***San Francisco Adult Shelter Access Workgroup – Phase II***

***Improving Outcomes in Adult Shelter System***

***Consensus Roadmap***

*These are the suggestions that were brought up most frequently during SAW meetings and client focus groups.*

*\*Broad support / consensus during client focus groups. Please note, not all recommendations were considered by clients.*

1. Improving Client Outcomes
	1. The City should help clients map a clear path to permanent housing when entering the system, including screening tools for placement. The City should work with other entities to create a user guide for individuals in the shelter system.
	2. The City should increase on-site resources for employment, life skills, money management, legal assistance and other financial resources.
	3. The City should provide more options and services for clients transitioning out of the system.
	4. The City should have options for those who do not want to transition into an isolated SRO environment
	5. The City should open the Section 8/ Public Housing wait list and establish a centralized wait list for all affordable housing
2. Improve Health Outcomes
	1. The City should ensure basic ADA accommodations are met at all sites
	2. The City should leverage health plans and private hospitals to support clients who are recently discharged from hospitals or are medically frail. Clients should have access to basic medical and mental healthcare services on-site. The City should improve coordination of IHSS, Health at Home, and Hospice in the shelter system.
	3. The City should improve discharge and transition planning between agencies that serve homeless clients, ensuring a strong continuum of care. Hospital staff involved in discharge planning should make site visits to shelters.
	4. The City should increase insurance enrollment and connection to services.
	5. The City should have shelter staff and sites that serve special needs such as elderly, functionally frail, etc.
	6. Review of Shelter System Set-Aside beds should be coordinated by the HOPE office and open to the public. It should occur 3 times a year.
	7. The City should establish senior Set-Aside Beds (per SAW I Recommendations) with the following guidelines:
		1. Senior Set-Aside beds should be at 24-hour shelters – Next Door and Sanctuary. These are also close to Senior Centers.
		2. Referrals for these beds should come from Curry Senior Center, Canon Kip Senior Center, Glide, and Mission Neighborhood Resource Center. Referral on a rotating basis as a senior set-aside bed becomes available.
		3. Referrals should be based on age (60 years old or older) and vulnerability (health, frailty, etc.) as assessed by referral agency. Client should be case managed by the referral agency.
		4. Referral agencies shall attempt to engage with clients on a weekly basis.
		5. Reservations should be the same as 90-day beds with the ability to extend for an additional 30 days upon request at the shelter.
3. Improving Case Management
	1. The City should increase awareness of available resources and how to access them.
	2. The City should increase resources for basic Case Management.
	3. The City should provide housing specialists for those seeking housing who do not want or need case management
4. Ensuring a Dignified Shelter Stay
	1. The City should ensure full funding to implement the Standards Of Care Ordinance. These include:
		1. The City should increase food options within shelters to accommodate vegetarians, diabetics, etc.
		2. The City should train shelter staff to address needs related to cultural competency and identifying health issues. The City should create a standard training for handling sick and emergently ill clients.
		3. The City should ensure healthy conditions in shelters by improving bathroom and overall sanitation, including reducing mold, mildew, bed bugs and fleas.
		4. The City should improve staff training and continuing education for shelter staff
	2. The City should extend shelter access hours and provide varying reservation lengths. Clients should have access to shelter in the daytime as well.
	3. The City should promote equal treatment of clients by introducing transformative justice approaches to staff development/training which challenge hierarchies of staff v. clients as well as punitive treatment as a result of bias and discrimination.