

Attachment A – Analysis and Justification

Brevard County – Non-Congregate Sheltering Framework

Given the unique nature of the response requirements to the COVID-19 pandemic and with the Federal Emergency Management Agency (FEMA) authorizing the utilization of Non-Congregate Sheltering (NCS); Brevard County's mass care team has developed the below framework to guide the sheltering operations throughout this incident:

Planning Assumptions

- The goal of all protective actions taken in Brevard county is to safeguard the lives of residents and visitors.
- The objective of this sheltering mission is to reduce opportunities for COVID-19 community spread in Brevard County.
- Successful sheltering for the COVID-19 response will depend on maintaining appropriate social distancing between all parties, limiting interactions, ensuring that everyone involved utilizes appropriate Personal Protective Equipment (PPE), and the strictest sanitation standards are followed.
- The need for Non-Congregate Sheltering may be applicable to first responders, healthcare workers, the homeless, and individuals/families that are either precariously housed or were displaced as a direct result of the pandemic.
- This is rapidly evolving incident; implementation will be driven by operational realities, changes to these strategies will be vetted through the mass care team and conducted at the direction of leadership.

Concept of Operations

- The preferred sheltering option for any individual who either tests positive for COVID-19 or needs to self-isolate/quarantine, will be for them to do so from their primary residence. However, it is understood that there will be individuals; such as first responders, healthcare workers, the homeless, and individuals/families that are either precariously housed or were displaced as a direct result of the pandemic, for whom that may not be feasible. In those instances, Brevard County will work with governmental, non-profit, and private sector partners to implement the strategies outlined in the Non-Congregate Sheltering matrix. Structuring the matrix into phases ensures that the resources utilized correspond to the demonstrated need and provides the flexibility to scale operations commensurate with the reality on the ground.

Alternatives Considered

Prior to settling on the strategies outlined in the Non-Congregate Sheltering (NCS) matrix, a variety of alternatives were explored but were ultimately ruled out due to a myriad of limiting factors. Below provides a sample of the options examined and offers some of the challenges that prompted their rejection.

Other Options

Airport hangers, warehouse, renting/buying an apartment complex, purchasing a hotel, tiny houses, FEMA trailers, RVs, assisted living facilities, surgical centers, rehabilitation/addiction centers, CONEX village, bank-owned homes, private recreation centers, university dorms

Common Challenges

Approval likelihood, availability, cost, geography, benefit-ratio, logistics, political environment.

Non-Congregate Sheltering Matrix			
Qualifying Status	FDOH verified positive for COVID-19 <u>OR</u> Persons Under Investigation for COVID-19 with no place to isolate or a dwelling that is unsuitable for isolation as determined by their doctor or FDOH		
	Phase 1	Phase 2	Phase 3
NCS Need	Low (1-20)	Medium (20-200)	High (200-400)
Shelter Venue & Services Provided	<p>Hotel – single room</p> <p>Individual rooms, restroom and shower</p> <p>Daily cleaning</p> <p>3 meals a day – delivered to the room once a day</p> <p>Laundry service</p> <p>24/7 remote medical staffing</p> <p>24/7 on-site security</p>	<p>Community Center – gym</p> <p>Partitioned individual spaces</p> <p>Restrooms and showers (existing & supplemental)</p> <p>Daily cleaning</p> <p>3 meals a day – delivered to individual spaces</p> <p>Laundry service</p> <p>24/7 on-site medical staffing with remote mental health staff</p> <p>24/7 on-site security</p>	<p>Hotel – entire facility</p> <p>Individual rooms, restroom and shower</p> <p>Daily cleaning</p> <p>3 meals a day – delivered to the room</p> <p>Laundry service</p> <p>24/7 on-site medical and mental health staffing</p> <p>24/7 on-site security</p>
Concept of Operations	<p>Single hotel rooms, allocated on a case by case basis</p> <p>Utilizes multiple locations and providers, based on availability, willingness to participate, and rate</p> <p>Hotel will provide their standard management, cleaning, and operations staff</p> <p>Feeding will be provided via non-profit partners or contracted through the hotel</p>	<p>Community Centers with partitioned individual spaces that adhere to social distancing guidance</p> <p>Modeled after traditional congregate sheltering but with larger space allotted per person and lower capacities per shelter</p> <p>Set-up will be extensive, requiring increased support resources and labor</p> <p>Existing bathrooms will be augmented by additional portalets and a shower trailer,</p> <p>Feeding will be contracted through a caterer</p>	<p>Entire hotel(s) would be dedicated to NCS mission</p> <p>Venue selection will be based on number of rooms, cost, ability to lease and services provided</p> <p>All traditional hotel functions and services would apply but would be done by contracted staffing sources (assumes the hotel doesn't want to continue to operate the facility)</p> <p>Increased laundry and sanitary services provided</p>

	<p>Medical staff will perform daily check-ins and clients will have access to tele-medicine</p> <p>Local law enforcement will increase patrols and conduct daily security checks</p>	<p>Laundry and sanitary services provided</p> <p>Shelter management, operations, medical, and security staff will need to be contracted from private providers (assumes county staff involvement will be minimum)</p> <p>Expansion may be augmented by large commercial tents or opening additional community centers</p>	<p>Shelter management, operations, medical, mental health, and security staff will need to be contracted from private providers. Expansion would require the acquiring of additional hotels</p>
Logistical Support Required	<p>Facility(s) is privately owned</p> <p>Coordinate daily meal delivery with non-profit feeding partner or contract with the hotel/caterer</p> <p>Coordinate with hotel to ensure their normal staffing levels are capable of meeting the increased COVID safety measures or contract for additional staff</p> <p>Coordinate with FDOH to coordinate daily medical check-ins or contract with home-health care provider</p> <p>Coordinate with law enforcement to increase patrols and presence in the area</p> <p>Minimum facility rehab is anticipated</p>	<p>Facilities owned by the County</p> <p>Acquire and setup room dividers, privacy screens, cots, bedding and hygiene items</p> <p>Contract with hotel/caterer/non-profit partners for delivery of 3 meals a day</p> <p>Contract for bathrooms, shower, laundry equipment, and all supporting wraparound services to include more frequent servicing</p> <p>Contracted staffing for management, operations, medical, and security purposes</p> <p>Contract for additional support equipment, PPE, and any expansion equipment</p> <p>Facility rehab may be needed at the end of incident</p>	<p>Facility(s) is privately owned</p> <p>Procure entire hotel(s) dedicated solely to this mission</p> <p>Contract with hotel/caterer for production/delivery of meals</p> <p>Contract for staffing for the management and operation of the hotel, to include cleaning of the rooms</p> <p>Contract for 24/7 medical and mental health staff</p> <p>Contracted 24/7 on-site security, with heavy presence</p> <p>Extensive facility rehab will be needed before returning the facility back to the owner</p>
<p>*Note – there may be circumstances that prompt the simultaneous implementation of multiple phases</p>			