

# SHELTER SHOCK



**ABUSE, CRUELTY, AND NEGLECT IN SAN FRANCISCO'S SHELTER SYSTEM**

Coalition on Homelessness — May 2007

A warm thank you for all the many volunteers  
who made this report possible.

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# Introduction

One square of toilet paper. No soap. Abuse, neglect, and overcrowding. Shelter seekers turned away – as beds stand empty. Confusion among those seeking shelter as city policies constantly change. For those who complain: threats, harassment, and eviction. Welcome to the horror of San Francisco's homeless shelters.

Since Mayor Gavin Newsom took office, media attention has been directed at his headline efforts, Care not Cash and Project Homeless Connect – while homeless shelters have been ignored. But in a city that professes to care about human rights, there's an unheard, unpublished desperately important story waiting to be told.

For years the Coalition on Homelessness has monitored the city's shelters, going to each shelter on a regular basis, meeting with residents, attending community meetings. We know that certain shelter operators and individual managers do an outstanding job. But we've also seen abusive and cruel treatment of shelter residents. Under Newsom, who has used his homeless policies to build a political reputation, the situation in the shelters has gotten worse.

The problems we uncovered in our survey of 215 shelter users included the following forms of human rights abuses:

- **Abuse:** 55% report some form of abuse from staff or other residents inside the shelter. The lack of effective training and mentoring for shelter staff workers means that our city's most vulnerable residents don't get the help they need.
- **Threat to public health:** Our survey uncovered poor food quality and serious sanitation issues. Lack of soap and limited toilet paper pose major health risks to shelter residents – and the rest of the city. Nearly a third of respondents reported they did not have access to toilet paper, feminine hygiene products, soap or other bathroom supplies.
- **Basic needs:** Shelters do not meet a basic need of residents—a place where they and their belongings can be safe and secure. Half of all survey respondents told us they had no secure place to leave their belongings.
- **A constantly shifting service terrain:** Over 300 shelter beds shelter beds have closed in the recent past, and access points are continually moving. Homeless people are under constant stress to re-learn the rules of the game to obtain shelter. New policies governing access and are not introduced in a systematic fashion. Little effort is made to inform residents of critical changes governing access to shelter, particularly challenging for those with mental health disabilities.
- **Access:** The barriers that keep homeless people from accessing shelter beds are high and continue growing. And although people sleep on the streets every night, the number of shelter beds available has shrunk by 364 sleeping units (beds or floor mats) between July 2004 and December 2006.
- **Perpetuation of the poverty cycle:** The system keeps homeless people in a dreary continuing cycle. They have to spend hours each day attempting to secure a bed in a shelter, a place which too often is frightening and unsafe. People try to improve their lives – but the system

makes it more and not less difficult to get the health care, job training and other needed support to stay alive and exit homelessness.

No human being should have to live under such conditions. San Francisco supplies the majority of the funds for shelter operations, and owns the buildings of the three of the largest shelters (Next Door, Hamilton Family Center, Multi-Service Center South). The mayor says he wants to shutter all of San Francisco's homeless shelters, that they are unfit for human habitation. Yes, we too want to 'empty the shelters' – that's one of our long-term goals. But we haven't reached that moment yet. We don't have affordable safe, decent housing for those who need it. As long as San Francisco has people on the streets – and as long as we've made a commitment to having shelters – we must fully fund them, monitor them, and keep them clean, safe, and humane.

Although shelters cannot solve homelessness, San Francisco's homeless shelters should offer sanctuary from life on the streets, and should be a place homeless voices are heard. Shelter operators must be held accountable, and there must be a system in place for shelter residents to report problems without fear of retaliation.

Read on for more detail. Once you have—raise your voice to tell the mayor and the Board of Supervisors to take action now. Our homeless shelters should become places that support a transition out of homelessness instead of being the outrageous, fear-and-disease generating spaces they are today.

# **SHELTER SHOCK ABUSE AND CRUELTY IN SAN FRANCISCO SHELTER SYSTEM**

## **EXECUTIVE SUMMARY**

The Right to a Roof Work Group of the Coalition on Homelessness interviewed 215 shelter residents inside and outside city-funded shelters to document human rights abuses experienced within the shelter system. This survey was primarily conducted by volunteers and individuals who reside in the shelter system. This effort was conducted to gain insight, record problems, and to create the foundation for the radical reform needed in our shelter system. Given the increasing frequency with which shelter residents made contact with the COH to report negative incidents, we decided to undertake this survey project. The results shocked us. They will shock you too.

### **Rampant Abuse in San Francisco's City Funded Shelters**

More than half of respondents, or 55%, reported experiencing abuse inside the shelter. (Many individuals experienced more than one form of abuse)

|  |     |
|--|-----|
| Overall experience of some form of abuse | 55% |
| Physical Violence                        | 14% |
| Sexual Abuse                             | 4%  |
| Verbal Abuse                             | 42% |
| Harassment                               | 33% |
| Other Forms of Abuse                     | 18% |

### **Shelters Fail To Offer Safe Refuge For Many**

One-third (32%) of respondents reported that overall they did not feel safe. For those who did not feel safe, we asked them why not, and here are the most common responses:

|                           |       |
|---------------------------|-------|
| Rude and neglectful staff | 24.5% |
| Physical Violence         | 23%   |
| Stolen Property           | 10%   |
| Overcrowding              | 10%   |
| Lack of Privacy           | 8%    |
| Discrimination            | 7%    |

### **Shelters Fail To Respond To Many Complaints**

Over half (56%) of respondents reported that the shelter did not respond to their complaints and suggestions. The lack of a responsive environment is itself destabilizing and leads to further demoralization.

### **Information Not Provided In Language Spoken**

One-third of the non-English speakers (32%) we surveyed reported that they did not receive information in their spoken language.

### **Secure Place For Property Lacking**

About one-half (49%) of respondents reported that the shelter did not provide a secure place for their property.

## Shelter Food Falls Short of Meeting Nutritional Needs

Over half (55%) of respondents reported that their nutritional and dietary needs were not being met by the shelter. The most common reasons for this shortcoming included:

|                                   |     |
|-----------------------------------|-----|
| Food not provided                 | 35% |
| Not meeting special dietary needs | 21% |
| Unbalanced, non-nutritional food  | 21% |
| Poor Food Quality                 | 19% |
| Serving Hours Unworkable          | 8%  |
| Poor service                      | 3%  |
| Small Portions                    | 1%  |

## Shelter Fails to Provide Basic Hygiene Supplies for Many

Almost a third of respondents, or 27%, did not have access to toilet paper, feminine hygiene products, soap or supplies in the bathroom.

The Shelter Monitoring Committee monitors health and hygiene in City funded shelters. They look for posters encouraging and showing proper hand washing techniques, accessible and working order sinks, soap dispensers, disposable towels or dryers and towels where showers are available. **Of the 19 city shelters, only six (one-third) met these basic requirements.** The National Health Care for the Homeless Council states that “hand washing is the single most effective and least costly way to reduce the spread of infections, including the common cold, Hepatitis A, food borne illness and many other viral and bacterial diseases”.

## No Privacy Using Bathroom Facilities

Almost half (45%) of respondents reported they did not have privacy using the bathroom facilities.

## Shelter Fails People with Disabilities

Half (50%) of respondents reported they had either a mental or physical disability. Of those who reported a disability, 59% reported that their special needs were not being accommodated.

## Homeless People Have Solutions

We asked homeless people to give us ideas for legislation to ensure basic human rights principles are adhered to in the shelter. The responses were diverse, eloquent and pointed. Here are the most common responses we received:

|                                    |      |
|------------------------------------|------|
| Dignified Treatment from staff     | 51%  |
| Decent Facility                    | 39%  |
| Fair Enforcement of Rules          | 18%  |
| Access to Services                 | 11%  |
| Privacy                            | 9.6% |
| Medical Care                       | 7.4% |
| Freedom from Sexism and Homophobia | 5%   |
| Decent Operating Hours             | 4.4% |
| Sensitivity to Mental Illness      | 4.4% |



## BACKGROUND

Over the years, the Coalition on Homelessness has received a steady stream of complaints from shelter residents. Yet, the frequency and severity of the complaints we received seemed to dramatically escalate over the past year. The stories we heard became more horrifying. We began a series of “safe” community meetings with shelter residents where even an intimidated shelter resident could speak out without fear of retribution. These meetings took place off site from the shelter. We did not invite shelter staff. We had residents prioritize and categorize the areas they felt needed change in the shelters. Residents identified that staff treatment of shelter residents and health and hygiene were the most pressing issues. After we collectively identified that these issues fit into a human rights framework, the idea for a human rights campaign was born. Our first step was to document the abuse of those rights by talking directly with shelter residents. The result of this effort is the grim report now before you.

***Where, after all, do universal human rights begin?  
In small places, close to home.***

***Eleanor Roosevelt***

Human rights are international ethical standards approved by the member states of the United Nations, codified into law and imposing specific obligations on all governments including the United States. These rights address the most immediate and basic needs of every individual and demand the transformation of every society.

### ***Article 25.***

***(1) Everyone has the right 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.***

Human Rights dominate social justice struggles around the globe, yet here in the United States they remain mostly absent from public discourse. Poor communities around the country are starting to embrace human rights as a means to create new avenues for social change. The preamble to the Universal Declaration of Human Rights reads “recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world.” When we engage in dialogue with shelter residents about their current living situation, the human rights framework allows people to think of economic inequities in terms of rights. Clearly, the right to a standard of living adequate for the health and well-being, including food and housing is not being embraced by many San Francisco shelters.

The Coalition has successfully instituted a number of major shelter reforms with the help of other Community Based Organizations, including the Uniform Shelter Grievance Procedure and the passage of legislation that created the Shelter Monitoring Committee. Each of these reforms resulted in fundamental changes to the shelter system. The grievance procedure ensured that individuals and families kicked out of the shelter system had a right to appeal that decision, have an advocate, and access to a

fair hearing where an independent decision maker would decide if the shelter followed its own policy in evicting the individual, thereby ensuring basic fairness and due process rights for those shelter residents being evicted, denied services or suspended from shelter services. The Uniform Shelter Grievance procedures were designed to ensure basic fairness and justice in shelter operations at the level of individual protection, not to address needed changes in overall shelter policy or shortcomings at the level of shelter operations.

The Shelter Monitoring Committee was the Coalition on Homelessness' next step towards reforming the shelter system. The Committees enabling legislation set the groundwork for major changes in the shelter system. The Shelter Monitoring Committee conducts announced and unannounced visits to shelters, providing a legally mandated public source of information relayed quarterly in the form of reports made directly to the Mayor and Board of Supervisors. While the monitoring committee does not have the power to change or set policy affecting a particular shelter, it is an invaluable resource, because it provides a foundation for forging fundamental change in the shelter system.

Our next initiative is outlined in our recommendations section, as we call for the passage of binding legislation that sets standards for shelters in San Francisco and mechanisms for ensuring those standards get met. This proposed legislation is based in a common perception of the basic human rights that accrue not just to shelter residents, but to any San Franciscan and all human beings.

When elected, Mayor Newsom announced that he would work towards the day when shelters would close. He announced plans for housing through his Care Not Cash program, promising homeless people housing and arranging photo opportunities in which he proudly handed keys to homeless men and women. Four years later, there are still thousands of homeless people living on the streets. This reality did not prevent him from moving swiftly toward prematurely closing and de-funding shelters; over 364 sleeping units in shelters have been lost between July 2004 and December 2006.

Since Newsom has taken office, the Coalition has noticed a deterioration of the shelter system, especially in the large urban shelters whose structure is owned by the city. Increasing numbers of homeless people have come to us, complaining of human rights abuses. When homeless people reported this, as well as abuse, problems in gaining access to shelter, and other problems, they were met with indifference, inaction and neglect on the part of the city. The Mayor has actually pointed to these problems as reasons to close the shelters. Responsible bodies--the Board of Supervisors and the Human Service Agency-- have failed to take corrective action. There has been a silence around shelters, giving the impression that shelter residents have been forgotten by the Administration and the public at large. Silence is a tool used by institutions as a cover-up technique or as a way to ignore the real need for change. However, the blatant abuse, neglect and health risks encountered by homeless people in city funded shelters forces us to break this purposeful silence and demand accountability to our most vulnerable San Franciscans.

We believe that not one more shelter bed should be closed in San Francisco until every man woman and child has a safe place to call home.

There are great examples of shelters in San Francisco that are doing a lot with little, but these are the exceptions. Those shelters doing the best job seem to also be the ones targeted for closure, funding cuts or other harassment by the city, while those shelters

guilty of human rights abuses continue on granted silent consent or open support and continued funding by the city.

In preparing this report, we sought to first to determine if there were examples of human rights abuses in San Francisco's shelter system and, if so, the extent to which that abuse was present. We wanted to preserve and amplify the many, and so often silenced, voices of homeless men, woman and children residing in San Francisco's shelters. The information we uncovered in our human rights survey of 215 shelter residents was shocking. We hope this report will lay the foundation for radical reform of San Francisco's shelter system.



# Methodology

Informed by the responses of 215 shelter residents, this report provides an in-depth understanding of the shelter and human rights experience here in San Francisco. It represents the lived experience of poor and homeless people who are asserting a desire for change and the willingness to effect it. The report does not analyze the overall shelter experience, but examines more narrowly previously known problem areas identified by shelter residents in community forums.

The survey was conducted by volunteer and representatives from the Coalition on Homelessness, who used a standardized survey instrument developed for the task. In order to survey those individuals who have personal experience with the shelter system, we targeted ten major shelters and four shelter reservation sites inside resource centers. After agreeing to be surveyed, shelter seekers and residents were interviewed with questions from a standard form. The interviewer transcribed the responses in order to minimize errors.

Technically, the survey form provided a balance between conciseness, through clear “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 spread sheet. The data was broken down substantively per question as well as into three key themes against which the overall responses were evaluated: the specific shelter or service center, race or ethnicity, and gender.

Initial demographic numbers were reviewed before completion, to ensure that proportions of individuals interviewed reflected the demographic breakdown of the shelter population. We attempted to match our sample with the known dimension of the extant shelter population. For example, more men responded to our survey request than women, because there are fewer beds for women in the shelter system. Overall, our survey targeted shelter residents, and not the entire homeless population.

In the final stage of interviewing we targeted groups we found to be under-represented by our sample, including families, immigrants and larger shelters. The result is a balanced sample that effectively represents the shelter demographic in San Francisco.

The surveys were conducted during a single time period, from 12/1/2006-2/28/2007. 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. This constraint moves the focus from generic trends to an accurate snap-shot of current shelter conditions.

We also obtained data from governmental sources, including the Mayor’s Office of Disability and the Shelter Monitoring Committee. In order to examine the access issue, we collected declarations from over 50 homeless people outside the shelter and conducted 9 interviews on shelter access with key informants who work with these issues on a daily basis.

The character of the data indicates the individually qualified perspectives specific to those people who responded. Inevitable in respondent-centered surveys, answers can be skewed by exaggerations, omissions, and equanimities. The survey truly reflects the perception of the individuals interviewed. 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.

## Sites Surveyed

We interviewed individuals inside shelters and at shelter access points. At the shelter access points, we targeted individuals waiting to make a shelter reservation. At Project Homeless Connect, we preceded the interview by asking if the individual had recently stayed inside one of San Francisco's shelters.

| <b>Inside Shelters</b>      | <b># interviewed</b> | <b>% of total sample</b> |
|-----------------------------|----------------------|--------------------------|
| Next Door Shelter           | 38                   | 33%                      |
| Episcopal Sanctuary Shelter | 28                   | 13%                      |
| Hamilton Family Center      | 23                   | 10.6%                    |
| Multi-Service Center South  | 17                   | 8%                       |
| Ella Hill Hutch             | 15                   | 7%                       |
| 150 Otis                    | 14                   | 6.5%                     |
| Lark Inn Youth Shelter      | 8                    | 3.7%                     |
| Dolores Street Shelter      | 7                    | 3.2%                     |
| St. Joseph's                | 5                    | 2.3%                     |
| Providence Shelter          | 4                    | 2%                       |

| <b>Resource Centers/Access Points</b> | <b># interviewed</b> | <b>% of total sample</b> |
|---------------------------------------|----------------------|--------------------------|
| Project Homeless Connect              | 17                   | 8%                       |
| Tenderloin Health Resource Center     | 14                   | 6.5%                     |
| McMillan Drop-In                      | 12                   | 5.5%                     |
| CCHH Tenderloin Self Help             | 9                    | 4%                       |
| Mission Resource Center               | 4                    | 2%                       |

## Age of Respondents

We interviewed adults, including single adults, parents, and young adults. Children under the age of 18 were not included in our survey sample.

| Reported<br>Ages |         | <b>18-24</b> | <b>25-39</b> | <b>40-54</b> | <b>55 and<br/>over</b> |
|------------------|---------|--------------|--------------|--------------|------------------------|
| Total            | 215     | 14           | 64           | 89           | 36                     |
|                  | 100.00% | 6.9%         | 32%          | 44%          | 18%                    |

## Race and Ethnicity of Respondents

|                        | #  | %    | % of those who did respond |
|------------------------|----|------|----------------------------|
| African American/Black | 80 | 37%  | 38%                        |
| Latino/Hispanic        | 28 | 13%  | 13%                        |
| Caucasian/ White       | 71 | 33%  | 33%                        |
| Asian/Pacific Islander | 8  | 3.7% | 3.8%                       |
| Native American        | 8  | 3.7% | 3.8%                       |
| Other                  | 14 | 6.5% | 6%                         |
| n/r                    | 6  | 2.7% |                            |

## Gender of Respondents

Women are under-represented in this survey, due to the fact that women's beds in the shelter system have been temporarily lost. Currently, of the 1,120 shelter beds for single adults in San Francisco, only 229 shelter beds are available to women. Separately, there are family shelters, women reside with their children. Both these groups were included in our survey.

## Disability Status of Respondents

Half of respondents reported either a physical or mental disability. This indicates a large proportion of people with disabilities residing in the shelter system.

|     | #   | %    | % of those who did respond |
|-----|-----|------|----------------------------|
| Yes | 106 | 49%  | 50%                        |
| No  | 105 | 49%  | 50%                        |
| n/r | 4   | 1.9% |                            |





## BARRIERS TO ACCESS

*"Let me tell you, I will never go back to those shelters. Riding the bus, pulling my stuff from place to place, getting four hours of sleep, waking up and having somebody else yelling at me for who knows what, getting the boot at 5:30 in the morning and having them tell me I would have to do go back to the center city and do the whole thing over again that day. Hell no."*

*-African American man (age unknown)*

Ironically, one of the greatest problems with the City's shelter system is the difficulty gaining access to the bed. In theory, emergency housing is low-threshold and accessible to a wide range of people, from those who might use the shelter as a first step in finding permanent housing to those who simply want a warm, dry place to sleep for a night or two. There so many barriers to simply getting into the shelter that they are no longer accessible to this wide range of people. A homeless person has to expend a significant amount of time and energy learning the system, excluding those who have no—or cannot 'go up the learning curve.' 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 who could benefit from a safe place to stay.

### Reservation System Time Consuming

*"Some nights, getting into the shelter is like a full-time job."*  
*- African American man (age unknown)*

For homeless men and women seeking emergency shelter, one of the central barriers is obtaining a reservation. In 2004, the City implemented a centralized referral and intake system (CHANGES) for all shelter. As a result, a homeless person seeking a shelter bed must report to one of the City's six Resource Centers for a referral to shelter. The reservation desks are at multiple locations, with differing hours of operations. Some are open for just a few hours a day. None are currently available on a 24 hours basis. In fact, except for the Bayview district, there is no reservation site open past 10:00 pm, and none operate 24 hours a day. The system requires biometric imaging of all shelter seekers, cost over \$1 million to develop, and several hundred thousand dollars per year to operate. 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. There are two times of day when beds are likely to be available in the system: 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 re-allocate unfilled reserved beds. 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 – perhaps at one of the shelters known for their friendly staff, or where the length of stay is seven days instead of one, or where there is Spanish-speaking staff. But, particularly in the morning, few beds are given out, so many of the people lined up must return in the evening and wait again. This process is time-consuming and

frustrating. As a result, many people get filtered out along the way: as described by one provider, "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 health care appointments, going to work or obtaining other necessities of life.

### **Shelter Seekers Turned Away From Empty Beds**

There are other challenges to getting a reservation at the shelters. According to staff at the Resource Centers as well as staff at the 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. On nights when the City's Human Services Agency claims that the shelters beds are unoccupied, Resource Center staff report that no vacant beds are show up in the system. As one provider pointed out, "even if there are vacancies, what good do they do if Resource Center workers can't reserve them?"

During two weeks this past winter, shortly after the City released a statement encouraging the homeless to come in from the streets a supposed 100 vacant shelter beds, the Coalition on Homelessness tracked the number of people turned away at three central city shelter reservation sites. **With information gathered from Resource Center staff, we learned that close to 50 per day were turned away.** When the city moved to shut down McMillan Drop-In Center, they replaced it with a temporary 24-hour drop-in center for homeless people, but chose not put in the CHANGES shelter reservation at the site. As a disturbing example of one night in the shelter shuffle, the manager of Buster's Place, reported to the Ten Year Planning Council that on Sunday March 25, 2007, 62 people attempted to get shelter at this site, 26 of whom were not able to access beds and spent the night sitting up in chairs.

As a result of these system problems, many of the City's homeless return to the streets every night, while shelter beds may sit empty. Other difficulties reported by homeless men and women include 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 many homeless men and women are left out in the cold.

### **Transportation To Shelters Lacking**

Depending on where a shelter reservation is made, getting to that bed can be a problem and constitutes a significant barrier. Although most of the City's Resource Centers and shelters are located in the central parts of the city, e.g, the Tenderloin or South of Market, some are in the Bayview and less centrally-located areas. For the homeless men and women referred, to the Bayview from a Resource Center in the Mission or the Tenderloin, transportation presents a significant problem. Homeless men and women describe the difficulty of getting to the Bayview late at night: reporting cases in which no bus tokens were provided; others describe waiting and waiting for buses that are not running any more or that refuse to stop; and numerous people report safety concerns with arriving in an unfamiliar neighborhood encumbered with their belongings in the middle of the night. In theory, the City funds Community Awareness Treatment Services (CATS) to operate a van to transport people from the Resource Centers to the shelters. However, by most accounts, the van is unreliable. Various providers describe incidents where as many as twenty people have been stranded at the Resource Centers at night waiting for a van that never arrived. For the

elderly and people with physical disabilities, the need for a reliable transportation system between resource center and shelter is crucial – even for sites that may be relatively close to one another. It is clear that the system is allowing people – sometimes those people who could most benefit from a warm, dry place to sleep – to slip through the cracks, leaving them unable to alone to face the challenge of getting to the bed themselves after getting themselves to the Resource Center to make the reservation for that bed.

## **Shelter Operations in Constant Flux**

In 2006-2007 there are 838 sleeping units for men and 282 for women in single adult shelter system. Beds account for 64% (714) of the sleeping units, cots for 8% (93) and mats, 28% (313). The following is a breakdown of the type of reservation that can be made at each site (source: (Shelter Monitoring Committee per the Human Service Agency, Sleeping units available).

| Reservation Type | Percentage of Units  |
|------------------|--|
| 1 day            | 4% (50 sleeping units)                                       |
| 7 day            | 22% (245 sleeping units)                                     |
| 60 day           | 3% (40 sleeping units)                                       |
| 90 –day          | 2% (25 sleeping units)                                       |
| 4 month          | 4% (55 sleeping units)                                       |
| 6 month          | 20% (210 sleeping units)                                     |
| CAAP             | 15% (171 sleeping units)                                     |
| Case management  | 10% (112 sleeping units)                                     |
| Resource Center  | 7% (73 sleeping units)                                       |
| Outreach         | 1% (10 sleeping units)                                       |
| Care not Cash    | 12% (129 sleeping units – released for one night if no show) |

Overall, the shelter system is a maze that requires constant inputs on the part of the homeless person to navigate. The reservation system is confusing, unreliable and unwieldy; the transportation system is also unreliable; and the shelters themselves seem to be in flux and transition. According the Shelter Monitoring Committee, 364 sleeping units in shelters have been lost between July 2004 and December 2006. The CHANGES shelter reservation system migrates frequently – from 39 Fell to 150 Otis, Self Help Center, Glide, all operating at different hours of the day – making it harder to understand just where you need to go if you want shelter. Further, city policies governing shelter provision are adopted differently at different sites and, according to some accounts, sometimes not adopted at all. 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. In addition, policies-in-practice may not adhere to written policies; this seems particularly common with respect to what time shelters close in the morning and ask residents to leave. It is well-known among the providers and homeless men and women interviewed that some shelters return the homeless to the streets at least an hour before the time of closure stated in their operating contracts with the city.

This transience and constant shuffling creates an existence that is stressful and unstable. Admitted to the shelter late at night, kept awake by other shelter residents who are settling in, and awakened at the crack of dawn, many homeless people report that they cannot get a decent night's sleep at the shelters and that the protracted process of waiting and traveling between sites is not worth the few hours of sleep that

they may obtain once within the shelter. Three shelters operate at night-time only, with check-ins as late as 10:00 pm and wake up as early as 5:00 am. These sites have alternative uses during the day. These operations are additionally difficult for the men and women who are working, some of whom have to leave the shelters even earlier in the morning to travel to a worksite.

## Shelter System Fails People with Disabilities

*There is no culture within the shelter system that is based on the needs of the population. There is nothing caring about it. It is not a healing place. The staff is not trained for healing – they're not trained at all. They are simply there to maintain order and control.*

*- White female (age unknown)*

For the hundreds of homeless men and women with physical or mental disabilities, these barriers are even more obstructive. While waiting in line twice a day or moving back and forth between Resource Centers and shelters is frustrating and exhausting for almost everyone, these tasks can be excruciating or physically impossible for people with disabilities. Some of the shelters don't comply with ADA regulations, lacking ramps or elevators, making them literally inaccessible to people in wheelchairs or with impaired mobility. The Mayor's Office on Disability reports additional problems. These include the frequent referral of people with physical disabilities to top bunks or to shelters where there are just mats on the floor; the unreliability of the MAP van for transporting people to and from the shelters; and insufficient accommodations in showers or bathrooms.

It is crucial to note that these are not simply isolated incidents experienced by a handful of people. **Of the 215 shelter residents surveyed by the Coalition, 50% reported having a physical or mental disability. Of these, more than half (59%) state their disabilities are not accommodated in the shelter in which they're staying.**

The mission of the Mayor's Office on Disability is to ensure that every program, service, benefit, activity and facility operated or funded by the City of San Francisco is fully accessible to, and useable by, people with disabilities. They receive complaints from San Francisco residents on a variety of disability issues, everything from problems accessing Muni to lack of sidewalk ramps. **A full one-fourth of the complaints they receive are regarding disability access issues from the relatively small population homeless people residing in the shelter system.**

## Breakdown Of Mayor's Office Of Disability Shelter Complaints Received Fiscal Year 06 / 07

|  |     |
|--|-----|
| Staff harassment over disability accommodations  | 21% |
| Denial of Service (DOS) based on psychiatric disability, threat of violence or hospitalization | 21% |
| Bed reservations   | 17% |
| Bed rest at shelters   | 13% |
| Excessive adherence to rules w/o regard for individual cases                                   | 13% |
| Lower bunk bed   | 8%  |
| MAP van  | 8%  |

The Coalition heard from a number of people about the unwillingness of shelter staff to accommodate people. They refuse to allow one man with a broken ankle to use the elevator, took more than a week to provide a lower bunk to a woman in a wheelchair, and question whether or not people were disabled at all, a violation of a disabled person's civil rights under the A.D.A., which prohibits requiring people to reveal the nature of their disability to obtain access to services or reasonable accommodation.

One woman described losing access to shelters after hospitalization:

***I was dropped from the shelter rolls 24 hours before my surgery, and they did not let me back into the shelter until 48 hours after my surgery, and I have seen this happen to others three different times.***

***- 37-year old Latina female***

Each of these circumstances violates ADA regulations and adds another layer of access problems. The result is described by one informant as a "filtering" process by which the shelters are made most accessible to those individuals without physical disabilities.

For individuals with mental disabilities, more problems arise, many of which come from the general lack of awareness and insensitivity about the nature of mental disabilities. As described by one provider, the structure of the system is a barrier to people struggling with mental illness. Sleeping on a mat on the floor less than the legally required 36" from other people in a noisy and stressful environment can be intolerable for someone with a psychiatric disorder. Many describe unsympathetic staff, who not only question whether or not mental illness is a disability, but who frequently interpret the behavior of people with mental illness as violent or disruptive. There are, tragically, reports of staff engaging in provocative, client-escalating behavior, who then use their response as a basis to eject that person for being disruptive. The Mayor's Office on Disability reports that, instead of working with people with mental illness to de-escalate situations that arise, shelter staffs frequently punish them for "acting out" or "breaking rules."

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 fall through the cracks. As described by one homeless woman, these circumstances

“make the whole system hostile.” It is clear that the problems faced by people with disabilities in the emergency housing system are widespread and multi-layered and that the City has yet to determine the extent of the problem – just how many people with disabilities are in the system – much less assess and accommodate their needs.

In sum, 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. Their most valuable possession, their life, is spent waiting. Others remain outside of the system altogether; turned away because there were no vacancies; referred to an inaccessible top bunk; denied service for “threatening” behavior that was misinterpreted by staff; or just become so exhausted by the daily shuffle to give up on it altogether. All of these barriers defy the purpose of emergency shelter by making it impossible, frustrating, and more stressful to access than remaining out of care, outside.

## ABUSE AND CRUELTY

*"The staff treat us like animals or make us feel like children"*  
51 year old white male

### Right to Freedom From Abuse

Losing your home is one of the most devastating and traumatic experiences a human being can encounter. Shelters, created as a temporary solution to a national epidemic, should be a sanctuary from the trauma experienced by homeless people on the street. They should be a place to give one comfort and support while going through a frightening experience, and act as a launch pad into housing. What we have found is that for many homeless people, their experience with the shelter system has been the opposite.

The most common problem residents identified was the lack of accountability and mistreatment of residents by staff, which was mentioned throughout the survey. Homelessness is where all forms of oppression intersect, whether it is racial, disability, sexual orientation, gender or simply poverty. All of these groups face discrimination by the society at large along the status dimension, and are over-represented in the homeless population. Homeless people as a group experience an uncensored level of hatred from the dominant and more affluent culture in the United States. They are blamed for their un-housed status, presumed to have an at-fault condition, failure or shortcoming. They are victims of hate crimes, are constantly accosted by members of our society, stigmatized, looked down upon and shunned.

We at the Coalition on Homelessness know homelessness is caused by structural failures of our economic and political system, such as the lack of affordable housing and living wage jobs. Homelessness is a by-product of severe poverty, and a result of governmental neglect. San Francisco shelters should be a respite from the cruelty homeless people experience within the society at large. Sadly, homeless people reported that many shelters reflect the same, larger-society oppressive environment under their own roofs. Reports of inhumane treatment, sexism, homophobia, and racism were rampant in our findings, as were many other forms of abuse.

*"I have a right to be treated as a human being, not as a  
bed number or a statistic"*

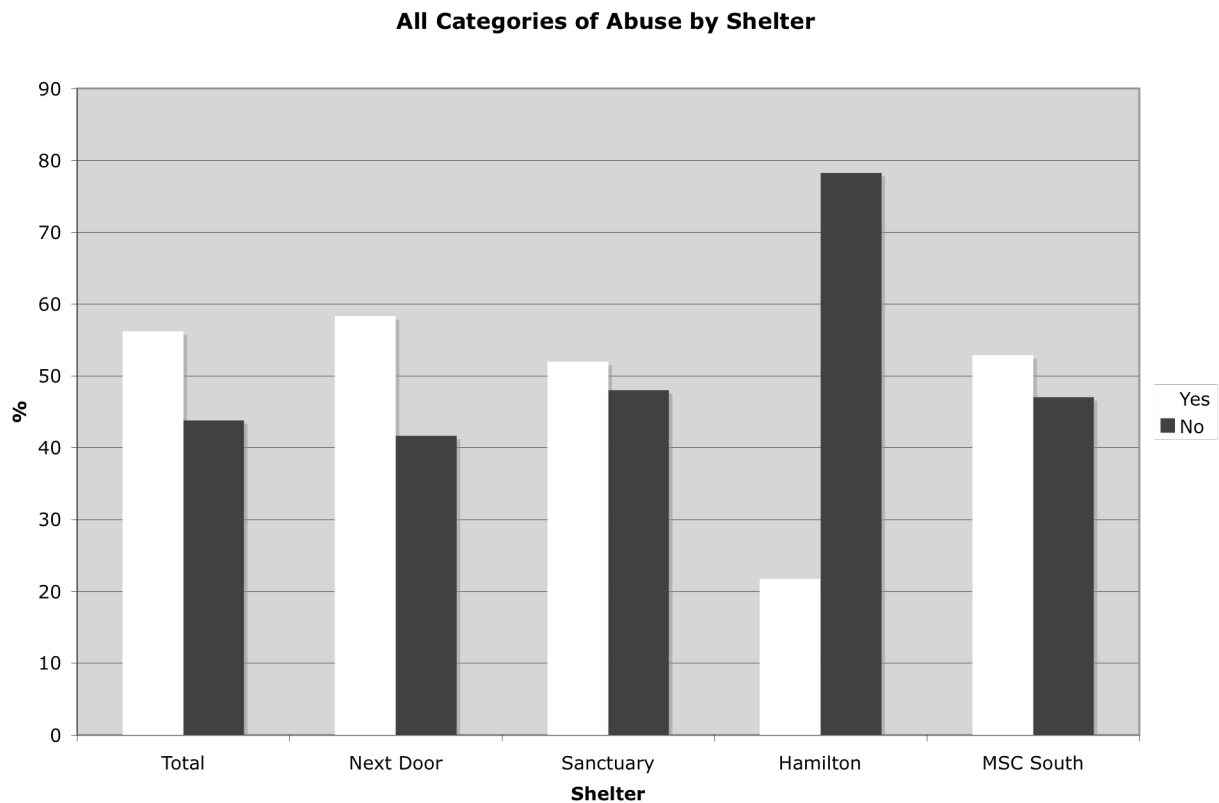
44 year old black female

We asked residents to identify any forms of abuse inside the shelter.

**More than half, or 55% of respondents reported experiencing some form of abuse inside San Francisco shelter.** (Many individuals experienced more than one form of abuse)

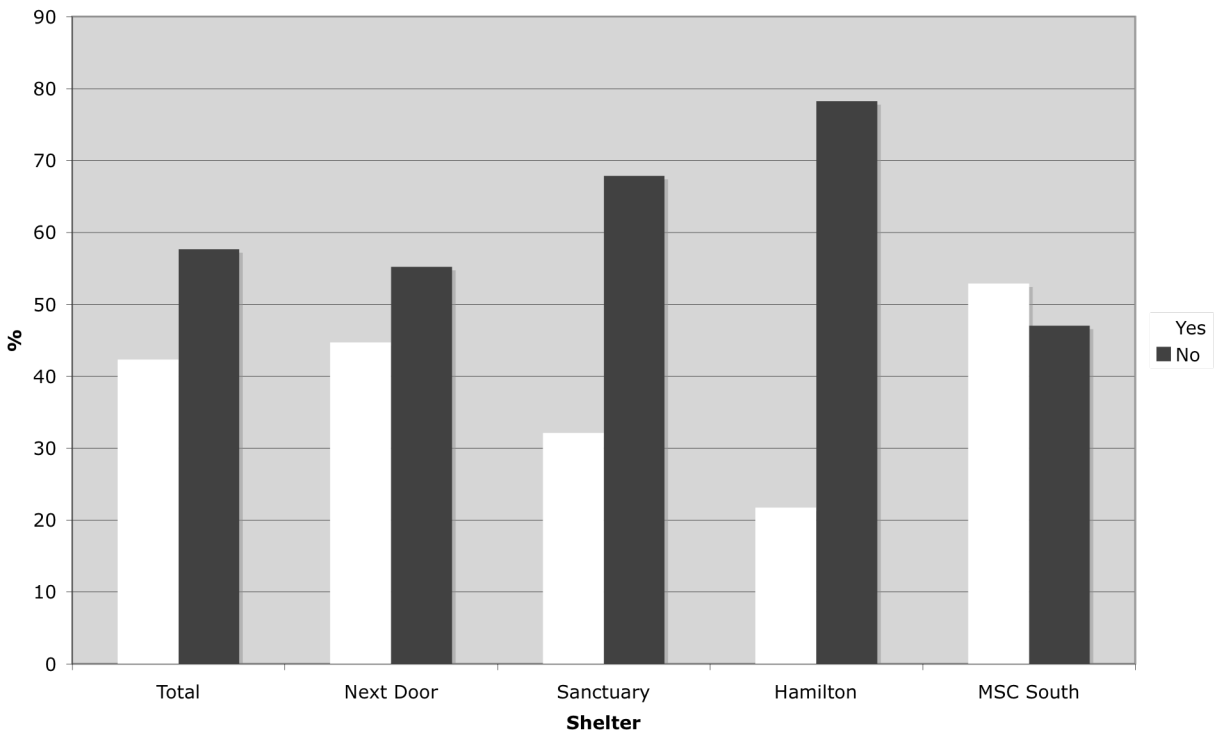
|  |     |
|--|-----|
| Overall experience of some form of abuse | 55% |
| Physical Violence                        | 14% |
| Sexual Abuse                             | 4%  |
| Verbal Abuse                             | 42% |
| Harrassment                              | 33% |
| Other Forms of Abuse                     | 18% |

We also broke down the responses according to abuse by the four largest shelters, as well as abuse by gender and race. Next Door topped all categories of abuse, as did transgenders.

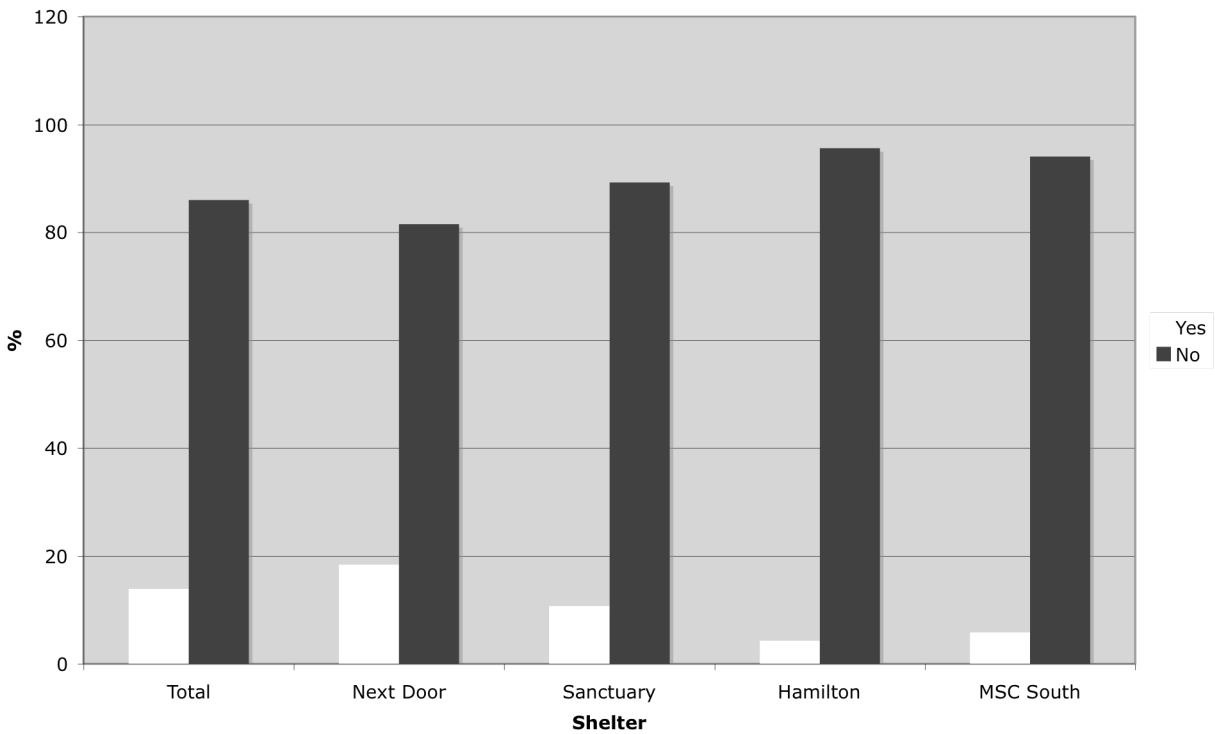




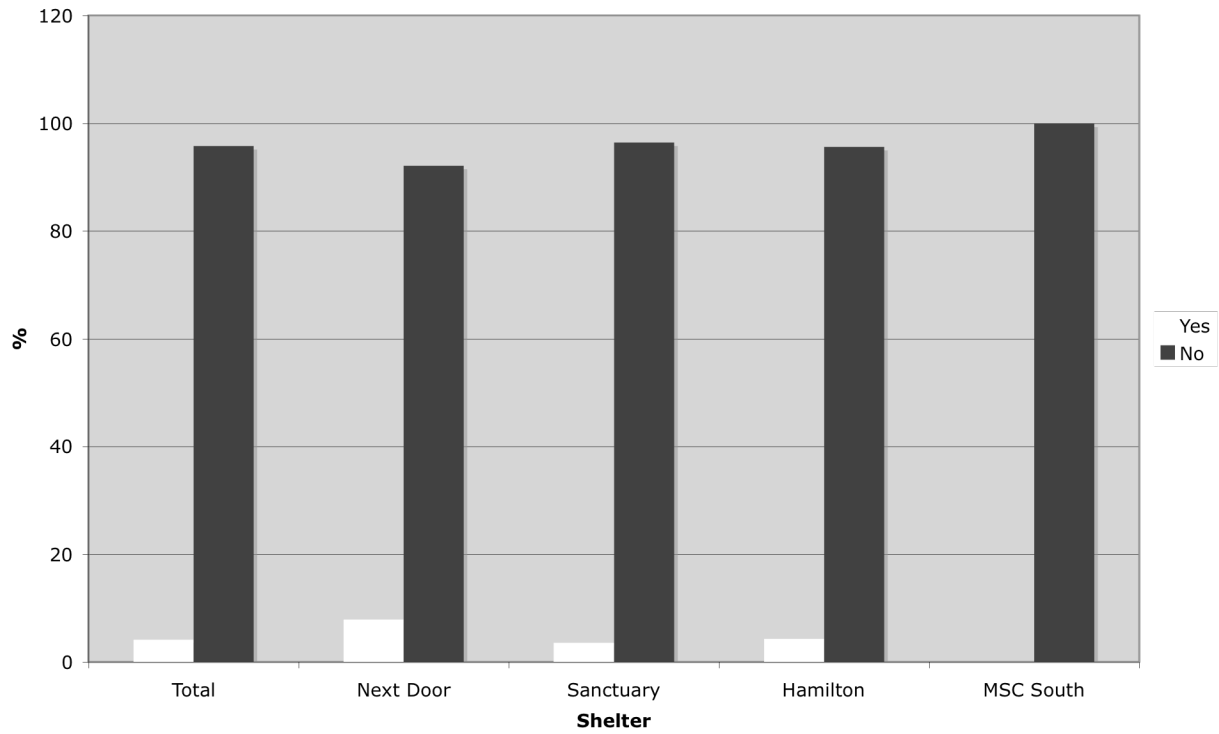
Verbal Abuse by Shelter



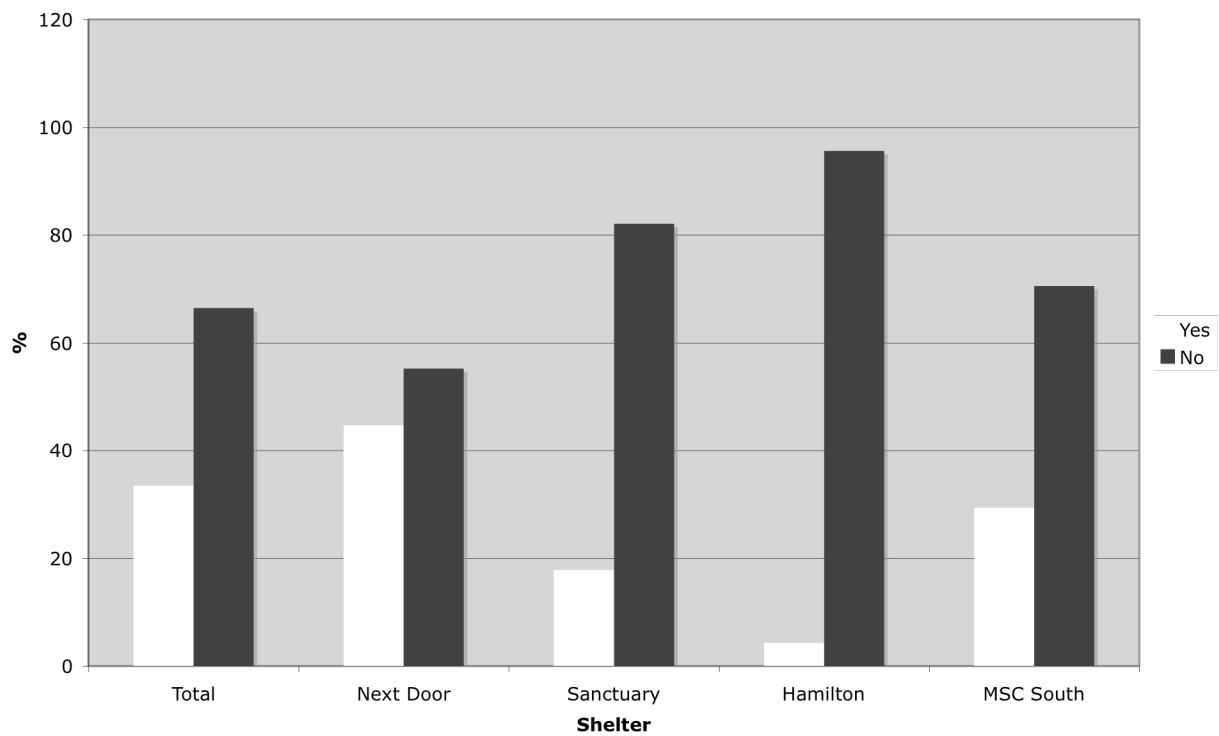
Physical Abuse by Shelter



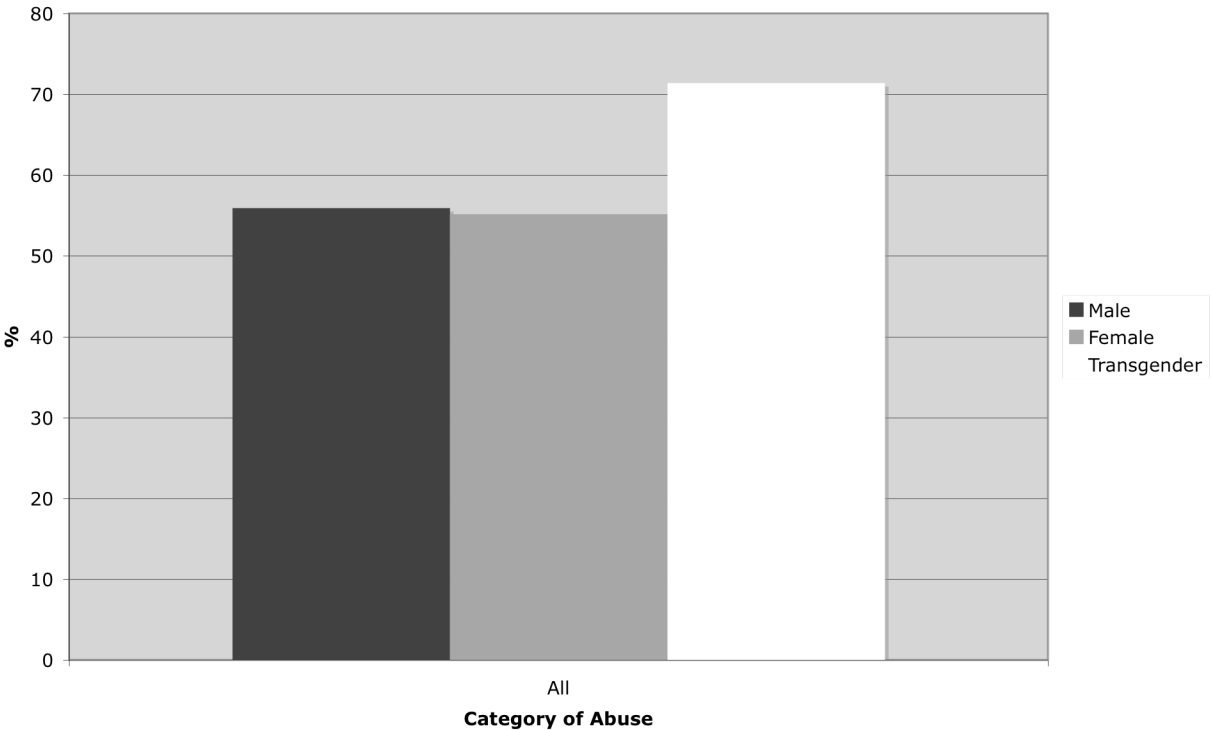
**Sexual Abuse by Shelter**



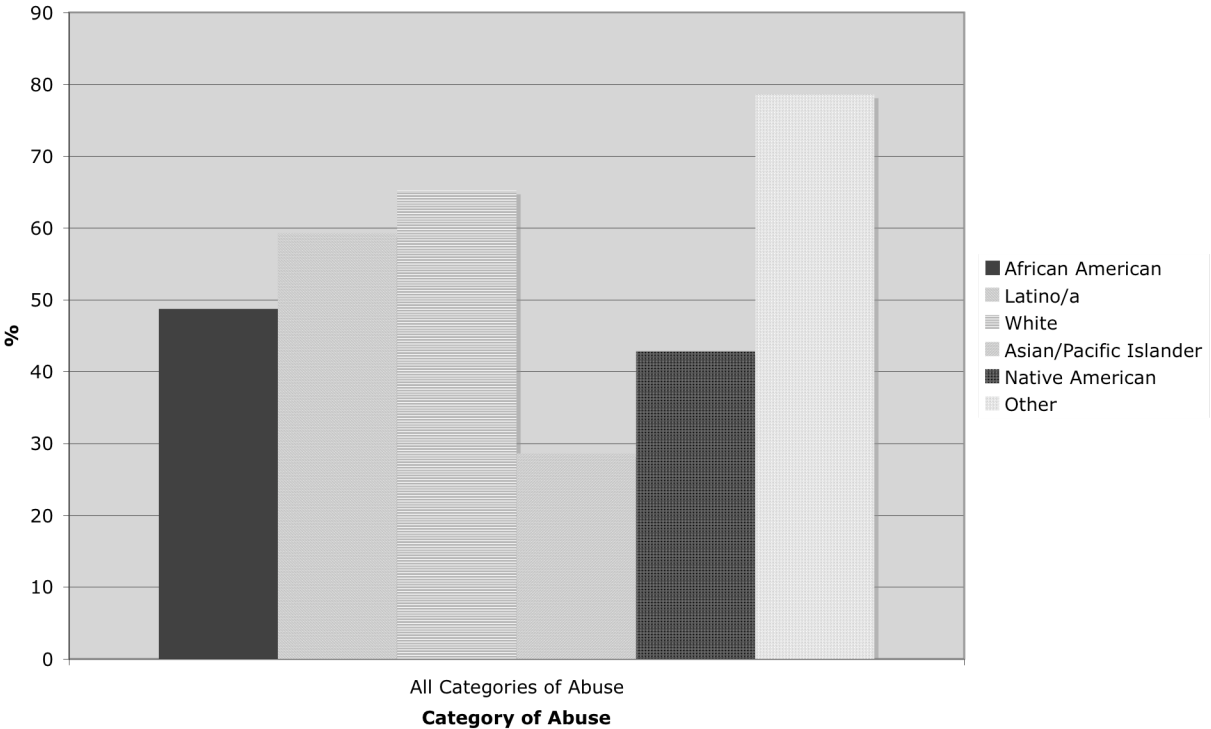
**Harassment by Shelter**



Abuse by Gender



Abuse by Race



## Right to Safety

*"I was assaulted by shelter security and thrown down the stairs."*

**46 year old black male**

We also asked residents if overall they felt safe in the shelter. We were discouraged to find that one-third (32%) of respondents reported they did not feel safe. Individuals at Next Door Shelter felt the least safe (50% did not feel safe overall) of all shelters. For those who did not feel safe, we asked them why not. Here are the most common responses they gave:

|                           |       |
|---------------------------|-------|
| Rude and neglectful staff | 24.5% |
| Physical violence         | 23%   |
| Stolen Property           | 10%   |
| Overcrowding              | 10%   |
| Lack of Privacy           | 8%    |
| Discrimination            | 7%    |

## Lack of Responsiveness to Complaints and Suggestions

*"They just brush off our concerns, there is no end result and the problem continues."*

**46 year old black female**

Shelter staff is under-paid and overworked. Disagreements will arise, residents are in a state of panic at times, and homelessness is stressful. Mistakes will happen. However, we were interested in finding out how the shelter responded when issues did arise. We asked shelter residents if the shelter responded to their complaints and suggestions, and over half of respondents, (56%) responded that they did not.

*"I was threatened with a denial of service because I disagreed with what staff was doing"*

**50 year old white male**

## Right to Information in Spoken Language

*"We are not all parasites; we who don't speak English deserve equal treatment"*

37 year old Latino male

We asked non-English speakers if they received information in their spoken language, a third (32%) did not. This not only acts as a barrier to non-English speakers to exit homelessness, but also prevents individuals from accessing the shelter system at all.

## Right to Property

*"My property rights were violated. Staff cut the lock to my locker and took my stuff."*

37 year old Latina Transgender

One of the many challenges homeless people face is being able to secure their property. After losing your housing, you are left with your most precious items, whether photos of loved family members, essential survival gear, or important papers crucial to garnering employment or housing. Having a secure place for homeless people's property is critical. **When we asked shelter residents if the shelter provided a secure place for their property, about half (49%) reported they did not.**

There is great disparity in San Francisco city funded shelters in terms of provision of a secure place for resident property. Some of the larger shelters provide lockable lockers for residents. Other shelters are operated in spaces that have other day-time uses, such as churches and community centers. The night-time only shelters frequently do not have secure places for individual's property. Even in shelters where lockers are provided, we received reports of broken locks, staff cutting locks and removing property, and insufficient capacity. Due to lack of space, residents would have to leave some belongings on their beds, which would get stolen.

## **Homeless People Have Solutions**

We asked homeless people to give us ideas for draft legislation to ensure human rights are adhered to in the shelter. The responses were diverse, eloquent and pointed. Here are the most common responses we received:

|                                    |      |
|------------------------------------|------|
| Treated with Dignity by staff      | 51%  |
| Decent Facility                    | 39%  |
| Fair Enforcement of Rules          | 18%  |
| Access to services                 | 11%  |
| Privacy                            | 9.6% |
| Medical care                       | 7.4% |
| Freedom from sexism and homophobia | 5%   |
| Decent Operating Hours             | 4.4% |
| Sensitivity to mental illness      | 4.4% |

The Shelter Monitoring Committee continues to receive complaints about disrespectful staff. Clients feel they are retaliated against for speaking to the Committee or attending meetings of the Committee. Complaints regarding shelter staff continue to be the most common complaint the committee receives.

Our findings mirror the findings of the Shelter Monitoring Committee. The overriding concern among shelter residents we surveyed was **mistreatment by staff**. Not only lacking training, but accountability and oversight, the responsibility falls squarely on the shoulders of shelter management and the Human Services Agency who oversees their contracts. Shelters should be a sanctuary from the trauma homeless people experience on a daily basis, instead many shelters further traumatize their residents. This mistreatment, abuse and cruelty must end.

## HEALTH AND HYGIENE: A HEALTH CRISIS IN OUR SHELTER SYSTEM

### Right to Hygienic and Clean Bathroom Facilities

*"You have to go to staff to ask for toilet paper,  
like it is a prison."  
46 year old black female*

Not only is the lack of toilet paper, soap and disposable towels in the shelter system's often times broken and dirty toilet and washing facilities one of the major human rights violations occurring in San Francisco's shelter system but this correctable situation also creates a health hazard for shelter residents, threatening them with the spread of communicable and infectious diseases. Shelter residents are left unable to care for themselves in the most basic and humane ways that people who have stable housing take for granted.

Besides being dangerous to their health, expecting shelter residents to use toilets and washing facilities without adequate toilet paper, soap or towels and without privacy is an attack on people's human dignity.

We asked residents if they had access to hygienic supplies in the bathroom (such as toilet paper, soap, and disposable towels or hand dryers,). One third (27.2%) said they did not have access to necessary hygiene supplies in the bathroom:

|  |     |
|--|-----|
| No access to Hygiene Supplies in Bathroom<br>(toilet paper, soap, disposable towels) | 27% |
|--|-----|

*"Latch on toilets are broken, they are not clean, they don't  
give me enough toilet paper, and the toilet overflows and was  
not cleaned up for five hours. In addition, they don't put lids  
on the trash and it stinks."*

**41 year old mixed race female**

The San Francisco Shelter Monitoring Committee's Quarterly Report released January 24, 2007 documents this health crisis at our shelters in great detail (and includes photographs). It contains overwhelming documentation of broken toilets, sinks, showers; lack of toilet paper, soap and towels; and first-hand documentation of blood and vomit in shelter bathroom facilities inspected by the Shelter Monitoring Committee. They look for posters encouraging and showing proper hand washing techniques, accessible and working order sinks, soap dispensers, disposable towels or dryers and towels where showers are available. **They found that of the 19 city shelters and resource centers, only six (or one-third) met these basic requirements.** These included Tenderloin Health, Hamilton Family Shelter, Mission Neighborhood Resource Center, 150 Otis, and Hospitality House. Dolores Street then immediately corrected the issue.

The National Health Care for the Homeless Council states that “hand washing is the single most effective and least costly way to reduce the spread of infections, including the common cold, Hepatitis A, food borne illness and many other viral and bacterial diseases”. The Shelter Monitoring Committee has found that many large urban shelters do not provide toilet paper inside stalls. (Since the announcement of the release of this report, at least one other shelter has added toilet paper dispensers). Residents must request toilet paper from staff, and once inside the restroom, if they run short on toilet paper, they are out of luck. The Shelter Monitoring Committee has urged the city to require all shelters to provide soap, towels, or dryers, and toilet paper inside every bathroom. Today, this is not the case in San Francisco.

## Right to Privacy While Using Bathroom Facilities

***“There are no shower curtains”***  
**60 year old male**

One of the most common threads we hear from homeless people is the need for dignity, and the loss of dignity they can accompany the loss of one’s home. There are many indignities one may encounter, such as having to ask for help and being disrespected in the process, or changing one’s clothes in a shelter, and having a staff member of the opposite sex walk in mid-way. For many, having privacy using the bathroom is key to maintaining a sense of dignity in the shelter system. **We found that almost half of respondents (45%) did not have privacy using the bathroom.**

## Right to Food Security

***“I’m allergic to certain foods. I get harassed if I ask what is in the food.”***  
**64 year old white female.**

Oppression affects the poor in a multitude of ways, one of them being a lack of nutritional food in their everyday diet due to lack of access to an income necessary to purchase nutritious food. Malnutrition affects the behavior of children, their school performance, and their overall cognitive development (Center on Hunger and Poverty 1998). From the perspective of residents, many shelters are not meeting basic dietary needs for residents. This is absolutely unacceptable in a city that ranks 3<sup>rd</sup> in affluence out of all the cities in the United States (U.S. Census Bureau 2004 American Community Survey)!

**Over half (55%) of the 215 shelter residents surveyed said that the shelters are not meeting their dietary needs.** The main reasons cited were a lack of available food and not meeting special dietary needs such as being diabetic, food allergies, etc. Not providing balanced, nutritional food and general poor food quality such as expired and moldy food were also common concerns.

***“My needs are not being met as a diabetic”***  
**57 Year old white male**



The most common responses as to how their dietary needs were not being met included (some gave more than one answer):

|                                   |     |
|-----------------------------------|-----|
| Food not Offered                  | 35% |
| Not meeting special dietary needs | 21% |
| Unbalanced, non-nutritional food  | 21% |
| Poor Food Quality                 | 19% |
| Serving Hours Unworkable          | 8%  |
| Poor service                      | 3%  |
| Small Portions                    | 1%  |

*"I was informed that the chicken was on the counter for a week, I took one bite and spit the rest out"*

59 year old white male.



## **RECOMMENDATIONS: AN ACTION PLAN TO ENSURE ADHERANCE TO HUMAN RIGHTS IN THE SHELTER SYSTEM**

Based upon our extensive outreach and recent survey of 215 shelter residents, the Coalition on Homelessness urges the adoption of a binding standard-of-care legislation based on the following recommendations. The legislation would specify the inviolable human rights of those who seek to utilize shelters and payment to shelter operators would be tied to performance under its standards, with funding sanctions if corrective measures are not taken immediately. Many items require no legislation and could be enacted immediately. (indicated by a “\*\*”)

### **Changes in Shelter Access Needed to Eliminate Barriers**

1. Shelter reservations are to be no less than seven days at all city funded shelters.\*
2. Shelter reservations are to be arranged by any of the following; a resource center, service provider or the shelter itself.\*
3. All night emergency access to empty beds should be available.
4. The city must fund a central city 24-hour emergency drop-in center for homeless people in the next fiscal year. \* (Funding is set to end June, 2007, and the current program will soon shut down)
5. Bus tokens should be given to each homeless person automatically when reservation for shelter bed is made.
6. Fix CHANGES bed reservation system to rectify data discrepancies and ensure an accurate empty bed inventory.\*
7. Fully train staff on the CHANGES bed reservation system. Training should be frequent, regular and include performance testing.\*

### **Changes in Shelter Operation Needed to Create an Abuse Free Environment**

8. Management and staff of all city-funded shelters must have adequate training, oversight, and accountability to shelter residents. \*
9. Management and staff must treat all shelter residents equally and with respect and dignity. When patterns of mistreatment arise based on Shelter Monitoring Committee documentation, a corrective action plan focused on the problem shelter must be initiated by Human Service Agency. If corrective actions are not taken, funding sanctions should be imposed.
10. All shelters should hold focus groups with residents with fiscal or other incentives with an independent facilitator and without staff present as part of annual contract review. Public posting of responses to this survey and focus groups as well as a draft action plan based on these results would be required. Action plan should include process for broad input on final plan from residents.\*
11. All shelter management must provide shelter residents with a written complaint policy. There must be tangible follow-up on complaints brought by staff and residents. This should include the creation of an anonymous complaint process, and public posting of both complaints and responses, while maintaining confidentiality. Unresolved complaints must be sent to city contract monitor for corrective action.
12. Provision of MH specialist for consultation to each shelter, directly to line staff and management to assist staff who work with people who have mental illness.

13. Shelter will provide access to secure resident personal property storage. If this is unavailable inside shelter, storage can be off-site, without cost to resident, and be available up until time of bed check.
14. Shelter residents should have access to electricity for charging cell phones.
15. MAP van should be available to assist homeless people moving out of shelters and into permanent housing.

## **CHANGES NEEDED TO ENSURE HEALTHY AND HYGENIC SHELTERS**

16. All city-funded shelter must provide its residents with toilet paper, soap, disposable towels and hand dryers and hot water for showers.
17. All shelters must supply residents with 24-hour access to cold drinking water.
18. Shelters should be in line with current city policy of "Greening San Francisco". All Shelters should have ventilation and air purifiers to ensure air quality. All shelters must be free from pesticides, insecticides and disinfectants that are toxic to residents, when feasible.
19. Smoking must be prohibited inside shelter, unless separate space is provided with separate ventilation system.
20. Nutritional and balanced meals must be provided to residents at all shelters and must meet resident's special dietary and religious needs.
21. Residents must be provided a minimum of one warm blanket, clean sheet and pillow for sleeping accommodation at all city-funded shelters.
22. Shelter residents will be allowed a minimum of eight hours of sleep. This includes changing some operating hours, and ensuring staff do not wake up residents prematurely.
23. Access to beds during day in full service shelters, especially when individuals are on bed rest.

# Conclusion

On December 1, 2004 the Board of Supervisors legislatively declared that “there is a significant public interest in determining that the homeless shelters that the city funds, are safe and sanitary, that the shelter policies and procedures are fair and meet the needs of the clients accessing shelter services; that operations receiving city funds are complying with their contractual obligations to the city, and that shelter clients benefit from the expenditures of public funds” *San Francisco Administrative Code, Section 20.300(b)*

Unfortunately, at the present time, many city-funded shelters are not safe and sanitary.

It is easy to blame front line staff at shelters for the current horror inside San Francisco’s shelters. That would be a mistake. There are hardworking, dedicated, and compassionate staff working in shelters making the best of a bad situation. Staff are hired with little experience, and are left without support in a difficult and low paying job. Some of the shelters perpetuate a culture of negativity, victim blaming and meanness that goes unaddressed by management (who may, in fact, prefer it). New staff arriving in the midst of this institutional culture readily accept and replicate it in turn. To do otherwise would be to risk alienating co-workers who believe they are ‘soft’.

Training is uneven and at times not supported by management. Staff attend trainings, and management is reported to contradict the trainers who are hired to give the appearance of the provision of training to address customer service and client respect values.

Anger, abuse and neglectful behavior by staff goes unchecked by management. Formal procedures for accountability are lacking. The city contracting agencies do nothing, aware of the problem but unwilling to address it, the most common excuse being the fear of alienating established service providers. Collectively, there seems to be an attitude that residents are not worthy of respect and common decency.

Some shelters, such as Next Door, have residents that experience more abuse, and feel less safe across the board. Other large shelters have similar problems, while not quite as acute. There are examples of smaller shelters that do an excellent job in supporting their staff and making sure residents are treated with respect. Shelters can be run well. What it takes is the Mayor and Board of Supervisors to make shelter operation and conditions a priority, to remember not to forget about the human rights of the thousands of people seeking and utilizing shelter in the City and County of San Francisco, who deserve nothing less. It is clear that only elected officials can force action on the part of the Human Service Agency.

Those shelters that develop a poor track record should model their services after those shelters that have succeeded at running a decent shelter. The successful model of the high-performing shelters can and should be replicated, and if existing providers and contract holders cannot perform as needed, they should be replaced. Otherwise, no matter how many bodies are being sheltered, the taxpayers of San Francisco are not getting what they pay for—a shelter system that truly helps people to exit homelessness.

We note further that many city-funded shelters do not have policies and procedures that are fair and meet a shelter resident needs for access to shelter services. There are no minimum standards that shelters must meet.

The current Mayor and the Board of Supervisors have been aware for the past two and a half years, of the inhumane and disgraceful conditions of many of the city funded shelters. The Shelter Monitoring Committee, a duly constituted and legislatively enabled body has been sending the Mayor and Board of Supervisors quarterly reports detailing shelter conditions on issues of safety, hygiene, physical access to shelters, staff training, and physical and mental abuse by staff. The quarterly reports by the Shelter Monitoring Committee are consistent with the recent findings by the Coalition on Homelessness's survey of shelter residents. It is time to stop ignoring them.

While the Board and Mayor have not taken any steps to correct this horrendous situation, it is not too late to act. Many cities and states such as Ohio, Florida, and Virginia have enacted minimum standards of decency for shelter residents. The Coalition on Homelessness believes the City and County of San Francisco's political leadership must do the same and enact our recommendations. This would end shelter shock for the thousands of individuals and families in this city who are trying to survive without affordable housing.

We need to move beyond simply talking about toilet paper, soap, and abuse. We need to stop closing shelter beds until every human being has a home and is fully protected from the devastation of homelessness. Lastly, we must act now to transform our shelter system into a sanctuary where everyone lives with the dignity they deserve as human beings.

## Appendix I

Site: \_\_\_\_\_ Human Rights Survey

Hi, my name is \_\_\_\_\_ and I am a volunteer at the Coalition on Homelessness. We are conducting a survey regarding human rights in the shelter system. Your answers will be confidential, we will not ask your name and you can choose to not answer any of the questions.

What are Human Rights?

Human rights are international ethical standards approved by the United Nations. They address the rights to the most immediate and basic needs of all human beings and demand the transformation of every society. They are principles of equity and dignity.

Since being in the shelter, have you been abused in any of the following ways?

- |    |            |       |     |       |    |
|----|------------|-------|-----|-------|----|
| 1. | Physical   | _____ | Yes | _____ | No |
| 2. | Verbal     | _____ | Yes | _____ | No |
| 3. | Sexual     | _____ | Yes | _____ | No |
| 4. | Harassment | _____ | Yes | _____ | No |
| 5. | Other      | _____ | Yes | _____ | No |
- (Please Explain) \_\_\_\_\_

6. (Non English Speakers Only) Do you receive written and spoken information in your language?

\_\_\_\_\_ yes  
\_\_\_\_\_ no

7. Does the shelter respond to your complaints or suggestions?

\_\_\_\_\_ yes  
\_\_\_\_\_ no

8. In general, do you feel safe in the shelter?

\_\_\_\_\_ yes  
\_\_\_\_\_ no

9. If no, why not? \_\_\_\_\_

10. Does the shelter provide a secure place for your property?

\_\_\_\_\_ yes  
\_\_\_\_\_ no

11. Are your nutritional and dietary needs being met by the shelter?

\_\_\_\_\_ yes  
\_\_\_\_\_ no

12. If no, please explain. \_\_\_\_\_

13. Do you have access to toilet paper, feminine hygiene products, soap and other supplies in the shelter bathrooms?

\_\_\_ yes  
\_\_\_ no

14. Do you have privacy using the bathroom facilities?

\_\_\_ yes  
\_\_\_ no

15. If we draft human rights legislation for shelter residents and staff what items should be included in this legislation? This could include human rights that are either being respected or violated in the shelter.

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Now we are asking demographic questions. Feel free to refuse to answer any the following questions.

16. How old are you? \_\_\_\_\_

17. Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Transgender \_\_\_\_\_

18. Race/Ethnicity:

1. Black \_\_\_\_\_
2. Latino/Hispanic \_\_\_\_\_
3. Caucasian/White \_\_\_\_\_
4. Asian/Pacific Islander \_\_\_\_\_
5. Native American \_\_\_\_\_
6. Other: \_\_\_\_\_

19. Are you physically or mentally disabled?

\_\_\_ Yes (if yes, go to question 20)  
\_\_\_ No (if no, end survey here)

20. Are your special needs being accommodated by the shelter?

\_\_\_ yes  
\_\_\_ no

That is it! Thanks so much for your time!



## Appendix II

This report on operating costs is the last one available, however, we do not believe the shelter funding patterns have changed significantly.

### Exhibit 8

**City Contributions Toward Operating Costs of Shelter and Housing for Homeless Individuals**  
(Based on selected homeless services funded by the City and County of San Francisco in Fiscal Year 2001-02)

| <i>Shelter or Housing Type</i>          | <i>Number of<br/>Beds in<br/>Sample</i> | <i>Range for the<br/>City's Annual<br/>Costs Per Bed</i> | <i>The City's<br/>Average Annual<br/>Cost Per Bed</i> | <i>Range for the<br/>City's Daily<br/>Costs Per Bed</i> | <i>The City's<br/>Average Daily<br/>Cost Per Bed</i> |
|---|---|--|---|---|--|
| <b>Emergency Shelter</b>                |   |  |   |   |  |
| Single Adult*                           | 1,720                                   | \$3,131-9,333  | \$4,027   | \$9-26  | \$11   |
| Family                                  | 345                                     | 7,496-11,712   | 9,561   | 21-32   | 26   |
| Young Adult                             | 40                                      | 12,703   | 12,703  | 35  | 35   |
| <b>Transitional Housing</b>             |   |  |   |   |  |
| Adult and Youth                         | 42                                      | 11,794-21,878  | 14,206  | 19-60   | 39   |
| Family                                  | 186                                     | 5,502-14,404   | 10,482  | 15-39   | 29   |
| Special Needs**                         | 208                                     | 4,869-47,080   | 19,720  | 13-129  | 54   |
| <b>Permanent Supportive<br/>Housing</b> | 395                                     | 6,538-27,043   | 10,754  | 18-74   | 29   |

Notes: Average costs are weighted averages.

\* Includes winter shelter beds, the cost of which are calculated as if they are year-round beds.

\*\* Includes housing for HIV-positive people with substance abuse and mental health problems, women leaving prostitution, survivors of domestic violence, and mentally disabled adults.

Source: Based on data collected by the Board of Supervisors' Budget Analyst in 2001.