

Meeting One: Introduction
June 4th, 2012

I. Introduction

Bevan Dufty: I want to introduce Amanda Kahn Fried, Policy Director of the SF Housing, Opportunity, Partnerships, and Engagement office, who is present at the meeting. Also, Dee Schexnayder, who also present. Thank you also to the Coalition of Homelessness for your participation. I would like to introduce Andrea Shorter – current member of the Commission on the Status of Women – Andrea will be facilitating the meeting. Emergency Shelter Access is a key issue. It is clear that we can do better providing emergency shelter

Supervisor Kim: I really want to thank everyone who came in today; many of you have been doing this work for decades and years. I also see some of the residents of next Door. I think some of the issues that have emerged so far are access for seniors in the shelter and the disabled community. I think hopefully we can come to a place that we will accomplish some key things. I think it is just amazing to have Bevan Dufty, here working on this process with his passion and his energy. In this city we have to continue to work on these issues in order to keep improving the quality of services in San Francisco

Andrea Shorter: It is a privilege and a pleasure to be her with you today. As Supervisor Kim and Bevan have mentioned I have been working in SF for some time. In fact, as some of you might recall, I used to organize moms and their babies in the community so that they would be better served. I am very proud to have worked with so many incredible people on these issues to make sure our city a premier provider of services.

There are some people around the room to assist in gathering information needed to help. I would like to ask you all to speak with the various staff in the room in order to be heard, check in with the city staff and note takers with feedback or to clarify the notes taken about comments. We also have Dee and Bernice here to take further information that is not captured here in the room today. I want to acknowledge Scott Walton who is the manager of adult services here today, and Jennifer Friedenbach who is a really great leader in the advocacy community.

Let's Establish Some Ground Rules

1. One at a time, raise your hand
2. Respect each other, your idea will be captured, but let all others speak as well
3. Please refrain from big speech-making
4. Refrain from texting and do not use your gadgets

We are at the start of a process; there is no way that in a two hour period, we are going to

be able to resolve all of the issues. We are going to consider ourselves a brain-trust, here with the best of intentions, and respecting that other people's intentions are good. There will be differences of opinion, but this a workgroup here to share ideas with the best of intentions. Does anyone else have other ground rules? (Seeing none). I know that some things have happened since the last process like this. I am going to have Amanda give a quick overview.

Introduction by Amanda Kahn Fried, Mayor's Office of Housing, Opportunity, Partnerships and Engagement: The last formal shelter enrichment process happened in 2008. For the reference of the group there is a memo by the Shelter Monitoring Committee of previous access work since 2008 available today, because we wanted to honor and recognize the previous work. Over time the system has really changed and adjusted, we moved to a 90 day reservation system, and the 90 day period was changed in order to give clients a longer period to look for housing. There are sometimes intended and unintended consequences for these changes. You may have heard that 311 is being considered as an option for shelter reservations, this is the public process to discuss that option as a group, reach consensus and incorporate your voice, and the voice of the people who are not going to come to meetings. We know some people did not come today, what can we do to engage them in future meetings? What can we do to represent their voice? How can we make sure that they're heard?

II. Shelter Access Discussion

Charles Pitts: there are not enough metal detectors, not enough computers to log everyone in. There is not enough shelter beds all of the time, so people are fighting about beds. Also, what are you going to do about the people with no phones? Also, think about the 10 year plan on ending homelessness, what does that say? We also need to think about how to empower people so they can actually move out and have the tools not to use the shelter system again. Right now people are stuck in the system. We need to work on getting people unstuck, giving people the tools they need. Also, what about the whole money issues: not enough money for case management, shelter beds, to help with getting people getting other places they need to go. Let's compare that to the HOT Team, the HOT Team has vehicles, and case management for vocational and mental health issues, we need some special training manuals for specialized things that we do not have now, not just the things that we already have training manuals for, how to get people housed.

Colleen, St. Anthony Foundation: Can we re-frame what it is that we are talking about now. Is it true that we are talking about access: getting people who are having a hard time getting access to the shelter system better access?

Andrea Shorter: That is the principal work on the group today. What ideas do you have to improve access to shelter?

Colleen, St. Anthony Foundation: One simple thing is the issue around transportation: people need to travel from the central city to Providence; many people are putting themselves at risk, jumping on the bus without fare. This has been a problem; some people are even not getting a bed, because they can not get a token.

Mark Leary from San Francisco General Hospital Psychiatric Department: There is a critical need for access to shelters for people with mental health needs, including people being discharged from inpatient psychiatric treatment to shelter. I also want to see some increased access to mental health services in shelter for people who need it.

Deborah, IHSS Representative and Advisor to the Department of Aging: Recently, so many people spoke about shelters, one of the issues was that you have to go to five places to get your shelter bed. Also, they should not have to wait until night to get access or be thrown out at dawn. Even if you do not have multiple issues, the current situation is a problem. Also people are staying in their wheelchairs overnight with oxygen tanks. One of the reasons they did not want care not cash, is the community services charges too much for housing they do not have money to pay their rent from their SSI checks.

Shannon: I work with medical respite. We often can not get shelter information in advance of discharge for the clients we work with, we need to be able to call somewhere and find out what bed the person will be in so we can give them direct info. We also need to know a bed number in advance to get them an IHSS worker, so they can get help in shelter with their basic needs. This means people are spending a longer time in medical facilities if they need help with dressing, showering, and eating because we can not get them an IHSS worker without knowing their bed number.

James Powell, case manager: We need to talk about how to help people to reduce the amount of luggage that they have—they get DOS'ed, because they have too much luggage. I suggest that some city property be made available for people to store their large luggage. There are sometime people who come with 40-50 pounds of luggage, so since the shelter can not handle that stuff, they are ineligible. I also want to advocate that especially at the Sanctuary, the beds that were once part of an agreement with Cannon Kip senior center to be set-aside for seniors again. When we had that agreement, we could get someone in to the beds in an emergency. They were taken away, and in some cases those beds are now occupied by some people who are not seniors who have been put out of the hospital without any follow up plan. When seniors come to us at 3:00, what can we do? Also, there used to be 4 beds reserved for people with mental health issues that are no longer reserved for that population.

Rhonda Johnson, A Woman's Place: I guess I will speak on the needs of women. First, safety: they need access to shelters in the evening and morning, maybe have a sign up time for women only at one of the shelters or one of the locations. Women also need transportation. Many of the women are traumatized, and they are having a really hard time.

Some of the women that we work with have children, and some do not have children, the women who have children can not get to appointments for their kids, because of transportation barriers.

Andrea Shorter: Are families/family issues part of this work group? (question to Scott Walton)

Scott Walton: Families – any adult or adults with custody of minor children – are supported through a different set of programs. This Work Group is focused on emergency adult shelters. Please check in with me after the meeting regarding family issues and services.

Kim Armbruster, Glide: I would like to address the CHANGES database, it is a broken down mess, by the time the clients get to the shelter the reservation for the client is dropped. Recently, the CHANGES system would drop the 90 day reservations. Last week the system did not give complete bed information, so you could not tell between top and bottom bunks, also, right now, I cannot make a report.

Kim Clark, Shelter Grievance Advisory Board Member: I am also working with safety. We still have so many buildings. Where are the buildings that are housing people? We also need to update the CHANGES system and be able to crisscross all of the computer systems. We need to find the buildings and then we need to shelter people in those buildings. One thing never should have happened: 45 senior women were booted out of their place, the Marion Residence. Our senior women could have been there. There needs to be some inventory of where people are being housed. There are also technical upgrades to make the computers work better.

Laura Guzman, Local Homeless Coordinating Board and Mission Neighborhood Resource Center: The most important issue is that shelters have lost funding, and there are not enough shelter beds, so we will not be able to meet the needs without more beds. Also, with prioritizing will we as shelter centers, be taking on the respite care of the psychiatric beds? How can we change the quality of shelter? We need to analyze who actually belongs in shelter. We really need to expand our view and focus on having more beds and higher levels of care for some clients.

Shelly, a resident of Next Door: I went to the Women's Resource Center, and I keep seeing people that look like they are being dumped into a system they can not handle. I am a medical professional, and I see some people who are very medically or psychiatrically unstable living in these shelter beds. The staff on these shelters has to risk people getting very ill. There needs to be a skilled nursing facility at a minimum.

Andrea Shorter: I am hearing that that there is a problem with the way we serve people with medical needs.

Joanna Fraguli, Mayor's Office on Disability: We need to talk about how the population of the shelter is changed; people who are disabled and older are accessing the system more than ever before. Those people who are older are ending up in shelter because of financial crises, medical needs and other issues. The system now puts those people at a disadvantage. A first-come first-serve system has a disparate impact on the people who cannot be there at 3am. Also, the CHANGES system does not give clear information about whether the bed offered is an upper bunk or a lower bunk. Their needs to be a better system, people who have mental health disability have issues with the reservation system. I suggest that we accept the fact that the number of shelter beds is as few as it is. I would suggest a lottery system; frankly this current method for reserving beds first-come first served is a violation of the ADA.

Andrea Shorter: I am hearing the shelter access process does not meet the needs of the aging population.

Jennifer Friedenbach, Coalition on Homelessness: I feel like the way that the system is designed is that a whole lot of people need to squeeze through very narrow doors, it creates lines, and for people with disabilities the system creates a situation where you have to wait more than 13 hours to find out if a bed is available. I think we can create a system with less one-night beds; the basic idea is to open up access, and move away from a line-based system. Lines for beds just does not work for the population we are trying to serve, especially, those who are most in need. I really believe that we can come to a great solution with everyone contributing. The basic idea is to open up the process.

Nick, shelter advocate at CHP: Clients need more places that people can help you get a bed, having computers or 311 that you can use anywhere in the city. How do I get a bed and work at the same time? I think it's important that people can work and the system can be more flexible for them.

Case Manager at Mission Neighborhood Resource Center: Our clients with severe mental health issues will not even sign up, and also for undocumented clients, they have no money, and they need education on how to make the system work, and they need bi-lingual staff at the shelters. There is not enough bi-lingual staff at the shelters.

Andrea Shorter: Some common themes are aging issues, technology issues, mental health, and immigrant issues.

Ralph, Mental Health Provider at Family Services Agency: I visited Next Door, and they said some clients have issues storing their medications securely. There is a need for secure medication storage – a place to leave medications at the shelter. Some clients have a hard time managing their own medications

Supervisor Kim: I think we have shaken up some issues, and my hope is that we can sort things into buckets today. I also think that storage is a shelter issue. I do want to be specific today so that we can focus the process.

Amanda Kahn Fried, Mayor's Office of Housing, Opportunity, Partnerships and Engagement: In the future meetings we will be discussing the issues in greater detail and we will bring the right people into the room. For example, we will have 311 staff in the room when we discuss using 311 for shelter access.

Wayne Garnett: I have a lot of experience working with this population. In regards to the big issue of client transportation for seniors and disabled, the problem is even if you give them the MUNI tokens, they still have to deal with the bus stops, which is hard for them. The MAP Van goes to most services now. Let's create routes for MAP Van, so that it runs continually, for instance: the MAP Van goes to the hospital already. If it had a route, that would give people a chance to come to the site where they need transportation and wait for the MAP Van to come at the scheduled time.

Deborah, IHSS Representative and Advisor to the Department of Aging: When we had homeless people at the department of aging we had a special service to help people get what they needed.

Debra Bellingham, Senior Action Network: We need to have an individual pickup for some seniors to get what they need when the MAP system runs into an unexpected blip. A service route would be good but you have to provide some on-call/emergency van to cover the unexpected needs.

Steven Brunner, San Francisco Veterans Administration: We have 30 beds for veterans at Next Door. With these 30 beds we have had a microcosm of similar issues. For many years, we got people 90 day beds with a potential extension for another 90 days automatically. We stopped the 90 day process. We are trying to be more client-centered. Some veterans get little more than 1 week in a bed, some get up to 4 to 5 months, based on the needs and plan of the client. Each client has a social worker who placed them in the shelter and who they can go to get an extension if they need one. That social worker also gives them resources, support, and help to make it work for the individual clients, so they are much more able to find housing. Some people are straight out of the hospital without the wherewithal to get a reservation without help. In this client-centered system those veterans are able to get help right away. It is a lot more work to do this client-centered work, but more work needs to be done.

Kathy Treggiari, Director of Next Door and the Sanctuary: In 2002, we had a more reasonable ratio of case managers to beds, and we did a client-centered approach. There were 14 case managers for 534 beds. Now we only have the roving SF START team of 8 case managers for over 1,134 beds. Right now, the START Team case managers are only

working with the clients with the most acute mental and behavioral health issues. We have many issues with people who have serious mental and physical issues, so there is not case management capacity for all of the clients. I really like the client-centered model, but due to the cuts we have a lack of resources.

Laura Guzman, Mission Neighborhood Resource Center: We have done tremendous work to improve the services for our patrons. We are always focused on how to improve. I am glad to see that San Francisco General Hospital is represented here, also IHSS needs to be here, and we need mental health systems represented here. The fact is that we do not have enough skilled nursing systems; we really need to figure out who else need to be involved to help us succeed. We also need to implement a plan to serve the clients and have the multi-faceted systems in place that our clients need.

Debra Bellingham, Senior Action Network: There are a lot of resources in the city and there are limited resources at the city government level, I think we need to tap the resources at the colleges—we should reach out to them to get seniors and graduate students to do the work. I know the bar association has pro bono services. If people are involved in working as counselors, those social workers and therapists should participate in the process and lighten the load on the city. There are professional associations that should be pitching in pro bono for people by professionals who are just working in private practice in the city.

Amanda Kahn Fried, Mayor's Office of Housing, Opportunity, Partnerships and Engagement: I would like to get group feedback on upcoming scheduled topics:

Next meeting June 11th: Moving beyond lines. Including 311 and other solutions on how to make a reservation

July 9th: How to allocate the shelter reservations? Change times? Change priority? Possibly use a new a model for distributing beds?

July 23rd: Shelter storage, transportation and other barriers

At each meeting we would like to make a set of recommendations.

Shelter Resident: We need to make a better system. In the East Bay, the phone number for shelter, every time you call, they have nothing, that is the way I see that. The people who do not bother to wait in line want that easy access. I do not mind waiting in line, I wait in line. I think it is better for people to wait. If you use the phone a lot more people will call for beds than wait in line.

Colleen, St. Anthony Foundation: I was just following Amanda's suggestion of looking at the agenda. I think there may be 2 things missing. I do not see the item of seniors and people with disabilities called out. The second thing is I do not see called out is needing more shelter beds: the number of lost shelter beds, we have less beds, and more people on the streets than shelter beds, and the number of beds that have been lost over the years.

Andrew, Bridge: We have talked about case management and systems. What kind of information is not currently in the system? If I am the caseworker, what information do I need from the other service provider that is not getting shared now? What are the gaps in knowledge?

Shelter Resident 1: I think that maybe the women are able to get beds, and the men are not in the current system. What about the Seattle or Portland model for camping? That is campsites where people get campsites that are semi-regulated, so that people have campsites that fit their lifestyle.

Shelter Resident 2: There are lots of vacant properties that the city owned that are lying fallow. Why can't they become a seniors-only, disabled, or women's shelter? A few years ago there was a fight about a resource center on 6th Street. Supervisor Daly held meetings like this process. Ultimately other things some people wanted were put in instead of a roll-in shower, but required additional expenses, like staff salaries, toner, and printing. Those things are possibly not the best way to spend money; it does not benefit people as much as possible. I want the most efficiency possible.

(After the meeting, this person added some additional comments): Require all hospitals to build more respite bed spaces or fund more respite beds at other sites. I am the victim of a lack of respite beds, since they sent me home, instead of to a respite bed, my surgery scar split open and I got a terrible infection. They discharged me to an SRO—it's almost as bad there as living in the shelter if you are living there in the SRO when there is no one taking care of you. I saw a man with major surgery scars discharged to the streets. They are trying to build a hospital on Van Ness, and those people need to kick in for a respite center there or somewhere else. Also, to improve services and sense of community, divide persons in shelter by their corresponding needs as in, put those who have jobs or seeking employment all together—put disabled in one spot so you can accommodate them. Then also put all of the harm reduction clients together. When you have a senior man that is trying to stay sober, and a young man that is in harm reduction, there can be a fight: the old guy does not want to smell that, and that the young guy wants to party. I have a 2 bedroom Section 8 voucher right now, and I need a case manager in the shelter to help me focus and get things done. I do not have a computer to look for housing, and I need some basic housing help. I could be housed, but I need a shelter bed, because I do not get any case management help.

Charles Pitts: Hospitals and the prison systems should open an SRO to serve the people being released. When people are stuck in the shelters, they need housing so other people can be helped. When you look at the 10 year plan, the plan is not shelter-based, it is not supposed to be based on shelter. All of the people in the housing will save them money, and make it better for the people, because they will no longer be homeless. There is also something going wrong with the flexibility of the shelter system—some people have to climb up to a top bunk with a disability.

Wayne Garnett: The stagnation of clients using beds and staying too long was resolved when care not cash happened. The clients had a place to stay, and they could stop carrying their luggage everywhere they go. The clients are in housing, and they are not coming back to the shelters. Maybe we need care not cash for the whole system. We need to get people out of the shelter.

Project Bridge: For people who need treatment, how are they getting access to shelter? They need a smoother segue to shelter. Whichever shelter, people need a shelter that knows how to deal with their special needs. The people are very vulnerable. Ideally, certain shelters would be identified as recovery shelters. All of these special populations would be very well off to have special population-oriented shelters and housing reserved only for people with their special needs.

Steven Brunner, San Francisco Veterans Administration: There is a lack of case managers, it would be interesting if you connected the case managers that do exist in the community to the shelter beds that those agencies have the capacity to handle.

Laura Guzman, Local Homeless Coordinating Board: We want to make sure that those beds do not go unoccupied. We did a study before, and we found that the set-aside beds were going unoccupied. In the previous process, we moved away from set-aside (or case management) beds as they were not always filled. This is an example when the lessons of the past should be used to review suggestions.

Amanda Kahn Fried, Mayor's Office of Housing, Opportunity, Partnerships and Engagement: Let's look at that issue at the July 9th meeting.

Representative from the Re-Entry Community: We need to connect people to a shelter from jail, sometimes we know ahead of time about their precise release time, and sometimes we do not know when people will be released. We need a system for those people to get right into shelter to stabilize them.

Kim Armbruster, Local Homeless Coordinating Board: We have heard from a number of people about the difficulty of discharges. I would like to suggest that we look at the whole support system as one unit, and we could look at the whole system as one unit with fewer silos. This would include shelters, resource centers, jails, hospitals, treatment facilities – create an integrated system.

Jennifer Friedenbach, Coalition on Homelessness: I just wanted to build a little bit on Laura's comments. We have this work in progress, I think it would be disastrous to keep all of these one night beds, and I know that from homeless people's perspectives it is really hard when they have only one night. Staff of the agencies found that they were more able to

find that permanent housing when they stayed for longer shelter stays. I do not want to go to a system that requires a case manager to make a decision for people; they want to make their own decisions. The issue is around the one-night beds. People need away nights but we need to look at the system as there are different rules for different groups.

James Powell, case manager: There is a basic assumption about the standing in line. There is a basic assumption that people who are looking for shelter are able to work and not working. We are actually seeing the same thing that we are seeing 20 years ago. Most of the people in shelter are people with a disability. What brings on the line, and why do we continue to use them?

MNRC case manager: The system is also made to help people stay unemployed. People do not get late passes, people can not get jobs. People need more flexibility for their jobs.

Client: I would be out of the shelter, but I lost two jobs already. I am trying to get a new reservation, and then you stand in line all day, and then you loose your job. Not everyone is disabled, some of us are trying to make a living, save up for a deposit, and pay for an apartment.

Andrea: I have some experience with the concept of adaptive leadership. We need to bring this all down to what is going on there on the ground; we really need to make the shift to adaptive leadership. With the best of intentions, there have been issues that have been created as unintended consequences. We have to really adapt and challenge some of the assumptions. We need to look at technology. We need to evaluate the assumptions about who is really online. We are miles away from Silicon Valley. There have been a number of great ideas from where I stand this is one of many steps that we will take together to improve emergency shelter access.

III. Closing

Amanda Kahn Fried, Mayor's Office of Housing, Opportunity, Partnerships and Engagement:

Next meeting:

June 11, 2012

70 Otis in the Born Auditorium

Come with ideas about the system now, and how to improve it: preventing people from standing in a line, how 311 could work, and making changes to the reservations times, etc. At the rest of the meetings, we will start with some information sharing and then we will discuss pros and cons. Please share knowledge and best practices with Amanda at Amanda.Fried@sfgov.org

We have a few weeks to do some serious homework here, so we will need help from the rest of the people in the room to get this done. Are we getting the right people in? We have 3 more scheduled meetings. After those meetings, we want to get feedback from clients, maybe through Spanish-speaking focus groups and maybe through office hours at the shelters.

Mathias Matamoros, Supervisor Kim's Office: A lot what we heard today has to do with what happens after the client gets into shelter, I just want to re-iterate that we at Supervisor Kim's office are committed to that, we are committed to that now, and in the future. We are committed to looking at what we have now, and what we have lost. One of the big surprises for the Supervisor is that people are there in the shelters for 12 hours, and nothing happens. I just want to say that we are going to work on it.

Adjourned 4:00