

THE RUNAROUND



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AN EXAMINATION OF SAN FRANCISCO'S
BYZANTINE SHELTER RESERVATION SYSTEM

Special thanks to all the volunteers and staff who helped make this report possible. Writers and editors include Ned Howey, Jennifer Friedenbach, Gaylen Mohre, JT Do, Bob Offer-Westort, Aaron Buchbinder, Lindsay Parkinsen. Data analysis by Dana Harrison and Bob Offer-Westort. Survey Takers include Marc Garcia, Vince, Terrence, Balance, Zsi Zsi Duden, Thornton Kimes, Ron, Nadium Meenakshi, Jordan Nicolay, Lynn Daniels, Aiko Cato, Marika Schwekendlet, Erika Cariasu, Miguel Carrera and so many more who made this report possible. Also special thanks to Eric Drooker for allowing his artwork to be used on the cover.

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The Coalition on Homelessness unites homeless people with front line service providers to create permanent solutions to homelessness while protecting the civil and human rights of those who are forced to remain on the streets. To learn more about our work, and to get the latest scoop on the politics of poverty in SF, go to the Street Sheet blog:

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EXECUTIVE SUMMARY

The City of San Francisco is planning to implement a major overhaul of the shelter system by July 1, 2009. The shelter reservation system is confusing, complicated, and constantly changing. Homeless people wait for hours to get a bed, only to be turned away, while the City reports vacant beds each night. The computer system used to make reservations for emergency shelter beds is frequently breaking down, dropping reservations, showing no vacancies, when in fact there are, or alternatively overbooking shelters. In response to ongoing concerns about these conditions, the Coalition on Homelessness attempted to wade through the murk to analyze system failures and decipher the definitive steps that need be taken to correct the system and ease access for shelter clients. In publishing this report, and through our continuing efforts we hope to transform the system to match its intent; to provide *emergency* shelter that is able to respond to *housing emergencies* in a way that is efficient and accountable.

While this report goes to press, the City of San Francisco is planning to dramatically change the shelter reservation system yet again, by drastically reducing the number of uninterrupted shelter stays, changing hours and closing shelter reservations sites. After years of shrinking emergency services, the city is now planning on closing two additional drop-in centers for homeless people in the Central City, and additional shelter beds are being lost. This is another set of changes on top of a long line of primarily politically driven decisions that have created the byzantine shelter reservation system we have today. While the City has selectively incorporated some of the feedback they have received from community members, they are still proposing a highly problematic system that we believe will not alleviate despair.

The Coalition surveyed 212 shelter-seekers, people who are rarely consulted before homeless policy changes are put in place, yet whose lives hang in the balance of their arbitrary outcomes. We have outlined the responses of shelter seekers to both protect and project their voices on these important issues. In conducting background research for this report, several disturbing themes emerged around shelter access, efficiency and inconsistency, stability, and experiences of shelter-users with the quality of service provided.

- **Negative Experiences:** Upon interviewing shelter residents, we found that slightly more participants reported having a negative experience (45 %) over positive experiences (44%) accessing shelter.

Of those who reported negative experiences, 29% reported that they had a negative experience because no bed was available, 21% reported they had a negative experience with staff, and 19% reported dissatisfaction because of the long wait for reservations. Finally, 7% of survey respondents reported their negative experience was due to having made reservations for a bed and then arriving at the shelter to find that their bed was not actually available.

Among the survey respondents who reported having a positive experience, 62 % named successful bed placement as the main cause. The second most common reason for a positive experience was staff, with 15% of shelter seekers reporting positive interactions with staff.

- **Frequent Turn-aways from Shelter:** Shelter seeking respondents were turned away a median of three times from shelter.
- **Astronomical Waits for Shelter:** On average it took shelter seekers 182.5 hours or 7 days struggling with the shelter system before being able to successfully secure a shelter bed.
- **Short Stays:** Roughly a third of respondents reported only being able to procure a shelter for only one night, while 34% received just a 7 night reservation. 22% of respondents were luckier, having received a six-month stay, and 13% received a three-month reservation.

Homeless people, advocates, services providers, and even appointed community bodies know what the solutions to this embattled reservation system are. According to shelter seekers we interviewed, approximately half of respondents prefer a mix of equal access and special need prioritization as guidelines for the access system in SF, while a third want equal access to shelter beds. Furthermore, the most common answers from shelter seekers when asked how to improve the shelter system include “staff training” (21%), “fix the broken computer system” (19%), “increase the number of beds” (18%), and a myriad of other ideas including moving CAAP beds to resource centers, improving the hours for shelter reservations, longer stays, improving the check-in process and more.

The Coalition on Homelessness is additionally proposing a host of solutions and recommendations to address problems with shelter access and efficiency that are expanded in the back of this report.

The Coalition on Homelessness recommends improving the **accessibility** and efficiency of the shelter system by increasing the number of beds in the system, simplifying access to the bed reservation process, releasing available shelter beds at a reasonable time, the creation of at least one 24 hour drop in center with 24 hour access to shelter reservations that is truly accessible

and centrally-located, and appropriate accommodations for shelter users with disabilities and other challenges to accessing the shelter system.

In addition, we recommend increasing the **length of stay** by extending the period of time shelter seekers may reserve a bed before having to reapply for shelter and providing special considerations for reservation extensions for people with mental disabilities and people on track for housing or other stabilization concerns. We are additionally concerned by our findings which suggest that staff are still inadequately trained in crisis intervention and sensitivity toward people with mental disabilities or survivors of trauma.

The Coalition on Homelessness believes we can improve **accountability** within the shelter system by instituting a decision-making process that honors the concerns, input, feedback, and service plans of providers, advocates, and residents themselves, and we insist on consistent and comprehensive training for shelter staff whenever changes in the shelter system are made. We continue to advocate for clear policies that ensure opportunities for due process regarding clients denied services due to computer problems or other mistakes through a process consistent with current San Francisco shelter policy and the uniform grievance procedure.

Finally, the Coalition on Homelessness recommends improvements in the accountability of management and service delivery within San Francisco's emergency shelter system by systematically tracking and reporting turn-aways at shelter reservation sites as well as access problems and their resolutions, tracking homeless death statistics and analyzing them to assess strengths and change failing programs and policy outcomes including preventable deaths, posting accurate updates and notices regarding changes to the shelter system online and in appropriate and accessible locations for shelter clients, and ensuring an adequate staffing level for the Shelter Monitoring Committee to ensure compliance with Standards of Care legislation and other City Policies regarding San Francisco shelters.

By taking all of these recommendations seriously, we believe the City of San Francisco can significantly reduce the obstacles to accessing service in the emergency shelter system, which shelter users, advocates, and even staff have come to refer to as "the runaround." We believe these recommendations will improve accountability, increase client satisfaction and stability, and empower homeless people to overcome homelessness.

INTRODUCTION

In the United States, emergency shelters (or “homeless shelters”) provide nighttime sleeping accommodations for over 1.6 million people in a given year.ⁱ These shelters provide people who have no home with a place of last resort to sleep at night in a location suitable for habitation. The modern system of services for homeless people in the US today developed starting in the early 1980’s in response to the emergence of the largest number of Americans becoming homeless since the Great Depression.ⁱⁱ The cumulative effects of government divestment in public housing and a shrinking stock of affordable housing in general, combined with changes in disability law, erosion of community mental treatment facilities, and a rising cost of living amid falling wages led to this man-made disaster.ⁱⁱⁱ

Homelessness persists today magnified by a number of structural causes. Cities across the country are reporting a spike in homelessness^{iv}, in part due to the economic crisis, and which is only further catalyzed by unjust cuts in disability benefits and other safety net programs by the State and local government. The federal government has not fully re-invested in affordable housing, and the state and local governments have continued to shred the last remains of the social safety net, even as the rent and wage disparity deepens^v.

Homelessness exists where multiple oppressions intersect, most notably institutionalized racism and poverty. The causes are as myriad. For women, homelessness may often be related to domestic violence^{vi}; For undocumented immigrants to unlawful evictions^{vii}; For poor families to gentrification and public housing cuts^{viii}; For contingent workers to downsizing^{ix}; For youth to child abuse; For gay or transgender people to social exclusion; For veterans to war trauma; For mentally and physically disabled people to inadequate health care and treatment. For all poor people without housing, however, the unifying solution calls for simple common sense – safe, decent, permanent affordable housing.

The emergency shelter system is meant to serve as a stopgap until that housing exists. This system must be designed as an emergency system, meaning the lowest threshold, easiest access,

Since 2004, the City of San Francisco has lost over 464 sleeping units in emergency homeless shelters.

while acting as the last resort for individuals who are unable to secure other means of housing. Most municipalities also use shelters as an entryway into social services and programs that will assist the individual with more stable and longer-term housing.

Over the past five years the City of San Francisco has closed three Homeless Resource Centers and Drop-In Centers, opened one small one, and now proposes the elimination of two more major centers.

Article 25 of the UN Charter of rights affirms the rights of all persons to shelter and “to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”^x

To address an individual’s right to shelter the City of San Francisco Human Services Agency spends \$85,882,656 in city, state and federal funds for its homeless programs. Of that, \$15.4 million is spent on emergency shelters, funded almost entirely with city and county discretionary funds^{xi}. There are currently 17 family, domestic violence, youth, and

single adult publicly funded shelters. Of those, eight (8) are single adult shelters with the capacity to serve approximately 1,062 individuals in cots, beds or mats on the floor. **The City of San Francisco counted approximately 2,700 individuals sleeping on the streets** and in other locations not fit for human habitation in their latest official homeless count. This number represents only a portion of the total homeless population, as the city counted 6,514 homeless people, both sheltered and unsheltered, in San Francisco. The large majority in San Francisco’s homeless count survey, 78%, became homeless while living in San Francisco. African Americans were largely over-represented in the homeless population, making up 37% of those surveyed in the homeless count, yet African Americans make up only 6% of the total population of San Francisco. Of the 534 homeless people surveyed, 62% are considered “chronically homeless,” or homeless for a long period of time with a disabling condition.^{xii}

In 2007, the Coalition on Homelessness released a report entitled “Shelter Shock”. This report outlined human rights abuses in San Francisco city-funded shelters and uncovered a lack of basic health and hygiene in many. Following the release of the report, the Coalition developed, in

conjunction with the Shelter Monitoring Committee, legislation that created operating standards in San Francisco shelters. These standards, referred to as the “Standards of Care,” are now part of San Francisco’s Administrative Code, and are enforceable. The Coalition is now embarking on the next stage in its efforts to assure homeless residents of San Francisco a humane and manageable system of emergency shelter: **shelter reservation reform**.

As found in government reports and first hand accounts of homeless people, it is a difficult and arduous process to secure an emergency shelter bed for single adults in San Francisco. In theory, emergency shelter is low-threshold and accessible to a wide range of people, from those who have just lost their housing to those who would like to use the shelter as a first step in finding permanent housing, to those who simply need a warm, dry place to sleep for a night or two. In our analysis of the shelter access system, we have found significant barriers to getting into a shelter and subsequently that it no longer serves the purpose of the safety net it was designed to be. The complexities of navigating the system make access so difficult and time consuming that staying in the shelter is not possible for many of San Francisco’s homeless people who could benefit from a safe place to stay.

BACKGROUND

The shelter reservations process and most shelter policies are created and controlled by the San Francisco Human Service Agency. Our publicly-funded shelter system in San Francisco is run almost exclusively by the Human Service Agency (with the exception of one small women’s shelter which is run by Department of Public Health). The City provides general fund dollars for a myriad of non-profit agencies that provide shelter services in both privately owned and city owned buildings.

In 2003/4, the City implemented a centralized referral and intake system (“CHANGES”) for all shelters. While data and access to shelter reservations was centralized through the computer system, access to this computer system was in fact further scattered throughout San Francisco. As a result, the hundreds of homeless persons seeking shelter beds must now report to one of the City’s seven (proposed to be reduced to five due to budget cuts) “Resource Centers” and/or CHANGES reservation stations for shelter reservations. Long wait are rampant. The “reservation desks” where shelter beds are accessed are at multiple locations the city, with differing hours of operations. Some are open for just a few hours a day, and none are truly currently available on a 24 hours basis. This CHANGES system cost over \$1 million to develop and several hundred thousand dollars per year to operate requires biometric imaging of all shelter seekers. Besides cataloging their personal information in a way that raises concerns about civil liberties and identity confidentiality, the system is also known to frequently break down, sometimes for multiple days, where no one is able to make shelter reservations at all.

Although referrals can ostensibly be made at some Resource Centers at any time during the day, there are few vacant beds to which people can be regularly referred due to a greater need for beds than are currently available in the system. The only two times of day when any beds are likely to be available to shelter seekers are early in the morning, when the Resource Centers open, and in the late evening, after most Resource Centers (bed reservation sites) close and the shelters release unfilled reserved beds back into the computer system. These are the only times that vacancies appear in the centralized system and can be given out to the men and women waiting at the Resource Center. Thus, well in advance of both periods, homeless men and women line up at the Resource Centers in hope of getting one of the desirable vacant beds. However, particularly in the morning, few beds are given out, so many of the people lined up must return in the evening and wait again. As a result, many people are deterred from accessing services and end up get filtered out along the way—particularly those with additional challenges such as disabilities or appointments. As one provider describes the situation, “It’s now a system-wide

lottery and the beds often go to those people who can wait in line the longest.” Waiting in line for shelter reservations makes it difficult to accomplish other necessary activities such as making or getting to appointments for health care or case management, going to work or obtaining other necessities of life, or pursuing other meaningful steps towards successfully exiting the cycle of homelessness.

SHELTER ENRICHMENT PROCESS

The Local Homeless Coordinating Board together with the Shelter Monitoring Committee conducted a community process that was in response to a Mayoral proposal to re-design two of the largest city owned shelters. Due to intense community pressure to correct the embattled shelter reservation system, the Shelter Monitoring Committee and Local Homeless Coordinating Board embarked on a Shelter Enrichment process that included a look at the issue of shelter access, despite resistance from the Mayoral Administration.

The Shelter Enrichment process was a 6-week period (February, 2008—April 2008) of community and on-site shelter meetings that gathered input from providers, advocates, and homeless people on 3 specific areas for improvement in the San Francisco shelter system including Medical services, Supportive services, and Access to shelter bed reservations. The final report made specific recommendations to the Human Service Agency in all 3 areas as well as recommendations to improve the over-all system. For the purposes of this report we will compare highlights of the recommended changes to access and the changes that are proposed to take place on July 1st, 2009.

According to the Shelter Monitoring Committee website, the report clarified concerns of the community around shelter access and addressed more specific concerns around barriers for specific sectors of the population, most notably seniors and people with disabilities. While participants were concerned that the long wait times make it particularly hard for our most vulnerable San Franciscans to obtain emergency beds, even more alarming was the fact that there are available beds left empty each night while people are left waiting. (These findings correspond with our own findings through primary research conducted directly by the Coalition on Homelessness through peer outreach with shelter residents.)

As a result of the Shelter Enrichment Process, the following recommendations were made to help solve some of these issues:

(√ = Those recommendations the City of San Francisco has implemented)

1. **Analyze the Care Not Cash (CNC) programs.** This analysis would focus on the number of CNC beds that are unoccupied.

2. **Track what type of sleeping unit is vacant each night.** The tracking would consist of the location, type, site, and time that the vacancies occur. Vacancy reports are now being generated, but they do not include bed type.
3. **√ Increase the number of sleeping units that the resource center has access to make reservations.** As of October, 2008 the resource centers had access to 34% of the total units in the shelter system.
4. **Track all turn-aways.** The tracking would note whether the turn-away was based on personal choice or the availability of a sleeping unit and at what time a sleeping unit was made available within CHANGES. Clients would have the option to fill out a survey documenting the time they were turned away, which shelter they could not access, and the reason.
5. **√ Sleeping unit reservations should be able to be made on-site at shelters.** Allow sleeping unit reservations and reservation extensions to be made on-site at shelters, not just at resource centers.
6. **√ Drop available sleeping units at an earlier time. (Attempted, but may not have been achieved)**
7. **Give Muni tokens for Providence reservations** (Although this is policy, it is only partially implemented)
8. **Have a resource center open 24 hours so people can make reservations at any time.** (This will be partially implanted at Multi-Service Center South, as they will have 24-hour drop-in services and shelter reservations. This will not be a resource center, however. People will have access to 72 chairs, reservations, bathrooms and showers)
9. **Resource centers should have access to respite & medically supported beds**
10. **Coordinate service delivery times for easier navigation of system**
11. **Streamline system**
12. **Add a shelter for seniors**
13. **Increase the total # of women's beds** (This was done for a short period and the beds are now being taken away.)
14. **Increase the total # of sleeping units** (this happened for a few months but are now being decreased again)
15. **Cap the Care Not Cash beds at #150**
16. **ADA access at ALL shelters**
17. **Have service animals certified to access shelters**

18. Access housing from shelters

19. Create a blog for shelter enrichment

DESCRIPTION OF SHELTER ACCESS PROCESS IN SAN FRANCISCO

The process by which homeless people may obtain an emergency shelter system is extremely complicated, and requires in-depth description. There are several avenues through which different homeless residents of San Francisco access shelters. Beds are set-aside in each shelter to accommodate the various programs that are eligible to make referrals. In addition, homeless people can access a portion of the beds through CHANGES shelter reservation sites, and an additional portion is set-aside for County Adult Assistance Program (CAAP) beneficiaries.

CHANGES Reservation System

The CHANGES homeless information management system is designed to track all shelter utilization for publicly funded single adult shelters in San Francisco. Since 2004 San Francisco has utilized this system of access whereby those in need of emergency shelter must go through central access points in one of four (4) Homeless Resource Centers (“Resource Centers”) (proposed to be reduced to three in fiscal year 2009/10) or three (3) other CHANGES “reservation stations” throughout the city (Proposed to be reduced to two in fiscal year 2009/10). According to the Standards of Care Legislation, Muni tokens are supposed to be given out to folks when they obtain a shelter reservation that is not within walking distance from the reservation that is made. While this is the stated policy, it has been repeatedly documented by advocates, clients as well as the shelter enrichment report that this currently not happening.

Currently, 34% of beds in the single adult shelter system are available through the shelter reservation system. These centers are:

- Tenderloin Health (slated for closure 7/1/09)
- Hospitality House Self-Help Center (Reservation desk closing 7/1/09)
- Shelter and Drop-in Center @150 Otis (slated for closure 7/1/09, but reservation desk remain open)
- MSC-South (24 hours 8/1/09)
- Mission Neighborhood Resource Center
- Glide Walk-in Center
- United Council/Bayview Hunters Point Resource Center

These shelter reservation sites serve as access points to coordinate the placement of individuals into shelters where beds are available, and also are intended to engage shelter users with referrals

to resources within the broader spectrum of support which homeless people may need, including social and health services.

County Adult Assistance Program (CAAP)

CAAP is the public benefits program for unemployed individuals who qualify for no other form of public assistance such as unemployment benefits, disability, CalWorks or Veteran’s benefits. The CAAP program has access to two types of beds – 3-day beds for new applicants (1% of beds) and 45-day beds (31%) with extension options at a variety of shelters.

If an individual enrolled with CAAP has no housing, the rent and utilities portion of their check is removed, and this funding is moved to the “Care Fund”, which provides services and rental assistance in SRO (Single Room Occupancy) hotels rooms leased by the City. The individual may stay in shelter indefinitely until a room opens up in the program. In the meanwhile, they have guaranteed stays in shelter, as long as shelter rules are followed. These CAAP beds differ from other shelter beds because they remain attached to the individual recipient, whether they use the bed or not. If the CAAP participant is not present for check-in and curfew, his or her bed is released back into the computer system for one-time use by the next homeless person waiting, but because of the system’s priority for CAAP clients, this bed is only available on a one-night basis. This system of holding beds for CAAP recipients creates hardship for other shelter utilizers, especially those with disabilities, as even those fortunate enough to obtain a one night reservation are forced to return to the rigorous process of accessing shelter all over again, often repeating this cycle on a daily basis.

Referral Beds

Approximately 34% of the single adult shelter beds are accessed through a variety of referral beds. These are outlined below.

1. Substance Abuse Beds

When someone is awaiting substance abuse treatment, there are a limited number of beds set aside for this purpose, with a limited number of access points.

2. Homeless Outreach Team (HOT)

The job of the Homeless Outreach Team is to locate, stabilize, and house people living on the streets in San Francisco. They also have beds set aside for them in shelters, including 18 female beds and 5 male mats at MSC-South, and 18 male beds at 150 Otis. The 150 Otis shelter is

closing permanently, however, with a loss of 32 beds on June 30, 2009. There will be an additional 4 beds taken away from Dolores St. and given to the HOT Team.

3. Community Justice Court

The new Community Justice Court is intended to route Tenderloin area residents who have committed misdemeanors (most frequently “status crimes” for being too poor to afford a place to live) through the court and into social service programs. They currently have authority to place people in 20 beds that were previously CAAP beds. These beds are rarely used, and are released on a one-night basis.

4. Central City Hospitality House

Individuals seeking shelter at this location must get on their wait list and check in at least once a week. These beds are moving over to resource center beds as of July 1st, 2009. While they have many people still on wait list, who have been there for months, the City is deciding not to honor the wait list.

5. Episcopal Sanctuary

Residents were initially accessing this shelter through the resource centers, and then may have received a longer-term stay by attending orientations. This system has changed and will change once again, whereby all beds are allocated via the resource center for 7 days, and then residents request extensions.

6. Next Door

Previously residents would either get a bed through direct referrals or by getting on their wait list. This process has also been changed by HSA, and beds will now be accessed through the Resource Centers, with extensions available on request. Exceptions include Veteran’s Administration beds, which are accessed through the VA, and paid for by the Veteran’s Administration.

7. Swords to Plowshares

Currently this program has three beds at Dolores Street shelter.

8. Lark Inn

These beds are for youth ages 18 – 24, and are accessed directly via waitlist at program.

Released Beds

All beds in the system that have not been reserved by the above agencies are released to the resource centers and other CHANGES for 1-night referrals. Limiting stays to one-night creates great stress on access system, and hardship for individual facing housing emergency.

Type of Bed (Referral Source)	# of Beds 2008/2009	% of Beds 2008/2009
CHANGES Shelter Reservations System	380	34%
CAAP Care Not Cash	344	31%
CAAP Pending Eligibility	13	1%
Referral Beds	380	34%

Exhibit 1

PROPOSED SHELTER SYSTEM RESERVATION AND EXTENSION DESIGN (AFTER JULY 1 2009)

The Human Services Agency is proposing changes to shelter access to be implemented on July 1, 2009. These changes were first proposed in the fall of 2008, altered, and the final version was released on Monday June 22nd, just 9 days before the new changes were to be implemented.

In the interim, there have been some changes enacted as of February, 2009 as a “pilot” at the two Episcopal Community Services shelters before major proposed changes for all the shelters begins on July 1st.

- ✓ Extensions have been available at Next Door and Sanctuary – but with the added hurdle of having to request those extensions every 7 days for an entirety of 21 days. The extensions have been subject to the availability of supervisors, as not all staff are allowed to make them. This has created complications and confusion among shelter residents and staff.
- ✓ A curfew of 5pm was implemented under the guise of “releasing” beds at earlier times – what this has done is further complicate the check in process for those who work, attend school, or commute during those

hours. No data has been provided by the city that verifies that this change has resulted in beds being released earlier.

- ✓ There has been an increase in the number of women's beds at the Next Door Shelter. Unfortunately, these same beds are proposed to be eliminated July 1st, 2009.

Unfortunately, many recommendations and feedback made before and during this pilot period by various community groups and homeless people have not been included in the new recommendations to date. Additionally, the City continuously refuses to obtain the necessary data that could simplify and address many of the barriers to shelter access. Finally, by neglecting to track the deficiencies of the accessibility and quality of the shelter system, the City allows it to go unchecked and likely biased against the people that need it most.

Among the most glaring results of these systemic problems is that many of the City's homeless return to the streets every night, while shelter beds may sit empty, and by homeless men and women continue to report experiences being told by staff at a Resource Center that a reservation had been made for them at a shelter, only to learn upon arriving at that shelter that there was no reservation. Irrespective of the source of these problems, it is clear that the computerized reservation and referral process for the shelters is error prone, and that many homeless men and women continue to be needlessly left out in the cold.

If San Francisco implements the most recent proposals from the SF Human Service Agency,

- Homeless people competing for resource center beds will have to request a 7-night stay, extend it for 14 days with unspecified shelter staff, and then again for 3 months, for a total of 111 days.
- A behavioral health "roving team" will act as service providers instead of the traditional case management that is in place. The roving team would follow homeless person from shelter to shelter.
- Reducing the length of stay down to 111 days, from what was, for at least 20% of the sleeping units, a 180 maximum stay—a move likely to cause increased duress for shelter seekers, rather than producing the desired effect of easier shelter access.

Data from at least one shelter provider (Dolores Street) demonstrates that the majority of successful housing placements occur between 120 and 160 continuous days in shelter. Cutting short the shelter stay would lead to a marked decrease in positive housing placements, and thus increase the stress on the shelter reservations system. Frequent need to request extensions, also results in instability and increased duress on the shelter reservations system, resulting in longer

lines, and need for more frequent visits. In addition, continually seeking the initial 7 day shelter stay creates instability for all shelter residents, but especially for people with disabilities who often cannot overcome unnecessary bureaucratic hurdles. The crisis of becoming homeless in itself is enough to deal with, without further anxiety over retaining the temporary shelter that was just obtained. Keeping track of check in times and securing a meeting with the appropriate shelter personnel to receive an extension can become an overwhelming experience. By initially providing a clear and straightforward path for shelter seekers to acquire a roof over their head, the system could instead provide enough stability that residents will be able to focus on the most pressing issues in their lives. Consistency and stability are necessary requisites for shelter users to build relationships with service provider and enough confidence in the system to engage or pursue appropriate services and work towards an end to the cycle of homelessness.

Homeless Director Joyce Crum has stated in the past that the reasoning for the initial seven-day stay, instead of a longer stay, is because of additional costs associated with re-programming the CHANGES system. However, the shelter system is an emergency system and should be treated as such; homeless people should not be burdened with overcoming the constant shortcomings of the CHANGES system.

San Francisco's shelter policy should ensure that all shelter residents are stabilized, including those with special needs. This mitigates many of the barriers to permanent housing that instability creates, such as loss of contact, increased disorganization, loss of property and identification, increased criminalization, decreased health, and more.

SURVEY

In keeping with our mission to initiate “program and policy changes that result in the creation of exits from poverty” the Coalition on Homelessness (“the Coalition”) regularly engages in data collection efforts and analysis to evaluate the efficiency of City of San Francisco’s homeless services for the people that need them. The Coalition seeks to use this data to analyze successes and problems with the current system, as well as to inform policy recommendations and advocacy for effective homeless services.

This participatory action research survey was designed by the Coalition on Homelessness with the intent to assess the experience of those who utilize shelters, identify successes and issues with the shelter system, and provide a comparison data set from previous surveys to measure changes in the system. The findings in this report are based on our most recent survey and provide an in-depth understanding of the shelter seeker experience here in San Francisco. It represents the many of the lived experiences of poor and homeless people seeking emergency shelter in San Francisco.

LOCATION	# of SURVEYS
Self-Help Center	39
Tenderloin Health	54
Mission Neighborhood Resource Center	32
150 Otis	6
Coalition on Homelessness	1
Mother Brown’s	10
St. Anthony’s	20
Various Shelters	31
Various Street Locations	18
Total	212

Exhibit 2

METHODOLOGY

The surveys were administered in-person to a total of 212 shelter residents during a single four month time period between September 2008 and December 2008. The survey was conducted

only among individuals who had sought or were seeking emergency homeless shelter access as single adults. The survey was conducted by volunteers from the Coalition on Homelessness, using a standardized survey instrument developed for the task (Exhibit 3). After agreeing to be surveyed, shelter seekers and residents were interviewed with questions from a standard form. Interviewers were instructed to remain unbiased and to avoid prompting questions or making assumptions. Interviewers assured participants that their participation was voluntary and that their responses would remain confidential without identification to their particular identity. The interviewer transcribed the responses in order to minimize errors. Benefits of this type of survey rise from its avoidance of multiple variables, a problem intrinsic to long-term studies as well as the homeless experience itself.

Population Sampling:

In order to survey those individuals who have personal experience seeking shelter in San Francisco, shelter reservation sites were predominantly targeted for recruitment of participants. Some were also collected from shelters and street locations. The survey is limited to the populations studied: single adult homeless individuals seeking emergency shelter. To ensure participants were users of the shelter system select locations were targeted for recruitment. Volunteers then approached as many people as possible to solicit unpaid participation. Data on other homeless populations such as families and children, access to other homeless services beyond shelters and resource centers, and homeless persons who are not interested in shelter access are excluded from this data and would require further research.

ADDITIONAL DATA SOURCES

We also obtained data from governmental sources, including the City's 2009 Homeless Count, Mayor's Office of Disability and the Shelter Monitoring Committee. In order to examine the access issue, we also pulled information from our former report "Shelter Shock" where we conducted 9 interviews on shelter access with key informants who work with these issues on a daily basis.

Instrumentation and Coding:

The survey questionnaire consisted of 13 questions specific to the individuals experience in accessing emergency shelter and a further two demographic questions on the participants age

and gender. The survey form provided a balance between “yes,” “no” structured questions, and contingent/open-ended questions (“if yes/no, explain”).

The completed surveys were sorted and coded. This entailed thematically matching open-ended responses with like answers (e.g.: “better staff” and “staff needs training” under “staff issues”) to obtain a tally. All of the responses given, per question, were assigned unique numbers and then entered into a spreadsheet.

VALIDITY AND OTHER CONSIDERATIONS

This survey was not created out of scientific curiosity but was instead intended to measure common experiences of homeless people seeking shelter in San Francisco and guide advocacy and policy decisions for the Coalition on Homelessness. The evaluation has two primary limitations that should be considered when reviewing and interpreting the findings. The first limitation is the reliance upon self-reported data from interview participants. While the data itself indicates systemic trends in access around the San Francisco shelter system, consistent with previous experience and other information the character of the data itself reflects the individually qualified perspectives specific to those people who

Survey Questions

1. Have you ever tried to make a shelter reservation?
 - a. Yes ___ (go to question 3)
 - b. No ___ (go to question 2)
2. Why not? _____ (end survey)
3. Was the experience positive or negative?
 - c. Positive ___ (go to question 4)
 - d. Negative ___ (go to question 5)
4. If positive, why?
5. If negative, why?
6. Are you currently in shelter?
 - a. Yes ___ (go to Q7)
 - b. No, but trying to get into shelter ___ (Go to Q9)
 - c. No, not interested in shelter ___ (Go to Q9)
7. If so, what kind of bed do you have? (Please circle)
 - a. Care not Cash
 - b. Case Management
 - c. Resource Center bed
 - d. Other
8. What is the total number of days you will have the bed? (please circle)
 - a. 1 night bed
 - b. 7 night bed
 - c. 3 month stay
 - d. 6 month stay
 - e. other _____
9. On average, how many times were you turned away seeking shelter in the last month? _____
10. On average, about how long does it take you to secure a bed
 _____ total number of hours
 _____ total number of days
11. Do you believe there should be:
 - a. Equal access to shelter beds
 - b. Priority access for special needs
 - c. Or A mix of both
12. Do you believe that the number of beds available through the resource centers should be increased?
 - e. Yes
 - f. No
13. Do you have any ideas on how the shelter reservation system could be improved?
14. Gender
 - a. Male _____
 - b. Female _____
 - c. Transgender _____
15. Age _____

responded. That the survey as a whole has explanatory power is demonstrated by the repetition and recurrence of particular answers as well as the trends uncovered through its analysis. The survey was structured to be as personal and open-ended as possible to capture the humanity of the problem and the qualitative nature of the lived experiences that respondents described. In respondent-centered surveys, answers can be skewed by exaggerations, omissions, and equanimities. Findings may thus also be affected by “response bias” – the tendency of some respondents to answer in a way they may believe the interviewer wants them to answer rather than actuality.

This in mind, it is important to note that the role of the Coalition on Homelessness being separate from that of those providing services may to some degree lessen the perceived assumptions of response by those being interviewed, and even offset the potential bias created when providers of services interview their own clients, where the vulnerability of respondents to retaliation, legitimacy of the interviewing party, and decreased likelihood that questions will be critical or empowering are also concerns. Additionally, the Coalition believes strongly in the power of self-reporting as it holds the value that homeless individuals know the most about their own lives, experiences, needs, and the solutions to homelessness.

FINDINGS

OVERALL EXPERIENCE FOR PARTICIPANTS IN ACCESSING SHELTERS

According to the research, the overarching issues present in the experience of shelter seekers—regardless of whether their experience was positive or negative—are the ability to access bed; quality of treatment by staff at service sites; and various issues related to the system of shelter access itself, such as shelter rules and hours of operation.

The low rate of satisfaction with the accessibility of San Francisco shelters indicates systemic problems with the reservation system, which should be a relatively painless process in an individual's time of need. Regarding the overall experience of respondents accessing the shelter system in San Francisco, responses from participants were troubling. **Slightly more participants reported having a negative experience (45 %, n= 89) than a positive experience (44%, n=86) accessing shelter.** The remaining 10% reported having both positive and negative experiences when seeking shelter.

Many of the respondents who had a negative experience cited the **long wait** they experienced in attempting to access a shelter bed (19 %, n = 27). There were several other diverse issues noted as the main issue for those with reported negative experiences. They range from theft to discrimination, lack of transportation, and a failure to accommodate special needs. For a number of individuals (8%, n= 6), there was a general appreciation for the fact that the shelters beds were offered free of charge.

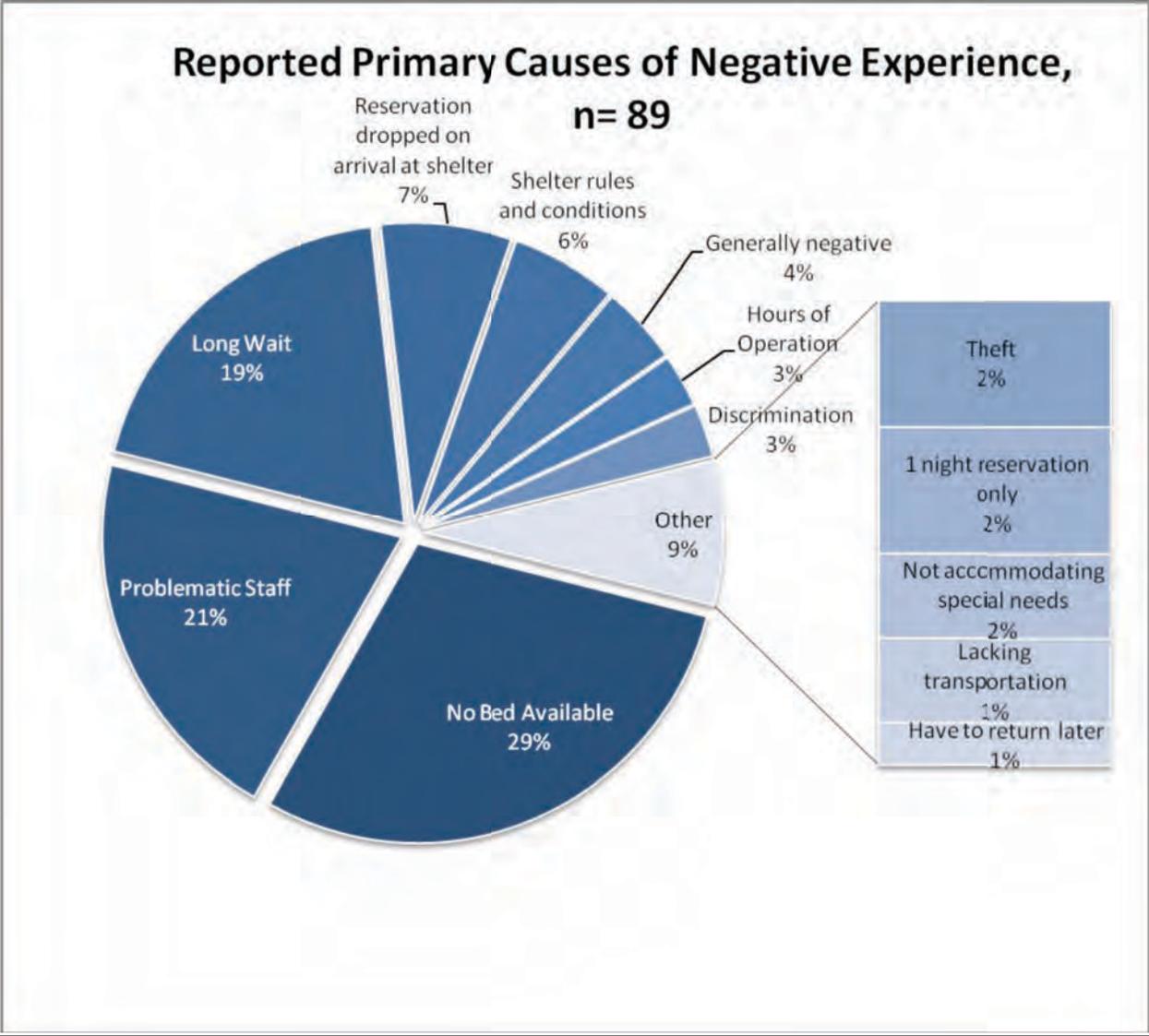


Exhibit 4

LACK OF AVAILABLE SHELTER BEDS

The main determinant of whether an individual had a positive or negative experience was whether or not they were able to access a bed. Among the survey respondents 62 % (n= 46) named bed placement being the main cause for their positive experiences. Alternately among those reporting a negative experience 39% of respondents reported the cause of their experience

being the unavailability of a bed (n= 41) or the bed reservation not being honored when they arrived at the shelter (n=10).

The City stopped officially tracking shelter turn-aways with the onset of the current shelter reservation system in 2004, ironically named “CHANGES.” However, lack of available beds for those seeking shelter has been and continues to be a severe issue. **The shelter seekers in our survey were turned away an average of 6 times when seeking a bed. The median for turn-away for shelter is 3 times for survey respondents.** This is contrary to multiple reports from City officials that turn-aways from shelters are not a major problem, and that they have nightly vacancies averaging around 100. The issue is more complicated than simply overall number of beds available not matching the number of requested placements as different types of beds are reserved for different individuals depending on their status as clients and participants of various programs (see “Background” section above).

The vast majority of participants surveyed were attempting to access the shelter system through the resource centers and were not clients eligible for beds reserved for other populations such as CAAP and those in case management programs. Approximately one-third of shelter beds are reserved for CAAP recipients, however homeless CAAP recipients currently only represent 5% of the homeless populations in San Francisco, based on the 2009 homeless count. This inequity was strongly underscored by survey participants among whom **94% (n=179) believed that access to beds through Resource Centers should be increased.**

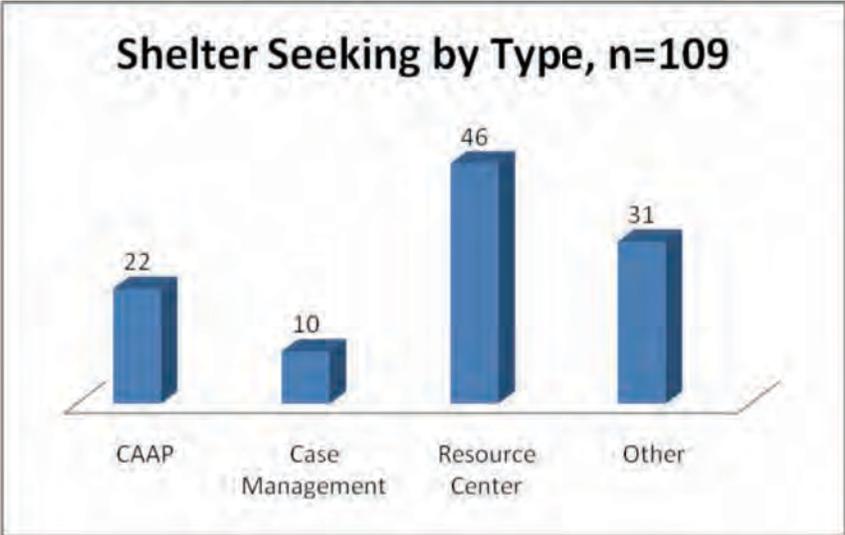


Exhibit 5

According to staff interviewed at the Resource Centers and shelters the CHANGES centralized shelter reservation system is unreliable and glitch-prone, such that it is not always possible to refer people to shelters, even when there are vacancies (COH, 2007. *Shelter Shock*).

Additionally, the validity of its tracking statistics is questionable. Frequently on nights when the City's Human Services Agency claims that the shelters beds are unoccupied, Resource Center staff report that no vacant beds show up in the computer system. At other times, service providers have reported that vacancies are showing on the reservation system, but when the individuals show up at the shelter, the shelter is already fully occupied by previous reservation holders.

The Shelter Monitoring Committee, a public body with Supervisorial and Mayoral appointees, conducted three independent snap shot studies in the fall of 2008 to examine shelter turn-always. This was partially in response to the failure of the city to track turn-always since the CHANGES system was implemented. SMC staff monitored an entire day of operations at three shelter reservation sites; Tenderloin Health, 150 Otis and Glide Memorial. Shelter Monitoring Committee staff simply monitored the sites from opening time to closing time and recorded the numbers of people attempting to garner shelter beds, and of those, how many left without having secured a place to sleep for the night. Taken in composite, the results indicate that two out of three shelter seekers were turned away (attachment 2).

During the same period, the Human Service Agency reported vacancies inside the shelter. There most recent numbers from Human Service Agency for March 2009, indicate an average per day vacancy of 17 at Episcopal Sanctuary, 13 at MSC-South and 44 at Next Door shelter. These shelters represent the three largest shelters in San Francisco. System-wide results for the period was 104 beds available on average each night. These are vacancies reported by the Homeless Management Information System (HMIS), the very same system used by shelter providers to make shelter reservations, which is showing there are no beds available at the time of reservation.

Part of this inconsistency may be due to overnight passes of residents, individuals with shelter reservations missing curfew, and presumably the remaining from beds being actually vacant and available. The HMIS system generates the vacancy reports at 7:00 am. Shelter providers contend that the vast majority of beds shown as vacant in the report are not available to resource center referrals, and therefore should not be counted as vacant (Shelter Director's Meetings October, 2008 – March, 2009). Rather than indicating an over-abundance of shelter beds, suggesting that homeless people don't want shelter as some politicians have suggested, the

people responsible for shelter oversight who are failing ensure that those empty beds are available to the homeless people who need them.

Another serious challenge to reserving beds is that one-third of the beds are reserved for County Adult Assistance Program recipients who may or may not be utilizing the beds, but for whom beds are held until the evening and then released for one night only if not utilized. County Adult Assistance is a program, by state definition, of last resort. If an individual receives disability or veteran's benefits, are working or receive unemployment, they are automatically ineligible for CAAP benefits. If an individual qualifies for CAAP, and is without housing, and the city offers them a shelter bed, their grant is reduced by 85% whether they take that bed or not, by removing the housing and utilities portion of their grant. This legally questionable situation creates great incentive on the part of the City to ensure that CAAP beds are available on demand. If the individual accepts the offer of the bed and shows up on the first night, that bed is held for them for at least 45 days, with the option of renewing that reservation until housing becomes available. Unfortunately, these privileges, which allow homeless CAAP recipients stability without time limits, or restrictions with regards to bed utilization, are not extended to non-CAAP recipients. CAAP recipients can keep a bed whether they spend the night in the shelter or not, whereas non-CAAP recipients lose their beds if they do not obtain permission from the shelter to sleep elsewhere. The available resource center and referral beds can be reserved by other homeless people for a length of time, whereas the CAAP beds are released for one night only. While it is impressive to note the differences in stability for CAAP clients, this creates a great deal of instability and chaos in the lives of other homeless people trying to secure beds. If they receive a one-night bed, they must return to the time-consuming and rigorous shelter reservation system the next day to secure a bed all over again, often failing, or again only getting a bed for one night.

IMPACT OF SHELTER SYSTEM STAFF

The role of staff at the shelters and resource centers also played a major role in the reported experience of those who both had positive and negative experiences. 15 % (n= 11) of respondents who reported a positive experience cited the quality of the staff as the source. For those with a negative experience accessing shelter, however, 22 % (n= 29) of the reported causes were related to problematic staff. This information is a clear indication of the key role that staff within the shelter system play. While staff were lauded by some respondents for their role in assisting them it is clear that negative experiences with shelter system staff far outweighed positive experiences reported.

This is consistent with data gathered for the 2007 “Shelter Shock” report, which found that lack of accountability and mistreatment by staff was mentioned throughout that survey data set. When asked about safety, 24.5 % of respondents had indicated that rude and neglectful staff had played a primary role in their lack of safety. In the 2008 Shelter Standards of Care legislation approved by the SF Board of Supervisors it is required that residents are treated with respect and dignity. Shelter Monitoring and Mayor’s Office of Disability continually report that mistreatment by staff is one of the most common complaints received by those respective offices. Despite this, according to the data collected for this report, staff treatment of those seeking shelter still severely impacts many individuals seeking shelter

MAJOR PROBLEMS WITH THE SHELTER SYSTEM

The system used for accessing shelter, including the electronic system, rules and process, where a major determinant in whether respondents reported a negative or positive experience. Only fifteen % (15 %, n=11) of those who reported a positive experience did so primarily due to the reservation process.

Among those reporting a negative shelter access experience, 33 % (n=47) reported the cause to be some element relating to the system of access itself, such as long wait times, hours of operation, only being able to reserve a bed for one night at a time, and lack of transportation.

A full 19 % (n=27) of respondents who reported a negative experience did so due to long wait times. **On average it took shelter seekers 182.5 hours or 7 days struggling with the shelter system before being able to secure a shelter bed.** It was additionally reported that wait times are often lengthened by a confusing system that makes it difficult for many homeless to know the next step in order to receive a shelter bed.

The shelter reservation system is piecemeal, and requires a great deal of effort to navigate. Shelter reservations sites have various hours, and the reservations system itself is unreliable.

Wait Time	%	N=
<3 hours	11%	19
3 to 8 hours	16%	28
8 to 23 hours	5%	10
1 day	14.5%	25
2 days	10.5%	18
3 days	10%	17
4 days	2%	4
5 days	1.5%	3
6 days	8%	14
7 days	5%	9
8 days or more	14.5%	25

Overall, the shelter system is a maze that requires constant inputs on the part of the homeless person to navigate.

According to the Shelter Monitoring Committee, **364 sleeping units in shelters have been lost between July 2004 and December 2006. An additional 100 beds were lost July, 2008** when another city-funded shelter closed its doors, and the city did not reallocate the funding. For fiscal year 2009/10, the city is proposing **elimination of 84 additional beds** – at 150 Otis and Next Door shelter. In addition, shelter reservation sites have been in flux over the past several years, with several closing; McMillan, South Beach and Buster’s Place all closed. The city opened up a very small male only drop-in center to replace Buster’s Place. However, **the Mayoral Administration is now proposing the closure of an additional two sites that provide shelter reservations in the Central City.** Just one of these sites sees over 300 people daily. Operational practices at any given site seem to shift with some frequency. For instance, the times at which beds are released for use after the reservation holder has not occupied it vary from one shelter to another, adding to the Resource Center ‘waiting game’.

On top of this confusion, after a great deal of time trying to secure a reservation, then securing the bed and traveling to the shelter, it is not uncommon for the homeless individual to find the bed they have reserved is not available. **7% (n=10) survey respondents reported their negative experience was due to having made reservations for a bed and then arriving at the shelter to find the bed was not available.** While this is a small portion of respondents, it indicates this experience is more common than a fluke.

For many of the City’s homeless people, the shelter system is a confusing, unpredictable maze. Just getting to the door of the shelter is exhausting, and stressful. As a result, many homeless men and women simply wait. They wait at a Resource Center for a bed, wait for the MAP van or a bus, or wait late at night to check into a shelter. **The loss of time spent waiting for emergency shelter drastically impairs their ability to improve their conditions,** engage in helpful services, find employment, or to treat underlying issues causing the homelessness. Others remain outside of the system altogether and simply remain sleeping on the streets.

Transportation continues to be a challenge for shelter seekers. Bus tokens are frequently not provided, and waits for transportation vans are notoriously long. There is only one van with a wheelchair lift, which makes it especially difficult for people with disabilities. One Shelter Monitoring report in fall of 2008 described a situation where an individual trying to get into a van received no help from MAP driver and had to somehow hoist their own wheelchair into the van. To make matters worse, the city is proposing to reduce funding for MAP van transportation

services significantly, only allowing for transport to medical facilities. For the elderly and people with physical disabilities, the need for a reliable transportation system between resource center and shelter is crucial to successfully accessing shelter – even for sites that may be relatively close to one another.

Another issue made apparent by the survey was the length of time individuals were allowed to stay in shelters. Several respondents (n=3) reported the primary reason for their negative experience was no being able to access a bed for more than one night at a time. While they may complete the long and cumbersome wait process to get a shelter, if they are successful in only receiving a one night reservation they must return the following day to start the process all over again. **Roughly a third of respondents reported only being able to procure a shelter for one night (31%, n=30).** This is consistent with the proportion of beds that are reserved for CAAP recipients, whose beds are released for one night only when not in use, regardless of how infrequently the bed is used.

At times, men and women with mental illness who have long-term reservations at emergency shelters lose them after a hospitalization, forcing them back into the Resource Center shuffle and short-term reservation system. While these conditions may be navigable for certain people, they can be insurmountable for an individual with a mental health issue and increase the likelihood that people with mental illness will be unable to navigate the system and often end up simply sleeping on the streets.

NIGHTS	N=
1 night	30
7 night	33
3 month	13
6 month	22

VII. Preference for Type of Reservation System

The Coalition on Homelessness regularly seeks input from homeless people on major policy decisions that impact their lives. This input then directs our advocacy work. This question attempts, in broad strokes what kind of access system for shelters homeless people want. The results indicate that half of respondents prefer a mix of equal access and special need prioritization, while a third want equal access.

Type of Access	N=	%
Equal Access	61	32%
Priority for Special Needs	34	18%
A Mix of both	95	50%

DESIRED IMPROVEMENTS TO THE SHELTER ACCESS SYSTEM

IX. Ideas for Improving the Shelter Access System

We asked shelter seekers in an open-ended question what ideas they have for improving the shelter system. Homeless people know exactly what changes need to be made to improve the shelter reservation system, as clearly they are the experts, having experienced the shelter system on a regular basis. Unfortunately, their

opinions are rarely sought by policy makers and their voices infrequently captured by the media. The Coalition seeks to reverse that state of invisibility and assert the voices of homeless people into the public sphere.

Here we have asked exactly what homeless people believed would improve the system. Their answers reflect the diversity of the homeless experience, as well as their uniquely deep knowledge of the shelter reservation system. (Individuals may have given more than one answer)

Recommendations	#	%
Fill Empty Beds	5	3%
Increase Number of Beds/Shelters	24	18%
Improve Shelter Conditions/Rules	15	11%
Fix Broken Computer Reservation System	26	19%
Early Access for Disabled, Pregnant Women, etc.	5	3%

Improve hours/24 hour access	9	6%
Staff Training	28	21%
Improve Bed Check Process	2	1%
Fair and Equitable	1	0%
Increase number of staff	2	1%
Move GA beds to Resource Centers	9	6%
Set aside Beds for students and workers	4	3%
Involve Homeless People More	2	1%
Accommodate Families without Children	1	0%
Fixed number of beds available	1	0%
Increase Housing	3	2%
Longer Stays	3	2%

RECOMMENDATIONS

Length of Stay

One of the issues currently under consideration by the Human Service Agency, who very directly oversees publicly funded shelters is length of stay. The Human Service Agency is seeking to make shelter stays uniform in all shelter programs. Their recommendation, as detailed in the background section of this report, is to give all non-CAAP clients 7-day stays in shelters. The shelter resident then may obtain an additional 14 day stays. At that point, the individual may get an additional 3 month extension. We believe the initial 7 day stay will create a great deal of instability among shelter residents, as well as create unnecessary burdens on the shelter reservation sites, as individuals return there with great frequency to obtain extensions. We are putting forward a set of recommendations to ensure greater resident stability, and therefore higher likelihood of improved shelter outcomes, as well as decreased traffic at shelter reservation sites.

Recommendation #1: Give a minimum shelter reservation of six weeks with stays up to six months.

Recommendation #2: Help people with mental disabilities to obtain bed reservations. Once they have obtained a bed reservation, allow them to keep the reservations for at least six months, subject to renewal.

Recommendation #3: People who have housing date within a reasonable amount of time, should be able to extend on a month-to-month basis after time is up.

Recommendation #4: Extensive engagement and training of shelter monitors and shelter reservation desk clerks must take place whenever changes are made to shelter reservation policy.

Recommendation #5: Staff training should also include crisis intervention training, recognizing and responding appropriately to symptoms of mental disabilities, and addressing needs of the mentally disabled and trauma survivors.

Easing Shelter Access

The shelter reservation system in San Francisco can be described as nothing short of byzantine, with day long waits, confusing hours of operation, too many one night shelter stays, piecemeal transportation, lost reservations, daily shelter turn-aways and regularly empty beds. There are several basic steps that can be taken by the city ease the burden of shelter access for shelter seekers.

Recommendation #5: Cap the ratio of CNC beds to total shelter beds at that of CAAP recipients to the total number of homeless in order to limit the number of one night shelter stays and ensure equitable access.

Recommendation #6: Move as many beds as possible to shelter reservation sites where currently there are only 1/3 the beds, yet the overwhelming majority of shelter seekers pass through resource center doors to access shelter.

Recommendation #7: Ensure that vacant beds are released and made available to those waiting for shelter, and develop an accountability system to ensure that shelters appropriately release beds.

Recommendation #8: Ensure Minimum Standards legislation with regards to transportation are followed. Have all MAP vans equipped with wheelchair lifts, and if a van is unavailable, provide clients with two Muni tokens (in order to provide for return trips). Maintain current level of van service, as city is proposing drastic reductions to transportation.

Recommendation #9: Assess problems with the CHANGES reservation system such as dropped reservations, and explore storing relevant client disability information (need for lower bunk, quiet corner, etc.) in the system with client permission. Ensure that CHANGES allows reservation desk to identify type of bed (e.g., top or bottom bunk) and location within shelter (e.g., accessible, near bathroom, etc.). Investigate lowering costs and complications by utilizing other industry reservation software, such as is used by airlines, restaurants, etc.

Stilling the “Runaround”

Homeless people are by definition in crisis, having found themselves without their most basic needs being met. In addressing this crisis, city and county administrators should eliminate any additional government imposed barriers to exiting homelessness. We have identified some of the barriers here, and what steps could be taken to demolish them.

Recommendation #10: Have at least one centrally located 24-hour drop-in center with 24 hour shelter reservation capacity. This center must be accessible to both men and women with

capacity for at least 100 individuals. Maintain neighborhood shelter reservation and resource centers. Current city plan is to expand MSC-South drop-in and have it run 24 hours. This addresses most of the issues except for central location.

Recommendation #11: Allow due process through the uniform grievance procedure for individuals losing their beds after missing one night.

Recommendation #12: Latest possible check-in should be no earlier than 6:00 pm to allow for a balance between reasonable check-in times, thus preventing excessive denial of services, and releasing unoccupied beds at a reasonable time.

Ensure Increased Accountability

Many of the problems identified in this report, have long been reported to San Francisco policy makers. Homeless people are often met with little more than quiet indifference, they have been confronted with rigorous and irresponsible denial on the part of the city. For example, by simply allowing vacancies and turn-aways to be tracked, the data could be examined for what does and does not work. The process to find a bed would become more streamlined, efficient and ideally simplify navigation of an overly complex system. It begs the questions as to why the city would not want its' own system to accurately count and assess the needs of the people it serves.

These steps are meant to form of the building blocks of an accountable and responsive city administration.

Recommendation #13: Ensure the Standards of Care Legislation is enforced. This includes adequately staffing the Shelter Monitoring Committee so that it can respond to noncompliance with fines through the DPH.

Recommendation #14: Systematically track and report turn-aways at shelter reservation sites.

Recommendation #15: Post weekly updates regarding shelter and resource center information (hours of operation, curfew, number of beds, meal information, accessibility, location, phone numbers) on a centralized website and in various locations (resource centers and shelters).

Recommendation #16: Track homeless deaths in San Francisco and analyze preventable deaths to ensure responsive homeless programs.

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- ⁱⁱⁱ “Without Housing, by Western Regional Advocacy Project, date
- ^{iv} Spike in homelessness reported in several major US daily newspapers, US Conference of Mayors, date
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- ^{vii} The Civil Rights of Homeless People, by Madeleine R. Stoner
- ^{viii} “Without Housing” by Western Regional Advocacy Project, date
- ^{ix} Hopper, Susser, and Conover (1985), Out of Place by Talmadge Wright
- ^x Universal Declaration of Human Rights. 10th December 1948 Palais de Chaillot, Paris
- ^{xi} San Francisco Human Service Agency, June, 2009
- ^{xii} San Francisco Human Services Agency, “2009 San Francisco Homeless Count and Survey”, April 2009.

YEAR ROUND SHELTERS

	NEXT DOOR	MISC-SOUTH	160 OHS	EPISCOPAL SANCTUARY	HOSPITALITY HOUSE	DOLORIS STREET	A WOMAN'S PLACE	PROVIDENCE	LARK INN (Youth 10-24)
Director	Viviana Martinez Pat Harrison, She Myr	Laesv Rouseff Director of Shelters		Viviana Martinez Kim Gaultroy	Jenny Willy	Marion Mendez	Felicia Houston	Shuctria Jones	Rae Silver
Email	vmm@nextdoor.org	laesv@nash.org		kim@episcopal.org	jenny@hospitalityhouse.org	marion@doloris.org	felicia@awomansplace.net	shuctria@providence.org	rae@larkinn.org
Phone	282-2182	597-7860	597-7860	487-3705	748-2132	282-6209 x20	487-2143	571-5850	748-2863
Main Office	282-2180	597-7860	597-7860	863-3893	748-2103	282-6209	487-2140	571-5850	748-2868
Fax	282-2174	597-7846	597-7846	487-2729	748-2128	282-2828	763-8897	642-8198	748-2867
Street Location	1001 Park Street	525 5th Street	150 OHS	201 Eighth Street	148 Leavenworth	1090 S Van Ness	1049 Howard St.	1601 McKinnon	899 Ellis Street
Area of City	Tenderlon - Geary St. Corridor	South of Market	Mission	South of Market	Tenderlon	Mission	South of Market	Bayview	Tenderlon
CURRENT CAPACITY	208 TOTAL: 218 case managed spaces (159 male, 108 female)	340 spaces (295 male, 45 female)	32 spaces for Men Only	200 spaces (131 male, 69 female)	30 spaces (male only)	85 spaces (male only)	15 spaces (female only)	125 spaces (88 male, 15 female, 21 male or female)	40 spaces (both male and female spaces, breakdown varies according to demand)
HOURS OF OPERATION	24 hours	24 hours	24 hours	24 hours	Mon-Fri: 4pm to 8am, Sat/Sun: Open all day	7pm to 7am	24 hours	9pm to 7am	24 hours
Check in time	2:00pm-5:00pm	4:30	4:30	2:00pm-5:00pm	7:00pm	6:00 Santa Ana, 7:00 pm Santa Maria/Maria	7:00 PM	9:00 PM	7:00 PM
CUREW	Sun - Thurs 8 PM Fri & Sat 10:00PM	Men: 7 p.m. Women: 6:30 PM	10:00 PM	Sun-Thurs 8 pm. Fri-Sat 10 PM	8:00PM	8:30PM	10:00 PM	10:30PM	9:45 PM
LENGTH OF STAY	13 CAP: 197 women beds with mandatory case management; 58 7-day beds	Care Not Cash -175. Care Management Resource Center - 71. Outreach 5	9. Resource Center (7), Management (18), CAP/PEP/Outreach	128 Care not cash beds, 71 beds with optional 5 Outreach	30 spaces (male only)	85 spaces	15 open day emergency beds	125 male, 7 day stays	40 beds, 60-day to 4-month stays with mandatory case management
Showering Units	208 Beds	1 - 7 day 48sq. Care Not Cash - 49,68sq 48sq 63 Cals	32 Beds	60 days with case management; 200 beds	25 Beds / 5 Beds	52 Beds / 33 Cals	15 Beds	125 Beds	40 Beds
SHOWERS	Yes	Yes	Yes	Yes	Yes	Yes	Yes	None	Yes
ACCESS	Case Mgr. Direct to program; Seven day beds through Resource Centers	Care Not Cash Workers, Resource Center and Outreach Team	Resource Center, SF HOT Outreach, Care Not Cash	Care Not Cash Workers, Resource Center and Outreach Team	Case Management, Direct to Resource Center through Resource Centers	Resource Center MNGC 7a-7p	Resource Center	Resource Center	Direct to Program
Case Management	Required to receive six month stay	Optional	SF HOT	Required to receive 90 days in non-Care Not Cash beds	Required for dual management beds	Available, not required for extended stay (6 month) program	Available, not required	NA	Required for all adults staying longer than 20 days

RESOURCE CENTERS

	Mission	United Council	Tenderlon Health Resource Center	MISC South	Gilda Walk In Center	Hospitality House	One Fifty OHS
Director	Laura Gutman	Gwendolyn Washbrook	Tal Okamoto	Leisy Benediti, Director	Kim Ambustler, Center Manager	Gary Joe, Peer Advocate	Shuctria Jones, Site Manager
Email	lrgutman@nash.org	gwendolynwashbrook@yahoo.com	tal.okamoto@thehealth.org	benediti@svchd.org	kambustler@gilda.org	garyjoe@hospitalityhouse.org	shuctriajones@yahoo.com
Phone	869-1977	871-1100	431-2476	597-7860	674-8138	441-4432	557-6339
Main Office							
Fax	241-9738	822-3438	431-3059	597-7846			
LOCATION	165 Capp Street	2111 Jennings Street	187 Golden Gate Ave	525 9th Street	330 Ellis Street, #101	290 Turk Street	150 OHS Street
SHOWERS	None/Thrufr.	Daily, 5pm to 2am	None	Drop In Center Hours 9am - 3pm	None	None	None
HOURS OF OPERATION FOR CHANGES RESERVATIONS	Mon/Tue/Wed/Fri: 7am-1:30pm and 2pm-7pm Thurs 7am-5pm Thurs: 6-8 pm Women Only	Daily, 5:00 pm to 9:00 am	SUNDAY THROUGH FRIDAY: PM TO 11:30 PM SATURDAY	CHANGES Reservation Desk Daily: 7-11am, 5-9 pm	7 am-11am Seven days per week	11am-7pm (Tuesday - Friday)	7pm - 12am Seven days/week

RESERVATION STATIONS

Got changes? Please call Briana Moore at 557-6482 or send email with changes to briana.witrom@sfgov.org

Homeless Provider Network Guide:
Where do I call for single adult shelter reservations??

HUMAN SERVICES AGENCY: RESOURCE CENTERS AND CHANGES RESERVATION STATIONS
Various services provided at these facilities.
se call main phone number for additional information.

	Mission	United Council	Tenderloin Health Resource Center	MSC South
Director	Laura Guzman	Gwendolyn Westbrook	Tei Okamoto	Lessy Benedict, Director
Email	lauraguzman@mhnc.org	gwendolynwestbrook@yahoo.com	tei.okamoto@tlhealth.org	lbenedith@svdp-sf.org
Main Phone	869-7977	671-1100	431-7476	597-7960
Fax	241-9758	822-3436	431-3959	597-7946
LOCATION	165 Capp Street	2111 Jennings Street	187 Golden Gate Ave	525 5th Street
SHOWERS SERVICES	YES	YES		YES
Shower hours	Mon/Thur/Fri: 7am to 11:30 am Tu and Wed; 2pm to 6pm	Daily: 5pm to 2am	NO	Drop In Center Hours 9am - 3pm
Hours of Operation	Mon/Tu/Wed/Fri: (7am-12pm and 2pm-7pm) Thurs: 7am-5pm Thurs: 6-8 pm Women Only	Daily: 8:00am - 5:00 pm	Daily: 1:00 pm to 11:30 pm	24 hours
HOURS OF OPERATION FOR CHANGES RESERVATIONS		Daily: 5:00 pm to 9:00 am		CHANGES Reservation Desk Daily: 7-11am; 5-9 pm
CHANGES RESERVATION STATIONS				
	Glide Walk In Center	Hospitality House	One Fifty Otis	
Director	Kim Armbruster, Center Manager	Gary Joe, Peer Advocate	Shurcrista Jones, Site Manager	
Email	karmbruster@glide.org	jwiley@hospitalityhouse.org	shurcristajones@yahoo.com	
Main Phone	674-6138	749-2143	557-6339	
Fax	None	None	None	
LOCATION	330 Ellis Street, #101	290 Turk Street	150 Otis Street	
SHOWERS SERVICES	NO	NO	NO	
HOURS OF OPERATION	7 am-11am Seven days per week	1pm-7pm (Monday) (Tuesday - Friday)	11am-7pm	7pm - 12am Seven days/week

Got corrections? You may contact Briana Moore at 558-2848 or briana.moore@sfgov.org

City and County of San Francisco
Shelter Monitoring Committee

Access Memorandum

TO: Local Homeless Coordinating Board
FROM: Quintin Mecke, Chair
CC: Dariush Kayhan, Mayor's Office
Joyce Crum, Human Services Agency
Barbara Garcia, Department of Public Health
DATE: October 6, 2008
RE: **Shelter Access-An Overview Based on Turn Away Counts**

Background

As part of the May 2008 Shelter Enrichment report, the Local Homeless Coordinating Board and Shelter Monitoring Committee agreed to “do quarterly turn away checks.” Per the Shelter Enrichment report, turn aways are defined as 1) an individual attempting to make a reservation at any time during the day or night and not being able to access a sleeping unit at that time and 2) types of turn-away are classified in two ways, a) an individual is unable to make a reservation at X time as there no sleeping units available in the system and b) an individual is unable to make a reservation at X time as the shelter they are requesting does not have an available sleeping unit [personal choice].

Data Collection

Committee staff Bernice Casey conducted three turn away counts. On July 29, 2008, she conducted a count at Tenderloin Health from 7:00 AM to 11:30 PM; on September 16, 2008, she conducted a count at 150 Otis CHANGES station from 6:30 PM to 12:00 Midnight; and on October 4, 2008, she conducted a count at Glide Walk In Center from 7:00 to 11:00 AM.

Data

There were two types of data collected at all three sites, the number of clients who signed up for shelter reservations and the number of clients “turned away.”¹ For a complete overview of each site, please refer to the August 1 Tenderloin Health, September 18 150 Otis and October 6 Glide memos attached.

This data is based on 3 separate CHANGES locations on 3 separate days and is not reflective of the total number of reservations made by the CHANGES systems.

¹ A “turn away” is defined as a person attempting to get a reservation at any time and is unsuccessful based on the lack of sleeping units available in CHANGES.

Overview of Clients Seeking Shelter

Number of Clients Seeking Shelter ²	Number of Clients Provided Shelter
290	93

- **32% of clients, on average, seeking shelter on the three days a count was taken were provided a shelter reservation**
- On July 29, 2008, 21.3% of clients seeking a reservation at Tenderloin Health were one
- On September 16, 2008, 37.7% of clients seeking a reservation at 150 Otis were provided one
- On October 4, 2008, 66.6% of clients seeking a reservation at Glide were provided one

Overview of Clients Seeking Shelter by Gender

Gender	Clients Seeking Shelter	Clients Provided Shelter
Women	53	10
Men	237	83

- ✓ **18.8% of women seeking shelter at the three sites were provided a reservation**
- ✓ **35% of men seeking shelter at the three sites were provided a reservation**

Length of Reservation

Type	Number
Seven Day Reservation	36
One Day Reservation	57

- 40% of all reservation provided were for 7 days
- 60% of all reservations provided were for 1 day

Standards of Care

Standard 13 requires that shelter facilities available for clients to obtain 8 hours of sleep and Standard 29 requires that to the extent not inconsistent with Proposition N, that all shelter reservations be for a minimum of 7 days.

Transport

At the days of the turn away counts conducted by Ms. Casey, none of the sites offered tokens to clients receiving reservations at shelter, e.g. Providence.

Next Steps

Once again, the following steps should be followed by the City & County of San Francisco to ensure equal access to the shelter system and to ensure there are sufficient units of shelter for the homeless population of San Francisco:

- *Analyze the Care Not Cash (CNC) programs*
- *Track what type of sleeping unit is vacant each night*

² This data captures all clients, those who signed in on sign-in sheets and those tracked by Ms. Casey as a turn-away, at all 3 sites.

- *Increase the number of sleeping units that the resource center has access to make reservations*
- *All turn-aways should be tracked each day and night at the resource centers and at the individual shelters*
- *Sleeping unit reservations should be able to be made on-site at shelters*
- *Drop available sleeping units at an earlier time*
- *Use the SF 311 free phone line as another way that someone can make a shelter reservation 24 hours a day*

I would also encourage the Board to conduct its own turn away count to add to the data we have collected since July of 2008.

City and County of San Francisco
Local Homeless Coordinating Board
Shelter Monitoring Committee

Access Memorandum

TO: Shelter Monitoring Committee Members
Local Homeless Coordinating Board
FROM: Bernice Casey, SMC, Policy Analyst
Ali Schlageter, LHCB, Policy Analyst
CC: Dariush Kayhan, Mayor's Office
Joyce Crum, Human Services Agency
Barbara Garcia, Department of Public Health
DATE: August 1, 2008
RE: **Shelter Access-Utilizing CHANGES and the Reservation System**

Background

On May 12, the Local Homeless Coordinating Board ["Board"] and the Shelter Monitoring Committee ["Committee"] submitted the final Shelter Enrichment report to the Mayor's Office and the Board of Supervisors with the following recommendations regarding shelter access:

- *Analyze the Care Not Cash (CNC) programs*
- *Track what type of sleeping unit is vacant each night*
- *Increase the number of sleeping units that the resource center has access to make reservations*
- *All turn-aways should be tracked each day and night at the resource centers and at the individual shelters*
- *Sleeping unit reservations should be able to be made on-site at shelters*
- *Drop available sleeping units at an earlier time*
- *Use the SF 311 free phone line as another way that someone can make a shelter reservation 24 hours a day*

Both bodies received a response to the Shelter Enrichment report from the Mayor's Office in June of 2008. While the response addressed some of the issues from the report, there was no mention of the access recommendations. Both the Board and the Committee requested a response on the access issue and expressed interest in having a discussion in a community setting.

Data Collection

As part of the Shelter Enrichment report, the Board and Committee agreed to "do quarterly turn away checks." Board and Committee staff met and decided to track "turn aways" at one resource center in the month of July to gain a snapshot of the number of people accessing shelter and being provided shelter.

On July 29, 2008, Ms. Casey observed clients at Tenderloin Health attempting to access shelter sleeping units through the CHANGES system and tracked the number of clients “turned away” without a reservation.

Data

There were two types of data collected, the number of clients who signed up for shelter reservations and the number of clients “turned away.”¹

Sign In Sheets

Sheet	# of Clients Who Signed Up for a Sleeping Unit	# of Clients Who Received a Reservation	# of 7-day Reservations
Senior/Disabled	45	26	4 (4 of 26)
Women	13	4	4 (4 of 4)
General	16	4	4 (4 of 4)
Total	74	34	12

- Tenderloin Health has clients sign up for a reservation. There are three sign-in sheets: Senior/Disabled, Women, and General.
- Clients sign up for a bed in the morning before the CHANGES system begins taking reservations and throughout the day.
- The client states where they would like a reservation and it is noted on the sign in sheet².

Turn Aways

Client Classification ³	Requested Reservation	Received Reservation
Male	50	1
Female	23	0
Male-Disabled	5	0
Female-Disabled	4	0
Male-Senior	8	0
Female-Senior	0	0
Totals	90	1

- Ms. Casey was at the front desk at Tenderloin Health during operation hours and noted each time someone approached the desk and asked for a reservation.
- Tenderloin Health’s hours of operation are from 7:00 to 11:30 AM and from 5:00 to 11:30 PM, Monday-Friday.
- When Ms. Casey arrived at 6:45 AM, there were 23 clients queued outside Tenderloin Health awaiting reservations, and when she left at 11:30 PM, there were 7 clients lying outside-one of those 7 was in the queue of 23 in the morning.

¹ A “turn away” is defined as a person attempting to get a reservation at any time and is unsuccessful based on the lack of sleeping units available in CHANGES.

² Only three clients refused a reservation because of the location; all other clients accepted a reservation even if that was not his/her first choice and one client returned from a site asking for another reservation as there were no bottom bunks at the first site.

³ The client’s gender, age, and disability status was based on Ms. Casey’s observations; therefore, non-visible disabilities were not noted.

Total # of Reservations

Total # Reservations Requested⁴	Reservation Received
164	35

Sleeping Unit Availability & “Bed Drops”

- The CHANGES system, at 8:00 AM, showed 45 sleeping units available, 5 men’s units at Multi Service Center South and 40 units at Providence Church⁵.
- The first sleeping units to become available after 8:00 PM were at 8:20 PM, three women’s units. From 8:20 to 10:15 PM, the largest number of sleeping units released was at 8:36 PM, 15 units from MSC South.
- Ms. Casey called Sanctuary, Next Door, and MSC South throughout the night, beginning at 8:30 and ending at 11:00 PM to understand when sleeping units were dropped.

This data will be forwarded to Tenderloin Health and the Human Services Agency to check for errors.

Access Workgroup

At its July meeting, the Board decided to convene an Access Workgroup with Committee and City department participation. The purposed workgroup would conduct further data collection (similar to the information gathered above), utilize reports created by the CHANGES system, and most importantly, hear from clients and service providers about the current challenges in accessing shelter. The goal of the workgroup would be to make further recommendations to the Mayor’s Office and Board of Supervisors on how to improve access to the shelter system for clients.

Timeline

Committee and Board staff is suggesting the following timeline for the Access Workgroup:

- August 2008-staff will conduct additional data collection at 2 shelters and 1 resource center
- September 2008-hold first Access Workgroup meetings
- December 2008-submit separate report on Access to the Mayor’s Office and Board of Supervisors

The above timeline is suggested and any changes in scope or time should be discussed by the Board and Committee.

⁴ It is possible that clients who were turned away initially (Ms. Casey’s data) were provided a reservation in the sign-in sheet data (Tenderloin Health’s Data).

⁵ Five sites operate CHANGES at 8:00 AM; therefore, five sites “compete” for those 45 units. Throughout the day, several sites operate CHANGES simultaneously. For a complete list, please refer to the Human Services Agency: Resource Center and CHANGES Reservation Stations.

City and County of San Francisco
Shelter Monitoring Committee

Access Memorandum

TO: Shelter Monitoring Committee Members
FROM: Bernice Casey, SMC, Policy Analyst
CC: Supervisor Chris Daly, Chair, Rules Committee
Supervisor Tom Ammiano
Supervisor Bevan Dufty
Dariush Kayhan, Mayor's Office
Joyce Crum, Human Services Agency
Barbara Garcia, Department of Public Health
Lessy Benedith, St. Vincent de Paul shelters
Helen LeMar, Providence Foundation
Local Homeless Coordinating Board
DATE: September 18, 2008
RE: **Shelter Access-Utilizing CHANGES and the Reservation System-150 Otis**

Background

On May 12, the Local Homeless Coordinating Board ["Board"] and the Shelter Monitoring Committee ["Committee"] submitted the final Shelter Enrichment report to the Mayor's Office and the Board of Supervisors with the following recommendations regarding shelter access:

- *Analyze the Care Not Cash (CNC) programs*
- *Track what type of sleeping unit is vacant each night*
- *Increase the number of sleeping units that the resource center has access to make reservations*
- *All turn-aways should be tracked each day and night at the resource centers and at the individual shelters*
- *Sleeping unit reservations should be able to be made on-site at shelters*
- *Drop available sleeping units at an earlier time*
- *Use the SF 311 free phone line as another way that someone can make a shelter reservation 24 hours a day*

Data Collection

As part of the Shelter Enrichment report, the Board and Committee agreed to "do quarterly turn away checks." In its June 2008 Quarterly Report, the Committee requested that staff conduct a turn away check by August 1.

On July 29, 2008, Ms. Casey conducted a turn away count at Tenderloin Health and noted that 164 clients sought a shelter reservation, but only 35 people were granted reservations. As noted within the memo, this data was reflective of one day and should be interpreted as such. The August 1 memo is attached.

On September 16, 2008, Ms. Casey conducted a turn away count at 150 Otis from 6:30 to 12:00 Midnight, the CHANGES station operating hours.

Data

There were two types of data collected, the number of clients who signed up for shelter reservations and the number of clients “turned away.”¹

Sign In Sheets

Sheet	# of Clients Who Signed Up for a Sleeping Unit	# of Clients Who Received a Reservation	# of 7-day Reservations
Senior (60+)	4	3	0
Women	4	1	0
General	72	30	0
Total	80	34	0

- 150 Otis CHANGES (operated by Providence Foundation) has clients obtain a number before they sign up for their reservation. Clients can obtain a number at approximately 3:00 PM for the 150 Otis Drop In Center (operated by St. Vincent de Paul). Clients queue up at 7:00 PM, when the CHANGES station opens, and sign the sign in sheet, based on the number they obtained earlier in the day. As 150 Otis Drop In Center serves men only, women arrive in at 7:00 PM and can sign in without a number.
- The client states where they would like a reservation and it is noted on the sign in sheet².

Turn Aways

Client Classification ³	Requested Reservation	Received Reservation
Male	7	0
Female	3	0
Totals	10	0

- Ms. Casey was at the CHANGES desk during operation hours and noted each time someone approached the desk and asked for a reservation and did not sign the sign in sheet.
- When Ms. Casey arrived at 6:30 PM, there were 9 clients queued outside; one woman, one man in a wheelchair, and seven men. When she left at midnight, there were two clients outside, who indicated they had a chair inside at the drop in center⁴.

¹ A “turn away” is defined as a person attempting to get a reservation at any time and is unsuccessful based on the lack of sleeping units available in CHANGES.

² At this visit, no client refused a location and multiple clients listed “open” or several sites under the location column.

³ The client’s gender and age were noted on the CHANGES sign-in sheet; however, the turn-away determination was based on Ms. Casey’s observation

⁴ Providence staff stated that on September 15, 2008, at midnight, there were 20 men outside. The Drop In Center only has an occupancy of 40, so if the site is full clients need to wait outside until a chair is free or leave the site all together.

Total # of Reservations

Total # Reservations Requested⁵	Reservation Received
90	34

Sleeping Unit Availability & “Bed Drops”

- The CHANGES system, from 8:00-11:00 PM is used by multiple reservation sites, 150 Otis, Multi Service Center South, and Tenderloin Health.
- 17 reservations were provided between 8:00 and 8:55 PM; 8 reservations were provided between 10:10 and 10:30 PM; 5 reservations were provided between 11:00 and 11:30 PM; and 4 reservations were provided after 11:30 PM.
- At Midnight, Providence staff verifies how many clients are waiting for a sleeping unit and are in the 150 Otis Drop In Center. Those names are then faxed to MAP who can make reservation within CHANGES from 12:00 to 6:00 AM.

This data will be forwarded to Providence, St. Vincent de Paul, and the Human Services Agency to check for errors.

Standards of Care

Standard 13 requires that shelter facilities available for clients to obtain 8 hours of sleep and Standard 29 requires that to the extent not inconsistent with Proposition N, that all shelter reservations be for a minimum of 7 days. 50% of the reservations made at 150 Otis on September 16, 2008, were made after 10:00 PM. Clients had to travel to each location and based on the lights on policy at shelters would not have received 8 hours sleep. None of the reservations provided were for 7 days.

Transport

No client was provided with a token to reach the shelter they received a reservation. The closest shelter, with the exception of the 150 Otis Shelter, is Sanctuary, which is approximately 9 city blocks away.

A client in a wheelchair who had impeded speech was at the location for over 3 hours waiting for transport. There was no MAP van available to transport the client in a wheelchair (a lift was needed). MAP staff left cab vouchers; however, a cab did not arrive for almost 2.5 hours. Both St. Vincent de Paul and 150 Otis staff made multiple calls. In addition, staff spent conservatively 1.5 hours of one-on-one time with the client attempting to communicate through writing and listening.

⁵ It is possible that clients who were turned away initially (Ms. Casey’s data) were provided a reservation by MAP after 12:00 AM.

City and County of San Francisco
Shelter Monitoring Committee

Access Memorandum

TO: Shelter Monitoring Committee Members
FROM: Bernice Casey, SMC, Policy Analyst
CC: Supervisor Chris Daly, Chair, Rules Committee
Supervisor Tom Ammiano
Supervisor Bevan Dufty
Dariush Kayhan, Mayor's Office
Joyce Crum, Human Services Agency
Barbara Garcia, Department of Public Health
Kim Armbruster, Glide Walk In Center
Local Homeless Coordinating Board
DATE: October 6, 2008
RE: **Shelter Access-Utilizing CHANGES and the Reservation System-
Glide Walk In Center**

Background

On May 12, the Local Homeless Coordinating Board ["Board"] and the Shelter Monitoring Committee ["Committee"] submitted the final Shelter Enrichment report to the Mayor's Office and the Board of Supervisors with the following recommendations regarding shelter access:

- *Analyze the Care Not Cash (CNC) programs*
- *Track what type of sleeping unit is vacant each night*
- *Increase the number of sleeping units that the resource center has access to make reservations*
- *All turn-aways should be tracked each day and night at the resource centers and at the individual shelters*
- *Sleeping unit reservations should be able to be made on-site at shelters*
- *Drop available sleeping units at an earlier time*
- *Use the SF 311 free phone line as another way that someone can make a shelter reservation 24 hours a day*

Data Collection

As part of the Shelter Enrichment report, the Board and Committee agreed to "do quarterly turn away checks." On Saturday, October 4, 2008, Ms. Casey conducted a turn away count at Glide Walk In Center from 7:00 to 11:00 AM. This is the third tracking by Committee staff, Ms. Casey conducted a turn away count on September 16, 2008, at 150 Otis from 6:30 to 12:00 Midnight and on July 29, 2008, at Tenderloin Health from 7:00 AM to 11:30 PM.

Data

There were two types of data collected, the number of clients who signed up for shelter reservations and the number of clients “turned away.”¹

Sign In Sheets

Sheet	# of Clients Who Signed Up for a Sleeping Unit	# of Clients Who Received a Reservation	# of 7-day Reservations
Men	23	19	19
Women	5	5	5
Total	28	24	24

- Glide Memorial Church’s Walk In is open 7 days a week and offers CHANGES reservations from 7:00 to 11:00 AM. Clients queue up before the 7:00 AM open time. On Saturday, the staff went outside and took clients’ names and gender.
- Beginning at 7:00 AM, clients come in two at a time and the staff makes a reservation for the client, offering up the bed units available so the client is able to choose where s/he gets a reservation.
- Of the four men who did not receive a reservation, one refused the reservation offered, a 7-day bed at Providence, one was unable to take the reservation at Providence based on his denial of service (DOS) history at the site, and the other two were unable to take that type of reservation as both were wheel-chair bound.

Turn Aways

Client Classification ²	Requested Reservation	Received Reservation
Male	7	0
Female	1	0
Totals	8	0

- Ms. Casey arrived at the site at 6:30 AM and there 19 people lined up outside the site, 16 were men; two were women and one man had a cane.
- One client stated he arrived at Glide at 3:30 AM to ensure he would be first in line for a reservation, stating he had been without a bed for 3 days.
- After the initial individuals on the sign in sheet were provided reservation, approximately 8 other individuals came in to the Walk In Center and asked for a reservation, the staff informed the client(s) that the only beds available were at Providence.
- Two men and the one woman asked if tokens were available for transport to Providence, the staff stated they were no tokens. The three individuals refused the reservation stating that they did not have funds to get to the site.
- The five additional men refused the reservation because of the location, Providence.

Total # of Reservations

¹ A “turn away” is defined as a person attempting to get a reservation at any time and is unsuccessful based on the lack of sleeping units available in CHANGES.

² The client’s gender was noted on the CHANGES sign-in sheet; however, the turn-away determination was based on Ms. Casey’s observation

Total # Reservations Requested³	Reservation Received
36	24

Sleeping Unit Availability

- For the female clients who received beds, three of the reservations were at Next Door and two were at Providence.
- For male clients who received beds, four reservations were at MSC South, one was at Next Door, and fourteen were at Providence.
- By 7:06 AM, there were no beds in the system except Providence. At 7:42 AM, there was a Next Door sleeping bed available. By 7:44 AM, the only units available were at Providence.
- Any client who was not provided a reservation was provided a list of alternate CHANGES locations to visit at later time in that day by Glide staff.

This data will be forwarded to Glide and the Human Services Agency to check for errors.

Transport

No client was provided with a token to reach the shelter they received a reservation. The closest shelter is approximately 5 city blocks away.

³ It is possible that clients who were turned away initially (Ms. Casey's data) were provided a reservation at location later in the day.



*San Francisco Human Services Agency
Housing and Homeless Division: Joyce D. Crum, Director
Single Adult Shelter Policy: Reservation Extension Policy*

Date Posted: _____

Single Adult Shelter Reservation Extensions

In the San Francisco Single Adult Emergency Shelter system, reservations for the same day are obtained in person at CHANGES (the city's adult emergency shelter reservation system) reservation stations as sleeping units (mats, cots and beds) are available. Reservations will be for seven (7) days, when available, and one to three days (2 – 3 day reservations occur over weekends).

The CHANGES reservation stations do not determine or change the length of reservation possible but will offer what is available at the time of the request.

- One- to three-day reservations are made when the sleeping unit is available for that period but has either an on-going reservation or a designated use that makes it unavailable for a seven day (7-day) reservation. These reservations cannot be extended at the shelter.
- 7-day reservations are made whenever a sleeping unit is available for at least that period of time. 7-day reservations are eligible for extensions at the shelter site according to the following policy.

Shelter Reservation Extension Policy

I. A person with a 7-day reservation may request a 14-day extension.

- This request must be made prior to curfew on the last night of the reservation.
- No documentation is required but the client must request the 14-day extension in person at the shelter to shelter staff.
- During the initial 7-day reservation and the following 14-day extension, if the client does not check-in on time or is not present at the shelter by curfew without an approved Late Pass (or misses the approved Late Pass time), according to shelter policy, the reservation will be cancelled.
(see also, Late Pass Policy)
- If the 7-day or 14-day reservation is cancelled, the person will need to return to a CHANGES reservation station to obtain a new reservation.
- 7-day reservations and 14-day extensions that are cancelled are not eligible for the Arbitration Process.

Shelter Reservation Extension Policy continued...

II. A person with a 14-day extension may request an additional 90-day extension.

- This request must be made prior to curfew on the last night of the extension and at the shelter where the reservation exists.
- No documentation is required but the client must request the extension in person at the shelter to shelter staff.
- During this 90-day extension, if the client does not check-in on time or is not present at the shelter by curfew, according to shelter policy, the bed will be released for one-night use. This is the first Check-in/Curfew violation. This also includes clients with approved Late Passes who miss the approved Late Pass time. (see also, Late Pass Policy)
- This will also occur with the second Check-in/Curfew violation.
- The third Check-in/Curfew violation will result in an immediate Denial of Service (DOS). The bed will be released for a new 7-day reservation by another client (via a CHANGES Reservation Station).
 - The client who is denied service may request an internal shelter hearing if the client makes the request at the shelter within three business days following the third Check-in/Curfew violation.
 - Shelter staff will explain the Grievance Procedure when the client returns to the shelter and requests a hearing. A request for a hearing does not restore the reservation.
 - After the internal shelter hearing, a client can request an Arbitration. If the internal hearing or Arbitration overturns the DOS, the client will get the next available bed at that shelter with a reservation equal to the remainder of the 90-day extension available at the time of the DOS.

III. A person who is reaching the end of the full 111-day stay (7-day reservation, 14-day extension and 90-day extension) may request one additional 30-day extension with documentation provided to the shelter of one of the following reasons.

- Client has a documentation of a housing with placement in 30 days or less.
- Client has a documentation of a residential treatment placement and is waiting on an opening.
- Client is working directly with the DPH Shelter Behavioral Health Team and the team provides a written request.

Shelter Beds by Access Type in CHANGES¹

	CAAP Care Not Cash ²	CAAP PE/Pending ³	Other Referral ⁴	Resource Center ⁵	Total
Providence		8		117	125
Hospitality House			25	5	30
MSC South	182		87	71	340
Episcopal Sanctuary	137		16	47	200
Next Door	25		191	34	250
A Woman's Place				15	15
Dolores Street			3	82	85
Lark Inn			40		40
One Fifty Otis		5	18	9	32
Total	344	13	380	380	1,117
<i>% of Total Beds</i>	<i>31%</i>	<i>1%</i>	<i>34%</i>	<i>34%</i>	<i>100%</i>

¹Data as of October 6, 2008. The shelter setup changes regularly.

² These beds are for homeless persons active on CAAP and subject to Care Not Cash (i.e., they are not exempt). The beds are currently only available to CAAP during the day, and available to Resource Centers in the evening for 1-night reservations. The number of Care Not Cash (CNC) beds has fluctuated over time to keep pace with the CNC conversion effort and the size of the CAAP homeless caseload.

³ These are beds are for short-term reservations for homeless persons waiting to begin or going through the CAAP application process.

⁴ These are beds that clients access via a variety of referral sources besides the Resource Centers or CAAP (e.g., via Veteran's Services, Public Health and the Homeless Outreach Team).

⁵ These are beds that are accessible to the Resource Centers.

Shelter Beds by Bed Type in CHANGES¹

	Mat	Lower Bunk	Upper Bunk	Bed	Cot	Total
Providence	125					125
Hospitality House	5	14	11			30
MSC South	4	23	22	199	92	340
Episcopal Sanctuary		108	90	2		200
Next Door		25	25	200		250
A Woman's Place	15					15
Dolores Street	30	26	26	3		85
Lark Inn				40		40
One Fifty Otis				32		32
Total	179	196	174	476	92	1,117
<i>% of Total Beds</i>	<i>16%</i>	<i>18%</i>	<i>16%</i>	<i>43%</i>	<i>8%</i>	<i>100%</i>

¹Data as of October 6, 2008. The shelter setup changes regularly.

Shelter Beds in CHANGES by Gender¹

	Male	Female	Both	TOTAL
Providence	105		20	125
Hospitality House	30			30
MSC South	295	45		340
Episcopal Sanctuary	126	74		200
Next Door	150	100		250
A Woman's Place		15		15
Dolores Street	85			85
Lark Inn	25	15		40
One Fifty Otis	32			32
TOTAL	848	249	20	1,117
Percentages	76%	22%	2%	100%

¹Data as of October 6, 2008. The shelter setup changes regularly.

How to Access Shelter Beds Outside of Resource Center

Shelter Beds by Access Type in CHANGES¹

Shelter	Other Referral ⁴	How to Access Other Referrals
Providence		Resource Center
Hospitality House	25	Wait List: Consumers who want to access these case managed beds must check in no less than once each week to check status on waiting list. Case Mgr will make reservation for 90 days. Extensions are flexible, if clients are participating in case management and need more time.
MSC South	87	Direct to Program: Consumers who are at shelter via Resource Center may request case management services by contacting Case Manager. Beds for special needs are allocated according to specific guidelines for both men and women: Seniors; Substance Abuse - Harm Reduction Model - voluntary; DPH - Pending residential drug treatment/transitional housing; Mental Health-drop in case management.
Episcopal Sanctuary	16	Direct to Program: Consumers who are at shelter via Resource Center may request case management services by attending orientation on either Tuesday or Thursday.
Next Door	191	Wait List and Direct Referrals: All interested consumers must attend intake/orientation prior to entry; program requirement is case management services for six months stay; wait list for men is 2-3 months; women-no waitlist. Veterans beds are placed by Vets Admin; Substance abuse beds-must have evidence of residential treatment pending; Other referrals are self declared: Education - must be enrolled in college; HIV/Aids; Mental Health
A Woman's Place		Resource Center
Dolores Street	3	Reserved for Swords to Plowshare
Lark Inn	40	Direct to Program: Shelter services targeted for youth 18-24. Case management is required for shelter stays longer than 20 days.
One Fifty Otis	18	SFHOT: Outreach workers skilled in intensive case management services are dispatched to specified areas of the City identified at "hot spots" to engage people who are on the street and homeless. Eligibility criteria includes substance abuse; mental health and homeless. SFHOT will place a person in a bed for seven days. Case management services and stabilization rooms are offered after client show interest in intensive case management.
Total	380	
% of Total Beds	34%	

Local Homeless Coordinating Board Shelter Monitoring Committee

Shelter Enrichment Meetings

Access Workgroup

April 23, 2008

Meeting Notes (taken by Bernice Casey, staff Shelter Monitoring Committee)

I. Introductions and Welcome

Local Homeless Coordinating Board Co-Chair Bobbi Rosenthal and Member Dr. Christine Ma welcomed the community.

II. Accessing the Shelter System

Single Adult Shelters Programs Manager Briana Moore, MSW provided a handout and an overview on which avenues, Resource Center, case management, etc, an individual can access the shelter system.

III. Community Discussion

Member of the community discussed the challenges in accessing the shelter system and made recommendations for improvement.

Challenges

- Staff can be a barrier to accessing shelter as clients do not feel comfortable staying at a shelter with certain staff or clients have received threats of violence from staff
- Clients are waiting in line for 6 to 8 hours to get a sleeping unit for one night; at times, are unable to do anything else, like obtain meals or other services, except wait for a sleeping unit to become available
- Client have to travel from CHANGES location to CHANGES location and to a resource center/drop-in center and than to a shelter every day
- Ella Hill Hutch does not provide enough time to sleep; doors do not open until 10:00 PM; staff is rude
- There was a history of “selling beds” in the past, so CHANGES was created to stop that system, but now CHANGES isn’t working
- Accessing shelter is confusing; “where do I go to get a bed?”
- In the past clients may have refused a reservation because they did not want to go to X site, but now there is no sleeping unit available at the time when people are seeking a reservation
- Sleeping units do not get “dropped” enough
- There is a lack of gender-specific services; there is no winter shelter for women
- Some clients are afraid [for their information] to be placed in CHANGES
- There are no enough shelter [access] options for undocumented clients

Recommendations

- The Access piece should be taken out of the Shelter Enrichment process and should become a separate discussion
- Staff should receive additional training
- Each client who receive a reservation for Providence or Ella Hill Hutch should be provided 2 tokens
- One resource center, for men and women, should be open 24 hours so that there is always a place a client can go to make a reservation
- Existing shelters and sleeping units should be maintained
- Access challenges illustrate a need for additional sleeping units
- Reduce one-night reservations by placing a cap of 150 on Care Not Cash sleeping units in the system
- Americans with Disability Act (ADA) access needed at each shelter
- A mechanism needs to be in place for service animals to get certified to access shelter with owners
- Sleeping units should be dropped to the resource centers in the early evening
- Seniors should have a separate shelter; seniors should not be sleeping on mats
- Create a blog to continue the discussion [of Shelter Enrichment]
- Clients should be able to access housing from the shelters [not have to go from shelter to shelter]
- Staff should be screened [background check] and the City & County of San Francisco should do all the hiring for the shelters
- Create better ratios for staff to clients
- Ensure that sites are meeting their performance measures

Suggestions

- Homeless people were not part of the community process; more homeless people need to be at these meetings
- Curfews should be reexamined; clients should have the freedom to stay out late
- Future Shelter Enrichment meetings should be held at a site
- An analysis of what type of sleeping units are vacant is necessary to make further recommendations
- A cost analysis of the amount of money provided to each site [shelter and resource center] and to the homeless service system as a whole needs to be conducted
- Look at other models of shelter access, e.g. Alameda County's 211 system
- A manual bed count should be done and compared to the CHAGNES vacancy report
- Track turn aways
- When someone does not want to go to X shelter, respect that person's personal choice
- Housing not shelters are needed
- There needs to be a variety of shelters in the community to meet the diverse needs of the community
- If there is a medical respite model, resource centers should have access to some of the sleeping units

- Medical respite beds should be available from shelters not just hospitals
[discharges]-sites should be able to make referrals for ill clients