

The logo features the letters 'HSH' in a bold, green, sans-serif font, centered within a white, arrow-shaped graphic that points to the right. This graphic is set against a background of green curved shapes and a light green circular area on the right side of the slide.

# HSH

## Homelessness in San Francisco

### **SAFE Center Design**

Findings & Recommendations  
January 2019



# Setting the Stage

- The purpose of this document is to recommend the overall design, budget and operations for the new SAFE Centers called for by Mayor Breed. SAFE (Shelter Access for Everyone) Centers will take best practices from low-barrier shelters and navigation centers and work to better serve clients and improve cost-effectiveness.
- This presentation is broken into 6 parts: Introduction to set the stage; summary of feedback from clients; summary of feedback from providers/advocates; summary of feedback from CCSF staff; recommendations based on the feedback; next steps



## SAFE Centers

- Mayor Breed announced her intention to open 1,000 new shelter beds in the next 2 years
- A centerpiece of this effort is the creation of SAFE Centers (Shelter Access for Everyone)
- SAFE Centers are intended to build on best practices at navigation centers while making them more sustainable, affordable and scalable
- Like navigation centers, SAFE Centers are meant to be attractive to people experiencing unsheltered homelessness



## Current State

### HSH Temporary Shelter Capacity

- 1,400 Shelter Beds (does not include winter beds)
  - 500 Navigation Center Beds
  - 450 Transitional Housing Beds
  - 100 Stabilization Units
- 
- Cost of shelters vs. navigation centers
    - Navigation Centers cost approximately \$95 per bed per night (more than housing) while traditional shelter costs approximately \$50 per bed per night
  - Challenges at navigation centers
    - Temporary operations are not cost effective
    - Smaller sites have higher costs per person/bed
    - Unclear or inconsistent rules



Input  
Process on  
Safe Center  
Design

- 6 focus groups
  - 2 at drop-in centers
  - 2 at shelters
  - 2 at navigation centers
- 60 surveys completed by people experiencing homelessness
- 1 input session with 25 providers and advocates
- Multiple meetings with HSH and other City staff



# Client Feedback and Input



## Client Focus Groups

- Treat all clients with dignity and fairness
- Improve security & safety
- Provide individual locking lockers (with locks provided)
- Improve training for staff
  - Mental health
  - De-escalation
  - Cultural humility
  - Service navigation
  - Conflict mediation
- Improve facilities and maintenance
- Improve consistency in rule enforcement





Client  
Survey  
Findings  
(top 6 items)

- Ability to come and go as you please without curfew
- Meals on demand (no set meal times)
- Storage
- 24 hour shelter access
- Harm reduction approach
- Ability to come in with a partner



## Emerging Priority Areas

The majority of client input fell into these 5 categories. The following slides include a deep dive into the recommendations related to each of these priorities areas:

- Client population and specialization
- Culture, rules & safety
- Facilities & amenities
- Services
- Staff training & staffing levels



Client  
Population &  
Specialization

Clients consistently identified populations within the homeless community who they believe would benefit from specialized shelter services, including:

- Seniors and people unable to self-care
- People with serious mental illness
- People actively using substances
- People living clean and sober
- People working or trying to work
- Women, with a particular emphasis on the safety needs of transgender women



## Culture, Rules & Safety

Clients consistently referenced practices that make people feel safe, welcome and respected. Clients recommended the following for SAFE Centers:

- Enhancing safety through increased security and improved staff training
- Providing individual lockers with locks and secure bulk storage
- Being able to come and go without curfew
- 24/7 shelter access
- Being able to come in with their partner
- Consistent staff training
- Consistent rule enforcement
- Enhancing the focus on community living and community development
- Using a harm reduction approach to substance use



## Facilities & Amenities

Facilities and amenities can make clients feel welcomed and respected:

- Using building design to create smaller sleeping areas
- Community space separate from sleeping space
- Provide individual locking lockers (and locks)
- Maintain cleanliness especially in bathrooms, with an emphasis on needle disposal and removal
- Consider providing a space where people would safely use substances, other than the bathrooms
- Consistent availability of toilet paper, paper towels, blankets, etc.
- Quicker repairs
- Computers and Wi-Fi
- Meals on demand
- Laundry
- Hygiene kits
- No bunk beds



## Services

Clients consistently discussed the need for services onsite and in the community:

- Clients prioritized case management and coordinated entry assessments as the most important services to be provided onsite
- Service navigation and the ability of staff to make warm hand offs to community based providers is key to making offsite services successful
- Services need to be provided in a trauma informed and cultural competent manner



## Staff Training

The need for consistent and robust staff training was a major theme of the focus groups. Clients emphasized the importance of how staff treated them and recommend the following trainings:

- Active listening
- How to enforce rules in a compassionate and consistent way
- Cultural humility, especially in serving the transgender population and people who have experienced trauma
- Available services and resources
- Harm reduction
- De-escalation and stress management



## Other

Clients generated creative ideas to resolve problems and make SAFE Centers successful, including:

- Implementing an incentive based extension policy
- Intentional community development through shared responsibilities and accountability
- Extend length of stays
- Explore the use of peer support programs



# Provider and Advocate Input



Provider  
and  
Advocate  
Input  
Session

HSH hosted a provider and advocate input session with 25 shelter and navigation center providers and advocates:

- The session focused on recommendations within the 5 key priority areas identified by clients
- Providers and advocates added recommendations in areas outside of the client priority areas
- The next several slides reflect the input of providers and advocates



Client  
Population &  
Specialization

Providers also agreed that there is a role for specialization within SAFE Centers or within existing shelters:

- Populations prioritized for special services include: seniors, people with serious physical disabilities, women, and people focused on employment
- Special program design attention should be paid to people who are not currently using any shelter/service
- Seniors and people with serious disabilities could be co-located and would require a higher level of care
- Designated spaces can be created within the larger shelter to meet these needs



## Culture, Rules & Safety

Recommendations for creating safe, dignified and attractive environments:

- Very low-threshold
- Trauma informed (program and site design)
- Focus on simplifying and limiting rules
- Focus on what is critical and base on community agreements
- Remember that if staff thinks the rules are arbitrary they will not enforce consistently
- Use restorative practices
- Build guest leadership and a sense of ownership of the facility by creating voluntary opportunities to help maintain the site
- Increase linkages between the sites and outreach to minimize bed vacancies
- Design and plan for the unique safety needs of women and survivors of violence



## Facilities

The physical design of the SAFE Center can enhance safety and enjoyment of the facility including:

- Create smaller communities within larger spaces to enhance community and make sites feel less institutional
- Social spaces and quiet spaces
- Adequate space for pets
- Space on site for safe and supervised drug consumption
- Flexible layouts to adjust to needs
- Improved janitorial services and enhanced pest controls
- Increased privacy
- Space to dress
- Sleeping nooks or cubbies



## Amenities

Amenities are key to people's experience at the SAFE Centers; provider recommendations on amenities include:

- Clean bathrooms and showers
- Laundry
- Space for vehicle storage
- Hygiene kits
- Outdoor furniture including BBQ



## Services

- Providers and advocates prioritized case management and behavioral health care as the most important services to be provided onsite
- Case managers can help clients navigate services that are offered off site
- Benefits enrollment was identified as a low-priority service to be provided onsite
- Problem solving and coordinated entry assessments could be provided at Access Points
- Roving services may be a good way to bring services onsite in a more cost effective way



## Staff Training

Proper training was identified by both providers and clients as essential to the quality of the shelter experience:

### Trainings Needed

- Critical Time Intervention
- Trauma Informed Care
- Harm Reduction including Narcan
- De-escalation and restorative justice
- Equal access training for LGBTQ community

### Ideas to Provide Training

- Providers need resources and time to provide staff training
- Good videos would help ensure trainings are consistent
- Nonprofits could pool training resources
- Cross-agency training could enhance consistency
- Unequal access to training reinforces equity issues within the homeless response system





## Staffing Patterns

Proper staffing levels were identified by providers as essential to the quality of the shelter experience.

- A minimum standard for staffing
- Staffing patterns depend on the physical site so there cannot be a uniform standard
- Staffing should match peak times of shelter utilization
- Increased pay is key to attracting and retaining staff
- With increases in staffing levels we could decrease the need for uniform security
- Activity staff will be helpful as shelters transition to 24/7 → shelters have concerns that people won't be engaged during the day



## Other

The following topics were consistently brought up by providers and advocates:

- Access should not be controlled by HSH or HSOC but rather people should be able to self-refer and community based agencies should be able to make placements when beds are available
- Length of stay should be longer or unlimited
- Size of SAFE Centers – SAFE Centers should generally not exceed 200 people unless the physical design intentionally creates smaller communities within a large shelter facility
- Unutilized beds should be released for use by people who are unsheltered but more efforts should be made to encourage people to stay and use their beds. Outreach or shelter staff should look for people who have left and try to bring them back to the shelter before their bed is released. Consistent and clear policies for shelter reentry should be made for people who “abandon” their beds because they are in the hospital or incarcerated
- The need for additional drop-in space with showers and laundry for non-guests either at SAFE Centers or other facilities



# City and County of San Francisco Staff Input



## Program Design

- Provide individual locking lockers (with locks provided)
- Improve training for staff
- Improve consistency in rule enforcement
- Ability to come and go as you please without curfew
- Meals on demand (no set meal times)
- Storage
- 24 hour shelter access
- Harm reduction approach
- Ability to come in with a partner
- Accommodate pets as needed
- Provide specialized services for certain populations
- Design and specialized services can reduce need for shelters for special populations



Site Design  
and  
Development

- Set standard design guidelines based on desired amenities and space/client
- Standardize budgets to include staffing ratios security, meals, street cleaning and all other expenses
- Develop policies and procedures for the design and development of sites and their operations
- HSH program staff and nonprofit providers need early input on design
- Address issue of geographic equity vs. placing shelters in areas most convenient for clients



## Cost Control

- Preserve and improve upon most desirable elements of navigation centers but lower cost moving some navigation services to Access Points
- SAFE Centers should be opened on long-term/ permanent sites
- Site feasibility should be determined based on:
  - Total capital outlay/duration of use and labor impact
  - Usability of space
  - Neighborhood
  - Time to open
  - Location
  - Transportation options
- Cost per development should be under \$60k/bed
- Operations should cost be under \$70/bed per day
- Size of SAFE Centers should range from 175-225 beds for economies of scale
- Decrease costs by using existing services and creating spaces on site for roving services

# Recommendations for SAFE Centers



## Clients

- Focus on people living unsheltered
- Provide specialized services for high needs populations within general shelter facilities or create unique sites when feasible (TBD)
- Access to SAFE Centers should be through both self referral via the 311 reservation system and placements by designated City or nonprofit staff (TBD)
- Standard SAFE Center length of stay to be initially 60 days with extensions based on the client's unique housing plan (clients with pathways to housing can stay until placement); bed types should be clarified
- Beds should not be held for guests for more than 48 hours, but return policies should be developed for guests who are hospitalized or have other legitimate reasons for not utilizing their bed





## Culture

- Low-threshold
- Trauma informed and harm reduction approach to program and site design
- Focus on simplifying and limiting rules
- Use restorative practices
- Build client leadership and a sense of ownership through involvement at the site
- Design and plan for the unique safety needs of clients



## Rules

- No violence
- No drug dealing
- Protect safety and privacy of residents
- Allow partners to enter together
- Allow for pets
- Safe storage of property
- Come and go freely, 24x7
- No set mealtime hours



## Facilities

- Create spaces that will support privacy and community
- Adequate space for pets
- Flexible layouts to adjust to needs
- Sufficient separation between sleeping spaces and community spaces
- Sufficient loading zones or parking for client pick-ups/drop-off and supply deliveries
- Develop standard for square footage for community space, sleeping, number of bathrooms, etc.



## Site Design

- Set standard design guidelines based on desired amenities and space/client
- Develop standards around location (transport, equity, client access)
- HSH providers and staff need early input on design and HSH will have final sign off with any major change orders
- Only develop sites that can be used for at least 4 years
- Site should accommodate 150-225 clients
- More privacy (dressing areas, dividers, smaller sleeping areas, no bunk beds)
- Consider harm reduction-based design elements



## Amenities

- Community space
- Services space
- Client laundry
- Hygiene products
- Wi-Fi
- Storage (including locker that can lock)
- Dividers between beds
- Adaptable ADA space (required)



## Services

- Enhanced partnerships between the SAFE Centers, SFHOT and Coordinated Entry (CE) Access points
- Use roving health, behavioral health, benefits and CE assessment staff to provide services at SAFE Centers
- Provide light case management services on site focused on problem solving for individuals who are not prioritized for housing placement (higher staff to client ratio than at navigation centers)
- Explore peer support model to enhance case management services
- Reduced services staffing, especially around benefits enrollment – referral based rather than site-based
- Incentives around extending stay



## Staffing

- Staffing patterns depend on the physical site
- Staffing should match peak times of SAFE utilization
- Activity staff will be helpful so that people are engaged during the day
- Need to develop staffing ratios, trainings and other requirements for providers



## Training

- Homelessness Response System resources
- Critical Time Intervention (preparing for housing)
- Trauma Informed Care and mental health issues
- Harm Reduction including Narcan
- De-escalation and restorative justice
- Consistency in rules enforcement
- Equal access training for LGBTQ community
- Cultural humility, especially in serving the transgender population and people who have experienced trauma
- Cleanliness and other standards





## Budget

- Development cost per bed should be under \$60k/bed
- Operations cost per bed should be under \$70/bed per day
- Standardize operating budgets to include staffing ratios (established by HSH), security, meals, street cleaning and all other expenses

# Next Steps



## Developing SAFE Centers

- Present results to community
- Work with stakeholders on the outstanding issues
- Develop and publish SAFE Center design and operating guidelines
- Continue site search and begin developing SAFE Centers
- Make changes to existing programs (see next slide)



## Changes to Other Temporary Shelters

- Adjust the 72 hour check in policy to 48 hours to help ensure that beds do not go unused
- Improve consistency in site rules and their enforcement, including length of stay
- Capacity should be added at existing sites if possible to make them more cost effective
- Refine staff training
- Ensure pathway to housing beds and emergency beds are available in navigation centers to support priority status referrals