

SAW Phase I Recommendations

The Shelter Access Workgroup (SAW) was convened by District 6 Supervisor Jane Kim during the winter of 2012, as a result of an overnight shelter stay by the Supervisor at the Next Door shelter, to review barriers to shelter access and services. An initial meeting was held, with nearly 100 providers, advocates and shelter residents attending. There were 26 subsequent meetings held at various locations from late 2012 to early 2014, facilitated by the Mayor's Office of HOPE.

The review was limited to single-adult shelters. The primary focus of the workgroup was the ending of shelter queues for homeless individuals at shelter sites and resource centers. Often, persons would line up 12 hours in advance of registering for a shelter bed 'for a place in line'. Shelter beds were primarily 24-hour beds only, thus, causing a queue to form at most shelters and resource centers daily.

- This was addressed with baseline funding of a node to the 311 system that allowed persons to make a shelter reservation by telephone with waiting lists (instead of lines) generated for shelter system use and call-backs and/or notification to those on waiting lists. The wait time averaged 21 days from reservation to shelter space. The first 2 years was funded with \$650,000.

A second focus was on the length of shelter stays. There was consensus that shelter stays needed to be extended to 90-day beds, renewable for another 90 days and a further 90 days in exceptional cases. This would allow greater stabilization of shelter clients and opportunity to engage in case management services for more successful outcomes, whether through housing placement or re-employment.

- This was addressed with the conversion of the majority of the system's (then) 1,150 beds into 90-day beds and the expansion of SF START teams and embedded case management. A housing specialist was hired by SF START to assist those needing permanent supportive and other housing.

A third focus was on chronic physical health conditions of shelter clients and homeless person.

- This was addressed in 2 ways – creation of a new 24-bed medical respite shelter (under construction) and hiring on-site public health nursing staff for the large shelters.

During the review, a number of other barriers were identified in the areas of transportation, storage of personal property, language access for non-English speaking clients and ADA bed policy. Further potential improvements were identified, including enrichment of site services and data transparency.

- Transportation was addressed with improvements to the reliability of inter-site transport services and the guarantee of sufficient tokens at each shelter to assure that clients with medical, legal and employment needs were accommodated.
- Greater access to storage of personal property was not resolved.
- While 311 had a language tree built into the system, language access at sites was hampered by the cost of a language-link service. This was not resolved. SMC has a standing policy agenda item to pursue a language-link service for all single-adult shelters.
- ADA-compliant shelter bed reservations were built into the 311 system to accommodate persons requiring a lower bunk, with the medical need to travel with the client across shelters.
- Access to enriched shelter services was accomplished with individual shelter providers linking with or creating site group activities, including women's process groups and restorative justice.
- Data transparency was achieved in 2 ways -- by recommending that client records better interface with CCMS and HMIS data systems and increased access by clinicians to data to make better-informed decisions in housing placements. Secondly, by collection of demographic and shelter utilization data for a better understanding of trends.
- A 10-bed allocation for the elderly was created (since increased to 12 beds). The CJC allocation was eliminated and a recommendation for an increase in HOT beds was made in SAW Phase II. A recommendation to review CAAP beds and their distribution within the system was made.
- A general recommendation to increase shelter capacity was unanimously passed.

SAW Phase II Recommendations

Finally, SAW took up the question of shelter bed allocations (set-asides) for specific needs, including CAAP (one-third of single adult beds), veterans, Criminal Justice Center and HOT beds. A majority of SAW voted to create a 10-bed allocation for the elderly homeless to be reviewed at 90-day intervals, with intake assessments done by Canon Kip. The intent is to identify the most medically vulnerable and frail seniors living on the streets.

The original SAW meetings went on hiatus for 2 months, reconvening for Phase II. This final part of SAW reviewed the SAW I recommendations and took up the issue of shelter bed utilization review. There were 7 further meetings looking at various aspects of lengths of shelter stays, including a shelter utilization review process and long-term shelter stayers.

- A Shelter Utilization Review Committee (SURC) was established and facilitated by the Mayor's Office of HOPE with joint review by the Shelter Monitoring Committee. The intent was to have a monthly review by the SURC of shelter allocations, making adjustments as the need arose. SURC was given authority to review the new elderly set-aside on a monthly basis.
- With the resignation of the former Director of the HOPE Office, Bevan Dufty, the SURC meetings ended and have not since resumed.

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