on Assisting Unhoused During COVID-19**

82. Recent reports from the CDC and UC Berkeley School of Public Health illustrate the threat homeless shelters pose to not only unhoused individuals, especially people with disabilities with medical conditions that leave them more vulnerable to the virus, but to entire communities' efforts to prevent rapid community spread. Congregate settings, even those that comply with CDC guidelines, pose significant risks of rapid transmission for unhoused individuals and staff. Even in shelters designed to meet CDC guidelines, unhoused individuals

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1	test positive for COVID-19.
2	83. People experiencing homelessness frequently have disabilities that cause them to
3	have a higher vulnerability to COVID-19, and evidence-based recommendations stressed the
4	importance of providing non-congregate settings for those who are not infected or sick: 40
5	Most people who are not infected or sick should be offered a hotel or single-
6	occupancy unit with a private bathroom so that they can shelter in place in the same way the general population has been instructed. This will minimize their exposure to
7	people who are infected, decrease their likelihood of being infected if exposed through
8 9	individual access to hygiene, and increase the speed with which they are referred to care if they fall ill. These individuals should be provided face masks to wear if they leave their room. However, we have made more detailed recommendations for individuals by
10	subgroup. (Emphasis in original.)
10	84. UC Berkeley School of Public Health provides evidence-based housing guidelines
12	for demographic groups, urging the placement of all unhoused individuals in non-congregate
13	settings and explicitly stating that providing shelter to the non-medically vulnerable should not
14	be conditional on sheltering those who are vulnerable. <sup>41</sup>
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26	40 For the Good of Us All: Addressing the Needs of Our Unhoused Neighbors During the
27	COVID-19 Pandemic at 37 (April 2020), UC Berkeley School of Public Health, https://publichealth.berkeley.edu/wp-content/uploads/2020/04/For-the-Good-of-Us-All-
28	Report.pdf.  41 Id. at 38.

	OVERALL RECOMMENDATIONS	ADDITIONAL CONSIDERATIONS
THOSE NOT INFECTED OR SICK	Shelter in place in hotel rooms or similar single-occupancy units with private bathrooms, preferably in a separate hotel from those who have been exposed or are showing symptoms.* Individuals should wear face masks if they leave their room. Specific recommendations apply to demographic subgroups as outlined.	Individuals who choose to stay in tents or cars should receive basic needs, masks, and outreach so they can shelter safely.
THOSE EXPOSED TO PEOPLE WHO ARE INFECTED	Quarantine in hotel rooms or similar single-occupancy units with private bathrooms, preferably in a separate hotel from other groups.* Individuals should wear face masks if they leave their room.	
THOSE WHO ARE SYMPTOMATIC AND PRESUMED INFECTED	Isolation in hotel rooms or similar single- occupancy units with private bathrooms, preferably in a separate hotel from other groups, or transfer to a hospital if necessary.* Individuals should wear face masks if they leave their room.	
THOSE WHO ARE KNOWN CASES	<b>Isolation</b> in a field hospital or COVID-19 ward where they can be monitored for symptoms and receive on-site care.	
THOSE WHO HAVE RECOVERED	Shelter in place in their current housing while having access to supports and resources for meeting basic needs.	Individuals can presumably live safely in congregate settings, but this recommendation may need to be revisited as new research arises.

<sup>\*</sup> The hotels and single-occupancy units should also provide for basic needs, including three meals per a day delivered to each room, daily temperature checks and symptom screening, and ongoing supportive services.

85. The Berkeley report states	that "it is likely that a significant percentage of the
homeless population is already infected an	nd that the number of cases among [people
experiencing homelessness] will continue	to soar." <sup>42</sup> Homeless individuals are more likely than
the general population to fall into one of t	he medically vulnerable categories which render them
more likely to have poor outcomes. <sup>43</sup> Data	a and models on COVID-19 illustrate that homeless
people are not only more likely to become	e infected, but to require hospitalization (two to three
times more likely), to require ICU care (tv	wo to four times more likely), and to die (twice as
likely). <sup>44</sup>	

86. Unlike the general population, unhoused individuals, including those in congregate living settings like homeless shelters, cannot comply with the CDC recommendations: <sup>45</sup>

Unhoused individuals living in congregate settings, encampments, and on the streets do not have the option to follow these recommendations. Rapid measures need to be taken to isolate unhoused individuals who are uninfected or asymptomatic, quarantine and monitor large numbers of individuals with minor or early symptoms to prevent severe illness, and hospitalize those in need of immediate medical attention. For most [people experiencing homelessness], the implementation of this plan will require for most the provision of single-occupancy units with private bathrooms, in hotels or dormitories, with basic needs and with basic needs and appropriate staffing and harm reduction strategies.

- 87. The reports stress how ensuring unhoused individuals are protected from COVID-19 is vital to the long-term effectiveness of shelter in place orders. If unhoused individuals are not protected, it "could become a reservoir for the virus that would enable the virus to spread amongst the entire population after the shelter-in-place order has concluded, which has been previously demonstrated with bacterial infections in unhoused communities."
  - 88. The Berkeley report emphasizes how even homeless shelters that comply with

<sup>&</sup>lt;sup>42</sup> *Id.* at 9.

<sup>&</sup>lt;sup>43</sup> *Id*. at 18.

<sup>&</sup>lt;sup>44</sup> *Id*. at 19.

<sup>&</sup>lt;sup>45</sup> *Id.* at 10.

 $<sup>||^{46}</sup>$  *Id.* at 14.

CDC guidelines present serious COVID-19 transmission risks.<sup>47</sup> The report references San Diego's shelter.<sup>48</sup>

89. A CDC report released April 22, 2020, provided an assessment of COVID-19 infection prevalence in homeless shelters in March and April 2020. The report, which analyzed testing results for residents and staff members of 19 homeless shelters in Seattle, Atlanta, San Francisco, and Boston, illustrated how dangerous the virus is for residents in homeless shelters, with infection identified even among shelters where no cases had been reported.<sup>49</sup>

When testing followed identification of a cluster, high proportions of residents and staff members had positive test results for SARS-CoV-2 in Seattle (17% of residents; 17% of staff members), Boston (36%; 30%), and San Francisco (66%; 16%). Testing in Seattle shelters where only one previous case had been identified in each shelter found a low prevalence of infection (5% of residents; 1% of staff members). Among shelters in Atlanta where no cases had been reported, a low prevalence of infection was also identified (4% of residents; 2% of staff members).

Homelessness poses multiple challenges that can exacerbate and amplify the spread of COVID-19. Homeless shelters are often crowded, making social distancing difficult. Many persons experiencing homelessness are older or have underlying medical conditions, placing them at higher risk for severe COVID-19–associated illness.

90. Another CDC report, released April 22, 2020, assessed COVID-19 spread in Seattle homeless shelters. <sup>50</sup> First addressing what is already known about the topic, the report stated: "COVID-19 can spread rapidly within and between congregate housing facilities, such as homeless shelters. COVID-19 in homeless shelters, however, has not been well described." The report identified conditions that might have contributed to COVID-19 transmission in homeless shelters. These conditions included "crowding and use of congregate sleeping arrangements" and

<sup>&</sup>lt;sup>47</sup> *Id.* at 20.

<sup>&</sup>lt;sup>48</sup> *Id*.

<sup>25 | 49</sup> Mosites E, Parker EM, Clarke KE, et al. Assessment of SARS-CoV-2 Infection Prevalence in Homeless Shelters — Four U.S. Cities, March 27—April 15, 2020, Morbidity and Mortality Weekly Report (April 22, 2020), http://dx.doi.org/10.15585/mmwr.mm6917e1.

<sup>&</sup>lt;sup>50</sup> Tobolowsky FA, Gonzales E, Self JL, et al. *COVID-19* Outbreak Among Three Affiliated Homeless Service Sites — King County, Washington, 2020, Morbidity and Mortality Weekly Report (April 22, 2020), http://dx.doi.org/10.15585/mmwr.mm6917e2.

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"possible asymptomatic transmission."

### **Increased COVID-19 Exposure in Congregate Settings: Homeless Shelters**

- 91. In early April, a COVID-19 outbreak at a homeless shelter in San Francisco endangered the lives of residents and shelter staff. Over 100 people, 95 homeless individuals and 10 staff members, tested positive for the coronavirus.<sup>51</sup> The infection rate was rapid among the 141 residents with five positive cases, followed two days later by 70 positive cases, followed five days later with 92 positive resident cases. 52 56 percent of the 181 tested guests and staff were positive.<sup>53</sup> San Francisco scrapped the plans it had in place to turn part of its convention center into a shelter with nearly 400 beds for homeless people.<sup>54</sup>
- 92. In March 2020, COVID-19 rapidly spread throughout a homeless shelter in Boston with 147 of the 408 homeless individuals testing positive for COVID-19:55

Universal testing of an adult homeless shelter population in Boston shortly after the identification of a COVID-19 case cluster yielded an alarming 36% positivity rate. The vast majority of newly identified cases had no symptoms and no fever on a single pointin-time assessment. Our findings illustrate the rapidity with which COVID-19 can be widely transmitted within a homeless shelter setting, even when infection control vigilance is high. Although recommended by the Centers for Disease Control and Prevention and widely implemented in Boston and elsewhere, front-door symptom screening in homeless shelter settings will likely miss a substantial number of COVID-19 cases in this high-risk population.

The circumstances of homelessness create the potential for rapid transmission of SARS-

CoV-2 in this vulnerable population.... COVID-positive individuals were more likely to be male (p<0.001) but did not differ significantly from COVID-negative individuals with

<sup>&</sup>lt;sup>51</sup> Advocates furious after outbreak at San Francisco shelter, San Diego Union-Tribune (April 10, 2020). Available online at:

https://www.sandiegouniontribune.com/news/california/story/2020-04-10/advocates-furiousafter-outbreak-at-san-francisco-shelter; A look inside site of San Francisco's largest coronavirus outbreak, ABC 7 News (April 22, 2020). Available online at: https://abc7news.com/bay-areacoronavirus-update-california-shelter-in-place-lockdown/6123826/

<sup>&</sup>lt;sup>52</sup> UC Berkeley School of Public Health, *supra* note 39, at 19. <sup>53</sup> *Id*.

<sup>&</sup>lt;sup>54</sup> Advocates furious after outbreak at San Francisco shelter, supra note 50.

<sup>&</sup>lt;sup>55</sup> Travis P. Baggett, Harrison Keyes, Nora Sporn, Jessie M. Gaeta, COVID-19 outbreak at a large homeless shelter in Boston: Implications for universal testing, medRxiv (April 12, 2020), https://doi.org/10.1101/2020.04.12.20059618.

respect to other demographic and clinical characteristics. Cough (7.5%), shortness of breath (1.4%), and fever (0.7%) were all uncommon among COVID-positive individuals. Our findings illustrate the rapidity with which COVID-19 can be widely transmitted in a homeless shelter setting and suggest that universal PCR testing, rather than a symptom triggered approach, may be a better strategy for identifying and mitigating COVID-19 among people experiencing homelessness.<sup>56</sup>

- 93. Since the outbreak in Boston, local authorities have made a concerted effort to distance people and have transported all those who tested negative at the shelter with the outbreak to local university dorms to prevent further exposure.<sup>57</sup>
- 94. In New York City, where nearly all unhoused individuals are sheltered due to the state's right to shelter, 537 unhoused individuals tested positive for COVID-19 and 33 had died as of April 16.<sup>58</sup> The hospitalization rates for unhoused individuals with COVID-19 were between 30 and 40 percent.<sup>59</sup>
- 95. At all times relevant to this complaint, the City knew of the outbreaks in homeless shelters in San Francisco, Boston, and New York City.
- 96. Based on information and belief, the City and County were forced to address COVID-19 outbreaks at its congregate shelters.

### **Increased COVID-19 Exposure in Congregate Settings: Nursing Homes**

- 97. According to a CDC report released April 22, 2020, "[h]omeless service sites are densely populated environments, similar to long-term care facilities, which can amplify infectious disease outbreaks, including COVID-19."<sup>60</sup>
- 98. The California Department of Public Health released data on COVID-19 infections in a skilled nursing facility.<sup>61</sup> As of April 17, 2020, 258 of the 1224 skilled nursing

24 | 57 'We need to fix it quickly.' Asymptomatic coronavirus cases at Boston homeless shelter raise red flag, CNN (April 17, 2020). Available online at:

https://www.cnn.com/2020/04/17/us/boston-homeless-coronavirus-outbreak/index.html.

<sup>58</sup> UC Berkeley School of Public Health, *supra* note 39, at 18.

<sup>60</sup> Travis, *supra* note 54.

<sup>61</sup> California Department of Public Health Skilled Nursing Facilities: COVID-19, California Department of Public Health. Available online at: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/SNFsCOVID\_19.aspx.

<sup>&</sup>lt;sup>56</sup> *Id*.

<sup>&</sup>lt;sup>59</sup> *Id*.

facilities reported having one or more COVID-19 case by either a resident or a health care
worker. Those who tested positive included 1290 staff and 1740 residents. Of the eleven Sar
Diego based nursing facilities that had reported, each reported COVID-19 positive staff,
residents, or both.

- 99. The skilled nursing facility data understates the extent to which COVID-19 has spread through these congregate living settings. As of April 19, 2020, roughly 10% of the state's close to 32,000 confirmed cases were found among staff and patients at care centers for the elderly. The data released by the California Department of Public Health included only 86% of the state's skilled nursing facilities and does not show the number of residents who have died from COVID-19.<sup>62</sup> In late April and May, the number of confirmed cases rose significantly.
- 100. At all times relevant to this complaint, the City and County knew of the outbreaks in nursing homes and increasing numbers of confirmed cases.

# The Region's Memorandum of Agreement for Assisting Unhoused Individuals During COVID-19

- 101. On March 11, 2020, the City and County presented, with the San Diego Housing Commission, the City and County's Homelessness COVID-19 Coordinated Response.
- 102. On March 17, 2020, Governor Gavin Newsom signed Senate Bill 89 which allocated emergency homelessness grant funding to protect the health and safety of individuals experiencing homelessness during the COVID-19 pandemic.
- 103. On or around March 23, 2020, the State awarded the City a grant of \$3,699,315.81. As stated in the Award Announcement issued to the City by the California Homeless Coordinating and Financing Council within the State Business, Consumer Services and Housing Agency, the purpose of the funding is to "protect the health and safety of people experiencing homelessness and reduce the spread of the COVID-19 outbreak." The State awarded the County a grant of \$1,642,354.84.

<sup>&</sup>lt;sup>62</sup> California names nursing homes with coronavirus outbreaks, number of cases, Los Angeles Times (April 18, 2020). Available online at: <a href="https://www.latimes.com/california/story/2020-04-18/california-health-officials-publicly-name-nursing-homes-with-coronavirus-outbreaks">https://www.latimes.com/california/story/2020-04-18/california-health-officials-publicly-name-nursing-homes-with-coronavirus-outbreaks</a>.

104. On or around March 27, 2020, the City requested authorization from its Chief Financial Officer to accept, appropriate, and expend these funds. The City reported that it had leveraged an additional \$3.4 million from allocations made to the County of San Diego and the Regional Task Force on the Homeless, and the agencies had "agreed to pool this money to fund the operations at the Convention Center." The City did not propose a timeline for the expenditure of the approximately \$7 million in funds: "Depending on the number of clients served a month, these dollars will be able to be stretched over several months of the emergency response to COVID-19."

105. On March 27, 2020, the City Council approved the actions. As outlined in City of San Diego Resolution Number R-2020-443, the funds were to be used for "efforts to protect the health and safety of people experiencing homelessness from the COVID-19 outbreak and to reduce the spread of the COVID-19 virus", and to "provide the necessary resources and support for emergency efforts in protecting individuals in shelters and preventing the spread of the virus".

106. On or around April 1, 2020, the City of San Diego, County of San Diego, Regional Task Force on the Homeless, and San Diego Housing Commission created COVID-19 homelessness programs and services called "Operation Shelter to Home" designed to use the Convention Center as part of the regional plan to slow the spread of COVID-19. The City entered into a Memorandum of Agreement (MOA) with the County of San Diego, the San Diego Housing Commission, and the Regional Task Force on the Homeless. The recitals state that the partnering agencies "desire to support the City's efforts to shelter persons experiencing homelessness at the Premises (Project)". Under the MOA, the City acts as the fiscal agent.

107. Operation Shelter to Home included plans to place high risk unhoused individuals into non-congregate housing options, including hotels and motels. Under the MOA, the non-congregate housing options were designated for persons who "tested positive or demonstrate"

<sup>&</sup>lt;sup>63</sup> City of San Diego Staff Report, COVID-19 Emergency Homelessness Grant Funding (March 27, 2020), City of San Diego. Available online at:

 $<sup>\</sup>underline{https://onbase.sandiego.gov/OnBaseAgendaOnline/Meetings/ViewMeeting?id=3965\&doctype=1\\ \underline{\#}.$ 

symptoms of COVID-19 or are at particularly high risk of contracting COVID-19". Under the MOA, "high risk shelter residents" were to be transitioned to hotel rooms.

- 108. At all relevant times mentioned in this complaint, the City and County had access to non-congregate housing options (hotel rooms and motel rooms). These non-congregate housing options were secured by the County as part of Operation Shelter to Home, and 222 of the rooms were operated by Regional Task Force on the Homeless and its partnering entities, including San Diego Housing Commission. Through the City and County's Operation Shelter to Home, homeless individuals met the eligibility requirements if they were:
  - i. Experiencing symptoms of COVID-19,
  - ii. Had contracted COVID-19, or
  - iii. At increased risk due to their age and presence of underlying health conditions (defined as 65 years of age or older, and/or with chronic medical conditions, or immunocompromised).<sup>64</sup>
- 109. The section of the City of San Diego's COVID-19 webpage on homeless services directs visitors to the Regional Task Force on the Homeless which states under Operation Shelter to Home: "Any individual exhibiting symptoms that is identified for isolation, , [sic] or part of a vulnerable population who is at greater risk of exposure, will continue to be placed in various hotel and motel rooms for temporary lodging per San Diego County's guidance." <sup>65</sup> (Emphasis added.)
- 110. On the City's Operation Shelter to Home webpage, the Mayor describes the non-congregate housing options, explaining "[t]he San Diego Convention Center may not be the appropriate option for all individuals. Coordinated outreach teams are engaging with people on

<sup>&</sup>lt;sup>64</sup> Three Temporary Lodging Processes for COVID-19 (March 20, 2020), County of San Diego. Available online at:

https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/Epidemiology/covid19/Community\_Sector\_Support/Homeless/COVID-19\_Temporary\_Lodging\_Process.pdf.

<sup>&</sup>lt;sup>65</sup> Operation Shelter to Home: Regional Approach to Helping Our Homeless Neighbors, Regional Task Force on the Homeless: <a href="https://www.rtfhsd.org/convention-center-golden-hall-shelter-information/">https://www.rtfhsd.org/convention-center-golden-hall-shelter-information/</a>.

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the streets to offer them shelter best fit for their condition, whether it be at the convention center, a motel room or another option."<sup>66</sup> The Operation included access to showers, laundry, work opportunities, case management to help individuals access resources and income, and housing assistance to help individuals obtain long term housing.

111. Under the MOA, the City shall "admit persons to the [Convention Center] as follows:

In Phase 1, to relocate approximately 399 persons from the Alpha Project bridge shelter, and then approximately 150 persons from Veterans Village of San Diego's shelter, and then relocate approximately 280 persons from Father Joe's Village shelter and unsheltered homeless to serve a total of approximately 829 individuals in this phase. Future phases shall be subject to approval of the parties, availability of funding, and determination of financial arrangements among the parties necessary to implement these phases.

In Phase 2, to provide additional opportunities to unsheltered individuals to serve a total of another approximately 750 individuals in this phase.

In Phase 3, to provide additional opportunities to unsheltered individuals to serve a total of another approximately 750 individuals in this phase."

112. Under the MOA, the County's responsibilities are as follows:

County staff shall provide the following related to slowing the spread of COVID-19:

- Inspect the Premises prior to any person being admitted to the Premises as a shelter, and advise on an ongoing basis as the County deems necessary or appropriate to provide adequate public health, sanitation, and hygiene at the Premises.
- Provide public health services, of the specific type that the County in its discretion deems necessary or appropriate, for up to approximately 829 occupants of the Premises at a time, not including transportation or other services that can be more properly conducted at a hospital, both specific to COVID-19 and to general medical needs.
- Provide additional services, of the specific type that the County in its discretion deems appropriate, which may include, but is not limited to, a mobile public health clinic, assisting with applications and providing eligibility certifications with regard to public benefits such as Medi-Cal, CalWORKs, CalFresh, and behavioral health services, both acute and routine.

<sup>&</sup>lt;sup>66</sup> Operation Shelter to Home, City of San Diego Mayor Kevin F. Faulconer: https://www.sandiego.gov/coronavirus/sheltertohome.

- The services and level of services provided to the community before and after the term of this agreement will approximate those services and level of services currently provided to the community and will be provided to the community at the termination of this agreement.
  - The County may perform these services using its own personnel or using contractors that it selects in its own discretion. All such personnel shall be supervised by or have their contracts managed by County.
- The County shall provide equipment and supplies to County staff to carry out these activities, or shall require County contractors to provide the following equipment to their staff, including the following:
  - Cell phone, laptop with wireless capability, clinical equipment, and office supplies.
  - Protective gear and other clothing articles, as deemed necessary.

The County will provide the aforementioned services at its sole cost.

The County will provide funding in the amount of \$1,642,354 to the Project subject to section 2.4.5 below.

- 113. Under the MOA, the Regional Task Force on the Homeless' responsibilities are as follows:
  - RTFH shall assist the County, the SDHC, and the City in coordination of the Project.
  - RTFH shall assist the City and the SDHC with discharge planning for persons at the Premises.
  - RTFH shall provide funding in the amount of \$1,785,116 to the Project subject to section 2.5.5 below.
- 114. Under the MOA, the San Diego Housing Commission's responsibilities are as follows:
  - SDHC shall assist the County, the RTFH, and the City in coordination of the Project.
  - SDHC shall administer contracts with the City's homeless service providers.
  - SDHC shall assist the City and RTFH with discharge planning for persons at the Premises.
    - SDHC staff will be providing coordination support between shelter providers onsite, and operations agencies such as San Diego Convention Center Corporation staff, City staff, County staff, and other service providers as needed. SDHC staff will be the contract administrator and technical assistance provider onsite for our contracted shelter providers. Staff from SDHC's Housing First- San Diego programs such as the Landlord Engagement and Assistance Program and the Diversion program will be providing support for

shelter operators and sheltered residents on housing navigation and connections to longer term and permanent housing for existing housing interventions as well as being versed on new interventions that get implemented and how to access those resources. SDHC will also coordinate communication and logistics between the transition of high risk shelter residents from shelter operator programs into hotel rooms supported by the RTFH and County. (SDHC staff will not be part of the ongoing case management or wellness checks for those in hotel rooms). SDHC policy staff will work with staff from the RTFH, City and County on identifying and supporting the development of an array of exit strategies to meet shelter resident's needs including seeking regulatory waivers and advocating for and identifying new funding sources from the Federal and State governments in response to the COVID-19 pandemic.

- 115. The Operation also included service supports: 24-hour security, meals, showers, bathrooms, laundry services, case managers, housing navigation, mental and behavioral health services, healthcare, health screenings, and Wi-Fi access for work or school. Anyone unable to access the Operation would not only be denied access to the shelters but also the services that the City and County provided.
- 116. In addition to the use of the Convention Center to house 1,500 sheltered homeless and unsheltered homeless, the City and County listed "other steps being taken" through the Operation as:

Installation of 257 handwashing stations throughout the region.

Procurement of hotel and motel rooms by the County to temporarily isolate individuals who may have symptoms.

County Public health nurses are deployed to shelters across the region including: San Diego Convention Center, Golden Hall, Haven House, La Posada, Operation Hope North County, Rachel's Women's Shelter, San Diego Rescue Mission and Veterans Village of San Diego.

County Public Health [sic] nurses have been assigned to Homeless Outreach Teams to educate individuals living on the streets, in the canyons and in the riverbed about COVID-19.

Assessing supply needs with homeless service providers on a regular basis and assisting when possible to distribute items based on need.

117. On April 30, 2020, the County entered into a separate memorandum of agreement

- Screen for appropriate lodging needs, including but not limited to, identification of medication/medical supplies, ADA accessibility needs, and pet accommodations
- Provide reports to support FEMA reimbursement
- With the County, regularly reassess the need for the number of rooms being made available and additional services that may be required
- Act as a proactive liaison between Lodging Facility, placement or case management specialists, contracted providers, and law enforcement, and assist with meal coordination and Guest check-in/check-out
- Arrange and contract for case management
- Arrange and/or contract for housing navigation
- Provide daily written update to County
- Respond to community concerns and notify the County of them
- Notify the County of serious incidents on lodging property
- Provide the County with any media releases or public-facing communications for County review
- Notify the County within two hours of media requests
- Work with service providers to draft plans for ramp down and close out of lodging programs and receive County approval
- Provide staff responsible for adding necessary Homeless Management System fields and provide access for service providers for data entry to align with State and federal tracking requirements for reimbursement.

Center and the County-procured hotel rooms. San Diego Housing Commission provided on-site services at County-procured hotel and motel rooms through two of San Diego Housing Commission-contracted providers, Father Joe's and Alpha Project. The County had designated these hotel rooms for high risk unhoused individuals. San Diego Housing Commission communicated with City staff to coordinate transportation for 53 families to move to these hotel rooms from the Golden Hall Shelter, ensured there were enough containers for their belongings, and helped facilitate the timing of the moves. San Diego Housing Commission communicated with the Regional Task Force on the Homeless about these families, reconfigured their statuses in the HMIS system, and coordinated communication between the Regional Task Force on the Homeless and the service providers. San Diego Housing Commission also worked with the City of San Diego to set up the sites so they were ready receive the families.

outside of the Convention Center for the open beds available at the Convention Center. San Diego Housing Commission's intake coordinators at the Convention Center worked with the City's Homeless Outreach Team and other outreach workers from various programs to help facilitate intake into the Convention Center site. San Diego Housing Commission outreach subject matter specialists coordinated with representatives from the Regional Task Force on the Homeless, Downtown San Diego Partnership, the City's Homeless Outreach Team, and PATH to identify areas of high concentrations of unsheltered homeless for coordinated outreach events encompassing a large number of outreach staff from various programs, including the County.

120. On April 22, 2020, the City received \$248 million in CARES Act funds for COVID-19 related costs incurred between March 1st and December 30th. The City's Office of the Independent Budget Analyst informed the City that eligible expenses include mitigating COVID-19's effects on the homeless population.<sup>67</sup>

<sup>&</sup>lt;sup>67</sup> Review of the Fiscal Year 2021 Proposed Budget at 50 (April 29, 2020), City of San Diego Office of the Independent Budget Analyst. Available online at:

- 121. On May 19, 2020, the Mayor announced plans to apply \$50 million in state and federal relief funds to Operation Shelter to Home at the Convention Center. <sup>68</sup> On May 21, 2020, the City's Department of Finance released its fiscal year 2020 Third Quarter Budget Monitoring Report allocating \$10.3 million during fiscal year 2020 and \$39.7 million for fiscal year 2021 in COVID-19 state and federal relief funds for Operation Shelter to Home.
- 122. The City directs millions in COVID-19 funding to use the Convention Center as a congregate shelter, despite the risks congregate settings pose to the health and safety of unhoused individuals and the feasibility of providing hotel and motel rooms.
- 123. The City and County's homeless programs include all services and programs associated with the Operation, and all homelessness services and programs provided in response to COVID-19.

## The City and County's Knowledge of Public Health Directives on Homelessness and Congregate Settings

- 124. The City and County cited the CDC guidance for assisting people experiencing homelessness during COVID-19 in news releases, press releases, resolutions, and press conferences in March, April, and May.
- 125. The Memorandum of Agreement that the City of San Diego, County of San Diego, Regional Task Force on the Homeless, and San Diego Housing Commission entered into on April 1, 2020 to effectuate a regional plan to assist persons experiencing homelessness cites to CDC guidance.
- 126. In early April, the City announced its response to homelessness during the COVID-19 pandemic. The City's statement cited to the CDC's guidance for assisting homeless during COVID-19. The statement repeated CDC's directive to not clear encampments to prevent

 $\underline{https://www.sandiego.gov/sites/default/files/iba\_report\_2006\_review\_of\_fy21\_proposed\_budget\_pdf.}$ 

<sup>&</sup>lt;sup>68</sup> Mayor Kevin L. Faulconer. Press Release: Mayor Faulconer Boosts Childcare, Housing for Homeless and Small Businesses in Budget Update. Dated May 19, 2020. Available online at: <a href="https://www.sandiego.gov/mayor/news/releases/Mayor-Faulconer-Boosts-Childcare-Housing-for-Homeless-and-Small-Businesses-in-Budget-Update">https://www.sandiego.gov/mayor/news/releases/Mayor-Faulconer-Boosts-Childcare-Housing-for-Homeless-and-Small-Businesses-in-Budget-Update</a>.

spreading the illness, but then went on to distinguish San Diego's encampments from the type of encampments in the CDC guidance, stating "San Diego has few of this type of encampment".

- 127. On April 14, 2020, the San Diego City Council passed Resolution Number R-312946 which explicitly acknowledged and cited to the CDC's guidance. The City Council passed another resolution in May again explicitly citing to the CDC guidance.
- 128. The section of the City of San Diego's COVID-19 webpage on homeless services directs visitors to the Regional Task Force on the Homeless which lists and links to both the CDC guidelines and information from the National Law Center on Homelessness & Poverty condemning the use of congregate facilities, including large-scale shelters, during COVID-19.
- 129. On May 10, 2020, the County of San Diego issued its Order of the Health Officer and Emergency Regulations and directed all governmental entities, including the City, to comply with it and disseminate it in venues where gatherings may occur. The Order referenced substantial guidance released from the California Department of Public Health, the CDC, and other public health officials throughout the United States and the world. The Order was superseded by at least two subsequent orders, the latest issued on June 3, 2020. The Orders prevented mass gatherings in one location for extended periods: <sup>69</sup>

This Order is issued to prevent circumstances often present in gatherings that may exacerbate the spread of COVID-19, such as: 1) the increased likelihood that gatherings will attract people from a broad geographic area; 2) the prolonged time period in which large numbers of people are in close proximity; 3) the difficulty in tracing exposure when large numbers of people attend a single event or are at a single location; and 4) the inability to ensure that such persons follow adequate hygienic practices.

130. On May 19, 2020, the County of San Diego issued its Congregate Facilities Guidance for COVID-19 directed at long-term care facilities, correctional facilities, and homeless shelters. Recognizing how residents of the facilities may be at higher risk given the

<sup>&</sup>lt;sup>69</sup> Order of the Health Officer and Emergency Regulations (June 3, 2020), County of San Diego Health and Human Services Agency. Available online at: <a href="https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/Epidemiology/HealthOfficerOrderCOVID19.pdf">https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/Epidemiology/HealthOfficerOrderCOVID19.pdf</a>.

congregate settings and the vulnerability of the residents, the letter provided the link for the CDC Interim Guidance for Homeless Service Providers and stated:<sup>70</sup>

Given the congregate nature and population served, the populations of long-term care facilities (e.g., skilled nursing facilities, intermediate care facilities, residential care facilities for the elderly, adult residential facilities), correctional, and homeless shelters (Facilities) may be at higher risk of being affected by COVID-19 and at increased risk for serious illness and complications.

individuals into the Convention Center and condition access to homeless programs on residing in the Convention Center. At the same time, the hotel and motel rooms originally made available for high risk unhoused individuals under the homeless programs were, and continue to be, under-utilized. As of May 19, 2020, there was capacity to house 1,351 persons in County-procured hotel rooms.71 This capacity was in addition to the 222 hotel rooms administered by the Regional Task Force on the Homeless. As of May 19, 2020, the County had procured more than 1,700 hotel rooms "for the homeless and other unique case individuals that enhance public health and safety while simultaneously meeting the sheltering and physical separation needs of our region's homeless population and others who need temporary lodging."72 The County provided information on the availability of hotel rooms to the State in the County's May 19, 2020 proposal to accelerate reopening:73

Early in the outbreak, the County aggressively acquired hundreds of hotel units to house individuals experiencing homelessness and prevent exposure to COVID-19.

<sup>70</sup> Congregate Facilities Guidance for COVID-19 (May 19, 2020), County of San Diego Health and Human Services Agency. Available online at:

https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/Epidemiology/covid19/Community\_Sector\_Support/LTC\_and\_Older\_Adults/County%20Letter%20re\_COVID-19%20Congregate%20Facilities%2005%2019%202020.pdf.

<sup>&</sup>lt;sup>71</sup> County of San Diego Attestation & Containment Plan at 21 (May 19, 2020), County of San Diego. Available online at:

 $<sup>\</sup>frac{https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH\%20Document\%20Library/COVID-19/San\%20Diego\%20County\%20Attestation.pdf.}{}$ 

 $<sup>\</sup>frac{72}{10}$  Id. at 167.

<sup>&</sup>lt;sup>73</sup> *Id.* at 21.

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Based on the 2020 Regional Homeless Point in Time Count, there are 7,619 homeless individuals living in the County. Of the 7,619 individuals, 15% of this number is 1,143 individuals.

There is present capacity to house 1,351 persons at the public health hotel rooms secured by the County. In addition, there are 222 additional hotel rooms for those who are at risk that are being managed through a contract with the Regional Task Force on the Homeless...

- 132. On June 2, 2020, at a County Board of Supervisors meeting, the County reported "As of June 1, there is temporary shelter available for 42% of the homeless population (3,176) beds): Convention Center: 1,579 beds, Public Health Hotels: 1,375 beds, Vulnerable Population Hotels: 222 beds."<sup>74</sup> (Emphasis added.)
- Based on information and belief, asymptomatic unhoused individuals (residing in the City of San Diego) at high risk if contracting COVID-19 can only access County and City social and health services if they accept congregate placements since the social and health services were centralized through the City and County's homeless programs at the Convention Center. The services through the program included a wide range, including: mental and public health clinic, behavioral health services, healthcare, daily health screenings, and assistance with applications and providing eligibility certifications with regard to public health benefits such as Medi-Cal, CalWORKs, and CalFresh. At the non-congregate shelter hotel and motel rooms, the County provided rooms that were comfortable, clean and secure. Participants are provided three daily meals, laundry, trash service, and hospitality amenities. The health services include wellness checks provided by registered nurses and participants have access to behavioral health services.

#### **Funds to the Convention Center and Existing Shelter Contracts**

As stated in the MOA and as proposed by the Mayor in his May 19, 2020, press release regarding the use of federal and state emergency funds, the City is directing millions of dollars in COVID-19 funds to the Convention Center.

<sup>&</sup>lt;sup>74</sup> County Staff Report, Coronavirus Disease 2019 (COVID-19) Item #4: County of San Diego COVID-19 Update (June 2, 2020), County Board of Supervisors Meeting June 2, 2020.

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<sup>75</sup> City of San Diego Staff Report, COVID-19 Emergency Homelessness Grant Funding (March 20 27, 2020), City of San Diego. Available online at: https://onbase.sandiego.gov/OnBaseAgendaOnline/Meetings/ViewMeeting?id=3965&doctype=1 21

<sup>76</sup> Convention Center homeless shelter expands to 800+, San Diego Union-Tribune (April 7, 2020). Available online at: https://www.sandiegouniontribune.com/news/health/story/2020-04-07/convention-center-homeless-shelter-reaches-800.

A City Council staff report dated March 27, 2020 stated that uses of the COVID-

Upon information or belief, one of the motivating factors in directing funds to the

Beginning in March 2020, the City announced the financial impact COVID-19

<sup>77</sup> Mayor Kevin L. Faulconer. Press Release: San Diego, Chula Vista to Partner to Replicate Bridge Shelter Program Regionally. Dated May 7, 2020. Available online at:

https://www.sandiego.gov/mayor/news/releases/san-diego-chula-vista-partner-replicate-bridgeshelter-program-regionally.

<sup>78</sup> See also Canceled conventions due to coronavirus costing San Diego \$203M—so far, San Diego Union-Tribune (April 10, 2020). Available online at: https://www.sandiegouniontribune.com/business/tourism/story/2020-04-10/canceled-

conventions-costing-san-diego-203m-so-far.

138. The City touted its infusion of emergency homeless funds into the Convention Center as helpful in addressing the decimation of the local tourism economy.<sup>79</sup>

- 139. On May 19, 2020, the Mayor announced plans to apply \$50 million in state and federal relief funds to Operation Shelter to Home at the Convention Center.<sup>80</sup>
- 140. On May 21, 2020, the City's Department of Finance released its fiscal year 2020 Third Quarter Budget Monitoring Report (budget report) allocating \$10.3 million during fiscal year 2020 and \$39.7 million for fiscal year 2021 in COVID-19 state and federal relief funds for Operation Shelter to Home. In April, the City spent \$730,000 on Convention Center operations and maintenance expenses including utilities. The report listed total monthly expenditures for 1,500 individuals at the Convention Center as \$4.97 million per month. Fiscal year 2020 year-end projections for expenditures at the Convention Center and funding sources for Convention Center expenditures were still to be determined.
- 141. The budget report listed the various ways in which the City had experienced a decrease in revenue followed by a statement regarding the use of COVID-19 relief funds: "These decreases are offset with an increase of \$3.4 million in Neighborhood Services Department [funds] primarily associated with reimbursements for the homeless shelter at the Convention Center supported by CRF funding."
- 142. The budget report states: "The monthly Convention Center shelter expenditures include discounted rent for the space at the Convention Center of \$1.6 million and operational costs being incurred by the San Diego Convention Center Corporation (SDCCC) as a result of the shelter of \$0.7 million. These costs will cover SDCCC share of operational costs, maintenance, supplies, utilities, and general overhead, as well as funding for essential

<sup>&</sup>lt;sup>79</sup> Mayor Kevin L. Faulconer. Press Release: San Diego Region Secure \$7.1M in State Funds for COVID-19 Homeless Response. Dated April 7, 2020. Available online at: <a href="https://www.sandiego.gov/mayor/news/releases/san-diego-region-secures-71m-state-funds-covid-19-homeless-response">https://www.sandiego.gov/mayor/news/releases/san-diego-region-secures-71m-state-funds-covid-19-homeless-response</a>.

Mayor Kevin L. Faulconer. Press Release: Mayor Faulconer Boosts Childcare, Housing for Homeless and Small Businesses in Budget Update. Dated May 19, 2020. Available online at: <a href="https://www.sandiego.gov/mayor/news/releases/Mayor-Faulconer-Boosts-Childcare-Housing-for-Homeless-and-Small-Businesses-in-Budget-Update">https://www.sandiego.gov/mayor/news/releases/Mayor-Faulconer-Boosts-Childcare-Housing-for-Homeless-and-Small-Businesses-in-Budget-Update</a>.

management and sales efforts while the Convention Center operates as a shelter. These funds will allow SDCCC to remain solvent and maintain operations necessary for the Corporation to quickly transition back to normal operations and start to benefit the local economy."

143. The Convention Center is managed by the San Diego Convention Center Corporation, a non-profit public benefit corporation created by the City of San Diego. The City leases the Convention Center site from the Unified Port of San Diego for \$1 per year.

#### **Funding of County-Procured Hotel and Motel Rooms**

- 144. On March 27, 2020, FEMA approved California's request for FEMA's reimbursement of costs related to emergency, non-congregate sheltering.<sup>81</sup> The approval states: "FEMA will reimburse Emergency NCS costs incurred for:
  - Individuals who test positive for COVID-19 that do not require hospitalization, but need isolation or quarantine (including those exiting from hospitals);
  - ii. Individuals who have been exposed to COVID-19 (as documented by a state or local public health official, or medical health professional) that do not require hospitalization, but need isolation or quarantine; and
  - iii. Individuals who are asymptomatic, but are at "high-risk," such as people over 65 or who have certain underlying health conditions (respiratory, compromised immunities, chronic disease), and who require Emergency NCS as a social distancing measure."82
  - 145. The County was aware of the FEMA's eligibility criteria for reimbursement.
- 146. The County's memorandum of agreement with the Regional Task Force on the Homeless, through which the County allocated the Regional Task Force 222 of the County-procured hotel rooms, includes requirements regarding the "screening" of individuals and

Request-Response-Letter-03272020.pdf <sup>82</sup> *Id.* 

<sup>&</sup>lt;sup>81</sup> Re: Request for Approval of Non-Congregate Sheltering – FEMA-4482-DR-CA (COVID-19), U.S. Department of Homeland Security (Mar. 27, 2020). Available online at: https://www.cdss.ca.gov/Portals/9/FEMA/202005-DR-4482-CA-Non-Congregate-Sheltering-

families for FEMA eligibility, and the FEMA reimbursement process. The memorandum of agreement states that the Regional Task Force on the Homeless will at "the end of each month through the end of this agreement, provide all required documentation regarding status of eligibility and supporting documentation to enable the County in pursuing reimbursement from FEMA."

- 147. By April 2020, the County had secured approximately 2,000 hotel and motel rooms to provide temporary lodging resources to persons experiencing homelessness from COVID-19, including individuals who are at particularly high risk if contracting COVID-19.
- 148. As part of the COVID-19 Shelter Program, the City and County provided high risk unhoused individuals in the hotels linkage to economic benefits, including housing resources such as permanent housing, and health services. During the pandemic, homeless services and programs were primarily only available through the shelter sites. Therefore, the City and County obstructed access to high risk unhoused individuals who could not access the COVID-19 Shelter Program during the pandemic.
- 149. The County, through its contracted agents at Regional Task Force on the Homeless, referred to the high risk unhoused individuals staying in the commercial hotels including the Travelodge and Pacific Inn as "guests", the same terminology used for commercial hotel guests. Similarly, a "Hotel Guest Roster" was used for both unhoused individuals and commercial guests.
- 150. On information and belief, private paying hotel guests resided at hotels that were part of the COVID-19 Shelter Program, in hotels with rooms already designated for high risk unhoused individuals.
- 151. The County paid hotel room rates reflective of the private market at the time. For example, the County paid \$145 per night for the Days Inn in the City of San Diego and \$84 for the Pacific Inn in the City of San Diego.
- 152. When the County began seeking hotels for the COVID-19 Shelter Program, the County advertised through multiple media outlets to private hotel owners that this shelter program would also assist the economic hardship hotel or motels faced because of the pandemic.

Hotel representatives responded seeking business and were able to charge market rates for the
rooms allocated to the COVID-19 Shelter Program. The County's procurement process involved
entering into purchase agreements with more than two dozen hotels. During the first 30 days of
each agreement, the County paid for all of the procured rooms. Subsequently, the County paid
for only the procured rooms that were occupied.

- 153. On information and belief, the hotel owners wanted contracts with the County to offset the economic losses the hotel owners were incurring due to low-occupancy during the pandemic and the resulting stay-at-home order.
- 154. Hotel representatives sought the County's business and once obtained, were openly appreciative that the County was paying for hotel rooms in an amount equivalent to a guest's fee.
- 155. On information and belief, the County and City also profited by collecting Transient Occupancy Tax (TOT) from the hotels that participated and filled rooms through the COVID-19 Shelter Program. The County and the City would not have received the TOT if the hotel did not participate in the COVID-19 Shelter Program and was unable to fill its hotel rooms with guests from the general public.
- 156. Based on information and belief, neither the City nor the County screened for individuals who qualified under the high risk category for non-congregate shelter, leaving many rooms unoccupied.

### The City and County's Implementation of Homeless Programs, including the COVID-19 Shelter Program, during COVID-19

- 157. As of March 18, 2020, San Diego had already experienced two COVID-19 outbreak scares at two of the region's largest homeless shelters.<sup>83</sup>
- 158. In early April 2020, the City moved 800 unhoused individuals into the megashelter, the Convention Center.

<sup>&</sup>lt;sup>83</sup> Homeless shelter tenants tested for COVID-19, San Diego Union-Tribune (March 18, 2020). Available online at: <a href="https://www.sandiegouniontribune.com/news/health/story/2020-03-18/homeless-shelter-tenants-tested-for-virus">https://www.sandiegouniontribune.com/news/health/story/2020-03-18/homeless-shelter-tenants-tested-for-virus</a>.

positive for COVID-19.<sup>100</sup>

- 178. At all times relevant to this complaint, the City and County denied requests for non-congregate housing options when unhoused individuals who met the eligibility criteria (chronic medical conditions and/or immunocompromised) for non-congregate housing made such requests.
- 179. At all times relevant to this complaint, the City and County administered the homeless programs in a way that provided non-congregate housing options only to individuals who tested positive for COVID-19, and only upon confirmation from a health professional. This is true for those in the Convention Center as well even after one is screened and determined to be a person with disabilities, underlying health conditions, and immunocompromised, a non-congregate housing option is not provided unless the individual tests positive. <sup>101</sup>
- 180. At all times relevant to this complaint, in the City of San Diego, the City and County restricted access to homeless programs to only individuals residing in the Convention Center, and nearby congregate shelters.
- 181. At all times relevant to this complaint, the City used law enforcement to create a hostile environment for unhoused individuals to force or coerce unhoused individuals to move to the Convention Center. The City's law enforcement activities have included: the threat of arrests and citations for failing to disperse from encampments; the threat of encampment sweeps; encampment sweeps that disperse and displace unhoused individuals; the threat of citations, tickets, and arrests for violating "quality of life" ordinances including encroachment and vehicle habitation; the issuance of citations, tickets, and arrests for violating "quality of life" ordinances; and arrest and misdemeanor charges for illegal lodging.
  - 182. During the pandemic, San Diego police continued enforcement actions, including

<sup>&</sup>lt;sup>100</sup> Daily 2019 Novel Coronavirus (COVID-19) Summary of Cases Among Persons Experiencing Homelessness (June 5, 2020), County of San Diego.

<sup>&</sup>lt;sup>101</sup> Mayor Kevin L. Faulconer. Press Release: Proactive COVID-19 Testing Begins for Shelter Residents at Convention. Dated April 16, 2020. Available online at: <a href="https://www.sandiego.gov/mayor/news/releases/proactive-covid-19-testing-begins-shelter-residents-convention-center">https://www.sandiego.gov/mayor/news/releases/proactive-covid-19-testing-begins-shelter-residents-convention-center</a>.

issuing warnings and citations, generally aimed at unhoused individuals for illegal lodging, encroachment, and living in a vehicle. San Diego police's priority was getting people to move into the Convention Center.

- 183. The City knew that sweeps disperse and displace individuals and encampments, and prevent unhoused individuals from sheltering in place and self-isolating. At all times relevant to this complaint, the City directed its agents and entities, including law enforcement, to threaten sweeps and to conduct sweeps. Upon information or belief, before the pandemic, the City conducted its regular sweeps in the morning and evening, but effective mid-April 2020, started conducting sweeps during morning hours. The San Diego police issued tickets during the morning sweeps. <sup>104</sup> This action is counter to the CDC guidelines cautioning against the sweeps of encampment in order to prevent further spread of COVID-19.
- 184. At all times relevant to this complaint, the City and County have failed to ensure that restroom facilities near to unsheltered unhoused individuals have functional water taps, are stocked with hand hygiene materials including soap and bath tissue, and remain open 24 hours per day.
- 185. At all times relevant to this complaint, the City has failed to ensure that encampments of more than 10 people without nearby restroom or handwashing facilities have access to portable latrines with handwashing facilities.

## The City and County Have Refused to Modify Their Discriminatory Policies and Denied Reasonable Accommodations, Which Harmed Plaintiffs

186. The City and County coordinated their efforts in responding to the COVID-19

<sup>102</sup> San Diego police nearly double illegal lodging tickets issued to homeless during pandemic, Inewsource (May 25, 2020). Available online at: <a href="https://inewsource.org/2020/05/25/san-diego-police-ticket-homeless-pandemic/">https://inewsource.org/2020/05/25/san-diego-police-ticket-homeless-pandemic/</a>; See also Despite pandemic, sheriff continues booking suspects on minor, nonviolent offenses, San Diego Union-Tribune (May 17, 2020). Available online at: <a href="https://www.sandiegouniontribune.com/news/watchdog/story/2020-05-17/despite-pandemic-sheriff-continues-booking-suspects-on-minor-nonviolent-%E2%80%A61/18">https://www.sandiegouniontribune.com/news/watchdog/story/2020-05-17/despite-pandemic-sheriff-continues-booking-suspects-on-minor-nonviolent-%E2%80%A61/18</a>.

<sup>103</sup> Id

<sup>&</sup>lt;sup>104</sup> San Diego police nearly double illegal lodging tickets issued to homeless during pandemic, Inewsource (May 25, 2020). Available online at: <a href="https://inewsource.org/2020/05/25/san-diego-police-ticket-homeless-pandemic/">https://inewsource.org/2020/05/25/san-diego-police-ticket-homeless-pandemic/</a>.

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pandemic on behalf of unhoused individuals, who reside in the City and County of San Diego. The City and County's action, however, have left unhoused individuals who are disabled and at high risk if contracting COVID-19 unable to access services and shelter; whereas, unhoused individuals who are not high risk were able to access congregate shelter and services.

- 187. The City and County failed to provide accommodations to Plaintiffs.
- 188. First, on April 28, 2020, Plaintiffs submitted reasonable accommodation requests to the City under the ADA, on behalf of unhoused individuals with disabilities, a copy of which is attached as Exhibit A. Plaintiffs' requests asserted Plaintiffs' need for the City to make reasonable modifications to its homeless programs based on their disabilities. Plaintiffs' requests illustrated how the City's administration of its services and programs directly affected unhoused individuals with disabilities that cause them to be more particularly vulnerable to complications and death from COVID-19 and prevented them from having equal access to the City's services and programs based on their disabilities. Informing the City of the imminent harm COVID-19 posed to many unhoused individuals with disabilities, Plaintiffs urged that the City modify its homeless programs to: (1) provide non-congregate housing options to unhoused individuals with disabilities upon request for preventative care, without requirement of a positive COVID-19 test or COVID-19 symptoms, (2) provide programs and services to unhoused individuals with disabilities in a way that evaluates each person's immediate needs and accommodates their disabilities, and (3) until permanent, accessible, affordable housing is available to unhoused individuals with disabilities, cease all law enforcement activity that disperses or displaces unhoused individuals or encampments.
- 189. The City confirmed receipt of the reasonable accommodation requests, but failed to engage in any discussion of Plaintiffs' requests.
- 190. Plaintiffs attempted to access non-congregate shelter through the COVID-19 Shelter Program intake processes, including contacting the City's Homeless Outreach Team and 211 San Diego, and those requests went unanswered and effectively denied.
- 191. Plaintiffs were not able to access the non-congregate shelters through the Regional Task Force on the Homeless and San Diego Housing Commission, which serviced the

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transfer, care, and linkages through their respective programs.

- 192. Subsequently, between April 28, 2020 through June 5, 2020, Plaintiffs made multiple verbal and written demands for access to Operation Shelter to Home and, in the alternative, requests for modification for placement into non-congregate housing due to their higher risk of severe illness for COVID-19. Those requests went unanswered.
- 193. Plaintiffs asserted that their households were all within the high risk category if contracting COVID-19 and were seeking non-congregate shelter placement and services. Despite multiple attempts to contact the City and through County agencies, including Regional Task Force on the Homeless, Plaintiffs were not screened, assessed or placed in appropriate shelter options and connected to appropriate services.

The City and the County Administer Homeless Programs, including the COVID-19 Shelter Program, During the COVID-19 Pandemic, That Discriminates In Three Ways **Against Protected Classes of Individuals** 

#### i. **Disparate Treatment on the Basis of Disability**

- 194. The City and County created a homeless shelter program during the COVID-19 pandemic that addressed the needs of unhoused individuals, including individuals with disabilities. The COVID-19 Shelter Program included congregate shelter and non-congregate shelter.
- 195. The City and County made available to unhoused individuals congregate shelter, including the San Diego Convention Center, Paul Mirabile Center Shelter, PATH Shelter, and Golden Hall. These congregate shelters provided beds that were not in separate rooms and did not provide private bathrooms.
- For high risk unhoused individuals, the CDC recommended that non-congregate 196. shelter be available as these individuals were at high risk of severe illness or death if they contract COVID-19. FEMA in following the CDC guidelines made funds available for states and local governments to provide non-congregate shelter. California Department of Social Services made funds available for counties to provide non-congregate shelter as well.
  - 197. The City and County of San Diego received both state and federal funds to

provide non-congregate shelter to its residents. In March 2020, the City and County rolled out a program that provided that high risk unhoused individuals would be eligible for non-congregate shelter.

- 198. However, high risk unhoused individuals, who have disabilities like Plaintiffs, were not able to access the non-congregate shelter despite reaching out and seeking shelter assistance from the City and County.
- 199. At all relevant times, there were non-congregate shelters, i.e. hotel and motel rooms, through the City and County COVID-19 Shelter Program that were left empty.
- 200. Despite the available non-congregate shelter rooms, Plaintiffs, who are high risk unhoused individuals, on numerous occasions tried to access the non-congregate shelter and were denied access.
- 201. The City and County further knew that congregate living settings place all people at higher risk of contracting COVID-19. The City and County knew that this is especially true for people with disabilities who have these underlying health conditions.
- 202. At all relevant times, the City and County knew that the underlying disabling health conditions of many unhoused individuals made them more likely than the general population to become infected with COVID-19, to require hospitalization and/or ICU care for COVID-19, and to die from COVID-19.
- 203. At all relevant times, the City and County knew that the congregate nature of a shelter would place unhoused individuals with disabilities, which include these health conditions, at higher risk of contracting COVID-19 because of their underlying health conditions and disabilities. Yet, the City and County used state and federal COVID-19 funds to carry out plans to amass 1,500 unhoused individuals in a single congregate setting the Convention Center.
- 204. The City and County further knew that congregate shelters were functionally unavailable to many unhoused individuals residing in the City and County with disabilities because of their disabilities and not a place that they would be able to access because of compromised immune systems. Yet, the City used law enforcement to create a hostile environment for unhoused individuals to push them into a mega-shelter, the Convention Center.

The City and County also conditioned access to homeless programs on unhoused individuals with disabilities staying in congregate shelter, including the Convention Center.

- 205. At all relevant times, the City and County knew or should have known that many unhoused individuals were unable to tolerate shelters because of their disabilities. Yet, the City and County did not provide non-congregate housing options to unhoused individuals with disabilities. For these individuals, especially those who were eligible under the City and County's own policies for non-congregate housing options, the City and County's actions caused irreparable harm. The City and County's actions—including dispersing and displacing unhoused individuals with disabilities and preventing them from practicing self-isolation and social distancing—also caused irreparable harm to the greater public by causing community spread.
- 206. At all relevant times, the City and County knew that many people with disabilities who have underlying health conditions and were considered high risk unhoused individuals, would be more likely to require hospitalization and/or ICU care for COVID-19, and to die from COVID-19.
- 207. The City and County did not adjust their process or intake criteria for high risk unhoused individuals despite the low occupancy by such individuals in the non-congregate shelter. Prior to this lawsuit, the City and County received requests for reasonable accommodations as part of the interactive process from Plaintiffs, who have disabilities, are high risk unhoused individuals, and eligible for non-congregate shelter, but were unable to obtain appropriate placement through the COVID-19 Shelter Program's intake process. The City and County, however, continued to deny Plaintiffs and other high risk individuals access to the non-congregate shelters. The City and County maintained that the congregate shelters were the only available shelter options for Plaintiffs and other high risk unhoused individuals despite the program's own policy, and state and federal guidance.

### ii. <u>Disparate Impact on the Basis of Disability</u>

- 208. The City and County's COVID-19 Shelter Program included both congregate and non-congregate shelter options based on eligibility of unhoused individuals.
  - 209. At all relevant times, the City and County knew that a disproportionate number of

unhoused individuals residing in the City and County have disabilities that render them particularly vulnerable to COVID-19. The City and County's own policies and procedures directed the provision of non-congregate housing, in the form of hotel and motel rooms leased through state and federal funding, to high risk unhoused individuals. But, the City and County administered the homeless programs in a discriminatory manner while COVID-19 continued to spread among unhoused individuals and did not make the services accessible to people with these disabilities.

- 210. To be eligible for the City and County's homeless programs, including the COVID-19 Shelter Program, an individual must be an unhoused City and County resident. High risk unhoused City and County residents constitute a subset of the eligible population and a protected class of individuals with disabilities. The City and County administered the COVID-19 Shelter Program in a manner that disproportionately harmed this subset of high risk individuals when compared to the entire population of eligible unhoused individuals.
- 211. Unhoused individuals, who were able to live in congregate shelter, were given access to the City and County's COVID-19 Shelter Program and homelessness services.

  Unhoused individuals were transferred to the COVID-19 congregate shelters from existing congregate shelter, through placement by the City's Homeless Outreach Team, and by calling the City and County's 211 hotline. Unhoused individuals who stayed at the San Diego Convention Center were provided a shelter bed and connected to housing navigation, mental and behavioral health services, healthcare, health screenings, and case managers for social services.
- 212. High risk unhoused individuals, however, were disproportionately unable to access the COVID-19 Shelter Program. Due to their disabilities and medical conditions, congregate shelter rendered them particularly vulnerable to COVID-19. However, the City and County systematically denied high risk unhoused individuals from the non-congregate shelter. High risk unhoused individuals were denied access by the City and County, including the City's Homeless Outreach Team, through the City and County's 211 hotline, and City and County contracted homeless providers. By not having access to the non-congregate shelters, high risk unhoused individuals were denied the ability to self-isolate in a shelter during COVID-19, and

denied access to homeless services like housing navigation, mental and behavioral health services, healthcare, health screenings, private bathrooms, meals, and case managers for social services.

- 213. The City and County's own policies and procedures directed the provision of non-congregate housing, in the form of hotel and motel rooms leased through state and federal funding, to unhoused individuals. But, the City and County administered the homeless programs in a discriminatory manner while COVID-19 continued to spread among unhoused individuals and did not make the services accessible to people with these disabilities.
- 214. Further, the City and County knew or should have known that unhoused people with disabilities were being denied equal access to the homeless programs, including the COVID-19 Shelter Program, particularly after receiving Plaintiffs' requests for reasonable modifications under the ADA. Despite this knowledge, the City and County refused to modify the homeless programs, including the COVID-19 Shelter Program, to accommodate people with disabilities, instead leaving these individuals unsheltered, without access to non-congregate housing options or any homeless services, and subject to ongoing adverse treatment by law enforcement.
- 215. High risk unhoused individuals who were not able to stay at the congregate shelters were not given access to the non-congregate shelters. The City and County knew that a disproportionate number of unhoused individuals are disabled and have these underlying health conditions, and continued to leave non-congregate shelter rooms, which were part of its COVID-19 Shelter Program, empty.

#### iii. Discrimination on the Basis of Race

- 216. The City and County's COVID-19 Shelter Program included both congregate and non-congregate shelter options based on eligibility of unhoused individuals.
- 217. At all relevant times, the City and County knew that a disproportionate number of unhoused individuals were racial minorities. Racial minorities experience homelessness at a higher rate than white individuals.
  - 218. The City and County also knew that racial minorities were disproportionately

harmed by COVID-19. Medical data demonstrated a disproportionate burden of COVID-19 infection, hospitalization, and death among racial minorities. Despite this knowledge, the City and County continued to push unhoused individuals—disproportionately racial minorities—into a congregate setting and conditioned access to homeless programs, including the COVID-19 Shelter Program, on residing at the Convention Center.

- 219. The City has had many opportunities to take steps to reduce the risk of COVID-19 to unhoused individuals who are racial minorities, yet the City and County chose to continue to administer the homeless programs in a way that disproportionately adversely impacted and threatened the safety of this population, despite outbreaks in congregate shelter settings.
- 220. To be eligible for the City and County's homeless programs, including the COVID-19 Shelter Program, an individual must be an unhoused City and County resident. This population of unhoused City and County residents relied on the City and County's COVID-19 Shelter Program. Unhoused City and County residents who are racial minorities constitute a subset of the eligible population and a protected class. The City and County administered the COVID-19 Shelter Program in a manner that disproportionately harmed this subset of racial minorities when compared to the entire population of eligible unhoused individuals.
- 221. Unhoused City and County residents, who were able to live in congregate shelter, were given access to the City and County Shelter Program and homelessness services. Unhoused individuals were transferred to the COVID-19 congregate shelter from existing congregate shelter. Unhoused individuals were also directed to the COVID-19 congregate shelter by the City's Homeless Outreach Team, and by calling the City and County's 211 hotline. Unhoused individuals who stayed at the San Diego Convention Center were provided a shelter bed and connected to housing navigation, mental and behavioral health services, healthcare, health screenings, and case managers for social services.
- 222. Unhoused individuals who are racial minorities, however, were disproportionately unable to access the COVID-19 Shelter Program. They were at higher risk of hospitalization and death from COVID-19, and had disabilities and medical conditions that rendered them particularly vulnerable to COVID-19. However, the City and County systematically denied

unhoused individuals who are racial minorities from the non-congregate shelter. Unhoused individuals who were racial minorities were denied access by the City and County, including the City's Homeless Outreach Team, through the City and County's 211 hotline, and City and County contracted homeless providers. By not having access to the non-congregate shelters, unhoused individuals who were racial minorities were denied the ability to self-isolate in a shelter during COVID-19, and denied access to homeless services like housing navigation, mental and behavioral health services, healthcare, health screenings, private bathrooms, meals, and case managers for social services.

#### **CAUSES OF ACTION**

#### **FIRST CAUSE OF ACTION**

Violation of the Fair Employment and Housing Act (Gov. Code §§ 12920, 12927, 12955)

- 223. Plaintiffs hereby incorporate each and every allegation contained in the foregoing paragraphs as if fully set forth herein.
- 224. The California Fair Employment and Housing Act (FEHA) prohibits housing discrimination based on race, color, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, national origin, ancestry, familial status, source of income, disability, veteran or military status, or genetic information. Gov. Code §§ 12920, 12955. FEHA provides no fewer rights and remedies as those provided by the Federal Fair Housing Amendments Act of 1988. Gov. Code §12955.6.
- 225. Gov. Code § 12955.8(b) authorizes a claim for housing discrimination irrespective of intent, when the alleged act or omission has the effect of discriminating based on disability and/or race.
- 226. Proof of an intentional violation of FEHA includes an act or failure to act that demonstrates an intent to discriminate. Gov. Code § 12955.8(a). There is intentional discrimination when the intent to discriminate is a motivating factor in the commitment of a discriminatory housing practice, even though other factors may also have motivated the practice. *Id.* An intent to discriminate may be established by direct or circumstantial evidence. *Id.*

- 227. Upon finding that a discriminatory housing practice has occurred or is about to occur, FEHA authorizes a court to grant injunctive relief, an order enjoining the defendant from engaging in or continuing to engage in, such unlawful practice. Gov. Code §§ 12989.2, 12900 *et seq*.
- 228. FEHA declares it unlawful to discriminate by making unavailable or denying access to a dwelling, based on the handicap of a person residing in or intending to reside in that dwelling after it is made available. Gov. Code § 12955(k). It is also unlawful to aid, abet, incite, compel, or coerce such acts or practices. *Id.* §12955(g).
- 229. Unlawful discrimination includes making housing opportunities unavailable; denying or withholding housing accommodations; or providing inferior terms, conditions, privileges, facilities, or services in connection with housing accommodations. *Id.* §§12955(g), (k), 12927(c)(1).
- 230. The City and the County have a mandatory legal duty to comply with FEHA and are liable for violations of FEHA.
- 231. Hotel and motel rooms, and shelters provided through the City and County's homeless programs qualify as "dwellings" within the meaning of FEHA because they are used as residences by one or more individuals. Plaintiffs have nowhere else to go and have relied on the shelters and motels as their only available housing option. *Auburn Woods I Homeowners Ass'n v. Fair Employment and Housing Com'n*, 121 Cal. App. 4th 1578, 1590 (2004) ("Courts often look to cases construing the FHA, the Rehabilitation Act of 1973, and the American with Disabilities Act of 1990 when interpreting FEHA.").
- 232. Plaintiffs are people with disabilities within the meaning of FEHA because their respective physical and/or mental impairments substantially limit one or more of their major life activities. See *Id.* §§ 12955.3, 12926(j), (m).
- 233. The City and County discriminated, against these eligible individuals because of their disabilities by depriving them, or threatening to deprive them, of the ability to stay at hotels or motels, thereby making these dwellings unavailable, and by failing to provide reasonable modifications.

- 234. Plaintiffs are informed and believe, and based thereon allege, that the City and County's administration of their homeless programs, particularly their withholding of non-congregate housing options, has a disproportionate impact on unhoused individuals who are members of a protected class, including persons with disabilities, racial minorities, and families with children.
- 235. Plaintiffs are informed and believe, and based thereon allege, that the City and County intentionally discriminated against unhoused individuals with disabilities because of their disabilities and race. Adversely impacting and harming unhoused individuals with disabilities and racial minorities were motivating factors behind the City and County's administration of the homeless programs, particularly their withholding of non-congregate housing options.
- 236. The City and County knew that a disproportionate number of unhoused individuals have disabilities and are more likely to become infected with COVID-19, require hospitalization from COVID-19, and die from COVID-19 than the general population.
- 237. The City and County knew that non-congregate settings allowed individuals to shelter in place, self-isolate, and practice social distancing. The City also knew that congregate settings pose a higher risk of COVID-19 transmission than non-congregate settings. The City and County knew about the rapid way in which COVID-19 spread through homeless shelters in similarly situated cities. Yet, the City and County administered homeless programs for unhoused individuals without affording those with disabilities, including underlying medical conditions that result in increased susceptibility to complications and death from COVID-19, meaningful access to the benefits of the homeless programs, including housing that accommodates their disabilities and allows them to practice social distancing. The City and County conditioned access to services on residing in a congregate setting, the Convention Center. The City and County administered the homeless programs in a way that prevented unhoused individuals from accessing non-congregate housing options.
- 238. The City and County failed to modify policies and services as requested by unhoused individuals with disabilities, including racial minorities and unhoused families with children. By failing to modify the homeless programs to accommodate people with disabilities,

the City and County have subjected unhoused individuals with disabilities, including racial minorities and unhoused families with children, to dangers that put their health and well-being at risk, including increased risk of contracting and dying from COVID-19, and aggravation of their mental health conditions and physical disabilities.

239. Based on the foregoing, Plaintiffs are entitled to and demand declaratory and injunctive relief, damages, reasonable attorneys' fees and costs.

# SECOND CAUSE OF ACTION Violation of Unruh Civil Rights Act (Civ. Code §§ 51 et seq.)

240. Plaintiffs hereby incorporate each and every allegation contained in the foregoing paragraphs as if fully set forth herein.

- 241. The Unruh Civil Rights Act entitles all individuals to "full and equal accommodations, advantages, facilities, privileges, or services in all business establishments of every kind whatsoever." Civ. Code § 51(b).
- 242. The Unruh Civil Rights Act defines who is protected and where they shall be free from discrimination: "All persons within the jurisdiction of this state are free and equal, and no matter what their sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status are entitled to the full and equal accommodations, advantages, facilities, privileges, or services in all business establishments of every kind whatsoever." *Id.*
- 243. The Unruh Civil Rights Act does not limit what persons are liable, declaring "Whoever denies, aids or incites a denial, or makes any discrimination or distinction contrary to Section 51, 51.5, or 51.6, is liable for each and every offense …" Civ. Code § 52(a).
- 244. The Unruh Civil Rights Act sets forth the procedure for bringing a civil action: "Whenever there is reasonable cause to believe that any person or group of persons is engaged in conduct of resistance to the full enjoyment of any of the rights described in this section, and that conduct is of that nature and is intended to deny the full exercise of those rights, the Attorney General, any district attorney or city attorney, or any person aggrieved by the conduct may bring

a civil action in the appropriate court by filing with it a complaint." Civ. Code. § 52(c). The civil action shall contain "[a] request for preventive relief, including an application for a permanent or temporary injunction, restraining order, or other order against the person or persons responsible for the conduct, as the complainant deems necessary to ensure the full enjoyment of the rights described in this section." Civ. Code. § 52(c)(3).

- 245. At all times relevant to this action, the Defendants City of San Diego and County of San Diego, through Operation Shelter to Home, participated in a public-private partnership in providing housing accommodations for people who are unhoused including the provision of noncongregate housing options in the form of private, commercial hotel and motel rooms to unhoused individuals at high risk for complications and death from COVID-19.
- 246. At all relevant times, the City and County addressed the economic hardship faced by the hotel and motel industry during the COVID-19 pandemic by advertising the availability of the COVID-19 Shelter Program to contract vacant rooms at approximately market-value room rates per night. The City and County also engaged the hotel and motel operators to provide services to unhoused individuals alongside commercial guests staying at the same property.
- 247. The provision of housing accommodations is a "business establishment" within the meaning of Civil Code § 51. Thus, Defendants, through their Operation Shelter to Home, have a mandatory duty to comply with the Unruh Civil Rights Act, and are liable for violations of the Unruh Civil Rights Act. Neither the Defendants nor their agents may enforce policies or practices which directly or indirectly abridge the rights afforded to individuals by section 51 of the Unruh Civil Rights Act.
- 248. Plaintiffs are people with disabilities within the meaning of Gov. Code § 12926, and come within the protection of the Unruh Civil Rights Act.
- 249. Through the concerted actions, Defendant discriminated against Plaintiffs because of their disabilities and race by depriving them of the opportunity to stay in the hotel and motel rooms, making these housing accommodations unavailable to Plaintiffs, and by failing to provide reasonable modifications.
  - 250. Plaintiffs are informed and believe, and based thereon allege, that Defendant

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denied to Plaintiffs services, advantages, accommodations, facilities, and privileges of the abovementioned housing accommodations on account of Plaintiffs' disabilities and race. Adversely impacting and harming unhoused individuals with disabilities, including racial minorities, by excluding them from accessible shelter, including privately-owned hotels and motels, was a motivating factor behind Defendants' withholding of access to the above-mentioned business establishments.

- 251. Defendants' wrongful conduct continue as Defendants continue to deny Plaintiffs and similarly situated unhoused individuals at high risk of complications or death from COVID-19 the full and equal accommodations, advantages, facilities, privileges, and services of the above-mentioned housing accommodations based on their disability and race. Plaintiffs have been denied, and continue to be denied, free and equal access to housing accommodations and business establishments for which access is operated by the City and County. Unless compelled by this Court to comply with the Unruh Civil Rights Act, Defendants will continue to refuse to comply with the Unruh Civil Rights Act and will continue to violate the law. Plaintiffs and other unhoused individuals with disabilities, including racial minorities, will continue to be injured as a result.
- 252. Defendants' actions discriminate against Plaintiffs in violation of Civ. Code §§ 51 et seq.
- 253. Plaintiffs are entitled to injunctive relief, declaratory relief, damages including statutory damages, attorneys' fees, and costs.

#### THIRD CAUSE OF ACTION

### Discrimination in State-Funded Programs (Violation of California Government Code § 11135)

- 254. Plaintiffs hereby incorporate each and every allegation contained in the foregoing paragraphs as if fully set forth herein.
- 255. Section 11135(a) of the California Government Code provides in relevant part: "No person in the State of California shall, on the basis of ... disability, ... be unlawfully denied the benefits of, or be unlawfully subjected to discrimination under, any program or activity that

is conducted, operated, or administered by the state or by any state agency, is funded directly by the state, or receives any financial assistance from the state."

- 256. Section 11135 of the California Government Code prohibits discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, and sexual orientation.
- 257. At all times relevant to this action, the City and County received financial assistance from the State of California for their services and programs as described in Section 11135(a). The City and County's services and program, referred to as homeless programs, are "a program or activity that is conducted, operated, or administered by the state or by any state agency, is funded directly by the state, or receives any financial assistance from the state."
- 258. Section 11135(b) of the Government Code incorporates the protections and prohibitions contained in the Americans with Disabilities Act and its implementing regulations. Section 11135(b) states in relevant part:
- 259. With respect to discrimination on the basis of disability, programs and activities subject to subdivision (a) shall meet the protections and prohibitions contained in Section 202 of the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof, except that if the laws of this state prescribe stronger protections and prohibitions, the programs and activities subject to subdivision (a) shall be subject to the stronger protections and prohibitions.
- 260. Through their acts and omissions described herein, the City and County have violated and will continue to violate California Government Code § 11135 by unlawfully denying unhoused people with disabilities the benefits of state funding.
- 261. The City and County's acts and omissions demonstrate intentional discrimination against Plaintiffs for withholding a state-funded benefit for which they were eligible for, and instead left underutilized rather than to allow eligible individuals access to the COVID-19 Shelter Program.
  - 262. The City and County's acts and omissions also have the purpose and effect of a

disproportionately adverse impact on people with disabilities who are at high risk if contracting COVID-19, and susceptible to severe illness or higher risk of death than the general unhoused population.

- 263. The City and County's acts and omissions also have the purpose and effect of disproportionately adversely impacting racial minorities, particularly African Americans, who are three times more likely than white individuals to be harmed by the City and County's policies.
- 264. The City and County also failed to accommodate the reasonable requests of Plaintiffs to modify the COVID-19 Shelter Program and its implementation which would allow access to Plaintiffs who are all people with disabilities.
- 265. Pursuant to California Government Code § 11139, Plaintiffs have a private right of action to enforce California Government Code § 11135(b).
- 266. Plaintiffs are directly and beneficially interested in the City and County's compliance with all applicable provisions of the law and with all legal duties, as set forth herein.
- 267. At all times relevant to this action, the City and County have had the ability to comply with Gov. Code § 11135 and have failed to do so by denying Plaintiffs the benefits of the homeless programs for the reasons set forth above.
- 268. Plaintiffs are entitled to injunctive and declaratory relief, damages, and attorneys' fees and costs.

#### **FOURTH CAUSE OF ACTION**

Declaratory and Injunctive Relief (Code of Civ. Proc. §§ 526 and 1060)

- 269. Plaintiffs incorporate all previous paragraphs as if fully set forth herein.
- 270. Unhoused individuals with disabilities are suffering irreparable injury as a result of the City and County's administration of their homeless programs. The injuries suffered are not easily quantified or compensable. No money damages or other legal remedy could adequately compensate or make whole Plaintiffs and unhoused individuals with disabilities for the irreparable harm the City and County's conduct has caused, continues to cause, and threatens to

cause Plaintiffs and members of the public through its continued violation of state law and the California Constitution. The City and County, unless enjoined, will continue to discriminate against unhoused individuals with disabilities and administer their homeless programs in a way that harms Plaintiffs, other members of the public, and unhoused individuals with disabilities.

- 271. Plaintiffs, other members of the public, and unhoused individuals have suffered and/or will continue to suffer from a lack of access to the City and County's homeless programs, which they cannot access as a direct and proximate result of the City and County's actions.
- 272. There is an actual and justiciable controversy between Plaintiffs and Defendants regarding whether the City and County's actions comply with all applicable laws. Plaintiffs, other members of the public, and unhoused individuals with disabilities are deprived, among other things, of their rights under Article I, Section 7 of the California Constitution, the California Disabled Persons Act (Civ. Code §§ 54 *et seq.*), the Fair Employment and Housing Act (Gov. Code §§ 12920, 12927, and 12955), the Unruh Civil Rights Act (Civ. Code §§ 51 *et seq.*), and Gov. Code § 11135. By administering the homeless programs in a way that denies unhoused individuals with disabilities meaningful access, the City and County are failing, as set forth herein, to comply with the law.
- 273. Unless enjoined by this Court, the City and County will continue to administer the homeless programs in a way that disproportionately impacts unhoused individuals with disabilities, precluding them from accessing available and medically appropriate, non-congregate housing options during COVID-19, and instead providing only congregate setting options which increase their risk of exposure to COVID-19.
- 274. Plaintiffs are entitled to a legal declaration of their rights and the City and County's obligations under applicable state law and the California Constitution as alleged in this petition and complaint.
- 275. Without such a judicial declaration, disputes and controversy will continue over whether the City and County's actions administering the homeless programs comply with all applicable laws.
  - 276. Plaintiffs are entitled to injunctive relief requiring the City and County to comply

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#### PRAYER FOR RELIEF

WHEREFORE, Plaintiffs respectively pray that this Court:

- A. For injunctive relief commanding the City and County to:
  - i. Administer the COVID-19 Shelter Program, including homeless programs, under the City and County's policies and procedures by providing non-congregate housing options for unhoused individuals who are "at increased risk due to their age and presence of underlying health conditions (defined as 65 years of age or older, and/or with chronic medical conditions, or immunocompromised)" and/or "at particularly high risk of contracting COVID";
  - ii. Refrain from conditioning unhoused individuals' access to non-congregate housing options only on unhoused individuals contracting COVID-19 or experiencing COVID-19 symptoms;
  - iii. Refrain from conditioning access to the City and County's homeless services and programs on whether an unhoused person accesses or accepts shelter;
  - iv. Comply with Article I, Section 7 of the California Constitution, the California Disabled Persons Act (Civ. Code §§ 54 et seq.), the Fair Employment and Housing Act (Gov. Code §§ 12920, 12927, and 12955), and Gov. Code § 11135, by administering the homeless programs in a way that provides unhoused individuals with disabilities meaningful access; and
  - Refrain from committing gross waste and mismanagement of funds v. intended for unhoused services and programs during the COVID-19 pandemic by immediately directing funds to non-congregate housing options instead of congregate settings.
- B. For injunctive relief commanding the City and County to comply with the Unruh Civil Rights Act (Civ. Code §§ 51 et seq.).

1	C.	For a declaration that:
2		i. The City and County have administered the homeless programs in a
3		discriminatory fashion, violating state law and the California Constitution;
4		and
5		ii. The City and County's provision of shelter in the form of congregate
6		settings does not constitute adequate shelter for many unhoused
7		individuals with disabilities at higher risk for severe illness from COVID-
8		19 during the COVID-19 pandemic.
9	D.	For reasonable attorney's fees and costs under, inter alia, Code of Civil Procedure
10		§ 1021.5;
11	E.	For damages to Plaintiffs in an amount to be determined according to proof;
12	F.	For such other and further relief that the Court deems just and proper.
13		
14	Date: Septer	mber 15, 2021
15		Disability Rights California
16		Parisa Ijadi-Maghsoodi
17		Lili Graham S. Lynn Martinez
18		Ann Menasche
		Nichole Mendoza
19		Attorneys for Plaintiffs
20		Bremer Whyte Brown & O'Meara, LLP
21		Keith G. Bremer
22		Attorney for Plaintiffs
23		Community Advocates for Just and Moral
24		Governance Geneviéve L. Jones-Wright
25		Branden Sigua  Attorneys for Plaintiffs
26		Auorneys for Funniffs
27		

#### **VERIFICATION**

I, Arthur Price, am one of the Plaintiffs in the above-entitled action. I have read the foregoing THIRD AMENDED VERIFIED COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF and know the contents thereof. The same is true of my own knowledge, except as to those matters which are therein alleged on information and belief, and as to those matters, I believe it to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this  $\frac{9/14/2021}{}$ , in San Diego, California.

DocuSigned by:

Arthur Price

#### **VERIFICATION**

I, Cherrie Dosio, am one of the Plaintiffs in the above-entitled action. I have read the foregoing THIRD AMENDED VERIFIED COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF and know the contents thereof. The same is true of my own knowledge, except as to those matters which are therein alleged on information and belief, and as to those matters, I believe it to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this  $\frac{9}{14}$ , in San Diego, California.



Cherrie Dosio

#### **VERIFICATION**

I, Christopher Voelp, am one of the Plaintiffs in the above-entitled action. I have read the foregoing THIRD AMENDED VERIFIED COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF and know the contents thereof. The same is true of my own knowledge, except as to those matters which are therein alleged on information and belief, and as to those matters, I believe it to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this  $\frac{9}{14}/2021$ , in Tuscon, AZ.



Christopher Voelp

#### **VERIFICATION**

I, Patrick Quinones, am one of the Plaintiffs in the above-entitled action. I have read the foregoing THIRD AMENDED VERIFIED COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF and know the contents thereof. The same is true of my own knowledge, except as to those matters which are therein alleged on information and belief, and as to those matters, I believe it to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 9/14/2021, in Tuscon, AZ.

Talka (MS)

Patrick Quinones

#### **VERIFICATION**

I, Keith Reid, am one of the Plaintiffs in the above-entitled action. I have read the foregoing THIRD AMENDED VERIFIED COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF and know the contents thereof. The same is true of my own knowledge, except as to those matters which are therein alleged on information and belief, and as to those matters, I believe it to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 9/15/2021, in San Diego, California.



Keith Reid

#### **VERIFICATION**

I, Dasha Arlett, am an agent of Food Not Bombs – San Diego, one of the Plaintiffs in the above-entitled action. I am authorized to make this verification on behalf of Food Not Bombs – San Diego. I have read the foregoing THIRD AMENDED VERIFIED COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF and know the contents thereof. The same is true of my own knowledge, except as to those matters which are therein alleged on information and belief, and as to those matters, I believe it to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 9/14/2021, in San Diego, California.



Dasha Arlett

# **EXHIBIT A**



#### **LEGAL ADVOCACY UNIT**

530 B Street, Ste. 400 San Diego, CA 92101

Tel: (619) 239-7861 TTY: (800) 719-5798 Fax: (619) 239-7906

Intake Line: (800) 776-5746 www.disabilityrightsca.org

April 28, 2020

Via E-mail: <a href="mailto:cityclerk@sandiego.gov">cityclerk@sandiego.gov</a>

Mayor Kevin Faulconer
City Councilmember Montgomery
City Councilmember Campbell
City Councilmember Cate
City Councilmember Moreno
202 C St, San Diego, CA 92101
San Diego, CA 92101

City Councilmember Gomez City Councilmember Ward City Councilmember Kersey City Councilmember Sherman City Councilmember Bry

Re: Demand to Stop Unlawful Discrimination Against Homeless Individuals with Disabilities and Request for Reasonable Modifications

Dear Mayor Faulconer and Councilmembers:

We urgently write on behalf of individuals with disabilities who are experiencing homelessness. The City must stop law enforcement activity against homeless individuals which recklessly threatens the health and safety of individuals experiencing homelessness, and instead provide them the necessary services to manage their disabilities, health, and basic needs.

Homeless individuals with disabilities rely on the City of San Diego's administered "Homeless Programs", city-led programs and services, to manage the symptoms of their disabilities especially during this pandemic. However, the City discriminates and denies homeless individuals from accessing the Homeless Programs as detailed below and as raised by Community Advocates for Just and Moral Governance in their cease and desist letter dated April 13, 2020, which this letter supplements. Attached as Exhibit A.

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To enable individuals experiencing homelessness to access the City's Homeless Programs, we ask that the City cease its discrimination against homeless individuals with disabilities and modify its programs, as requested below.<sup>1</sup>

These demands are urgent and underscored by the two homeless individuals at the Convention Center who tested positive for COVID-19.<sup>2</sup> The City is failing to provide non-congregate housing options for its most vulnerable residents and, instead, placing people in congregate housing options which subjects individuals to *higher* risk of exposure to and transmission of COVID-19. At a time when the region is experiencing its highest daily COVID-19 infection and death rates, the City's actions pose a threat to public safety.

The City's administration of its COVID-19 related programs and services discriminates against homeless individuals with disabilities in violation of the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, and the California Disabled Persons Act. The City's actions, including its ongoing law enforcement activity against homeless individuals, violate the constitutional rights of homeless individuals with disabilities, endanger them, exacerbate their disabilities, and risk their lives.

# A. The City of San Diego's Homeless Programs Includes Services and Programs That Enable Homeless Individuals to Manage Their Health and Disabilities.

In San Diego, a high number of homeless individuals have disabilities. The Regional Task Force on the Homeless found that 39% of homeless people in San Diego reported mental health disabilities and 40% reported a physical disability.<sup>3</sup> Some surveys have found even higher rates of disability. For example, of the 1,145 persons attending a one-day resource fair for the

<sup>&</sup>lt;sup>1</sup> Disability Rights California's clients, homeless individuals with disabilities, request reasonable modifications as detailed in Section C of this demand.

<sup>&</sup>lt;sup>2</sup> Mayor Kevin L. Faulconer. Press Release: *Proactive Testing to Detect and Contain COVID-19 Identifies Two Positive Individuals at Shelter to Home Operation*. Dated April 26, 2020. Available online at: <a href="https://www.sandiego.gov/mayor/news/releases/proactive-testing-detect-and-contain-covid-19-identifies-two-positive-individuals-shelter">https://www.sandiego.gov/mayor/news/releases/proactive-testing-detect-and-contain-covid-19-identifies-two-positive-individuals-shelter</a>.

<sup>&</sup>lt;sup>3</sup> Regional Task Force on the Homeless 2017 We All Count Results (2017). Available online at: <a href="http://www.rtfhsd.org/wp-content/uploads/2017/07/2017-PITC-Results-Powerpoint.pdf">http://www.rtfhsd.org/wp-content/uploads/2017/07/2017-PITC-Results-Powerpoint.pdf</a>.

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homeless in the City, 60.2% reported a long-lasting medical condition and 49.5% reported having a mental illness.<sup>4</sup>

### 1. The City of San Diego's Homeless Programs

The City's fiscal year 2020 budget for homeless services and programs ("Homeless Programs") exceeded \$116 million.<sup>5</sup> The City's funding includes Federal, State, and local sources. Through its Homeless Programs, the City administers millions in funding from the Department of Housing and Urban Development (HUD)'s Continuum of Care, a program designed to end homelessness by quickly rehousing homeless individuals and families while minimizing trauma and dislocation.

The City identified the Homeless Programs to include: "[a]ssist individuals and families to gain stable housing after experiencing homelessness or a housing crisis by providing appropriate housing and service solutions grounded in best practices"; identify health care and mental health resources as vital services for homeless families to achieve stability; and, include as homelessness programs and services – shelters, transitional housing, permanent supportive housing options, outreach and engagement, housing location assistance, medical services, substance abuse recovery, mental health care, veteran services, and storage. In addition to federal funding, the City received Homeless Emergency Aid Program (HEAP) funds for homeless programs to connect homeless individuals to mental health services through the jurisdiction's Continuum of Care program.

### 2. The City's Homeless Programs During COVID-19

During the COVID-19 pandemic, the City expanded its Homeless Programs through Federal, State, and local funding to include programs and services that the City intended to meet the needs of the homeless population and is comprised of various components. The City combined the \$3.7 million it had received in state emergency homelessness grant funding with \$3.4 million

<sup>&</sup>lt;sup>4</sup> San Diego Housing Commission Project Homeless Connect Report (2015). Available online at: <a href="http://www.sdhc.org/uploadedFiles/Housing Innovations/Project Homeless Connect/">http://www.sdhc.org/uploadedFiles/Housing Innovations/Project Homeless Connect/</a> 2015Project%20Homeless%20Connect%20Report 04.15.15.pdf.

<sup>&</sup>lt;sup>5</sup> City of San Diego Community Action Plan on Homelessness at 15 (2019). Available online at: <a href="https://www.sdhc.org/wp-content/uploads/2019/10/SD">https://www.sdhc.org/wp-content/uploads/2019/10/SD</a> Homeless CSH report final 10-2019.pdf.

<sup>&</sup>lt;sup>5</sup> City of San Diego Fiscal Year 2020-2024 Consolidated Plan (June 2019). Available online at: <a href="https://www.sandiego.gov/sites/default/files/cosdfy2024conplan.pdf">https://www.sandiego.gov/sites/default/files/cosdfy2024conplan.pdf</a>.

<sup>6</sup> Id.

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from the County of San Diego and the Regional Task Force on the Homeless to house and provide services to homeless individuals. This plan included the opening of an emergency homeless shelter at the Convention Center that includes a capacity of up to 1,500 people. Homeless Programs also included placing high risk homeless individuals in non-congregate housing options, including hotels and motels.

The City also set in place plans to complete the following: installation of 257 handwashing stations throughout the region; procurement of hotel and motel rooms by the County to temporarily isolate individuals who may have symptoms; deployment of public health nurses to shelters across the region, including the San Diego Convention Center; and assignment of public health nurses to Homeless Outreach Teams to educate individuals living on the streets, in the canyons and in the riverbed about COVID-19.

Excluding the City's plan to place unsheltered homeless individuals in the Convention Center, the Homeless Programs aimed to follow the guidance set forth by the State of California by focusing on infection prevention efforts, with the primary strategy being the provision of single occupancy housing. <sup>8</sup> This protocol is demonstrated in the attached flow chart. <sup>9</sup> Attached as Exhibit B. These protocols are also consistent with CDC guidance. <sup>10</sup>

<sup>&</sup>lt;sup>7</sup> City of San Diego Staff Report: *COVID-19 Emergency Homelessness Grant Funding*. Dated March 27, 2020. Available online at:

https://onbase.sandiego.gov/OnBaseAgendaOnline/Meetings/ViewMeeting?id=3965&doctype=1#.

<sup>&</sup>lt;sup>8</sup> State of California Recommended Strategic Approaches for COVID-19 Response for Individuals Experiencing Homelessness (March 2020). Available online at: <a href="https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Protocols-Homeless-Pop.pdf">https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Protocols-Homeless-Pop.pdf</a>.

<sup>&</sup>lt;sup>9</sup> State of California COVID-19 Recommended Protocol for People Experiencing Homelessness. Available online at:

https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/flowchart-COVID19-homelessness.pdf.

<sup>&</sup>lt;sup>10</sup> CDC Interim Guidance for Responding to Coronavirus Disease 2019 (COVID-19) Among People Experiencing Unsheltered Homelessness. Available online at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html">https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html</a> ("The balance of risk should be considered for each individual experiencing unsheltered homelessness.").

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B. The City of San Diego's Actions Deny Homeless Individuals the Ability to Prevent the Contraction of COVID-19 and Discriminate Against Homeless Individuals With Disabilities.

As of March 18, 2020, San Diego had already experienced two COVID-19 outbreak scares at two of the region's largest homeless shelters. <sup>11</sup> As of April 13, 2020, 15 homeless individuals had tested positive for COVID-19. <sup>12</sup> On April 26, 2020, two homeless individuals at the Convention Center tested positive for COVID-19. <sup>13</sup>

On April 21, 2020, San Diego experienced its largest number of fatalities in one day, and largest one-day increases in new cases. As of April 23, 2020, the total deaths from COVID-19 numbered 96 with 2,491 individuals testing positive. The number of cases in San Diego has not yet peaked, and according to Eric McDonald, Medical Director with the County Epidemiology Immunization Branch, the number of people actually infected is likely ten times the reported total.

Yet, the City continues to force homeless people into congregate shelters, deny housing placement and services as offered in its Homeless Programs, and sweep people living in self-isolated encampments. The City's actions deny homeless individuals the ability to practice the recommended preventative measures during the COVID-19 pandemic.

1. The City plans to shelter 1,500 homeless individuals in a single congregate facility, despite availability of non-congregate housing options, is discriminatory.

Using state and federal COVID-19 funds, the City is carrying out plans to house and serve 1,500 homeless individuals in a *single* congregate setting,

<sup>&</sup>lt;sup>11</sup> Homeless shelter tenants tested for COVID-19, San Diego Union-Tribune (March 18, 2020). Available online at: <a href="https://www.sandiegouniontribune.com/news/health/story/2020-03-18/homeless-shelter-tenants-tested-for-virus">https://www.sandiegouniontribune.com/news/health/story/2020-03-18/homeless-shelter-tenants-tested-for-virus</a>.

<sup>&</sup>lt;sup>12</sup> County Reports 75 New Cases, Three Deaths as Homeless Testing Increases, KPBS (April 16, 2020). Available online at: <a href="https://www.kpbs.org/news/2020/apr/16/county-reports-75-new-cases-three-deaths-homeless-/">https://www.kpbs.org/news/2020/apr/16/county-reports-75-new-cases-three-deaths-homeless-/</a>.

<sup>&</sup>lt;sup>13</sup> See fn. 2.

<sup>&</sup>lt;sup>14</sup> Escondido issues 'COVID-19 Action Plan', The Escondido Grapevine (April 23, 2020). Available online at: <a href="https://escondidograpevine.com/2020/04/23/escondido-issues-covid-19-action-plan/">https://escondidograpevine.com/2020/04/23/escondido-issues-covid-19-action-plan/</a>.

<sup>&</sup>lt;sup>15</sup> *Id.* 

<sup>&</sup>lt;sup>16</sup> *Id*.

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despite the availability of non-congregate housing options. By conducting encampment sweeps, citations, tickets, arrests, and impoundments, the City uses law enforcement to disperse homeless encampments, and push homeless individuals into congregate settings or unprotected on the streets. The City's policies and actions defy CDC guidelines, State of California guidelines, and recent COVID-19 reports, including those released by the CDC and UC Berkeley School of Public Health.

Recent medical reports and studies illustrate the threat congregate settings, specifically homeless shelters, pose to not only homeless individuals but to entire communities' efforts to prevent rapid community spread.<sup>17</sup> The reports illustrate how dangerous the virus is for residents in homeless shelters.

Moreover, because homeless individuals with disabilities face higher risk of exposure to and transmission of COVID-19, the City's policy to force individuals into congregate shelters place homeless individuals at higher risk. Homeless individuals are not only more likely to become infected with COVID-19, but are two or three times more likely to require hospitalization, two to four times more likely to require ICU care, and twice as likely to die. 18 Congregate housing, even housing that complies with CDC guidelines on distance between beds, increases the risk of COVID-19 exposure and transmission. 19

Non-congregate housing options should be made available to all homeless individuals with disabilities to protect their health and safety and prevent the contraction of COVID-19. Instead, the City administers Homeless Programs

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http://dx.doi.org/10.15585/mmwr.mm6917e2; COVID-19 outbreak at a large homeless shelter in Boston: Implications for universal testing, medRxiv (April 12, 2020), https://doi.org/10.1101/2020.04.12.20059618.

<sup>&</sup>lt;sup>17</sup> For the Good of Us All: Addressing the Needs of Our Unhoused Neighbors During the COVID-19 Pandemic, UC Berkeley School of Public Health (April 2020). Available online at: <a href="https://publichealth.berkeley.edu/wp-content/uploads/2020/04/For-the-Good-of-Us-All-Report.pdf">https://publichealth.berkeley.edu/wp-content/uploads/2020/04/For-the-Good-of-Us-All-Report.pdf</a>; Assessment of SARS-CoV-2 Infection Prevalence in Homeless Shelters — Four U.S. Cities, March 27–April 15, 2020, Morbidity and Mortality Weekly Report (April 22, 2020). Available online at: <a href="http://dx.doi.org/10.15585/mmwr.mm6917e1">http://dx.doi.org/10.15585/mmwr.mm6917e1</a>; COVID-19 Outbreak Among Three Affiliated Homeless Service Sites — King County, Washington, Morbidity and Mortality Weekly Report (April 22, 2020). Available online at:

<sup>&</sup>lt;sup>18</sup> For the Good of Us All: Addressing the Needs of Our Unhoused Neighbors During the COVID-19 Pandemic, UC Berkeley School of Public Health at 19 (April 2020). Available online at: <a href="https://publichealth.berkeley.edu/wp-content/uploads/2020/04/For-the-Good-of-Us-All-Report.pdf">https://publichealth.berkeley.edu/wp-content/uploads/2020/04/For-the-Good-of-Us-All-Report.pdf</a>.

<sup>&</sup>lt;sup>19</sup> *Id.* at 18. (Even in a newly opened shelter in Seattle that complies with CDC guidelines, homeless individuals have tested positive for COVID-19.)

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against public health directives – self-isolate only after a homeless person has contracted or displayed symptoms of COVID-19.

## 2. The City's Homeless Programs fail to provide meaningful access to non-congregate housing placement.

The City's Homeless Programs only allow self-isolation if a homeless individual has contracted COVID-19 or displays symptoms of COVID-19. This is contrary to the public health directive for housed residents of San Diego. The inability for homeless individuals in San Diego to access non-congregate housing – as recommended by the CDC – is disability discrimination.

The City is failing to provide non-congregate housing options to homeless individuals with disabilities. The City has ample resources to facilitate non-congregate housing options for those who cannot utilize shelters through the Homeless Programs, but the City is failing to administer the program in a way that gives meaningful access to homeless individuals with disabilities. The City is enforcing restrictive requirements for placement – conditioned on evidence of symptoms or a COVID-19 positive test – which places homeless individuals with disabilities in a position of having no option for prevention of contracting the coronavirus but instead is only allowed self-isolation upon contracting the disease. Actions that condition access to these programs and services on moving to a congregate setting deny meaningful access to homeless individuals with disabilities.

The City must give every homeless individual an option to prevent the contraction of this disease, not push them into a situation that will increase their chances of contracting the disease.

## 3. The City's failure to cease law enforcement activity forces homeless individuals into high risk situations during COVID-19.

As described above, CDC and State of California guidelines make clear that encampments should not be cleared unless individual housing units are available. When individual housing units are not available, the guidelines direct the City to ensure access to sanitary and hygiene materials, in the form of accessible restroom facilities or through the provision of portable latrines.

However, in San Diego, law enforcement displaces homeless individuals from encampments by harassing, threatening citations and arrests, and creating a hostile environment for homeless individuals with disabilities based on

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"qualify of life" ordinance violations. All with the intent of moving homeless individuals away from encampment or moving them into congregate shelters.

The City's law enforcement activity discriminates against individuals with disabilities and places them at higher risk of contracting COVID-19. Until such time that permanent, accessible, affordable housing is available to homeless individuals with disabilities, law enforcement activity against homeless individuals will continue to disproportionately impact persons with disabilities.

## C. Individuals with Disabilities' Request for Reasonable Modifications of the City's Homeless Programs.

We request reasonable modifications on behalf of our individual clients with disabilities, who are not able to access the services and program that will enable them to prevent the contraction of COVID-19. The City's administration of its services and programs directly affects all homeless individuals with disabilities.

On behalf of our clients and those similarly situated, we request that the City modify its programs and services to: (1) provide non-congregate housing options to homeless individuals with disabilities upon request for preventative care, without requirement of a positive COVID-19 test or COVID-19 symptoms, (2) provide programs and services to homeless individuals with disabilities in a way that evaluates each person's immediate needs and accommodates their disabilities, and (3) until permanent, accessible, affordable housing is available to homeless individuals with disabilities, cease all law enforcement activity that disperses or displaces homeless individuals or encampments.<sup>20</sup>

### Conclusion

The City's administration of homeless services and programs during the COVID-19 pandemic excludes and denies access to homeless individuals with disabilities, places homeless individuals with disabilities at greater risk of

<sup>&</sup>lt;sup>20</sup> "A public entity shall make reasonable modifications in its policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the public entity can demonstrate that making the modifications would fundamentally alter the nature of the service, program or activity." 28 C.F.R. Section 35.130(b)(7)(i). Government entities may be required to modify neutral policies if they bear more heavily on people with disabilities than on others, even if there are insufficient grounds for a disparate treatment claim. See Crowder v. Kitagay, 81 F.3d 1480, 1484-1485 (9th Cir. 1996); Fry v. Saenz, 98 Cal. App. 4th 256, 264 (2002).

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COVID-19, and defies medical guidance aimed at mitigating community spread. The City must immediately stop enforcement against homeless individuals and instead provide necessary services.

In addition, the City should grant homeless individuals with disabilities the requested reasonable modifications. Our clients cannot afford housing and, without access to the City's services and programs, cannot manage the symptoms of their disabilities and suffer higher risk of COVID-19 exposure.

If the City fails to provide homeless individuals with disabilities equal access to homeless services and programs, our clients must pursue further action. To further discuss, please contact me at (619) 814-8518 or <a href="mailto:Parisa.ljadi-Maghsoodi@disabilityrightsca.org">Parisa.ljadi-Maghsoodi@disabilityrightsca.org</a> by May 4<sup>th</sup>.

Sincerely,

Parisa Ijadi-Maghsoodi Lili Graham Tiffany Nocon Ann Menasche

**Attorneys** 

cc: City Attorney Mara W. Elliott, cityattorney@sandiego.gov

## **Attachment A**



4089 Fairmount Ave. San Diego, CA 92105 Phone (619) 500-7720 Fax (619) 898-9229

director@moralgovernance.org

April 13, 2020

San Diego Mayor Kevin Faulconer 202 C Street, San Diego, CA 92101 San Diego Police Chief David Nisleit 1401 Broadway, MS 700, San Diego, CA 92101

#### **Via Electronic Transmission**

Urgent - Demand to Cease and Desist from: Ticketing Unsheltered San Diegans for Illegal Lodging, Sleeping in the Park, Encroachment, Vehicle Habitation, and Other Quality of Life Offenses; Impoundment of Vehicle Shelters; and Sweeps and All Other Displacement of Unhoused Persons During The COVID-19 Crisis

#### Dear Mayor Faulconer and Chief Nisleit:

I write on behalf of Community Advocates for Just and Moral Governance (MoGo) urging you to immediately (1) cease and desist from engaging in sweeps and clearing homeless encampments and (2) suspend the ticketing of persons who are experiencing unsheltered homelessness for "quality of life" offenses in light of the COVID-19 pandemic that is ravaging our global community. This letter comes on the heels of the San Diego Police Department (SDPD) ordering humans, sheltering under the awning of a closed public building during back-to-back days of torrential downpour, to move off of city property into the rain. *Please see attached*. This letter also comes five days after eight (8) local community organizations sent a letter to Mayor Faulconer and San Diego City Council President Georgette Gomez respectfully asking for a "moratorium on all arrests and ticketing of homeless people for Vehicle Habitation, illegal lodging and encroachment during the Coronavirus outbreak." They also called for a moratorium on the "impoundment of vehicles used by homeless people for shelter."

Nonetheless, SDPD has continued to harass unhoused San Diegans. It has been business as usual for the City of San Diego and SDPD, in particular, as it relates to ticketing unsheltered community members for encroachment, illegal lodging, and sleeping in public places - even after a state of emergency was declared by Governor Newsom (on March 4, 2020) and Mayor Faulconer himself (on March 12, 2020). Worse even, within the last few days (and since receiving the letter from community organizations on April 8, 2020), SDPD has continued its sweeps, clearing of encampments, ticketing, and impounding of vehicle shelters. *Please see attached*.



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director@moralgovernance.org

In response to its failure to implement a real plan to address our longstanding housing crisis - which fuels our homelessness issue making us fifth in the nation for the largest homeless population - the City of San Diego consistently relies on punitive measures as the remedy. Through its policies and ordinances that target unsheltered individuals for doing acts that are basic human needs, the City of San Diego needlessly ushers unhoused San Diegans into our criminal courts. Targeting unsheltered individuals through the enforcement of ordinances that prohibit encroachment, sleeping, sitting, and resting in public places, and vehicle habitation is terrible public policy on its own. When coupled with the pandemic we now face as a global community, such practices are an even greater affront to the very notions of basic decency and humanity. Moreover, such practices run in clear contravention of what health experts are advising *everyone* - elected and appointed officials, professionals, and laypeople - to do.

The City's policy and practice of breaking up existing homeless encampments directly conflicts with the prevention measures spelled out by the <u>Centers for Disease Control and Prevention</u> ("CDC") to be used as guidelines, which instruct as follows: "Unless individual housing units are available, do not clear encampments during community spread of 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." Simply put, by continuing to conduct sweeps on any scale, the City of San Diego is directly endangering the lives of thousands of San Diego residents, housed and unhoused alike. A moratorium on all sweeps is essential to curb the spread of the virus and to protect against preventable hospitalization and death, as it would significantly minimize the risk of exposure to not only unhoused San Diegans but also to the broader public.

Despite Governor Newsom's Executive Order N-33-20, issued March 19, 2020 which "order[s] all individuals living in the State of California to stay home or at their place of residence[,]" San Diego police officers continue to conduct sweeps of persons who are experiencing homelessness moving them from one location to another. This, without providing any viable, adequate, or even alternative options for shelter for those displaced. The reality is that San Diego is home to many thousands of persons whose current residences are the streets, homeless encampments, parks, under freeway overpasses (even where the City has placed sharp rocks), and by the riverbed.



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These locations *are* the residences of the individuals who live at these sites<sup>1</sup>. Therefore, by breaking up existing encampments, i.e. the residences of unhoused San Diegans, under any pretext and sweeping unsheltered persons from location to location, the City of San Diego is violating California State Executive Order No. N-33-20 and is adversely affecting its goal to "bend the curve and disrupt the spread of the virus."

Accordingly, for the reasons stated above, we are urging police and all other city departments to immediately cease and desist from clearing homeless encampments and to suspend ticketing for the above-listed quality of life offenses and all sweeps of persons who are experiencing unsheltered homelessness, and get in compliance with both Executive Order N-33-20 and the guidelines promulgated by the CDC. The City has had ample time to consider and implement Governor Newsom's directives, the CDC's guidelines, and the requests of local organizations; it, however, has yet to act. Under these circumstances, it is more than reasonable to request that the City issue a written order suspending the ticketing of unsheltered community members for "quality of life" offenses along with homeless sweeps and the clearing of encampments by close of business tomorrow, April 14, 2020. For the sake of all members of our community, we look forward to your issuance of the requested order and to receiving a copy of this order upon its issuance.

Be advised that MoGo will continue to work with unhoused persons, other community advocates, and organizational allies to support the broader homeless community, which will include monitoring and documenting the actions of the City and its departments for possible legal action to enjoin your continued endangerment of public safety.

Sincerely,

Geneviéve L. Jones-Wright, Esq., LL.M.
Executive Director
Community Advocates for Just and Moral Governance (MoGo)

<sup>&</sup>lt;sup>1</sup> California Voting Rights law permits an unhoused person to register to vote by merely describing streets, parks, or other locations where they live, or, in most cases, are forced to live for lack of affordable housing. (See <u>Voter Registration Application</u> at California Secretary of State website.)



**Executive Director** 

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Attachments: Screenshot of video footage showing SDPD officers ordering unhoused San

Diegans off of city property and into the rain during an early morning sweep on 4/9/20 Citations given to unhoused San Diegans by SDPD after COVID-19 was believed by the mayor to have reached "community spread status" in San Diego County

(7 total pages of attachments)

cc:

Governor Gavin Newsom San Diego City Council San Diego County Board of Supervisors Wilma J. Wooten, M.D., M.P.H., San Diego County Public Health Officer



**Executive Director** 

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## Michael McConnell @Ho... · 4h >

"You can't stay here, it's city property" - San Diego Police pushing people out into the rainy weather early this morning.



414 views



Executive Director

## COMMUNITY ADVOCATES FOR JUST AND MORAL GOVERNANCE

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Executive Director

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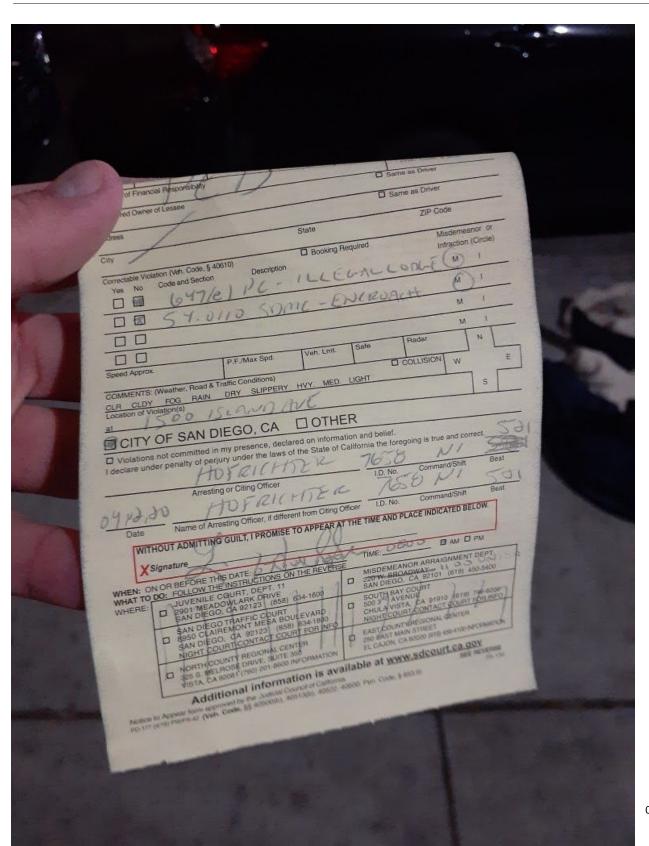


**Executive Director** 

COMMUNITY ADVOCATES FOR JUST AND MORAL GOVERNANCE

HOLDING GOVERNMENT ACCOUNTABLE TO ALL PEOPLE

4089 Fairmount Ave. San Diego, CA 92105 Phone (619) 500-7720 Fax (619) 898-9229





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NOTICE TO ALLEAN	□ Traffic □ Nontraffic □ AM □ Day of Week □ PM □ S M T W T F S	Case No.
Duage La Mair Eyes Height W	Class Commercial Ac	ge Birth Date const. Zone School Zone
- Director	dy Style Color	☐ COMMERCIAL VEHICLE (Veh. Code, § 15210(b)) ☐ HAZARDOUS MATERIAL (Veh. Code, § 353)
Address	0	Same as Driver
City PEV	0	Same as Driver
Oureciable Violation (Veh Co.)	State	ZIP Code
Ves No Code and Section Description  Sy 01/0 5 Day ( - 6)	Booking Required	Misdemeanor or Infraction (Circle)
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peed Approx. P.F./Max Spd. Veb.		M
CLR CLDY FOG RAIN DRY SLIPPERY HVY A	MED. LIGHT COLLI	idar N
Violations not committed in my presence, declared on lotters I declare under penalty of perjury under the laws of the State of		e and correct.
Arresting or Citing Officer  Arresting Officer, if different from Citing Officer	I.D. No. Comme	and/Shift Beat
	THE TIME AND PLACE INDICE	CONTRACTOR DE LA CONTRA
WHEN: ON OR BEFORE THIS DATE: 1/7 WHAT TO DO: FOIL OW THE INSTRUCTIONS OF THE REVERSE WHERE: JUVENILE COURT, DEPT. 11 2901 MEADOWLARK DRIVE SAN DIEGO, CA 92123 (658) 634-1600	MISDEMEANOR ARRA	AGNMENT DEFT
SAN DIEGO TRAFFIC COURT 8950 CLAIREMONT MESA BOU 634-1800 SAN DIEGO, CA 92123 (858) 634-1800 NIGHT COURT-CONTACT COURT FOR INFO	SOUTH BAY COURT 500 3 <sup>40</sup> AVENUE CHULA VISTA, CA NIGHT COURT-CON	91910 (619) 746-5200 MTACT COURT FOR INFO
NORTH COUNTY REGIONAL CENTER 325 S. MELROSE DRIVE, SUITE 350 VISTA, CA 92081 (760) 201-8600 INFORMATION	EAST COUNTY REGIO	ONAL CENTER

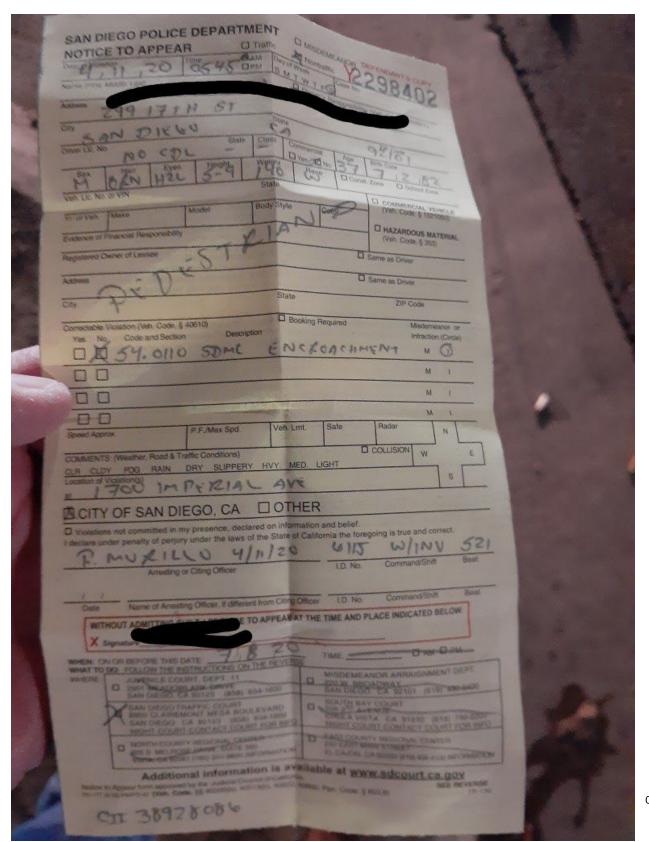


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Evidence of Financial F	Responsibility	A			(Vet	Code §	MATERIAL (353)
Registered Owner of Le	essee	10		-	☐ Same as	Driver	
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5	K O				Same as	Unwer	
city fit o		8	State		Z	IP Code	
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	and Section	Description					in (Circle)
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		and the same of th	Lmt. Sa	fe	Radar	1 19	
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CITY OF S	AN DIEGO, C	CA DOT	HER				
O Violations not com	mitted in my presence	declared on infor	mation and he	oliet		unania.	
accide of men bentali	ly or perjury under the	laws of the State of	of California th	e foregoing		MODEL.	
F-WI	IRILLO	4/11/	20 0		VIINV	52	4
	Arresting or Citing Office	er	1.0.	No. C	onmand Shift		
Date Nom	e of Arresting Officer, if	different from Citing (	Officer I.D.	No. C	ommand Shift	Seid	-
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8950 0	LAIREMONT MEDA	858) 634-1800	CHUL		ONTACT CO		180
NIGHT	COURT CONTACT C	COMPTONIES	EAST	COUNTY	EGIONAL SET	RSFE	1
	COUNTY REGIONAL	1 E/300	ELC	AJON, CAU	2020 (818) 466	410030615	
1 3265.M	A PONDY TYPIN ON BE	OU stat Cutture					
1 3265.M	A PONDY TYPIN ON BE	nation is av	allable :	at www	sdcourt	C3'd6	REVERSE
VISTA C	itional informoroved by the Judicia n. Code, §§ 40500(b)	nation is av	ailable :	at www	sdcourt	SEE I	AEVERSE TR. 130

## **Attachment B**

