

March LHCB Minutes-

Ralph Payton: Good morning everyone. Welcome to our March 5th meeting of the Local Homeless Coordinating Board.. My name is Ralph Payton, the chair for the Homeless Coordinating Board. Normally Jeff Kositsky would be here to answer, but he is not able to attend today. In his stead we have Emily Cohen. Good morning.

Emily Cohen: Good morning everyone. I'm Emily Cohen with the Department of Homelessness and Supportive Housing. Jeff sends his regards. He's out at sick today.

Let me just start with our monthly report. As you all know, it just becomes a practice of sharing a standard monthly report with everyone that really walks through where we are in achieving our goals. These will be updated monthly. They are also, excuse me, accompanied by a data packet which has been made available to everyone.

So please excuse any duplication in what was previously reported. We're trying to get our systems a little bit more streamlined, so it comes to you as fresh as possible each month. This is where we are today .An update, not necessarily on one of our particular strategic paper polls, but in really important work we do, in partnership with the Human Service Agency and the Department of Public Health, is to open up expanded shelter during cold weather incidents.

In February we had a cold snap. It's still quite chilly, but got really cold, especially in the evenings and early mornings. We expanded shelter during that time. We had a public shelter at Gene Friend, and at the Fair building in the park. The Gene Friend building, it had a capacity for 120 people.

We had the emergency shelter system already expanded for the winter, which was 150 beds. Christian Italian Church, added 35, excuse me, 65 mats and Hummingbird expanded by 30 beds during the cold snap.

Additionally, Mission Neighborhood Resource Center in United Council expanded their drop-in hours. They were open 24 hours during the cold weather. HEARTH also did extended wellness checks and blanket distribution and transportation to shelters during that period of time.

An additional update on our Thousand Person project. As folks know, the Thousand Person project is a charge that we receive from the Late Mayor Ed Lee. In order to get there we are opening new navigation centers, we're expanding capacity in our shelter system, and since this initiative launched 191 additional people have been served. So outside of the folks who we are serving already in our shelter and housing system, we've been able to bring in an additional 191 people. Your data packet has more details on those. We can look at that when we get there.

In terms of our strategic framework goals, our systems goals, which are very much focused on coordinated entry implementation. As folks may know, we now have two family access points open. These opened in November. Megan's here to give a much more detailed update on coordinated entry so I'm going to leave a lot of the details for her presentation, but just so folks know Mission is an area we're moving to next.

On the coordinated entry implementation we also have some important upcoming meetings that I want folks to know about. These are regular; ongoing meetings so please do take note of when they are so that you can be

Opening the Auburn Hotel, that is a new supportive housing site, we've placed 27 chronically homeless veterans to that site. That was as of the date of writing this report, so it's a bit delayed but that's pretty much where we are. Expanding to the three new navigation centers as previously mentioned, working on future supportive housing sites, and we currently have an RFQ going for our Whole Person Care Project for chronically homeless adults.

Our work on the family side, our updates are really around the roll-out of coordinated entry, continuing to work with stakeholders to refine how that process is going, get the third access point up

and running. We have hosted a training on problem-solving with the family access point staff and continuing ONE System training for shelter and access point staff. On youth homelessness we finalized our coordinated plan to prevent and end youth homelessness, which was submitted to HUD.

We just, as of Friday, closed the NOFA for Youth Homelessness Demonstration Project applications. So we will have much more coming soon on that, very excited. We did extend the NOFA period slightly to allow for more applications. We're really looking forward to coming back to you guys with more information on the proposals we've received. Extreme homelessness in that area, this is something you may have seen recently; received some press coverage back in January.

We launched the Healthy Streets Operations Center which is a coordinated effort between HSH, the San Francisco Police Department, Public Works, Public Health, and 311. It is really a very innovative approach to better coordinating city resources to respond to people in need on our streets, really trying to lead those services, get folks connected with shelter and navigation centers and services as needed, and also respond to the community and the needs on the street.

So we're much better able to triage calls as they come in and assign the most appropriate department to respond and ensuring that HUD is front and center in that process, as are all of our programs, and really trying to have a much more coordinated approach responding to the street. Then Encampment Resolution Team, I'm happy to go into more detail about what that is if that is needed. I believe we've spoken about it on a number of times. Your report will show information on the 23 resolved encampments that were resolved as of the date of pulling that report.

622 people have been placed into shelters and navigation centers through that process. That says since August of '18; that's obviously a typo. That's since August of 2016. That's about two-thirds, 70%, of the people that ERT interacts with at the encampments, is the 622. We take a long approach to addressing encampments, really working with everyone in encampments through noticing, through health services, through assessment, and then making offers of placement before the encampments are resolved.

On the state level, state Senator Scott Wiener introduced The Homeless Youth Act of 2018, which will create an Office of Homeless Youth within the HSD and will establish \$60 million in grants for communities to address youth homelessness specifically. Then recently, just last week, announced by Assembly Member Ting was the Homeless Service Block Grant. This is a \$1.5 billion matching fund from the state. This is to utilize some of the excess funds the state had, assuming those are one time, to match what local governments are spending on homelessness.

Announcements, and Charles might have more information on this, but Katy Miller from the USICH, the United States Interagency Council on Homelessness, will be visiting San Francisco on March 15th. She's going to be holding a special meeting with you all, with the LHCB and the public, to discuss federal policy updates and federal funding updates. Then just an announcement that the Funding Committee, the next LHCB Funding Committee meeting was on February 26th. [chuckles] It's already through.

Del Seymour: I guess I have a question about this Encampment Resolutions Team, encampment effort resolution. In your talking about it you use the word "coordinated" about six times. We're on the Local Homeless Coordinating Board. I just keep wondering why we're not involved in the policy of that team or that movement that you have in the city. It seems like we've been-- I know you're not the one, maybe, I should be addressing directly, but it just seems like we're just getting to hear reports and it's take it or leave it. I sure would think we would be more involved in the policy of that organization and what we're doing with our citizens on the street. I mean, all this data's great, but I don't even know why you're giving us this data because we have no oversight of it. We can't judge it. We can't change it. We can't recommend anything. So where are we at on this?

Emily Cohen: Yes, I think this is an ongoing conversation that we can have. Certainly we deeply value the perspective of each of the members of the Local Homeless Coordinating Board as well as the public. I think it's well within your purview to advise the Department on Operations, but operational level of decisions are typically made at the Department level. This is a conversation we can continue having, but we look forward to your recommendations or any advisement that you might have.

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Del Seymour: I just don't understand. I thought we were getting away from this police mechanism. We're are we at on that?

Kelly Culter: Yes. I was there. Actually, I went down the day before and I was really surprised how many people were still there. Obviously we have a huge need in the community. There was a health fair, which is great. But it seems to be shifting back to before where hot team members are scrambling just to try and get folks in there. There's one woman who was waiting and working to get into one of the navigation centers and her youth chair was thrown away in a truck.

Also, just the community process and input, I have a lot of concerns in this area with. Seeing such a strong involvement with law enforcement again. Also, I do have a question with the 622 people that were placed into shelter and navigation center from the encampment resolution? How many, look at the numbers for where they were discharged to, they were discharged to housing?.

Emily Cohen: Yes. I don't have the navigation center exit data in front of me, but certainly, as folks are invited into the navigation center, they are then assessed for housing. Folks who are on priority one in our coordinated entry system are targeted to the housing that is available to them. We're working as diligently as possible to expedite that process and of course, to bring on more housing, right?

Downtown streets getting connected with employment. All of those things are happening at the navigation centers, homeward bound, certainly. So, there's value in that stay, and we can sort of bring other data as well to talk about placements from the navigation center. The outcomes from navigation centers are not nearly as critical as the outcomes from our system.

Kelly Culter: I totally agree with that and that's where a huge concern of mine comes in with law enforcement. Because if it then becomes a law enforcement issue, we've got a big issue there because we're in housing crisis right? We have limited resources, and so, looking at that for now and not getting resolved, resolved for who? We need to look at that.

Emily Cohen: I think it's really important to have the police department at the table for this work. They're an incredibly important partner in this. But they are one of four or five agents who are involved.

Del Seymour: So, going back to that incident there, we saw there really, I had to leave. It was a 70, 65, 70 year old and the police department woke up and I don't know why the police department is waking people up but then I thought department..

So the 70, 65, 70 year old male got woken up, and as a 65, 70 year old man, I can tell you, when you wake us up, the first thing that we got to do is go tingle. So we got went behind the bushes to relieve himself. Three Californian highway patrol group went over there and grabbed that old man, put his hands behind his back, hand cuffed him, and took him to a police car. The community is not good with that. So, who do I go talk to about that?

Emily Cohen: This is great. Thank you for bringing this to us. This is obviously an issue. We will talk with our city partners about how to move forward in a better way.

Ralph Payton: Suddenly, this brings up an interesting point. Last seven month, when we talked about this with Jeff he said that they were limiting the attendance at these resolution meetings because they're focusing more on operations. They wanted to focus more on individuals that were actually going to be a part of the removal on the streets. But it seems as if there's been a policy shift. If we're incorporating more law enforcement, we're not doing this a block away.

Emily Cohen: I don't have an update on that at this time, but I will work with Charles to get you updates on that.

Ralph payton: Okay. Because it if it seem as if policy change we have been made in these operational meetings, then we may have to look at reanalyzing that attendance.

Erik Brown: Are all of the Department heads there at the same time?

Emily Cohen: It's usually the operations that will post, not department heads because they're talking about how they're going to strategize.

Kelly Cutler: Can we get, I'm sorry, a copy of the policy? It seems to be going in this direction and it's very concerning, very heavy with law enforcement

Andrea Evans: Thank you very much for the presentation, Emily. I'm just trying to get a handle on the 300 or so others who did not receive services. Is there any information that we can get about those people?

Emily Cohen: Unfortunately, I do not have great data on folks who are not in our service system. Something that we're working on with the one system, hot contact, we will have a little bit more understanding on what was going on. We do keep in contact with those people even if they do reject our services at first.

Sophia Isom: Hi. I have a quick question. So I know that you're saying you don't have a lot of good data on it. based on your professional opinion on why you think more on not engaging the services?

Emily Cohen: Well, I think 70% is actually quite high. I think this is actually a very good number. We certainly get that closer to 100%. Folks don't engage in services for a number of reasons. Some services doesn't meet them where they are in that moment if that is an issue of if they had a bad experience in the shelter, or they've been in other institutional settings and assume that the shelter is like that other institutional setting. Maybe they have some reason, someone out on the street, they want to be with who might not be interested.

We know that we have windows of opportunities with people. When they are more open to services and other times of opportunity when they're less open. So it becomes the job of us to persistently outreach to folks so that when they are ready, we're ready for them. So we certainly are not going to stop outreaching.

That's how we came up with navigation centers in the first place. That's really the root of why we reform shelters to be a slightly different model. Because shelter works for a lot of folks, right? We know they're full almost every night and they're working for some people. But we know that there are folks who weren't using them. So by talking to them, we have a better understanding of what we need to change and we need to keep listening. Keep hearing and keep making changes and continuing to operate.

Brenda Jewett: Excuse me. I have a question about the pop up shelter at Gene Friend.

Randy I don't have the numbers right in front of me. I do know that on average we saw about 230 or so, 250 people across all the pop up. We saw in there from 230 to 250, maybe a little bit more. We can give you the exact number later.

Brenda Jewett: And how many of those are there all together?

Randy : Expanded during that operation, I want to say about 300.

Emily Cohen: Things are communicated through providers through the homeless outreach team. Certainly with 311, so folks are calling, looking for help through. Juan has the updated information. We put it out on social media which we know we have some folks experienced homelessness to follow us. But we also have a lot of providers who then help get that information back out. In terms of the street, that is primarily the homeless outreach team. The police department has been made available so they're contacting folks.

Ralph Payton: Public Agenda

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Sam Dodge: Thank you. Thank you, it's wonderful to be back. It's good to see everyone. I love how passionate everyone is about this up here.

When we were talking about this, it was a little nebulous. I think it was coming out of some kind of misdirection that was repeated in the media about conflicts between what's going with encampments on the street if I have to remember.

I'm happy to share with you. We shared that with the ACLU. The ACLU, a couple of years ago, maybe last year. They approved ours. They liked ours. We gave it to them. They brought it to Berkeley and to other communities that were struggling with this distinction.

It's something that came out of a court decision that was decided in Sacramento. We just took it upon ourselves to really try to be proactive and have good policies in place to keep a clear direction to our staff on the street.

We have a workforce that's around 800 people for 24 hours a day they're on the street cleaning side. There's a lot of people they're doing a lot of work and we need to supervise and work with them to make sure that they're doing their best and doing their best training but sometimes mistakes are made and there are consequences for those mistakes.

We have zones that are lettered, it might be similar to thinking about Police precincts or fire zones, well Public Works have our own zones as well. When calls come in for service, we have a radio room, litter patrols are dispatched out there, each zone has its own supervisor, has a captain under that just like a supervisor for the litter patrol.

If they judge it to be too much for them to be able to do with a truck and regular treatment or calling in a parker dealing with it, and it has to do with homelessness, they will give it to something we call a Hotspot Crew.

The Hotspot crews they collect stats about the work that they're doing and here are some of the stats. You see that last year they had a 140,000 plus needles they were able to collect. You see it's very variant, it depends on what's going on, I just want to bound this number.

These have worked really wonderfully, I think we're probably going to be at 350, 000 this year uses. Some of these is just reading off a request the city has for proper responses, the bell they can ring is sort of a 3-1-1 it's a, "Please do something about this" kind of request. What people want is not just people moved along but people helped.

We know this and this is why public works should have been extremely motivated from the beginning to open up navigation centers at different sort of approach for people on the street and hopefully a long-term approach for people that are long-term on the street and get them all the way into housing. It's a very strong desire from the department and that's why we intimately involved in the expansion of the next three and hopefully more.

They do have a job to clean the street and they do have a job to help with making sure that everyone is getting along, there's enough space on the sidewalk so that everyone can get along. That's a very hard job to give to someone in a truck run around, pretty early in the morning, we do have two hot outreach workers that are assigned to work together with us, we think that is really excellent and they could be expanded.

Del Seymour: We appreciate your stats and your reports. Very well done, but the reason why we invited you here because we want to know your department here this morning. We would like to know what's the policy collaborating with the Department of Homeless.

Sam: No, we are out there a lot, so I'm not going to be naive. There is discussions that happens. "Hey you should really consider something" rather that they're saying, that it's not their job, and it's really not their role. It's great that they do get sophisticated. We do try to cross train their supervisors and everything, but it's really not their role. Well, I do have access to some of that and I can't and not

here to really speak for the police or for other people at HSH that are running that but I do know that there was no arrests that day. And to my knowledge there hasn't been arrests in any of these Encampment Resolutions. Which is good, right? That's not the way it should be, and I think that globally the trend has been down for police involvement with homeless individuals in San Francisco.

Del Seymour: It was down, but now it's back up, and that's not what I heard. That's what I see when I go out to these Resolutions. It was way down, and they were standing back. I thought we were bigger than that. I hope we are bigger than that, because we sit here we make policy, we abdicate, we do all these, all our Board of Supervisors doing everything we can to be compassionate towards the homeless neighbors, then we go and let the State of California come here and push that aside, and do what the hell they want to do. I don't think that's right.

Sam: I hear you. You can't argue with any of that.

Del Seymour: Thank you Sam.

Sam: Sure

Brenda Jewett: Yes, I have a question Sam, yesterday I spent the better part of the morning with an organization called North Beach Neighbors cleaning up North Beach and there have been real concerted efforts between Merchants Association and the Community Activist the last few months about the build-up of trash and the degradation of that neighborhood. How do you get DPW in your neighborhood? We have trash cans, people come up to me, and they're really trying to find some solutions right now with making partner you know public, private stuff, but who do they contact?

Sam Dodge: We have a community kind of organizing group that I can definitely connect you with, and I think that'd be good. There's also the supervisor too for that area. Area A, Mario Montoya and I can definitely connect you with him. He's very good and very responsive.

Kelly Cutler: I have a question about the needle portion they increase in late 2016 and 2017.

Sam: I'm so glad you brought that up. We have been-- and I don't know if people in kind of see it. It's pretty dramatic, right? In those months, we have been working together with Public Health and installing large mailbox side kiosks, and you might see a few of them around the side of Library around the side of Bill Graham.

And really that's part and parcel of the program that Public Health has been having which is really aggressive outreach to high use areas and distributing little safe packs. This is sort of collection in hotspot zones. The coordination of Outreach with Harm Reduction and proper disposal options. Have helped reduce the discarded needles in certain zones.

Kelly Cutler: That's just a reflection of being better at collecting them rather than a reduction?

Sam Dodge : We hope. Yes, because there hasn't seem to be a real substantial reduction in public use. In some of these areas, there's a kind of shifting of locations. The increases is really reflecting of the increase of injection drug use in public spaces, but the decrease I think has to do with just more proper interventions and collaborating closer with Public Health in their needle access and disposal programs.

Ralph Payton: You talked to dig up cross trainings?

Sam Dodge: We have a trainer ourselves to do like deescalations and trauma-informed care along with their proper procedures with hazardous chemicals and medical waste and other things that they kind of come across.

Ralph Payton: That's really great to hear. Obviously there's coordination going on with HSH and DPW around the Resolutions. Is there any other higher level of coordination going around with DPW, HSH running these initiatives. ?

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Sam Dodge: Yes, I think that we have this, the Mission District Homeless Outreach Project and the Civic Center. We had a number of these kind of things we were meeting daily or three times a week and those were consolidated into this Healthy Streets Initiative.

There is the quarterly meetings for the San Francisco Interagency Council on Homelessness, which we've always been a partner to at Public Works, but there's with the Healthy Streets, there's a Policy Group that's all department heads, and you know Muhammad Nuru, our Director, has been the lead in participating in that.

Andrea Evans: Thank you again for the presentation. I'm just wondering, from DPW's perspective what is your main priority for determining which encampments you're going to try to resolve and in what order of priority?

Sam Dodge: It's just really-- there's no good answers to these things. They all need housing. They all need extra attention. Sometimes, it's where our crews are saying like "This has really taken a turn for the worse." or "People, we really need to prioritize here." Sometimes, it has to do with we've done work in the area. We want to really make sure that it's done properly so that it's not just like we spent a long time on, say, Utah, and San Bruno, and Vermont, and people are on door alley.

We don't just want to go into these other areas. We want to make sure that there's sufficient resources to address door alley. Just as a recent example. I think that has been more pressing. But, sometimes, otherwise it's been fire risk and danger, a heightened community concern to where we start worrying about vigilante activism of the sort of neighbors and criminal activity in that way. All these things are what are brought to the table and it's a collaborative decision.

Public Comment

Speaker: Good morning. My name's Neil. I hear Mr. Sam talking about different issues, our encampments. When I moved out late 1990s early 1990s when I was in the streets, I was using. Using heavy stuff. I would I'd like to hear from some, what kind permanent and real solution he's have for the department, the political have, to ending the needles. And the reason I say this is because it's great to have a number of needles to representing at this meeting or meetings. But I would like to see a permanent solution. How we going to end it? But if we don't come with clear agenda and say this will is the housing, this is the reason, we no moving nowhere. I'm so sorry but I will have to be honest and we have to do the little things. We have two working together, we have to make assure and assure. they have to be moving to permanent housing. And the only way we can do it is working together. Thank you.

Ralph Payton: Thank you. Yes. It's a complicated issue. I think the only way we can guarantee that there are no needles on the street is that nobody's using needles. But Sam, let's hear if you have any ideas what DPW is doing around permanent solutions.

Sam Dodge: Well I think that you know just like many things we have to work in coordination with our partners and so we've been working closely with public health on possible solutions. We can bring a lot to them. Just like I'm saying about we they had only one needle disposal box that we were able to get up to eight now just because, working together, we can get the permits and the stuff done a lot faster than they were able to do before. That helps collect a lot. But we've been a strong supporter of the safe injection services, safe consumption services and this idea of just distributed locations where people can use and under supervision so the disposal options are right there as long as they're clean options to use so that people can have better health until they're ready to change. I think that could help reduce a lot. But it's never perfect and I think there's going to be a role for stewardship on-going. So, training normalizing that any stewardship roles stay in a big city. You got to take care of it. It's all of our responsibility. It's not someone else's job, just how to take care of medical waste and pick it up is going to be an ongoing part of our reality along with these other solutions.

Ralph Payton: Is there a plan to increase the number of boxes out there? These collection boxes?

Sam Dodge: It's all about our capacity to serve them and for them to be installed and collect at a high enough rate. We haven't reached that limit yet. We're still feeling around, see how far to go.
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Del Seymour: You look back to the 140,000 needles last year, how many of those needles would be of now about the city?

Sam: It's very hard to tell but over two million.

Del: You gave out 2 million needles last year?

Sam: Yes. This is just the hotspot crew. This isn't the overall Department of Public Works' efforts of needle collection. I just think it's very telling to have the recent decreases in certain areas. What's being improperly discarded is actually a small fraction of what's being distributed.

Sam Dennison: I'm Sam Dennison with Faithful Fools. In talking about the ways in which people's personal property is cleaned up in camp, but also just in various places on the street, I will tell you I don't know all the ins and outs of the policy and I'm glad to hear that there are policies about tagging and all those kinds of things.

I'll tell you the impact on my life is with surprising regularity, people come to us for what I call, "mobility tools" wheelchairs, walkers, canes, that kind of thing. It is really surprising how often those are things that are confiscated. I think we need a better policy on confiscating these fundamental tools for mobility. Once somebody loses their wheelchair or their walker, they can't get food, they can't get to shelter, they can't get to medical resources.

It's a complete stop on their lives. It doesn't matter what age you are. It just seems as though within the context of what gets cleaned up, I hope there's a special category for those medical supplies and medical equipment. I would say, from my perspective in assisting and supporting people, it sure doesn't feel like there is that respect for those fundamental needs.

Del Seymour: Thank you. Again, last week, we both witnessed a wheelchair being crushed in the a truck. You know what I mean? That's why I'm still advocating. I think that large encampment resolutions you do, there should be someone who represents the community to be there for some type of oversight or advocacy

Somebody says, "Why are you throwing a wheelchair in the truck? Actually, that belongs to someone. A guy who has a mobility problem," but if we don't have anyone out there to advocate for our community.

Ralph Payton?: Of course, it's disheartening that we need somebody from the other side to say that a wheelchair shouldn't be thrown away.

Public Comment: I just had an episode on Friday. I walked to a bus stop, and it had about 10, 15 needles sitting on the ground. I called 311.

What it surprised me the most is the 311 person showed no concern about the needles being on the ground and asked for them to be picked up. The 311 person also told me that, I asked him, "How long will it take for them people to come and pick up the needles, because kids get off at this bus stop." He told me it'd take 12 hours.

Ralph Payton: I understand they have limited resources, all city services have limited resources, and we don't have a rapid response needle pickup crew out there that can respond to these things. Still, knowing that kids get off of the bus stop there will be able to see those needles, is heartbreaking.

Del Seymour: We're always saying, the department can come in here, and saying we haven't got resources. This is one of the richest cities that the world has known, and they haven't got resources here?

Abe?: You have been in this building too much. Every time that, what we try to advocate, all of a sudden, "We got limited resources."

Sam Dodge: I would just say that when there is a call from a needle pickup to come in from 311 to our dispatch, everyone's on radio. It goes out as a kind of urgent alert on the radio, so for the people that are there to try to go.

So whereas their service level agreement with the city might be 12 hours based on who knows when the call could come in, at midnight, or different weird kind of things, the idea is to try to get there as soon as possible and get it. I do say that public health is forming a sort of rapid response needle pickup group.

Jean Fields: -I'm sorry. Jean Field, from HomeBase Center for Common Concerns. I am here to give a very brief update about the 2017 Continuum of Care funding cycle, and a roadmap for what's coming up for 2018.

In total, in addition to the planning grant, there were 56 total projects. There were 53 renewal projects, meaning those are projects that are housing people in our community today, as well as three new programs. This was great news for us, because it was an increase of about \$9 million over the 2017 baseline funding.

The baseline funding for HUD and NOFA is called the Annual Renewal Demand. Basically that's the same amount of money as you'd get to run all the programs that you're currently running. I'm going to be using that jargon again, ARD.

Basically, we got 134% of the 2017 ARD, which is a very strong showing in a competitive year. Much of that increase comes from increased awards to the renewal projects, based on increases to the fair market rental rates. Which is the rental rate that each program gets to house a family, or an individual, or a young person.

The community progress in reducing the numbers of people experiencing homelessness, for identified sub-populations, as well as the length of time people remain homeless once they've entered into homelessness, and some other system-wide performance measures. That's the main COC application.

Number two are individual project applications which each of our nonprofit partners worked really hard to submit, and enter rote two in the competition and also to HUD itself.

The third is what's called a Local Priority Listing, which HUD requires as part of the competition. It requires a local competition saying, "How are your projects contributing to your work system performance outcomes?"

Pursuant to these roles, San Francisco held a local competition in which 62 projects were reviewed and ranked for funding. Of those, 52 were ranked in what HUD called HUD tier one, which is where you're pretty safe in the competition.

Then there's tier two, and ten projects fell into tier two. They had to compete in a national competition against all the other tier two applications.

The 56 projects that were awarded included rehousing, rapid rehousing, permanent supportive housing, a transitional housing project for youth. As well as our HNYS grants and coordinated entry grants that support HSH in doing the one system work that is ongoing.

This is a great outcome compared to the national COC performance. Pretty much everybody remained stable, with maybe a few bumps for fair market rental.

The not great news is that we had ten of those projects in tier two, and six of them were not selected for funding. That included three new projects, and three existing permanent supportive housing projects were not selected. They were in tier two, and they didn't make it on to the top of that national competition.

Looking ahead, we held our first community funding meeting, as Emily said, in February. To strategize, A, how do we improve those outcomes? We want to get every project funded, right? That's my goal every year.

We had a great meeting in February. It was really productive. We invite everybody to join the next meeting. We're going to probably have another handful of things that we're going to get into the needy greedy on, but we try to make that user friendly as well. It's a fun meeting. It's not boring. After that meeting given the feedback from the funding committee, we'll bring the funding committee recommendations to this group for replication. They comprise the basis of our application.

Just a couple of updates from HUD, and recent statements, HUD has indicated the 2018 competition will be released in Mayish for the exact technical term that I've latest heard.

Megan Owens Faught The first is duty trying in privacy reform that apartment home business is supportive housing inherit a three unique privacy and data sharing policies. We're working to harmonize that and create a single data sharing privacy regime for our department and our community partners. Second, we are working on implementing and improving the ONE system.

The ONE system stands for the online navigation entry system. It is the data system that is used to attract people experiencing homelessness, residence of supportive housing and people who are working on various resolutions with the department because you know network is ongoing. We are working on transforming our service delivery to adopt coordinated entry including problem solving for all sub populations. Network is also definitely ongoing in the department.

I just like to thank Alan. I believe you all got to know him well in the last five months. Josh Jacobs, Swatti Pandi and Lesley Billbro, , Reggie De Los Santos Sanchos and Erik Brown. Coordinated entry are family access points which we've been discussing in this group for almost a year now are an operating The access points are largely fully functional on them Friday. The access points are not yet fully staffed, but our offering the full array of service is at full sense. There's an access point on the day view and there's a central city access point at 995 market. These access points are the entry to San Francisco's response for family's experience in homelessness. Families who are experiencing homelessness, whether they've received services in the past or not should present that these access points in order to receive services, rapid rehousing assistance, shelter permanent supportive housing. The access points are the gateway to the system.

We'll be having a community meeting again for partners who are curious about how these access points work. On March 14th, at 9:30 at the correct auditorium. Please spread the word if you hear from those that are curious about these things.

Also in coordinated entry, we're working on the implementation of our adult coordinated entry work. We currently have a competition open to the public. I'm going to make reopen the new comments here. We look forward to having a much more robust updated in April or May, on our adult coordinated entry work.

You've coordinated entry planning, new consultation with the YHDP which is the Youth Homeless Demonstration Program that you all worked on this mission on. It's also ongoing.

One system work has been ongoing in last five months as you all know. Data systems are not always people's favorite part at their job. First, most agencies here in the room are current one system user agencies. That means every agency here in the room should have an agency lead. This is one or two individuals at their organization who are responsible for being primary liaisons on the one system. We hold a monthly agency leave meeting in addition to our public work here with you at the local board. That is the primary point of contact for agencies to suggest changes to the one system into that that with the rest of the community.

Also, I'm excited to announce that we have started work on a pilot project with five or six, agencies here in the community, in order to work on some of the duplicate data entry issues that we've discussed with this group before

We'll give an update in coming months about the pilot work that we're doing. Our work to move agency data into the one system and also to work to move one system data to agency systems and the next phase of that work. Then I have a fairly specific announcement but I think it's very relevant to local board in your oversight of the continuing with care. I'd like to make this announcement here.

As you all know, in the annual continuation of career competition, projects are scored based on project performance. Most of that data about project performance is from our report that each project is responsible for submitting.

Public Comment

Puja: Hello. Good morning. Thank you to the LHCB for listening to our public comment today. Puja, they worked under and I lead that intake and navigation team for the Heading Home initiative.

As you may already know, Heading Home seeks to help 800 families. We'll show it in the SFUSD, Secure Stable Housing 2020. To date this quarter, we have asked the city for safety referrals into our program. We have received 25.

Further, we argue and signed about how long families are waiting to be connected to our services. We are aware of families where staying that overnight shelters and waiting more than 90 days before entering a rapid rehousing programs such as our's due to the time between assessment and referral.

Although we are in weekly contact with various individuals at the access point and HSH, we've not seen a sufficient uptake in the number of families referred to our program.

Ralph Payton: Thank you. I have to say you've blown my mind a bit. Honestly, I don't even know what to say. You're not getting the number for referrals to meet our capacity?

Megan: We agree with Hamilton families. We're very happy to increase referrals. I, as you know, I just came back from leave. I understand that previously before last Thursday, there has been some communication from some staff at Hamilton that they wanted referrals to be stopped and was confusion. We've met with our access points immediately on this matter.

Ralph Payton: I think so, that this is point where we are, again as Megan said, we are agree that there will be increasing referrals.

Del Seymour: You might come here back the next month and then listen to how things that change?

Public Comment: Hi. I'm William Travis, deputy director at Homeland. I am actually am curious to the response from HSH. We do have letter drafted actually defend to this department and response after the meeting that we had. Thank you to the Board members. They're impacting placement or they'll act they're of. These are things that are actually impacting people on a daily basis right now. While I do appreciate that there is a dialog and that the department is engaging with the community, it's been almost two year process.

Speaker: Good morning commissioners. Thank you for hearing our comments. There's just so much going on that I thought I would just tell you a story. You all know of the path rooms. Path rooms are rooms that we have and we have eight of them. Therefore a homeless woman were homeless and pregnant. They are supposed to only stay in these rooms for year. That's not necessarily what happens. We're grateful to have them. We can't move people beyond. We have a young woman, 32 year old Latina. She now has a seven month old baby. She also has eight year old boy. We found housing for this woman, but it was 1950. That's \$150 more a month or annually \$1800 more for this one. For this woman to be reunited with her son, who she hasn't lived with for a year and to house her seven months old and herself. She works, she goes to school six days a week, trying to get a degree in nursing, so she could become self-sufficient and we couldn't come up resources, not enough resources for another \$1800 to this family. Just an example of, "Can't we think outside the box? Can't we be flexible? Can't we look at the human side of the issues that are faced before us?"

Molly: Thank you board for your time today. My name is Molly. I'm with Compass Family Services. I'm the Director of External Affairs and Policy. The letter begins just posing the concerns we have over the shelter placement policy and the number one being, eliminating the priority system in favor of using only length of homelessness as the criteria for shelter placements, which we discussed in the last meeting as well. The second one is regarding the calculation of when length of homelessness. We believe the proposal created an unnecessary point system.

The third concern we have is giving the entire responsibility of verifying unsheltered status and all families to get two person, outreach team.

In addition to that, families, as Dal mentioned last meeting, they don't stay in one place. It's an odd thing to expect them to remain in the same place while they're worrying about the safety or the care for their children, just so they can get verified. We do understand that at a recent family shelter meeting, the agents said that they're working on a policy that would address one of the concerns which is that, families are only considered homeless at the point of verification. Now it's been discussed that, once they've been verified, the time the family reports being unsheltered appears as the length of time homeless, which is a good and positive outcome.

Fourth is utilizing the medical hotel rooms as a whole new place for families with chronic heart conditions and will represent problems as well as the absence of a true community process which HSH excessive responds directly and in a timely manner to the concerns of providers in promoting families for new entry. Please look out for this letter.

Participant: I would like to express my concerns regarding a shelter placement process that does not prioritize pregnant women, new babies and people with health conditions. I run the PATH program, which is able to house pregnant women in hotel rooms. We have eight rooms, which are all consistently full. I believe that prioritizing pregnant women waiting for individual room shelter, we do not have to wait until there's an emergency. Like the mother with a brand new baby being just stretched from the hospital to provide individual room shelter.

Additionally, we know from research that unstable housing leads to poor growth outcomes, including more birth weight, preterm birth and higher risk for postpartum depression. By providing individual room shelter to pregnant women, we were able to prevent this poor growth outcomes and protect the most memorable babies in San Francisco. I'm also concerned that the proposed shelter placement process will be harmful to families with medical conditions.

Board member 1: Thank you. I hate to say, it feels like in a lot of ways, we're taking several steps back around families entering the shelter system.

Participant: Hi, my name is Sam. I work at the closure on homelessness and we're all supportive of the Homeless Emergency Service Providers Association. I think, just echoing what folks have said, previously, we really feel that pregnant women need to be prioritized in the family coordinated entry system. I don't think this is something that needs to be discussed with everything. I think as a board, you also believe that and it is something that you guys can take a vote on, take an action to endorse, at least prioritizing pregnant women today.

Miguel: My name Miguel Parera. First thing, we need more beds for women pregnant. We have only eight. Many years ago we only have two rescue beds. Four, five, six years ago, we still have with DDH, Department of Food and Health; we work a lot meeting with Parwan and Garcia. They've added six more beds.

What we need today is double of the rescue beds for women pregnant. I think is in your hands. What we need for these families, caring, support and love. We need that to buy that. Sorry, for all the thing I want to say and somebody forgot to mention is, they say anything is happening night-night life market is sin, it's not true. Our complains or parents which is really-- I'm sorry my expression, but it's shit. It's unprotected and they are doing it really badly, a couple of times they have been allowed to go inside to get their services or the services because the security bothers these two human beings. They've been called, they are being honest because they don't know and they talk as many and that's not cool.

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Devera Edlemen: I just want to speak to a couple of points. One is in regards to the concerns that have been brought out by HESPA as well as what agent HSH has been working on in regards to the family entry policy. I think there is a lot of hope for poor, major and middle-ground. I hope, this I hope that but I think we need to work together as a community. We need to pull in have a really true community process where community providers and families affected by these policies have input

Second, I just want to speak to Hamilton family's concerns that we've brought out previously. Just clarify a little bit of that. So we have two rapidly housing initiatives basically; one is our "heading home initiative" which is a four-year initiative focused on housing eight hundred families through that initiative and that's the length of the initiative. The idea is to house families to then reduce the amount of families who are experiencing homelessness. So, then we can keep up with the number of families who are becoming homeless. Since January 1st when we started working through coordinated entry we have seen only 50% of the referrals families headed home come to us and 30% of referrals for housing solutions come to us. So our concern is a process issue, it's regarding the referral process from the access point and what's happening is that once families are assessed HSH is then looking over the assessments and getting the analysis back to give referrals to the access points rather than doing real-time referrals. So I think it's the initial looking at that assessment, figuring out how we can assess in real-time and do referrals in real-time also pulling in our community partners to this whole district and looking at how can we rapidly house families who are probably in the system.

Del Seymour: Thank you. Thank you very much. Gentlemen, before you leave, I want to say thank you for everything that you've done for our community and all the opportunities you probably continue to do but may not be much appreciated.

Ralph Payton: Now let's open it up to the general public comment.-None

Ralph Payton: A couple of things I've wanted to bring to your attention during the term. I know this may be difficult, a couple of days I've come up with enforcement around and this interesting if we get a representative from SFPD and CHP. I think for all of those interested, with families tomorrow morning 9.30. I encourage all to attend. Thank you all for coming today.