

Healthy Streets Operation Center

Local Homeless Coordinating Board

August 20, 2019

Strategic Framework

The Healthy Streets Operations Center (HSOC) launched in January 2018. HSOC uses a unified command structure and a collective impact model to coordinate the efforts of City agencies involved in addressing encampments and behaviors that affect quality of life.

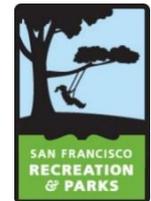
Note: HSOC is only a portion of individual departments' overall responsibilities.



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING



San Francisco
Department of Public Health



Healthy Street Operation Center Vision and Core Values

Vision:

San Francisco's streets are healthy for everyone and those experiencing homelessness, marginally housed, or in need of social connections and healthcare have access to resources and services.

Core Values:

- a. Lead with services, compassion and respect
- b. Empathize with the whole community
- c. Develop systems & services that meet individuals where they are
- d. Believe that every San Franciscan, housed or unhoused, should have a safe and clean environment

Policy Group:
Includes Department Heads and representatives from all participating Departments

HSOC Manager: Department of Emergency Management

HSOC Unified Command

- Department of Public Health
- Department of Homelessness & Supportive Housing
 - San Francisco Police Department
 - San Francisco Public Works

**Joint Information:
Mayor's Office & Dept.
PIOs**

Operations

- Department of Public Health
- Department of Homelessness & Supportive Housing
 - San Francisco Police Department
- San Francisco Public Works
- San Francisco Fire Department
 - Recreation and Parks Department
- Municipal Transportation Agency
- City Administrator's Office (311)
 - Controller's Office

Planning

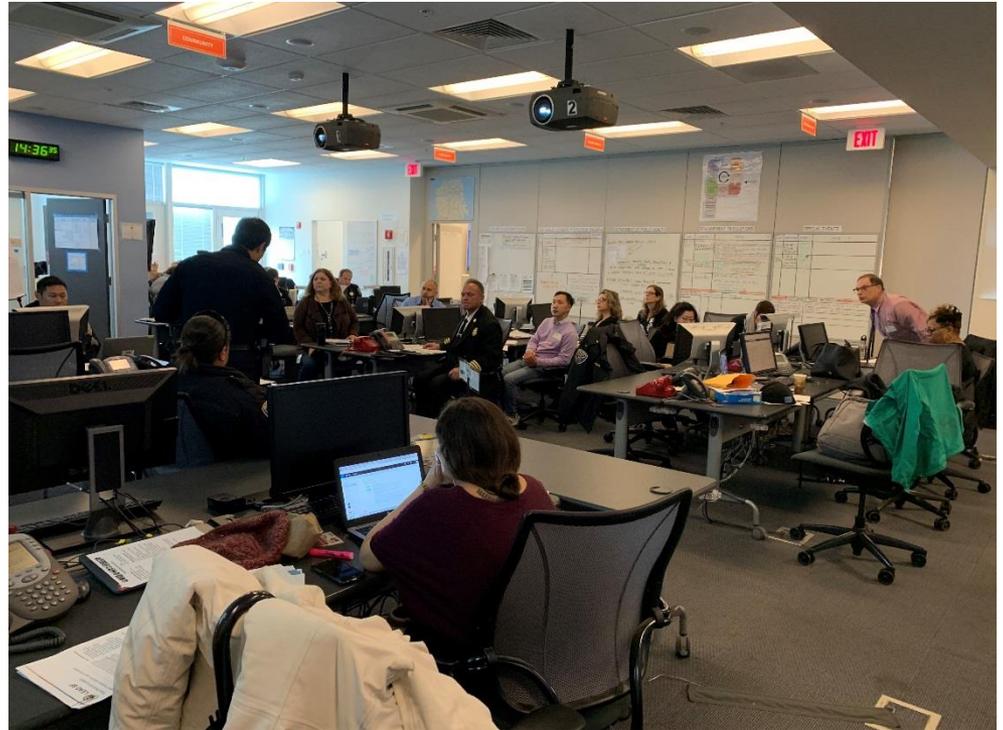
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Logistics
Department of
Emergency
Management

**Finance/Admin/
Data**
Controller's
Office

Overview of How Team Works Together

1. Coordinated call intake
2. Coordinated dispatch
3. Daily planning and response
4. Using shared data to create proactive response plans
5. Responding to street behavior
6. Field staff call HSOC to make referrals for services



Service First Approach

- HSOC is a service-first approach to addressing encampments.
- SFPD does not enforce laws related to camping without making a genuine shelter offer first.
- HSOC uses a coordinated outreach strategy that includes the Homeless Outreach Team, Dept of Public Health, and SFPD.

HSOC and DPH Health Care Services

Care Coordination:

- Coordinate efforts to better meet the needs of individuals with complex needs
- Various lists of priority individuals or “top users” from key departments are being consolidated and coordinated at HSOC.

Care Coordination: Case Study

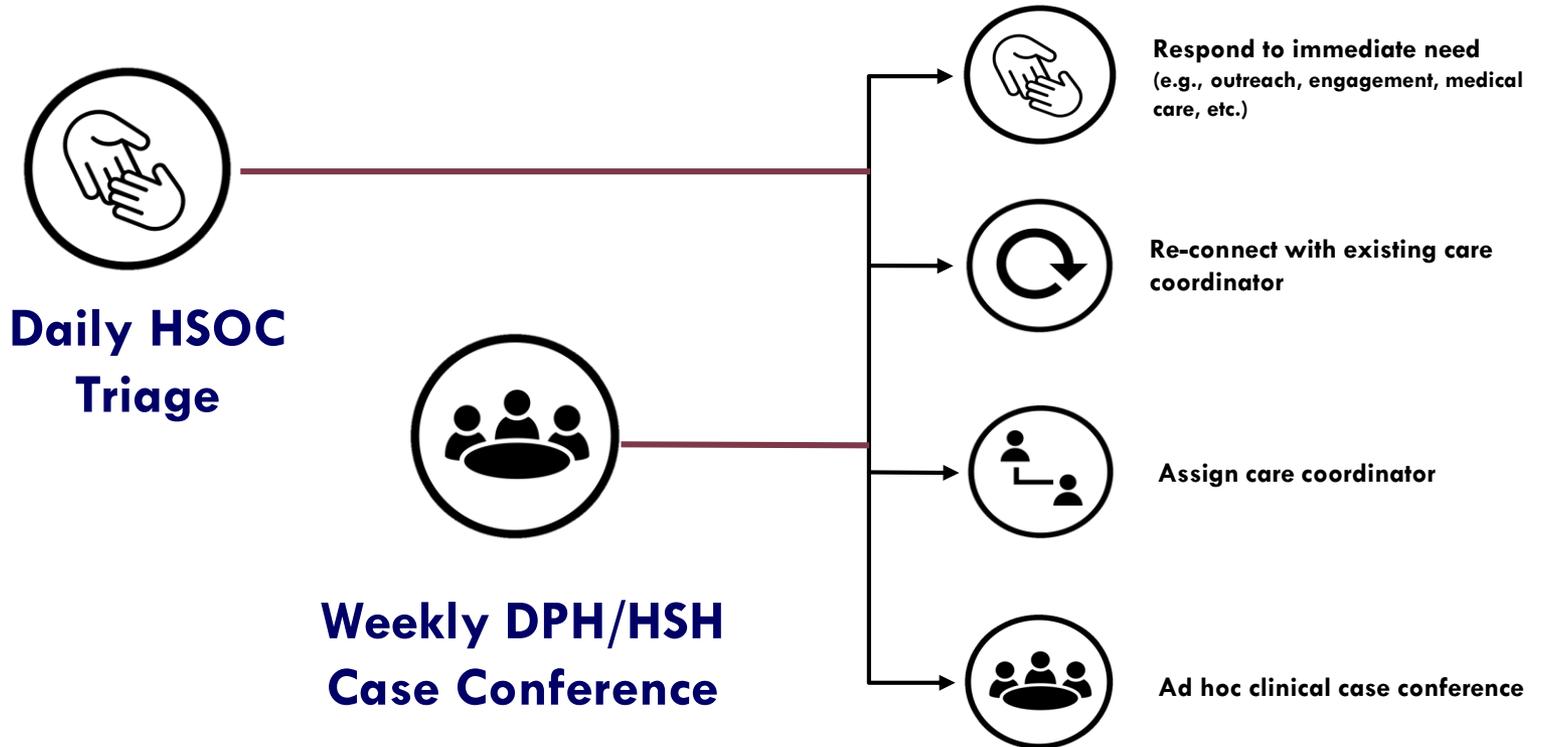
During HSOC operations staff from SF HOT engaged Angela, a young woman, who was approximately six months pregnant. Angela was sleeping on the street and using multiple substances. She had stopped going to groups and was not receiving prenatal care.

SF HOT was able to place her in a navigation center that first night. Several outreach teams (including EMS 6, SFHOT, FEST, and Street Medicine) all collaborated to engage with her, and were able to escort her to appointments with multiple treatment providers.

Angela is now medically stable and scheduled to move into permanent housing shortly. The coordination between the SFPD, HSH, and DPH made it possible to move Angela quickly from the street, and get her on a pathway out of homelessness.

DPH CASE CONFERENCE FLOWCHART

Last updated 8/19/19



2019 Health Fair Successes

DPH Convened 9 Health Fairs from 1/15/2019 - 7/16/2019	
240	Medical Engagements
25	Newly connected to SF Health System
296	HIV Tests <ul style="list-style-type: none">• 7 HIV+ Reconnected to care
245	HCV Tests <ul style="list-style-type: none">• 63 reactive (connected to care)
77	Narcan Trainings/Overdose Prevention Education sessions
33	Buprenorphine starts
56	Homelessness and Supportive Housing Shelter & Navigation Placements



Expansion of Services: 2018–2019

Shelter

- 398 temporary shelter beds including 3 new navigation centers and a new family shelter

Behavioral Health

- 100 new behavioral health beds

Housing

- 199 PSH units
- 47 housing ladder vouchers
- 80 scattered site slots

Expansion of Service: 2019 – 2020

HSOC's ability to address unsheltered homelessness and unhealthy street behavior is linked to its ability to offer services. HSH and DPH are adding the following services:

- Opening 700 more shelter beds
- Leasing at least 300 SRO units by the end of the year
- Developing 1,000 more PSH units in the MOHCD pipeline
- Adding 500 new rapid rehousing slots for youth (over the next 3 years)
- 102 new Behavioral Health Beds
- Expanding the ERT model to inhabited vehicles
- Expanding DHP & HSH outreach and engagement capacity

Responding to LHCB Questions

Question 1:

Since the implementation of HSOC in January 2018, camp removals have increased across the city. However, these removals have occurred without an increase in outreach staff or services. Can you explain this?

1. 398 shelter beds have been added since HSOC started and 585 will be opened in FY 20.
2. Additional HSH outreach workers were added in FY 19 and more are being added in FY 20.
3. DPH added additional services from community based providers that increase case management and provide mobile behavioral health services.
4. For FY 18-19, a total of 100 DPH treatment beds (14 Hummingbird, 14 Healing Center and 72 Step-down) were added.
5. Operations are planned in a way that ensures encampment removals are conducted after the people in the area have been engaged and offered services.

Question 2:

What is the justification for privileging and fast-tracking those on the streets into shelter vs. those who have been waiting?

1. HSH has over 3,000 Temporary Shelter beds.
2. Fewer than 12% of the Temporary Shelter beds are used for HSOC, ERT, and similar initiatives; they provide an alternative to enforcement.
3. Over half of the Navigation Centers are prioritized for people with a pathway to housing.
4. The adult shelter system primarily serves people who are on the waiting list, vulnerable populations with set-aside beds, and CAAP clients.
5. Most family shelter is accessed through coordinated entry.

Question 3:

What are the outcomes of the 1 day, 7 day and 30 day placements being offered via HSOC?

1. Over 50% of Navigation Center beds are for clients who have housing or homeward bound placements.
2. To date, 62% of Navigation Center exits resulted in an end to homelessness.
3. Shelters do not necessarily result in exits from homelessness; this requires a different set of resources.
4. HSOC coordinates the city's response and collaborates with multiple existing departments to **get people connected to services**. HSOC is not responsible for programmatic outcomes; this collaboration gets people connected to services.
5. The City is only tracking the seven-day beds as HSOC specific placements. July 2018 – May 2019 there were 347 placements in seven-day beds; five resulted in exits to other programs.

Question 4:

An HSH memo stated that during camp resolutions in the Mission in April 2018 only 8 out of at least 150 encampment residents accepted the offer of a 7-day stay in shelter. That's about a 5% success rate. While navigation center acceptance is much higher (at 65%). Can you explain this?

1. The 100 or so people who were in the Mission during the final days of the Mission District Outreach Project had been offered services repeatedly prior to April.
2. The overall acceptance rate of large encampment resolutions remains and projects such as the Mission at approximately 65%.
3. HSH, DPH and UCSF are working on improving the acceptance rate of services and improve outcomes.

Question 5:

Does SFPD, HOT or DPH do assessments prior to offering shelter to see if folks can handle a congregate setting? What is the alternative offered?

1. SFPD works closely with the HSH's HOT team to assess clients for immediate need, triaging and referring to the appropriate resource.
2. If SFPD encounters an individual with severe and acute concerns they partners with EMS6 and DPH to provide an appropriate referral. Individuals experiencing distress or a medical emergency are routed through the 911 system. If an individual has health needs, SFPD will connect with DPH programs directly or contact HSOC's Behavioral Health Services to provide an appropriate referral.
3. DPH assesses and refers to the appropriate setting based on their assessment.
4. Clients can self-identify as not tolerating such a congregate setting and HSH will work with that person to access non-congregate resources as available. Priority clients (as indicated by Coordinated Entry) that are unable to tolerate congregate settings are assisted in accessing housing navigation services without having to enter shelter.
5. Clients in this group that are not successful in advancing in the housing navigation process without emergency shelter are placed on HOT case management in stabilization rooms.

Question 6:

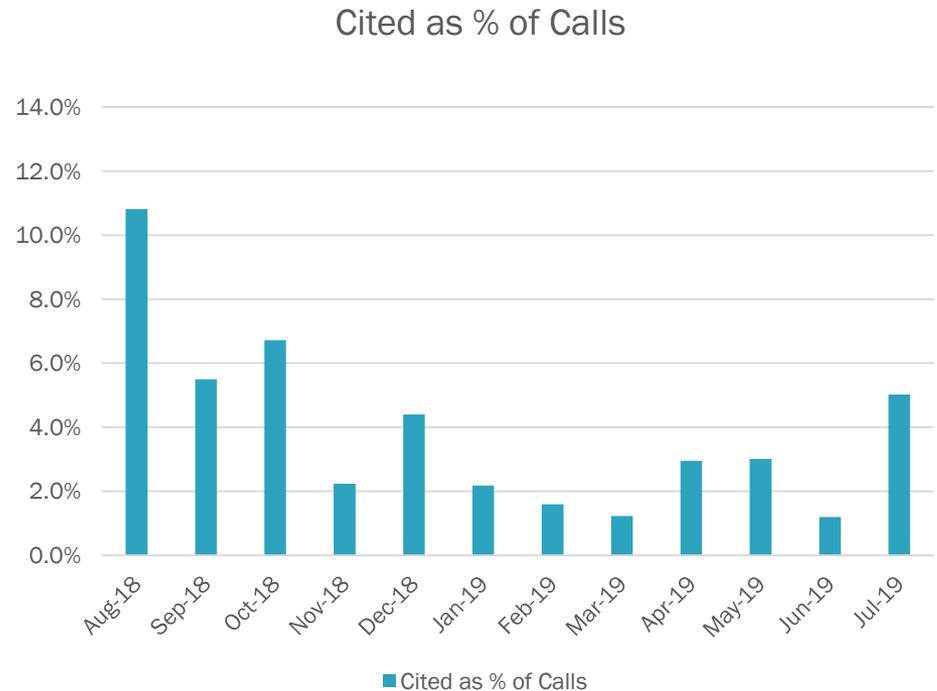
In what portion of encampments with people responses (311) is public health or HSH staff present or going first?

1. When 911, Police Non-Emergency, and 311 calls for service are made, SFPD homeless outreach officers are often the first able to respond to the situation.
2. SFPD homeless outreach officers have the ability to refer individuals to available services that DPH and HSH offer, including Navigation Centers and drop-in centers.
3. Officers contact HSOC to consult with DPH or HSH liaisons and request additional support when needed. In 2019, SFPD homeless outreach officers average:
 - a. 18 referrals to HOT each month
 - b. 5 referrals to DPH each month
 - c. 24 placements to temporary Navigation Center stays each month

Question 7:

How frequently are citations being given on HSOC operations and across the city for homeless related quality-of-life violations?

Date	SFPD Calls	Individuals Cited	Cited as % of Calls
Aug-18	980	106	10.8%
Sep-18	1273	70	5.5%
Oct-18	849	57	6.7%
Nov-18	893	20	2.2%
Dec-18	1137	50	4.4%
Jan-19	1056	23	2.2%
Feb-19	1944	31	1.6%
Mar-19	1310	16	1.2%
Apr-19	1151	34	3.0%
May-19	898	27	3.0%
Jun-19	668	8	1.2%
Jul-19	1452	73	5.0%

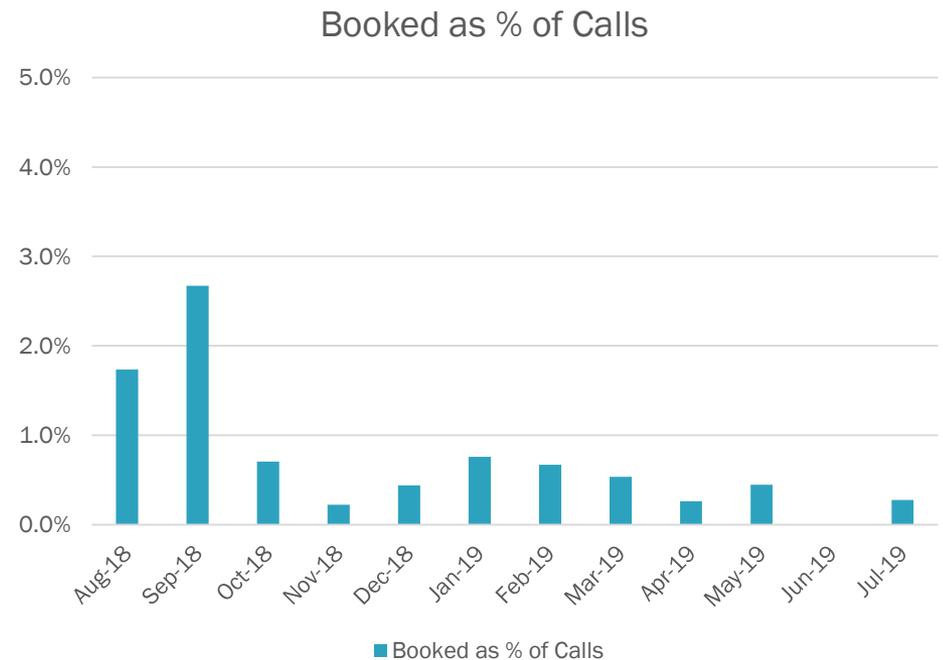


*Only includes calls and on-views for HSOC officers, and citations made by HSOC officers

Question 8:

Is there any evidence that HSOC has reduced the criminalization of homelessness? (i.e. reductions in arrest, citations, police dispatches for quality of life ordinances)?

Date	SFPD Calls	Individuals Booked	Booked as % of Calls
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Oct-18	849	6	0.7%
Nov-18	893	2	0.2%
Dec-18	1137	5	0.4%
Jan-19	1056	8	0.8%
Feb-19	1944	13	0.7%
Mar-19	1310	7	0.5%
Apr-19	1151	3	0.3%
May-19	898	4	0.4%
Jun-19	668	0	0.0%
Jul-19	1452	4	0.3%



*Only includes calls and on-views for HSOC officers, and bookings by HSOC officers.

** Vast majority of these bookings are for warrants.

Question 9:

Why are tents being collected as evidence by police if cases are not being regularly prosecuted by the District Attorney?

1. Prospective prosecutorial outcomes have no bearing on whether to conduct enforcement.
2. Officers are responsible for compliance with policy and to use their best efforts to convince people to accept offers of shelter.
3. Per SFPD policy, when the elements of 647(e) PC are present, (illegal lodging) and the person refuses available shelter, officers may issue a citation. The seizure of evidence is policy and practice.
4. The collecting of a tent as evidence is only done after other options have been exhausted and the individual has refused shelter when shelter is available.

Question 10:

What will happen if the rate of camp removals exceeds that of service expansion?

1. Only after making an offer of a shelter bed can an officer issue a citation for violation of illegal camping laws.
2. To ensure the health and safety of the community HSOC may engage with people living in encampments even when shelter beds are not available.
3. The ability to resolve encampments relies on access to shelter and ultimately housing.
4. HSH is committed to making sure that all individuals get access to our system of care through Coordinated Entry.
5. HOT is a mobile Coordinated Entry Assessment Team and their goal is to ensure that encounters result in access to Problem Solving and Coordinated Entry.
6. HSOC is working to improve awareness about the system of care and available resources among all partner departments.

Question 11:

Of the total tent clearances reported each week, how many bag-and-tag procedures to store people's property are being carried out? How many homeless people were successful at retrieving 100% of the property taken? How is the Department of Public Works be held accountable when there are claims made by those experiencing homelessness.

1. From the months of September 2018 – February 2019 there were 400 instances where items were collected and stored at the Public Works Operations Yard at 2323 Cesar Chavez.
2. During this same time period of September 2018 through February 2019, 58 individuals retrieved 151 items from the storage facility at Public Works.
3. Reports can be made directly to the office of the director of Public Works. They will be investigated and the issue addressed with the individual.
4. If tents are collected as part of a police action, the tent is held at the Public Works yard. People can pick up their belongings at public works yard once the case is resolved.

Question 12:

Can there be an HSOC Community Advisory Board? Can an LCHB representative attend HSOC policy meetings? Can other departments besides HSH attend LCHB meetings to discuss HSOC?

1. HSOC uses a Unified Command System rather than a single lead department; HSOC is made up of various government departments that have governing structures in the forms of Commissions, Boards & Advisory Groups.
2. As an operational collaboration, HSOC does not have public meetings.
3. City staff working on HSOC understand the need for transparency and the benefit of getting input from a variety of stakeholders.
4. HSOC has agreed to attend public quarterly meetings.