<p align="center">LHCB April Draft Minutes
April 1, 2019</p>

Del Seymour: We'll start out by the minutes for February 2019. Corrections?

Andrea Evans: I have an edit on page 21. Down towards the bottom of the page, it's my comments. I think the sentence should read, "Lots of things are happening and we have been told that, as part of the policy committee, we would be privy to policy changes, but we have no insights."

Del Seymour: So you understand the correction, Charles ?

Andrea Evans: Just "Lots of things are happening. We have been told that, as part of the policy committee, we would be privy to policy changes, but we have no insights. Well, there are a couple of things in there that-- I don't know about the smooth exchanges. I don't think I said that.

Kim Mai Cutler-Also, my name is misspelled on the second page.

Ralph Payton: I move to approve the minutes for the February meeting with the suggested edits.

Minutes unanimously passed

Gigi Whitley: I'm the deputy director for administration and finance for the department. And I wanted to do two things with this presentation. Give you an update of where we are in the current year, as well as preview our proposed budget in light of the mayor's instructions for fiscal year '19, '20 and fiscal year '20, '21.

So as this group is well aware, we have many key strategies that we've put forward in our strategic framework. We've really worked hard with the mayor and the board over the last few years to align our funding with the key strategies. Implementing coordinated entries across all populations. Launching the ONE System to try to consolidate our data into a single database. Starting to offer problem solving to everyone who comes through our system to try to resolve their incidents of homelessness before it becomes more of a persistent issue.

We started that initiative with a $400,000 philanthropic donation this year along with additional funding from the general fund. Targeting housing resources to those most in need. Really trying to use our highest, most expensive resource, which is permanent supportive housing, to our most chronically homeless individuals and families. Providing population-specific programs and services. This is something we do very well as a community in San Francisco and our budget supports those ongoing programs. And then working to identify and close the gaps in our system, whether that is additional emergency shelter beds. Whether that be a TAY focused Navigation Center or additional permanent supportive housing. We've been successful in securing funding for those initiatives. And setting clear goals and starting to ensure accountability both for ourselves and our community partners.

Since the department started and over the last two budget cycles, we've had a significant expansion in services and funding. And as well as what we have planned under Mayor Breed. She announced fairly early in her tenure an expansion in our temporary shelter, opening 1,000 new shelter beds, including additional Navigation Centers. And you'll hear later today a proposal for the new SAFE

Center, a rapid expansion and permanent supportive of housing units, and launching youth coordinated entry both in partnership with a grant from HUD, as well as some general fund support. And most importantly, the clients we've served. This is really outputs-focused and as we become more sophisticated as a department and work on our data system, you'll start hearing more of our outcomes. Who are we helping? How are we helping them? How quickly are we able to help them? But being able to help 6,500 people exit homelessness through a variety of services including housing, rent subsidies, family reunification, and other programs. Prevention and diversion services for 6,500 households. Our ongoing, rapidly growing shelter capacity to make sure we have enough emergency shelter beds on any given night. Expanding our HUD and our outreach services to more than 1,500 people. We helped more than 200 people move from permanent supportive housing into the private affordable-- into the private rental market with a rental subsidy, so into more affordable housing, being able to free up those units to more of our chronically homeless individuals and families and maintaining housing every night for more than 9,000 people in our permanent, supportive housing portfolio.

So given those successes, we were faced with complying with the mayor's current budget instructions. As in prior years, the mayor's office is projecting a general fund deficit. The two-year deficit is about $271 million of the two-year budget cycle. I think we'll see, in the joint report coming out, that that is going to shrink a bit in the two-year cycle. But the city structural deficit is projected to increase to about 635 million by about 2023. Most of that is through increased costs for pension, employee costs, projected labor increases as well as healthcare for employees and retirees.

Departments were asked to propose ongoing reductions equal to 2% of their general fund support each year. So that reduction would grow to 4% in the second year of the budget, and departments were instructed not to add additional, new FTE. The mayor's policy themes really are around accountability. You heard that during the Prop C discussion. How are we spending every dollar and equity, service equity, geographical equity, equity for communities for color that we serve? That reduction would have amounted to about 3.5 going to 7 million in our ongoing general fund support. In conversations with the mayor's office and due to the fact that we received a sizeable windfall in the current year, we did not propose any reductions. That was accepted by the mayor's office so far. We did not propose any reductions in services, and we ended up getting a midyear enhancement.

So in the current year budget, our budget grew, fairly late in the game, about 27 million. You'll recall Proposition D did not pass. But there was 27 million in emergency state funds that did get appropriated into our budget. And that really has helped us launch the Rising Up initiative for our youth, 9 million focused on rapid rehousing. Those contracts are done. They're starting to be signed. And I expect those to go out in April. 2 million for adult rapid rehousing, an expansion of our current general fund program, we were able to fund with state dollars. We had 12 million to fund TAY Navigation Center. We've been working diligently with the department of real estate and public works to try to identify a site. We're still hopeful that we will be able to identify a site in the near future and use those state funds. And then 4.2 million for the three navigation centers we

opened this year to make sure we had enough funds to keep those sites open for a while before the general fund kicks in.

So that happened right at the end of the budget cycle. As you may have heard, there was a significant windfall of property taxes. The mayor proposed upwards of 70 million for homelessness support. That would have expanded not only shelter, but permanent supportive housing. In negotiations with the that was reduced to 36.6 million. We're still able to expand the shelter beds that the mayor announced, as well as 300 new units of master lease permanent supportive housing.

The difference is there's a structural issue in our budget now, that funding is only for about two years for ongoing operating. So, as you see in terms of our budget priorities, our base budget after that one-time funding dropped to 261 million. That funds mostly housing subsidies are currently housed clients, temporary shelter, street outreach, a variety of health services that we acquired through the Department of Public Health and their contractors, and about a 6% admin and total staffing budget for 126. FTE.

So our budget priorities going forward given that we were asked not to grow our general fund budget we're really focused around long term city sustainability within the department. We put in a proposal for this committee on information technology to expand some of the functionality in our one system. Ultimately, we want to be on one database and have one kind of integrated system that can do our shelter bed reservation, our housing inventory, and really improve usability for our many, many nonprofit partners that are going to be using it so they don't have to do double and triple data entry so they have a real seamless system. So we asked for some one-time IT money from the city to support the internal funding we get from HUD to realize that broader vision.

Continuation of our whole person care investments, this has been a really incredible partnership with the Department of Public Health to try to provide care coordination to the most frequent users of our healthcare system, and match those two who we're seen in our assessment Blitz. And what we're finding is some of the folks that are our highest priority clients are really not yet touching the health system. And so being able to get that data, and inform public health, and have them inform us where we can better connect with their system is really some of the goals of whole person care. It funds IT platform on the DPH side while we'll be able to share client case management data. And for our portfolio, it's really been critical in launching adult coordinated entry and the housing stabilization and housing navigation services to keep people housed in our permanent supportive housing portfolio. Unfortunately, that medical pilot is set to expire at the end of 2020, so there's a relatively large fiscal cliff in our department's budget, which we've been talking with the mayor budget office how to continue that ongoing.

Like I mentioned earlier, there's 27 million of one-time money from the state in our budget. At least 12 million of that is for ongoing navigation center operations, both for the new navigation centers, and when we open the TAY navigation center, that's got to be resolved in order to sustain those programs. And then finally, as we open those 300 units of the master lease housing, as well as a new safe center and navigation bed expansion, those funds that are being supported by the one-time property tax revenues will also need to find an ongoing source. So with that, we are watching closely what's happening with prop C and the city is beginning to collect those revenues. Of course,

those are still on hold and not available for our budget. But as you can see, we do have some structural issues within our budget.

It concerns me because these are relatively good times for this city. And to have structural issues during good times, only worsen when the economy drops. So it's a conversation we're having every day with the budget office. How can we use continued good news to resolve some of these structural issues in our budget and sustain the expansion that we've worked so hard collectively to get? Finally, we are leveraging non general funds resources although our base budget is 261 million. When the department proposed its budget in February, we did not propose any cuts like I said. We also did not propose any increases on the general funds' side, but our budget is going up about 14 million dollars. That's due to the good news we got from HUD that 44.5 million in CoC resources. That's an increase in our budget, additional whole person care revenue that we're budgeting this year. That's money we want to quickly get out the door.

And we have a large revenue-neutral transfer from the department of public health into our budget. For better transparency and organization, we're really moving all of the street medicine resources from public health into HSH. We're going to give that money right back to them for DPH to implement those services. But it's a way for the city to see what they're spending on street medicine in one budget, whether then trying to piece that together.

I don't have additional information about what the mayor's office may propose. This is the timeline coming up. We started to get questions from the mayor's budget office about how we've spent down our current budget and what metrics we're able to report on those in April. I'm told on April 18th , I believe, the board will hold a hearing on what they're priorities are for homelessness investments, and we've started to get questions from the board budget analyst about where there still may be gaps in our system.

The mayor is going to submit her balance budget to the board of supervisors May 31st, and then June comes the typical budget and finance committee hearings with the boards slated to adopt the final two-year budget in July. That is all I have prepared. I'm happy to answer any questions that I can.

Del Seymour: I have a question. In the budget instructions, you said the department is instructed to not add new positions. Who instructed the department not to add new positions?

Gigi Whitley: I'll speak to this one. Correct. The mayor's office. These are their budget instructions. Every year they put out instructions to city departments, and they are attempting to constrain cost, especially employee cost. So we were instructed not to add additional FTE.

Del Seymour: But you had that instruction last year. Does this mean anything?

Gigi Whitley: I mean, I think it's an attempt to constrain all departments on FTE growth. Over the last two years, we've been at a unique situation in the city family. One, where a new department that was really created by a budget ordinance that didn't quite match our operation. Secondly, we've had over 70 million in new funding, and now another 36.6 million in the mid-year. We can't be expected with our current staffing level to support the work, support our partners to get

contracts and payments out on time. So we are still talking to the mayor's office about where we think there are still gaps in our internal budget but we have not gotten any good news on that yet.

Del Seymour: So two people have just left your department that had pretty important roles. Will you be replacing them?

Gigi Whitely: Yes.

Del Seymour: Okay. So you can add people now but not in July? Is that what you're saying?

Gigi Whitley: So we have a current staffing level that supports about 120, 126 FTE's. We are able to backfill anyone who leaves at this moment. You might remember in the 2008, 2009, that was not that case. We had to freeze all positions. So we're not under a hiring freeze. We will be able to backfill Emily and Randy but we can't expand--

Del Seymour: Well, actually three you lost three. There's another high profile--

And Christine

Gigi Whitley: Who we've backfilled already.

Del Seymour: Two of those high profile people that just left your department were two of the very, very, very few African Americans in your department. But we haven't had a chance to look at how many African Americans are left in the department and we really on this board would like to see your department reflect in some way the people that you're serving and it's going kind of in reverse. Have you all noticed that?

Gigi Whitley: So we are in the process of backfilling those two positions. We have been working very hard to increase diversity especially, African Americans in our management team based on those two vacancies. I can provide you the number of the stats of our department. But you're not incorrect. We have a leadership team that's predominantly white serving a community of color and serving non-profit providers that are reflecting those communities of color.

So it's a conversation we have almost every day on the executive team and as these positions are vacant we are pushing very hard to make sure we are expanding our recruitment, accessing our excellent staff's informal network, talking to all of you. I believe that Jeff's been reaching out to his partners to try to attract more African American leadership in our department.

Del Seymour: Yeah. I advocate we continue doing that. If you need help from this board, we'll be glad to help maybe navigate or point or pipeline you to some wonderful candidates and resources that are in the Bay area. So there's no lack of candidates. But maybe the communication isn't getting there because there are plenty of folks that could fill that role of people of color. So I don't know what we're missing or--

Gigi Whitely: I would say on that we've had difficulty recruiting as a department overall. Even at the most senior level, we've been turned down where other counties have either countered us. We're also in a tight labor market. So it's been challenging to fill all of our positions. We have at least 25

vacancies and only one dedicated HR person. We don't have a lot of resources to kind of do the recruitment work I think is necessary to do what you're suggesting.

Kim Mai Cutler- Can you explain that? So this one time surplus, how much of that actually went to HSH itself and then I remember reading a story that Joe Esconaba wrote in Mission saying ERAV that this surplus is not just a onetime thing. It might be a structural thing that recurs. So can you explain how that works?

Gigi Whitely: I believe the mayor proposed like I said, about $70 million. When that got through the boards process it was whittled down to 36.6 million. So that's covering a portion of the navigation and safe centers. It's about 15 million of it and another 15 or so million for the housing. So that gets us through two years. I know about as much as what I've heard in the news and side conversations with the budget office that we are expecting ERAV not to be one time. That there may be an additional windfall next year because we're overmatching our state obligation for the schools.

That doesn't necessarily mean it would be prioritized for our department or these services. There was a strong push from the community. I've heard it from a variety of folks really wanting that funding to go back to the schools, teachers, etc. So it's still unless it's appropriated in our budget, it's a structural issue. The goal is that prop C will soon become available and that is really a large ongoing revenue source for the expansion of permanent supportive housing, shelter, mental health services, youth services, family services.

Kim Mai Cutler: What's the best way to follow the current status of that prop C funding and where it is in the litigation process?

Gigi Whitley: Let me get back to you. That's a good question. We don't have a lot of information internally either except from the controller's office who's telling that they're collecting the revenue but they're not appropriating it to our department. But we are planning for it and from a budgetary standpoint what it would look like if we did get it.

I'm less familiar with the conversation at the court. So I can get back to your through Charles I have one question.

Brenda Jewett: You've mentioned the Rising Up campaign and also the Navigation Centers, which are the work for TAY. When will the coordinated entry be ready and open for those populations-- be able to access those programs?

Kerry Abbott: I'm happy to say that we have launched Coordinated Entry for youth. We're really excited about it. We've done a little bit of a quiet launch to let our six access points get up to speed. Our friend Megan Owens is here, so when we get to the program section, if you'd like a fuller update, we can talk about it then.

Andrea Evans: I'm just curious, you mentioned the mayor's policy themes around accountability and equity, and I'm just wondering how the department is thinking, specifically around equity as it pertains to the budget. Are there particular initiatives that would get funded in this proposal?

Gigi Whitley: We have been having conversations with the mayor's office, similar to-- we are not proposing new positions, but we are saying what our need is, given the increase in funding. We've been working closely with our new DEI Committee, a fantastic group of leaders within our department, to craft--

Andrea Evans: What is that acronym?

Gigi Whitely: Diversity, the Equity, and Inclusion. DEI. We have a DEI working group staffed by, really, our line staff, some supervisors, and amazing leaders within the department. To flesh out our internal and external DEI goals, and since this was also the mayor's-- what is the word-Priority. She did an executive directive - thank you, Kerry - on DEI, throughout the departments, are really focused on hiring equity.

We've put together a proposal for additional resources that we could be using both internally and externally. This year we're really focusing on using some of our Whole Person Care training money to do more trainings. We've had one department-wide DEI training. We'll have another one in April. But we really need to sustain that work, and that means more training dollars for our staff, more training dollars for our community non-profits, more funding so that it's not someone working on it on their lunch break, so that staff can really focus on our DEI goals. So we did put in some money for training, a trainer, as well as more resources: speakers, materials, money to continue to send staff to GAR etc..

James Loyce: I'm part of the department of public health. We got the same instruction, but the instruction is very explicit. It talks about recruitment, hiring, and retention. Because part of what happens to people of color populations, specifically African Americans, in the Health Department-- I won't speak to this department. But what happens is they're hired and they get into the system, and somehow, they become disciplinary problems. And some of those folks have been removed from either their current class or are separated from the department.

For each department, and what is I mean for us, as we're not only looking at recruitment retention, on recruitment hiring, but retention is critical and essential for all the staff. So we have a black, African American, initiative inside the Department of Public Health to address those issues from an internal perspective as well as the external perspective with our community partners, and I would suggest that maybe talk to some of those folks in DPH about what they're doing in terms of their strategy.

Gigi Whitley: Thank you for that. We are working closely with the Department of Human Resources. We are working closely with HRC and the GAR cohort, and I'm happy to know that DPH is taking action in that regard and would love to follow up with their leadership to see what is working there that we could replicate.

Del Seymour: I would be interested or entertained later this year, to see a report on what you are doing and results of it, and what you've done, and what you might need to do. Just you bring all these reports in-- bring us a report on that because I mean, again, that matters.

Gigi Whitely: We did present, the SPARC report and I would be happy to follow up Okay. Well, thank you. Thank you. Thank you. I would love to see that. Thank you. Any more questions from the board? Comments from the board? And if not, let's go to public comment on this item. Anyone have a comment or a question? You've got two minutes to speak. Oh, what?

Patsy Ferguson: I just noticed that there's 2% going to health services, and I feel that mental health services are a big gap. And just driving over here, I see people I can visibly identify as being mentally ill on the street. And I have a son who has a major mental illness, and I know how hard it is to access services. And I feel that a lot of the homeless problem, or some of it, is mentally ill people who have no place to go. And so I don't know where the money's supposed to come from, but I do know some obstacles are that hospitals don't have enough beds, that the federal government doesn't let them have enough beds because they're not supposed to be an asylum. So maybe there is some step down-- maybe you could not be a hospital, but you're a mental health retreat or something where you can take people who are clearly in trouble, but nobody's able to help them because they don't want to go. And then that's another part of it. How can we interpret that law that says, "You have to be a danger to yourself or others." Seems like police won't take you or homeless outreach won't take you unless you're brandishing a gun. And yet people are a danger to themselves when they're starving or they're incomprehensible or freezing. Thank you. So I'd like to see more of the money go to health services-- some of it. More than 2%. Thank you.

Kerry Abbott: I just wanted to comment that there is a lot of mental health services availability provided by the Department of Public Health for homeless clients. I would absolutely agree that that could be increased, but it wouldn't be shown in our budget in either case.

James Loyce: Yeah some of you may be aware that the opposite is the point that there is now a mental health, czar for a lack of a better term, who is doing a complete assessment of mental health services provided by the department of public health broader in the city, and we'll come back with their recommendations to how to better utilize all services that make it more accessible to the San Franciscans.

Malia Chavez: Homeless Prenatal Program, and my question is around private funding, so we saw a lot of different funding or ceremony fund, public access, television around the department, HSH specifically receiving funds from different private, public partnerships from the tax sector, millions of dollars, and just wondering where that money is in the budget and how we can actually see it or where it's been allocated. It would be really nice to see that.

And then the second question I have is around the equity and inclusion efforts. I know there's been at least one recent shift in staffing through coordinative entry it seemed that the shifting was happening because there's a prioritization of leadership position like management positions requiring certain degrees. So I'm wondering how does that dive then with equity and inclusion efforts if you're making it so exclusive that people have to have certain degrees in order to hold management or leadership positions.

Gigi Whitley: So the first question was on private philanthropy money we get. Some of that doesn't come directly to us. Some of it does. We have a gift fund which we report annually and all gifts are also reported on our website. But the annual report shows how we're spending those funds.

We've really had two major allocations this year. The $400,000 from Gliffy? that helped us launch problem-solving, and without our three million dollar gift to help build the fifth street navigation center from Google I believe. So those were the two big ones. We are encouraging philanthropy and want to do more to get the word out, but the problem is that we need to be more transparent. I think once we have a new PIO and communications department will be able to get more of this information up on our website, but it is available, and we do want to get that word out.

Del Seymour: So you got two different budgets?

Gigi Whitley: We have a separate gift fund that is not part of the annual appropriation where we can receive funds-- the administrators call the Mayor's fund for the homeless. It's a long-standing fund and up until, as a record, because it's its tenth year, we collected a couple of thousand dollars or so a year. We've been able to leverage that with these larger donations, Gliffy that I mentioned, a fairly big investment from Google.

Del Seymour: So that's a separate budget then why was that not presented a little earlier/

Gigi Whitely: I'm happy to provide that going forward is not part of our annual budget appropriation, so I didn't think to include it.

Del Seymour: Maybe next time, we could look at all of your budgets.

Gigi Whitley: Yes. Most of the money that comes in is relatively small. $100 here. $100 there. It has to go for direct services. So in the past, we've used it if a client needed dental care, dental repairs. One-time incentive money for veterans. These larger donations, we're really driven by what the donor wanted to fund. The Fifth and Bryant navigation center. The donor wanted to help out with the navigation center in SOMA. This was the one that was going to be on Jesse Street and so we went back to the donor and said, "Hey we have this Fifth and Bryant one. Would you be interested in funding that?" and they agreed. So there isn't at this point a larger strategy for prioritizing specific projects outside of Rising Up and that money or Heading Home. Those funds don't come to us directly. It's really a public-private partnership where the cities put in city money and other donors are donating to the providers through who are managing that initiative.

Brenda Jewett: On the Rising Up campaign, you're saying that the donations are going directly to the service providers?

Gigi Whitley: That's my understanding. We do not collect the private Rising Up money. We are funding the cities portion of Rising Up and Kari Abbott is nodding.

Kerry Abbott: Yes that is correct.

Del Seymour: So with what we got an agenda item coming up here later this morning that kind of relates to the question I'm going to ask you. These $3 million donors to the department, are they

allowed to affect policy to your department at all or make a recommendation or request when they give you $3 million? Because we got an issue coming up this morning that we're seeing how as the city, these private people are affecting or attempting to affect what the department does and the mayor's office does?

Gigi Whitely: I'm not aware of that. They're not able to affect policy or contracts in that way. But $3 million from Google to build a one-time navigation center is $3 million that didn't need to come out of our department. So we've been grateful for that. Gliffy too heard about this interesting thing we were doing in our strategic framework called problem-solving and thought it would be an interesting way to be a part of it. So we're very encouraging of philanthropic and private dollars.

We do report publically what they donate and we also have to report whether they have any kind of city interest. So that could be a permit. That could be license. That could be a contract. All of that is governed under the cities administrative code and gift rules. So it's as transparent as can be. We are certainly not making policy based on those two donors though.

Del Seymour: Thank you, and I wasn't accusing you of it. I just wondered if you do have some safeguards and guidelines along there.

Public Comment: My question is about the take on navigation centers. I worked Fifth and Bryant. Worked with a lot of or ran across a lot of people coming out of the TAY intake system. With the Log Cabin closing and like you've said here, good time, we're in good economic times is it projected to be able to have enough space, beds, for especially young black men that probably make it in the system?

Ralph Payton: So a great question. I think we can summarize and maybe Kerry you can help us out with this. What sort of research has gone into I guess establishing the location of the TAY Navigation Center and outreach efforts around I guess enrolment in the Navigation Center?

Kerry Abbott: So we've looked at multiple sites for our potential TAY Navigation Center siting. Some have seemed really feasible until we get the seismic report or the hazardous materials report. When we find out that in order to lease a site we might have to spend several million dollars to make it safe for our young people-- I think the short answer to your question is that we don't have anywhere near enough slots right now, shelter spaces, for young people who are on the street and we're deeply committed to trying to solve that, so.

Del Seymour: I know yesterday there was an editorial in the Chronicle, saying with the proposed closing of Juvenile Hall, that would be a site that you all could look at because it's all set up.

Kerry Abbott: We will look at any site. I mean there are some unfortunate associations for people with that site, and we still would not rule out going out and looking at any site that people bring to us.

Scott Walton:. I'm Scott Walton, I manage Navigation Center and shelter programs for the Department of Homelessness and Supportive Housing. And this is an executive summary of the background work we've done, to get input related to the development of a new project model called

Safe Center. So I'm presenting a summary of the report but the full report is available at the local homeless coordinating board website

We wanted to look at getting input related to all aspects of design, budget, and operations for the new Safe Centers called for by Mayor Breed. The Centers will take the best practices of low-barrier shelters and Navigation Centers and work to better serve clients, but also improve our cost effectiveness, which allows us more ability to expand.

The full presentation is broken into six parts. An introduction, which I'll present here today. There are three parts. The summary feedback we got from clients, the summary feedback from providers and advocates, and summary feedback from city staff, our partners, and within our own department. Those are available in the fuller report, but they are summarized in the recommendations, the next steps that I'll be presenting here today.

Mayor Breed announced her intention to open 1,000 new shelter beds in the next two years. And a centerpiece of this effort was the creation of Safe Centers, then an acronym chosen, "Shelter access for everyone." Safe Centers were intended to build on the best practices of what we have learned to date in Navigation Centers, while making them more sustainable, affordable, and scalable, since our need is great.

This is just a brief summary of where we are right now. Shelter beds, Navigation Center beds, Transitional Housing beds, and 100 Stabilization Units. Basically, all these serving adults. We know our current costs. Navigation Centers cost approximately $95 per bed per night, which is greater than our housing expenses when we have permanent-supportive housing for operations. And our traditional shelter costs are closer to $50 per bed per night and varies, depending on whether shelters are only open for the evening hours or 24/7.

We've had challenges at Navigation Centers. Temporary operations, where we only have a short period of time to use the site, are not necessarily cost effective, either for operation costs, or for this conversion of the sites. Smaller sites have higher costs per person. And there have been concerns raised about unclear or inconsistent rules across our programs.

So we wanted to gather input from the community. And this was an important process to really make sure our design incorporated a lot of input. To do that, we held six focus groups with persons who are experiencing homelessness. Two were done at Drop-In Centers for people who are not necessarily using Shelter or Navigation Centers, two were focused on people using our more traditional shelter model, and two for people who are using Navigation Centers. We also utilized 60 surveys completed by people experiencing homelessness. We had one input session with 25 providers and advocates, and we had multiple meetings within our department and with other city departments. This is critical because, as already mentioned, the Department of Real Estate, the Department of Public Works are very important in our development of sites.

I wanted to just summarize the recommendations and our next steps. These are somewhat grouped, though, by type. So recommendations related to clients. Focus on people living unsheltered. Make that the focus of these new sites. Provide specialized services for high-needs populations within general shelter facilities or create unique sites when feasible.

Other groups came up in these discussions, such as seniors, people who are working, and so forth. We had the recommendation that we make access to Safe Centers, both through the placement systems we're current using, but also utilize client self-referral, via something similar to or apart of the 311-reservation system. These are recommendations. That's why you see on these slides, "To be determined." We don't have answers to all of these. We're presenting to you the things that are driving our considerations that we got from this process.

Standardize the Safe Center length of stay. It was recommended that that be 60 days, with extensions based on a client's unique housing plan. And the bed site should be clarified. The next recommendation was that beds should not be held more than 48 hours. Our current Navigation Centers, if you have a placement there and you're off-site for 71 hours, you still have your placement. It's when you're off-site for 72 hours or more that you lose your placement. And we've had a lot of recommendations from all different parameters at this outreach, and also our current operations, that we should shorten that time.

So we're looking at that. But we also want to make sure that we continue to work out ways to return guests who may be off-site, and we're not aware that they're off-site because of hospitalization or other issues. And we've been doing that on a case-by-case basis, so we want to formalize that even more.

The culture of Safe Centers. Like Navigation Centers, we'd like them to be lower-threshold. That way, they're more welcoming to unsheltered persons. We want trauma-informed and harm-reductioner approach to our program and site design. Focus on simplifying and limiting rules. Use restorative practices. It was a recommendation we received to build client leadership and a sense of ownership through the involvement at the site by the participants and to design and plan for the unique safety needs of clients.

Recommendations related to rules, basic rules, no violence, no drug dealing, protect safety and privacy of residents, allow partners to enter together the way we do in navigation centers, allow for pets and safe storage of property like we do in our current navigation centers. It was highly recommended that we continue to operate these 24/7 and without curfews so people can come and go freely and that we operate them without set meal time so that people can access available food from the program on their own schedule. So those were recommendations related to rules.

Facility's recommendation was try to create spaces that will support privacy and also community-building, adequate space for pets, which goes back to allowing pets to be in, flexible layouts that can adjust to needs and needs that may vary over time, sufficient separation between sleeping spaces and community spaces so that people who are sleeping are not disturbed by people who choose to be up at that hour but that we don't have set sleeping hours. Make sure that the sites have sufficient loading zones and parking for things like client pickup and drop-off and also for our supply deliveries. Develop standard for square footage for community space, sleeping, number of bathrooms, etc. So those were the facility's recommendations.

Site design overlaps with that and try to send standard design guidelines based on desired amenities for both space and for client use. Develop standards around location that consider

transportation, equity, and client access. HSH provides its staff need early input on design, and HSH will have final sign-off on any major change orders. This was part of our department's strong feeling because we're moving so fast with this.

We want to make sure we can oversee these recommendations being implemented by making sure we have sign-off. Own the developed sites that can be used for at least four years, trying to make the most of the dollars used to develop them that the site should accommodate 150 to 225 clients. This goes back to the issue of trying to spread the costs so that we get the best economy and cost efficiency. And yet, more privacy, dressing areas, dividers between sleeping spaces, smaller sleeping areas, no bunk beds. And then consider harm-reduction-based design elements. So those were some of the site design recommendations.

Amenities that came up time and time again that are wanted in this space is good community space for the participants at the site and space for services to be delivered on site even if staff are not from the site that are coming in. A space where clients can do laundry, availability to hygiene products, wifi that's available to clients, storage - and this is an odd statement - including a locker that can lock. But basically, we heard feedback over and over again that not only should we provide secure storage spaces but that we should provide the clients with locks to secure them.

Dividers between the bed and adaptable ADA space as required. The services recommendations were enhancing partner shifts between these new safe centers and the homeless outreach team, coordinated entry and access points so that our clients can participate in the fuller picture of what we're trying to offer people. Use roving health, behavioral health benefits, and coordinated entry assessment staff to provide services at the safe centers.

But the idea of trying to reduce the cost rather than having people stationed only at one site. Provide light case management services on-site. Focus on problem-solving for individuals who are not prioritized for housing placement under coordinated entry. But these sites are recommended to have a higher staff-client ratio as part of the ability to reduce costs so that we could expand more. Explore a peer support model to enhance case management services was another recommendation. Reduce services staffing especially around benefits enrollment and use a referral-based approach, and then try to build incentives for extending stays for clients that are participating in their own problem-solving.

Kelley Cutler: What do you mean by a referral-based approach?

Scott Walton: Oh, a referral-based approach meaning-- rather than having a benefit staff coming to every site, try to create solid linkages. So sometimes services will be provided on-site. Sometimes we'll be referring clients to sites because we are again trying to expand our numbers and so we're trying to make things as efficient as possible for cost reasons. And again, these are recommendations. This is not decisions that have been made yet. These are the things we're using to guide what we're trying to build.

Del Seymour: When you say "benefits people," you mean HSH?

Scott Walton: Yes, benefits for income and so forth, employment services and so on. Staffing, it was recommended. The recommendations include staffing patterns. Depending on the physical site, staffing should match the peak hours for the safe center utilization by clients. Activity staff so that clients are engaged throughout the day the times that they're there. And the need to develop staffing ratios, trainings, and other requirements for providers that are more uniform.

Megan Owens: I'm sorry to interrupt. I'm speaking on behalf of our privacy office. Several people in the audience have an attachment that was accidentally included in the photocopies. If you could pass those attachments to your right and if folks sitting in the audience in their right could hold on to any attachment that looks like this-- it's important that these attachments don't leave the room today.

Scott Walton: Recommendations related to training for staff. And I think we've heard these as training for all of the staff providing services in the area, shelters, navigation centers, and the new safe center better. Making sure that staff working with clients are aware of our homeless response system resources. That we work on training issues around critical time intervention, trauma-informed care, harm reduction including the use of Narcan. That we build skills around de-escalation restorative justice. That we work at and this has come up several times already, consistency and rules but also consistency in rules enforcement.

Equal access training for LGBTQ and questioning community members. Training on cultural humility especially in serving the transgender population and people who have experienced trauma and training around cleanliness and other standards that we want uniform and rose throughout our systems.

Budget. As I opened the presentation, we know that the current cost of shelter operations is about $50 per bed per night. Navigations is about 95. New information on this slide is that the cost to-- we are hoping that the cost for safe centers to develop the sites, not operate but develop the site is under 60,000 per bed. That operation cost per bed should be under $70 and that was a desired recommendation. We are aware that that may be challenging for the other components we are trying to build in but we definitely want this to cost less than the current navigation center model and that we want to standardize in creating budgets to include guidelines around staffing ratios, security, meals, street cleaning and other expenses.

So those are the recommendations and again I refer you back to the full report. If you'd like to see more detail or some of the nuanced differences between what different groups recommended that's available in the three sections I skipped over to make this fit within the time we had.

This is part of our next step. Presenting this report to the community. Making it available. We're just beginning to do that. We wanted to make the local homeless coordinating board one of the first places we brought this. We want to work with stakeholders. Both people who gave input into this process and ones who are seeing this report to help us work through outstanding issues.

As we can, we will develop and publish safe center design and operating guidelines. We are in the midst of a site search and beginning to develop safe centers and site search again, involves real estate, public works because they help plot out the actual renovation or construction on a site and

then our own process to select providers and establish these sites. Those things are underway or have begun and you'll have an item on your agenda related to supporting one of them and then we also realize that from this process and from feedback we got from navigation centers that we could also look at making changes in our existing programs. We've already talked about adjusting the navigation center model which we have not done yet but we're working out the process so that if people are offsite for 48 hours or more that they would lose their stay. That doesn't mean they can't be re-referred but we want to keep the site available to people who are making use of the site. We want to work on improving the consistency, not on the other rules but their enforcement including making more uniform our length of stay policies. We are looking at existing sites to see if we can add capacity. You saw a long list of training items and we are meeting with our providers to discuss how we might refine training, share training resources, and so forth, to make training more readily available. We have existing shelter programs that are only available overnight because we only have the sites at night. But we are looking at any site where we might be able to expand our hours and then looking for the funding that would support doing that because that would be a way to enhance our existing system.

We've already had the comments about improving reservation and bed access systems and that is something we will be looking at, particularly, as we add new beds. And we want to make sure that any client who's identified with priority status and has a fast way to housing and that they have access to the beds they need in our system so that we can work with them and move them quickly into housing, opening up space for others. We also do want to have some emergency beds available in our system to deal with, particularly, the hours where we're not as heavily staffed on our regular outreach and referral efforts. This is the location of the full report. And I just wanted to give you, though, the summary because there's another 25 pages of material. So that's the summary of this effort and, again, this was the effort of us collecting information from clients in various situations, providers, advocates, our partners in the city, and our own staff. So this was at an early stage. This is the summary of what we learned. We are going to use this to guide our process, going forward.

Ralph Payton: Scott, thank you so much. I am heartened by this process and development at the safe centers. I know that's something we've been talking about for a few years now with the introduction of the navigation centers. And also, super happy to hear that we're including current shelters in this development process. I know there's been talk about tiers of shelters with the navigation centers rolling out years ago. So I like that we're looking to put all of our shelters on the same footing with access to the same resources and training for all of our shelter staff.

Kelley Cutler: So I, actually, have some concerns for-- where do I start? So with the different recommendations, what was the process to actually identify what the recommendations-- these recommendations, here. Because there were a lot of post-it notes and things to discuss. But was there a process to actually identify the-- to narrow down the recommendations instead of just something that is coming down.

Scott Walton: So we actually didn't try to narrow down the recommendations. And that's why the full report is available to you, that summarizes all that detail. What we really tried to do is just compress. We heard some of the same things from all the different sources. I'm not aware that we left anything out of this, although, we did group things together. So specific, detailed

recommendations may not have been summarized in that full detail, but I welcome you looking at the full report and if there's things you think we left out of what we summarized as the direct recommendations, please get back to me.

Kelley Cutler: Because part of it, with the process, I think back from-- and I've mentioned it here before with the SAWprocess in 2012. Where it was also a consensus-based process, actually, as possible. But we're we really hammered down on things and had to identify the recommendations because here there's one of the things that I'm not seeing and that I saw in a letter from Jeff Kositsky, was about with the new safe center in Embarcadero. One thing that really came up a lot in the meeting that I attended was with access, and that it was only by referral from the HOT team which that was actually the opposite than what we were hearing within the meeting.

Scott Walton: So as I shared today, in the recommendations you're seeing it was saying both current referral and some sort of self-referral like 311 Waitlist so here we are.

Kelley Cutler: That's not what I read in the letter from Mr. Kositsky that was sent out.

Scott Walton: About that specific site?

Kelley Cutler: About that specific site.

Kerry Abbott: So I think what Jeff the department head has been trying to address is that we wouldn't have people just walking up and asking to enter the shelter, that people would be coming through access points or 311 or the shelter referral centers, that they wouldn't be walking up to the shelter at all hours and looking to come into the site.

Kelley Cutler: Because that was something we were hearing in the meeting was because we don't have drop-ins and it would just be so challenging. The other things are with the meetings that were set up with current clients and people experiencing homelessness, was this all done by city employees or were there-- how did you guys go about that? Who set up those meeting?

Kerry Abbott: Emily and Cohen set up those meetings and I know that there was a lot of outreach done at the sites where the meetings were held.

Kelley Cutler: By staff?

Kerry Abbott: There were a lot of flyers that went out. Again, I mean, I don't know how broadly they were distributed but they were distributed on most or all of the sites where the focus groups were held.

Kelley Cutler: So it's just with the focus groups my concern is that when you're talking to someone who's a city staff is very different type of outreach than to be hearing input from people than among peers or other folks.

Scott Walton: So I think we were given two parameters. I was involved throughout the SAW process. That was a two-year process and we are under pressure to move this quickly but we're

presenting this as a set of recommendations of the work we've done so far so we welcome further input that anybody has based on this.

Kelley Cutler: So is there going to be the next step in the process of actually people coming together to work on it more?

Scott Walton: We are charged to move now by the mayor's efforts and so forth. We're supposed to add 500 beds in the next few months so we are moving now. But what I'm saying is we wanted to come to the day with not a, "Here's what we're doing but here's the recommendations we've got." So we welcome if there's further recommendations that you don't see in the larger report that you want us to consider, we'd welcome that.

Kelley Cutler: So the current community process is basically done and then you guys are going forward. Is that what--?

Kerry Abbott: Would you like to make a recommendation for additional process?

Scott Walton: Yes I would because frankly with the meeting that was on Friday, December 21, the Friday right before the holiday, we was with as service providers and advocates from 9:30 to 11:00 and that's very limited process. We really didn't have specifics to really hone down into the details of what was going on. And so at this point where we're getting a list of it, it's very broad. And so we don't really have something concrete of what we're actually talking about, what we're looking about for this model going forward. And I feel it's like, "Well, just trust us. We got it." And it's like, "No. There needs to be a process."

Scott Walton: Well, again, we were presenting the recommendations we received. And so this is the process, I will admit, under the pressure we are moving now because the mayor is wanting half the 1,000 beds to be up in the next few months. So the SAW process which ran for two years and then implemented is not going to fit this timeline.

So I think we have to look for the ways that more input can come to us. And so by presenting recommendations, if there's things that anybody, you or others feel is left out, please get that to our department and specific suggestions as well. I mean, this is us coming early in the process to explain what we did and what we got from it not to say we're done, but to say that we are also under the challenge to be currently developing these sites, so.

Kelley Cutler: I understand that there's just-- it's like we see this system growing with the Navigation Centers. A huge concern is equitable access. There's no waitlist. It's even cut out where from different service providers of getting folks in. And so there's this closed-off system that is complaint-driven really, and that's a problem. But I understand that we have a crisis going on. We need to respond. But as we keep growing, there isn't more of a community process and being thoughtful. I understand we need to move quick and that the mayor's saying this, but it's really important to really look at what we're doing.

Ralph Payton: So let me turn to you really quick. Scott, what is the next step in this process that your department has outlined?

Scott Walton: Well, the next step is we wanted to share these recommendations broadly so that we would get feedback and comments, additional ideas, and so forth; at the same time, being straightforward that we are not waiting to develop because of the current timeframe.

Now, it doesn't mean that recommendations can't be built in later or at the future sites that we haven't started on yet, but we're doing both. And we're trying to build it and apply it at the same time, which is our analogy for our department two years ago, but I mean, that's the kind of pressure that we are under to respond. And so, again, if we ran a process where we had all the details and came to you and say, "This is what we're doing," number one, if we miss anything there, we haven't got enough input. So this is an effort to get more input.

Ralph Payton: Sure. And we do appreciate that. Do we have sort of a deadline for feedback in this process before sort of the implementation starts or--?

Scott Walton: So as you're aware in what's an item in your agenda, is the support letter for a specific site that's going to be under development. But that's one site. That's one-fifth of the 1,000 beds we were supposed to try to add. So my answer is, sooner the better, but also at any point. Our department has really been open to comments at any point, but I mean, I get that there's a concern about as much input as possible. So we come early with just a summary of recommendations that we received so that we can get started but I haven't been given a deadline other than I'm under deadlines to--

Ralph Payton: Move as quickly as possible.

Scott Walton: To visit sites and look at sites and develop concepts for budgets, and so forth, because as much as we want to standardize budgets-- for example, a physical site will determine how many staff you have to have on depending on just the layout.

Ralph Payton: Really, for the last comment. So I think it's fair to say that community organizations can sort of hold their own focus group process, and then send this information to HSH within the next several weeks.

Scott Walton: And I hope that the report gives something to react. Because I agree it's often hard to react to a blank page. At least there's something here. But these are the recommendations that came from the people noted, so it's great that it can build on that.

Scott Walton: So I apologize, but it will be up. As I said, this is the first place we're presenting this, so I apologize that it's not there. Thank you for letting us know, and it'll be up right after this meeting.

Sophia Isom. Thank you. I noticed that there is reference about provide specialized services for high-need populations, but then under services, there is a reference about provide light case management services. Can you explain that a little more, please?

Scott Walton: What we're looking at is the portfolio. We have the heavier case management ratio-- I have here a case management availability at Navigation Centers. But for us to do the expansion of 1,000 beds in a short amount of time, we can't replicate that model cost-wise. But what we want to

try to do then is look at things that might specialize services. Although the TAY Navigation Center is a separate issue, that's an idea of if there's sufficient population and it's customized, that can happen. We currently have two Navigation Centers that have women only dorms.

So there a lot of people that come and go; come in as couples and so forth. We don't have gender that separation in general, but we found that there were a number of women that felt safer in a sleeping space that was women-unlike. So that's an effort along that line. As we identify needs around mental health, or benefits, or so forth, we'll be reaching out to our city partners, public health, Human Service Agency and so forth. We try to bring people in on whatever way we can to do it, but we're trying to avoid the model where we put everything on the site that won't be needed by everybody because that cost great the increases per person. So it's trying to find the right balance, trying to find the right balance.

Sophia Isom: Okay. And thanks for that. It's just that when I see case management, to me it feels like it may not be enough, so that's I was trying to get a little bit more clarity on where that's coming from and what the services would look like.

Scott Walton: So part of our thinking-- also I mentioned we want to make sure that we're coordinated with our own continuous care, and that's the idea that some clients who identify this priority will be either moved or supported in a way that moves them quickly in the housing to open up a bit for someone else. But there will be some people-- and you know the idea of self-referral is a great one, but that means some people are coming in just because they want the model. They may not want all the services, so we're trying to figure out the right balance and that will be a process of learning.

Kerry Abbott: It's okay. I just wanted to add that when we started out, we didn't have coordinated entry, and we didn't have housing navigators connected to the access point, so we were expecting the navigation center services staff to do the full complement of housing navigation. Since it has its own navigators now connected to coordinative entry access points, if people are priority status, it prioritizes them for navigation centers and also for that individual like staffing, and housing planning, and navigation.

Kim Mai Cutler: So is there a way to check out kind of where possible sites like what all the possible sites might be or how would we know what the options are? I'm sure there's not many, but.

Scott Walton: Selecting sites it's a very difficult process, and obviously, if they're going to involve real estate and making agreements for sites, we do not publicize potential sites upfront because we still need to negotiate sites. So we're very conscious of doing some community process and so forth as needed and appropriate for any one site, but we don't have a list that we're sharing publicly of sites we're considering because that would probably shut down consideration and so forth.

Kim Mai Cutler: People always say, "I'm not here. Not here," but maybe there's something like three or something, is there some way to connect them?

Scott Walton: When we're looking at housing plans, and we're looking at a model that's roughly the same, new sites hopefully 200 files. That's five, but some of our models is also going to be

expanding in sites we may already be able to have that could be expanded, those are not like the add 200 bet each, so there is no clear number. Right now, we're considering, but we are trying to work in a phase one and phase two with the idea of trying to bring on half the bets by this summer and the other half following that. That's as much as we can say publicly in terms of specifics.

Kim Mai Cutler: Can you tell me more about what the community process is from the each save site? I went to the first 330 lot meaning, which is very interesting, and I kind of gave the supervisor a little bit of hard time for not being more forcefully in favor of a center there. And then his feedback to me was he wanted more support from HSH? in just handling the community process because there's just so much misinformation happening. And so yeah, I'm just wondering about what can be done in that front?

Scott Walton: So on that front, I mean, again, following this item you have-- item to consider, which is a letter of support for that particular location, which this group is important to the community and important to this subject, the types of services we're talking about here. The Good Neighbor policy of communicating with the people in the area, so there's a balance there.

Our challenge, as Gigi already spoke to, is the fact that we have lost our community liaison. The two people that were our community liaison and our public information officer have taken other jobs and we're working diligently to fill those, so we're doing the best we can to operate in that area where we're short staffed. The only thing I would recommend is that we do very well and you did it in describing the meeting. We do very well to challenge but to be civil because we are hoping to be in these neighborhoods and work with these neighbors on an ongoing basis. And so we see that as important approach to take from the very beginning.

James Loyce: The question has to do with the common form of harm reduction model for the sites that are being described in here, in this document. Is the harm reduction and the common form care training for staff being done by the Department of Public Health or do you have your internal skill set of both who can do that training?

Scott Walton: We're doing both. We have utilized the system of Department of Public Health. We have utilized some of your-- the Department of Public Health's funded providers to do Narcan training and so forth. But we also try to infuse harm reduction for example in everything.

Harm reduction is not just about use of substances, alcohol and so forth. It's about, how do you make your life safer and healthier for yourself in the small choices you can make that move you in a positive directi6on without forcing you to say it's all or nothing. And so we try to do that with everything. And that's why it overlaps with restorative justice and trying to simplify rules.

James Loyce: I clearly understand harm reduction. I've been around a long time. And the other part of that is that these recommendations will not necessarily be implemented in the Safe Spaces that we're talking about because I hear recommendations all the time and I don't necessarily buy all those recommendations or utilize them in terms of what I might want to develop programmatically. So I think that we need to be clear that these are recommendations which may or may not be a part of what we implement for the Safe Places because if folks are out there thinking everything I've said will be put into these places, I think that sets up a confrontation no one wants.

Scott Walton: I appreciate that comment. That's why I kept referring to these as recommendations. But we do hope-- we do feel that this was useful to help guide our process and that's why we also welcome additional recommendations or comments. But you can't make every site everything. That's a reality, where we look at existing sites that have existing buildings or existing sites that have nothing and that gives you different opportunity and so forth. So that's why we wanted to develop a set of things that we could try to implement and then, clearly, some of those things were recommended that we do as uniformly as possible. And we do need to work at introducing those to existing sites as well as new sites.

Andrea Evans: Thank you for the report. I really appreciate the update. I'm just wondering, following up a little bit on James's question about the sites themselves, I wonder if you can share how much of a priority the department places on trying to find sites that are not in District 6, for example? Because what we're hearing a lot right now is that people are frustrated that a lot of the sites and services are concentrated in one part of the city. And I'm wondering, to the extent that there are sites - I have no idea if they're not - available out west or other places, how does the department think about trying to spread some of these sites further around the city?

Kerry Abbott: So I got Scott's permission to answer. I've been participating in a weekly meeting with internal staff and department of real estate and department of public works, where we sit down every single week and look at what are the neighborhoods? We try not to just look at it by supervisorial district. I think of the Embarcadero as quite a different neighborhood than the Tenderloin, while acknowledging that they're both in District 6.

And I would say, I mean, we have looked at sites as far west as the city goes. There's one we couldn't use because of beach erosion. And throughout the Bayview, that's one of our really priority neighborhoods, especially given the current shelter capacity in the Bayview. We feel we want to replace that, not with a temporary site but with a permanent site. So I mean, I would say every single site that gets referred to us, we're looking.

We have to have at least 20,000 square feet that is currently empty and can be used for this type of purpose. And then we look at whether it has utilities because that can add several million dollars. We have to look at, then, the seismic, structural, and again, asbestos and--

Del Seymour: And I've been kind of following the process, which you know is citywide, with your real estate. And it seems to me like you get a site clear and you go to take it further and then that particular district supervisor says no and you turn around and walk away.

Kerry Abbott: I have not seen that happen.

Del Seymour: So a supervisor cannot stop your search? Or you won't--

Kerry Abbott: I have not seen that happen. If that happened, it's a site that I never saw.

Public Comment:

Liz Diaz: and I'm honored to be speaking in front of you guys. And I'm so absolutely proud of you on behalf of the whole United States. I just think San Francisco's got our challenge cut out for us. And

thank you, Scott, for your report. That was what I wanted to hear, also. Again, my name is Liz Diaz and I have a company in San Francisco called North Beach Marine Canvas. But inside that, about a year ago, me and some cohorts came up with the idea that what can we do with our knowledge of building boats, my particular knowledge of building boat interiors, to do something for the homeless problem?

Because the question is what can anybody offer? Okay, and rather than just listening, I'm specialist with small spaces. And I've been living in San Francisco for 30 years. I live in North Beach. I work in South Beach. I was at the embarcaderos meeting the other day and was disheartened. I do think Pier 38 is an excellent choice, which comes down to the solution that we came up to about a year ago which was the canvas houses solution. And

I'm not really here to sell it, but I want to share it as an idea, that we've created this deployable micro-boat based on a very small boat cabin. Because if any of you've been on a boat before, you really don't need regular residential proportions to live safely in a dire situation, slopping across an ocean or something like that.

And this is categorized under additional ideas, which was what was just mentioned. It was built with the idea of the city, the community, and the homeless, in mind. Not one or the other above anybody else because the city has to purchase this. It has to be cleanable. I got that from Emily Cohen a year ago when I spoke with her. These little dwellings would be pressure washable with no foundations. They're deployable. I'd like to speak with anybody who want to speak with me and if they also want to see one, we have one and a half standing at Pier 40.

Santa Clara County has put together a proposal for what would be a double unit. 30 double units that are also ADA for Santa Clara County. We're not in the process of building those because the land they chose was on a flood plain. So they've got issues, too. But anyway, I'm Liz Diaz and our contact information's on the back.

Brian Edwards. I work with Kelly at The Cove. So back in October, Mayor Breed announced an acronym. Just SAFE. That's an acronym. She didn't announce a design. There was a input session back in December. The report that we heard today was dated January. It's now April 1 and we're just now hearing about it. And the recommendations-- I mean, it's unfortunate that I can't actually see the final report because there might be questions on that. The recommendations are sometimes in conflict with what Jeff said, as Kelly pointed out, or they're so vague as to be meaningless.

Essentially, it's we're going to do shelter really well. And so there are no specifics. You keep talking about community input, but I don't think you know what community means. It's a very one-way process and it's very frustrating that six months down the road, we have no idea what these things look like. You're about to be asked to endorse a model that doesn't exist. And then my other question is what gives with that? Like what's up with it? Six months later and there's no actual model. And also how does HSH intend to avoid the - pardon my French - the shit show that's going on with the Seawall 330 every single time that we propose one of these things? And it's horrific now and you talk about community. That's the problem. The community wasn't involved right now and they can actually use that against it because they weren't. Anyway, that's it. Thank you.

Martha Brady : I've been participating with the Coalition on Homes Consumer Rights Work Group. And I'm seeing the stand speak about creation of a major institutional system here and what I'm not seeing is discussion of administrative procedure. And I'm concerned because really the notion of legal personhood depends a great deal on the notion that people are asked to follow rules that have defined limits. That they receive a notice of rules, that when their decisions apply those rules that they should receive an opportunity to be heard at a meaningful time and in a meaningful manner as the court put it long ago. So what I would ask is how will the regulations that are proposed to be applied to applicants to these centers or visitants of these centers be circulated for comment? What authority would review those for appropriateness and constitutionality and for compliance with county regulations? With county ordinances as well.

What body would review the proposed regulations that would be applied in these centers for revision or approval of ordinarily? And what appeal process will be available to people if they are asked to live in these centers where they would be able to appeal staff decisions including evictions?

I'm simply not finding anywhere in the presentation or in the recital of recommendations what rules would someone have to live under and how could they have an opportunity to influence the creation of the rules, to influence the enforcement of the rules, or to appeal enforcement of the rule that they did not agree with. And this is very important because you are creating an institutional system in which people either be welcomed back into the community as members of society who have full legal personhood, or they can be treated as state extension talks about is simply mouths to feed, bodies to house. And a lot of the difference is in what rights people have and also what participation they can have in governance.

I see a reference to client involvement, but client involvement doesn't say whether there will be client participatory governance in which there will not simply be a residence council but that residents would be able to help to govern or to govern these sites. There is just simply-- I want to see recognition of residents of these sites as people who are capable of speech, who are capable of acting under rules and contesting the way rules apply to them.

Ralph Payton: Martha, thank you so much. I think you made some really good points we haven't heard, number one, and again these are some on the basic, on the very basic level on will these new safe centers comply with the shelter grievance policy? Will they be part of the shelter monitoring process as well? So these are questions that are good to note and we'll address them in a future meeting. Thank you.

Frank Castro: I work in the harm reduction department. And I'm a case manager with their Opt-In program. And I'm tasked with meeting everybody that's outdoors or marginally housed that's living with HIV or Hep C and helping them get a cure for their Hep C and undetectable for HIV. And when it comes to priority considerations and access points into either the Nav Centers or the HSA system, I'm running into a lot of programs where I'm doing a whole lot of leg work because there isn't any direct access for these populations.

I actually did get somebody into a Nav Center today, but it took two weeks and a lot of gymnastics. And I'm going to Door ADU to get to that place. But I would hope that I don't have to get the rest of my folks to run through a psychiatric emergency temporary housing to get there. And my caseload is getting bigger every day and have be cured in two months. And for somebody to have some traction indoors, where they're going through the cure, it would make a huge difference, and not just for them as individuals, for San Francisco's community viral load. Because the more we can impact the health disparities of our folks that are outdoors, the better our health is for our city. So I really would like to see some access improvement for folks that are going through those treatments.

Del Seymour: Thank you for your input. I know I see you out there every day, and you and GLIDE are really doing a good job in our community. And that's our concern-- and I'll piggyback on your concern here of equal access to these new centers. It shouldn't be that a city official can call the director and get someone into a bed where GLIDE can't because GLIDE is out there 24/7. And they really know intimately the people-- GLIDE and other organizations intimately know the people that do need priority help and not necessarily a government official making a phone call and getting action right away. So we would like to have that equalized.

Charles Minor: We could have that letter moved to the policies meeting that we have scheduled for later on this month and that we could hear it then because there is a large importance in having the scoring tool heard and possibly approved today.

Del Seymour: So let's take a vote. Are we okay with moving the letter of support to the policy committee and moving down to the next agenda item on the continuum of care update?

Motion to move approved

Aram Hauslaib from HomeBase. Thanks for having us. Each year, we revisit how our products are scored in the NoFA competition, so I'm here to present and propose changes to our scoring tool and process. And we're building off of two really well-attended funding committee meeting we had two two-hour blocks in February and March, and we had a good 20, 25 attendees at each of those representing projects in our community. The goal is really to ensure that we're updating these tools as Charles alluded to, in time for the NOFA process. And the NOFA can change things, but we think we're at a pretty solid point to move forward and ask for your approval for scoring tool changes and process changes.

This past year HUD awarded nearly 2.2 billion in CoC funding. San Francisco increased our funding to the most we've ever gotten, to 44.5 million, that is supporting 59 different projects, and these projects have been extremely active in shaping our process, and we're really appreciative of their support in working through this.

Mainly what I'm going to highlight here is in front of you as a memo that says, "Proposed Changing to Scoring Tools in NOFA Process," that's the main document. It's several pages long, there's a bunch of data in there, but I'm going to hit the main points of what we're changing, and I think that will cover most things. We made some changes to the scoring tool and a couple changes to the process.

So first the scoring tool changes. Really what we tried to do is there was a lot of scoring factors that were still a little unclear, sometimes sort of lacked transparency, or were highly redundant. Some things were scored in five different ways trying to get at the same thing. So we really wanted to make the process easier for everyone but still measure the things we want, so.

The first thing the scoring tool contains are threshold requirements. These are requirements every project has to meet in order to get funded. So we just made one change there, and that was just to ensure that we're in compliance around victim service providers using a comparable database to HMIS to produce data. So that was the main change for threshold.

In terms of scoring tool factor changes, we removed, again, several factors that were redundant in terms of scoring permit housing, increases in income, and unit utilization. Those are probably the most important factors, so they're still very clearly there. We just made it so it's easier to understand those, but we're being assessed in a lot of different ways, requiring a lot of projects. Also, as most of our projects are PSA programs serving the chronically homeless, we also balanced points awarded to projects for their participants increasing income versus those obtaining and maintaining income sources. We want to ensure that we meet system performance measures like increasing income but also understand that projects are working with folks who may not be increasing their income and working on fixed incomes. So we balanced basically the reward for getting folks to increase, while still giving folks points for maintaining income, which is obviously very important.

We also added opportunities, we've been looking more and more at youth and are focused on youth, so we wanted to give projects credit for working with youth around being enrolled in school. We know that a lot of times youth are in a different place than some of our adults. They're learning life skills, they're getting into school, and so we didn't want them to be penalized for not just getting those kids into jobs right away, but rather really try to think long term and get their education increased. So we are having all projects be able to get points for their 18 to 24 year-olds that they have gotten into school as if they have increased their income.

We've also increased points awarded for unit utilization. We really want to emphasize the importance of projects remaining at capacity and spending down their grants. Anything we don't spend we can lose, so we made sure that that is highlighted. This hasn't been an issue, but we did have points being awarded if somebody had any monitoring findings so we've eliminated that because it wasn't very consistent with promoting project compliance. We also had some language in there around requiring folks to come to CoC meetings. It wasn't clear which ones, so we made it clearer that it's this whole board meeting and the funding committees, and we're going to continue to revisit meeting attendance in the next year as well. Additionally, we used to add data quality. Reflection is extremely important to make sure everybody knows that we're moving the needle. We have changed measuring missing APR data from our APR to really doing one time, I mean, real-time analysis of the one system, and we're going to do that on the day of the annual point and time count. So that'll really help to measure folks who, in the moment, are making sure things are getting complete and filled in.

As coordinated entry is also a huge key component for maintaining an efficient and fair homeless response system, we've added a scoring measure to assess compliance with coordinated entry per PSH projects and new projects. So the whole system, really to work, needs to function through coordinated entry, not have side doors and things like that to make sure it is fair and equitable. So we're making sure folks are in compliance with that. Also given that there are new youth projects from the Youth Homeless Demonstration project that are now going to become part of the CoC-- so besides transitional housing programs, they're now going to be youth rapid re-housing programs including the new Host Homes pilot. And so we are adding all those into the way that we score our youth transitional housing programs to keep them on the same footing, and be measured in the same way.

The last thing on scoring tools is last year we had excluded some data from required annual assessments that have to be done while projects got into compliance. But we will now be including all that data again, which again, goes to improving our data quality. Finally, just a couple of changes in terms of process. The big one is what we're proposing is to really-- due to our community's priority, I think, in trying to really focus on youth, and there was a lot of effort put in to get this YHDP money which will bring a couple million dollars more to our CoC annual renewal demand, we want to put those projects at the top of the priority list, and make sure that they are assured funding.

Those four programs are the LGBT Center Host Home, 3rd Street Youth Rapid Re-housing program, the Larkin Street PCH collaborative, and Youth Coordinated Entry, we just talked about.

We really want to emphasize that those are important to preserve. They are awarded two years of funding, so this is just a nod to say we're keeping them at the top of our list, but they will get funded regardless. And then the last thing is we simplified our project priority placement policy. It was convoluted, so we really just wanted to emphasize that the CoC really wants to continue its efforts to preserve permanent supportive housing and permanent housing. And so in order to maximize housing inventory, while understanding that we may have a priority panel based on our local priorities that may want to look at moving a new project above a renewal, that would only be something that was consistent with our community priorities like serving youth or permanent supportive housing. So I know there's a bunch and a lot of brand new stuff, but that's basically the summary of all the changes to the tools that we're proposing. So what we're asking you today is to approve the 2019 scoring tool as a local process and appeals documents that we have before you.

Aram thank you so much. So before we go into voting, let's open it up for board. Questions? Comments?

Andrea Evans: I have a question. Can you just repeat the thinking behind the unit utilization pages the unit utilization changes?

Aram Hauslaib: So we have about a hundred-point tool. So you get points for a lot of these different things, and one of the things that's measured is are the units being utilized in your program? So it used to get five points, and we've added five points to it, because it's one of the most significant

ways to distinguish between projects that are high-performing. And so we want to make sure that the units are being occupied and used by those programs.

Andrea Evans: I don't disagree with that approach. I'm just wondering if there might be unintended consequences of programs that perhaps aren't getting enough funding to really be able to fully utilize all the units, and so then you end up in a cycle. You know what I'm saying? And I don't know-- it looks like this applies to permanent support housing and rapid rehousing, not to shelters.

Aram Hauslaib; So the unit utilization is directly tied to their funding, so if you had only like four units, you would have-- basically, four times that unit size would be your budget. And so hopefully that addresses, I think, your point. But basically, it's really just an idea of not letting rooms basically be open. We're trying to avoid rooms being open. They have the money to fund the units. That's not an issue.

I want to open it up to public comment just around this specific issue, the scoring tool. If anybody has any questions, comments, two minutes. Let me know.

Megan Owens, friendly coordinated entry manager. She would like to call your attention to the letter that does not say draft. In the spirit of intergovernmental collaboration and urgency in today's agenda, this extremely noncontroversial letter that's supported by years of community input is basically, "State of California, do something about homelessness."

You want our comments on whether or not you should establish a data system? Yes, you should establish a data system. The goals of that data system should be solutions that reduce the administrative burden on people experiencing homelessness and the folks who serve them, state-level systems that are used to develop and increase investment in solutions to homelessness, and to reduce barriers to medical insurance and income supports, both of which are state-administered benefits. The reason for my urgency here is there is a deadline of April 9 for these comments. Okay. We plan on providing the letter in general to State of California staff who might use it for various planning purposes, but the urgency is the Homeless Coordinating and Financing Council on April 9 on this matter.

. If we have no other public comment, then I'd like to open up the board to a vote for the proposed changes for the scoring tool.

Aye. Passed

Ralph Payton: All right, so we're in agreement on the revised scoring tool. And the second vote, are we voting to-- so we're voting to approve sending this letter to the California Homeless Coordinating and Finance Council on recommendations for the broader state agencies. All those in favor?

Andrea Evans: Can I just ask a quick question to Megan? So just to clarify, we can only ask for data. These are data recommendations?

Megan: In advance of April 9th as an HMIS working group community, we've been asked to give recommendations about our priorities as far as statewide HMIS. For example, we could have given

the alternate recommendation that they should require we change our software. We're absolutely not requesting that. We could have also asked that their first priority was rural access to a data system. That is not our priority in San Francisco.

Andrea Evans: Right. So would there be opportunities down the road to make additional requests to this group but not data related?

Megan Owens: Yes. Absolutely. The Homeless Coordinating and Financing Council, I hope, will reach out to jurisdictions rather frequently for a statewide comment.

Ralph Payton: Any opposed? All in favor? All right. The letter has our support, Megan. Thank you

Kerry Abbott: Sure. So I say overall as of February we were at about 50% of most of the goals for the fiscal year. Part of that is because we have really ambitious goals around the Rapid Re-Housing and the Rising Up program and that just started at the very end of the year. We have seen an uptick in Rapid Re-Housing placements over the last couple of months. And we're actually right on track for a permanent support of housing placements for the year so far as of the end of February. So we are at 58.4% to the 2019 goal at the end of February. The housing ladder again is pretty stalled until the Tenderloin Housing Clinic Bristol Hotel opens at which point we'll be able to refer moving on initiative participants. Let's see.

The central waterfront, this was just a really high point of our month in February. The central waterfront Dogpatch Neighborhood Association had a unanimous vote to extend the lease for the central waterfront Navigation Center based on the good neighbor policies and how much they believe it has improved their neighborhood. So that was really, given all of the excitement, a wonderful thing to see. And let's see. The Good Government award from San Francisco Bay Area Planning and Urban Research went to Gigi Whitley, my close colleague.

Ralph Payton: You mentioned that there has been an uptick in the number of Rapid Re-Housing. It doesn't seem that way looking at the favorite. At some point - I know we talked about this a few months ago - it seems the money is there. At some point over the next couple of months, I'd like to hear a little bit more about that.

Yeah. I should qualify that. The family system did not have an uptake in rapid rehousing replacements. Say youth system had an uptake in rapid rehousing placements because they launched the rising up campaign, and so the numbers per month overall kind of increased, but you're correct. We're still seeing very high subsidy levels because of the very high rent levels and difficulty in placing people within the period of time that we had estimated within those contracts.

Public Comment: Malia Chavez Hallo. Good afternoon. To just address the program highlights that you have highlighted here around the family shelter system now has capacity to offer family shelter upon request, better understanding what that means because there are still waitlists if you want to push the highlight. There is still a number-- there are a number of families who are waiting for shelter replacement. I just want to know what the distinction is because that was kind of always offer to people before as well, and so what is the highlight that we're actually talking about here? And then the second follow up, which is just under the problem solving, which I thank you for

breaking out separate from homeward bound this time, but then it says it does not include families receiving problem-solving, so I still really love to see that information next time around if possible. But yeah, really the definition of what shelter is being offered for families would be really helpful. Thank you.

And I would actually like for presentation from Compass at the next meeting to talk about their service requests, who's asking for shelter, everyone asking for housing internal ways for the past 12 months. And from Compass specifically, hearing media reports that has been saying three days, and so I'd like to hear directly from the source.

Kerry Abbott: The first offer is First Friendship. We're consistently negotiating with the owners of the church space to try to be able to have a 24/7 site there. And yes, we still have to put nuts down every day, and we also offer the Hamilton congregants for unsheltered families. But what's happening that is different is that we are able to, when we encounter an unsheltered family, offer them immediate placement, and that has not always been the case.

Brenda Jewett: II thought we were trying to get out of The First Family.

Kerry Abbott: What we're looking for is a shelter where we have access 24 hours a day, where we don't have to sort of pull up the operation every morning. If that were at First Friendship - that's a location that's reasonable - we would have to do significant changes to the building site.

Brenda Jewett: I just remember hearing so many reports when we look at our out-shelter grievances, that just seemed like they were having multiple problems for an extended period of time, so I don't know. I was optimistically hoping that we were--

Kerry Abbott: So, and I think there are a couple of questions. One is about the physical site, and the other is about whether there are provider issues. Provider issues we try to handle on a program management basis. Right now that is the site that we have and we are also trying to make improvements, either by finding an improved site or by improving the site we have.

Ralph Payton: At some point, we're going to have to have a larger conversation about that. I know we were looking for a new family site about a year or two years ago.

Andrea Evans: I just have one related to Kelly's question. So, in addition, I think it might be helpful if we could see in these reports what the inflow numbers look like because we're getting information about exits to homelessness. And sometimes Jack will just say, "Oh it's 150 people every week." or whatever. But I think it would be useful to see who's coming into the system, even if it's not just for families but overall, if that's possible to do.

Kerry Abbott: I think that that's possible for us right now to estimate on an aggregate basis. I do not think that we have all of our system information, in the one system or elsewhere, accurate enough to an extent to talk about fall inflow numbers, partly because we know that not everyone who's homeless is going to encounter our staff. So we try to share our aggregate data with the Department of Public Health or other homeless-serving organizations to figure out the inflow, but it's still pretty rough.

Nubus: And I was just wondering what this board was doing about the rapid criminalization of homelessness in the city.

Del Seymour : Well, that's an item that we're trying to figure out what to do regarding the HSOC and some things. Kelly, you have a better lead on this.

Kelley Cutler: Yeah, I actually have a great response for that. And that actually is a huge concern because something that just came out recently was the controller's report for Healthy Streets Operation Center. And I'm really surprised that this is not on the agenda, as well as with people from HSOC because that was supposed to be on the agenda. And that was a huge one.

And I've actually gone through the meeting minutes for the past year, this weekend. And it is regularly requested at every single meeting to be getting this policy and this data and we're not, okay. So what we're finding in the controller's report is that they're not even collecting data. It says, "Referrals as a result of HSOC operations cannot be tracked with existing data." They're not tracking this. So that's an issue. And so I would really like this to be on the agenda along with the compass one for the next one and also that we're able to be putting things on the agenda because they haven't been getting on there as well, so.

Del Seymour: So that's with your cancellation of last month's meeting we did have to push a few HSOC things into the future. Let's see if we can schedule the majority of those for next month, for May. Do we have any other public comment? Thank you all for sticking with us until the end and we'll see you all next month.