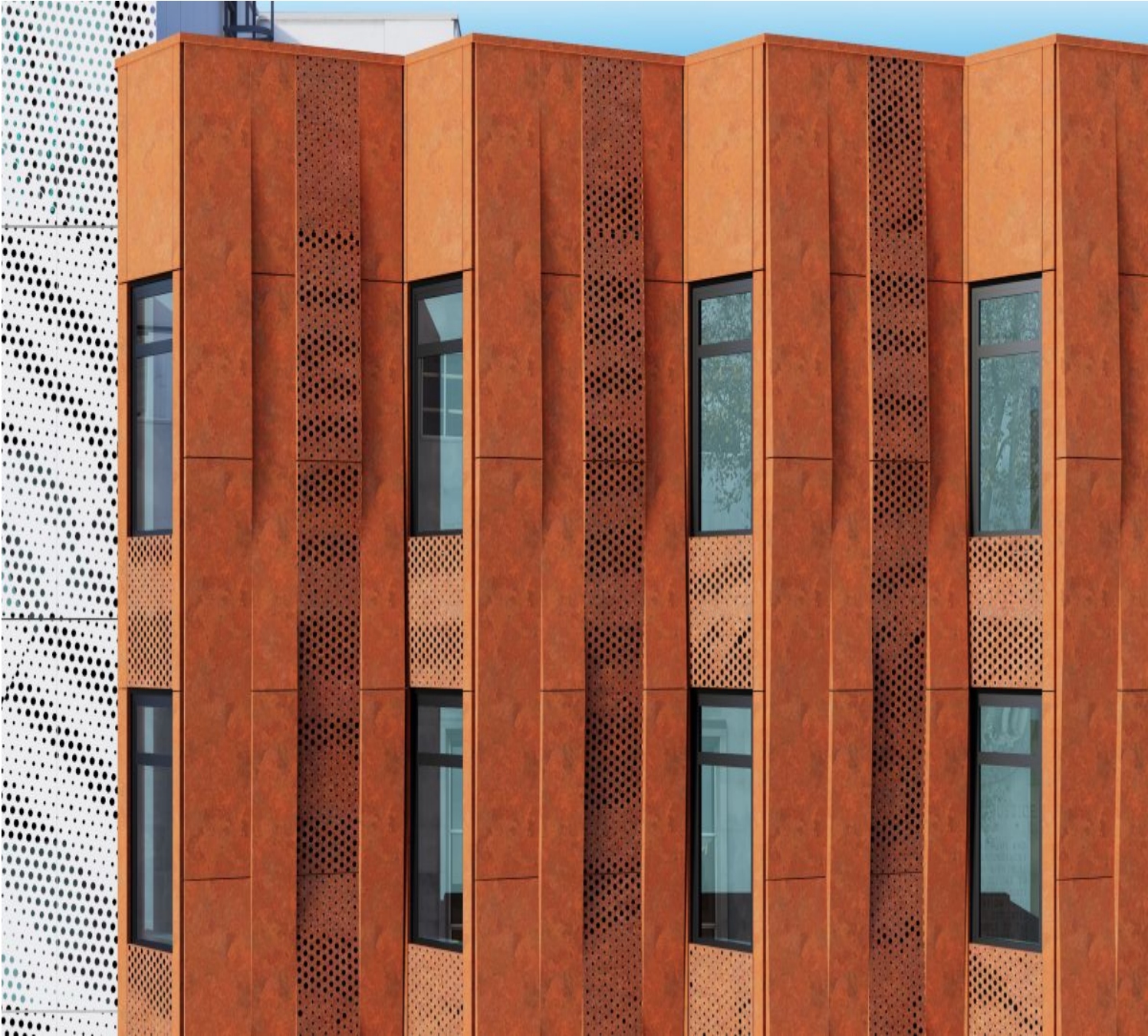# San Francisco Services & Staffing Recommendations

Services & Staffing Recommendations

A report to the San Francisco Department of Homelessness and Supportive Housing and the Supportive Housing Providers Network

Introduction

The Corporation for Supportive Housing (CSH) is pleased to provide this report to the San Francisco Department of Homelessness and Supportive Services (HSH) and the Supportive Housing Providers Network (SHPN). These recommendations came from an authentic community process that involved many stakeholders who want to see service improvements in permanent supportive housing (PSH) for adults. Throughout this process, CSH observed candid and transparent discussions among providers and received valuable insight into the needs of tenants throughout San Francisco. It was clear that these agencies placed the health and wellbeing of tenants as the priority reason for making these recommendations. CSH thanks the Mayor's Office of Housing and Community Development (MOHCD) for providing financial support for this work.

Background

The HSH and SHPN identified the need to engage in robust discussions regarding onsite services provided in PSH projects. The goals were to create a set of recommendations on how to strengthen provision of services for the benefit of PSH tenants and to support the sustainability of the provider agencies. A shared commitment exists that tenants and staff deserve to have access to high quality support. These PSH projects are tenants' homes and staff want to see them succeed in their housing and build community. The collective work that has been accomplished over the past few months can shift the system closer to implementation of strategies that will move these recommendations forward to ensure that quality supportive housing is available for highly impacted individuals in the community.

HSH and SHPN requested that CSH facilitate a process to engage a diverse group of community-based organizations that provide services in adult permanent supportive housing in San Francisco, including Black, Indigenous, and People of Color (BIPOC) led agencies, organizations that serve a small number of PSH sites, and those that serve and operate more than 10 sites.

Appendix A outlines details of the process.

Recommendations

These recommendations, in ranked order, are intended to inform future budget and programming priorities for new and existing PSH for adults.

Pay Equity	Increase resources to support a standard wage range for onsite staff to reduce staff turnover, improve recruitment, address geographic disparities, and compete with civil service and market wages.
Lower Staffing Ratios	Align with 1:15 case management staffing ratio that is the industry standard in PSH for highly impacted tenants; 1:25-30 if it is a more stable population.
Prioritize Diversity, Equity, and Inclusion	Ensure staff reflect the population served, and services are culturally responsive.
Staff training	Provide relevant professional development opportunities system wide.
Increase clinical support	Augment teams with site based and roving nursing and behavioral health care providers.
Improve services access & referral system	Increase transparency in the system referral process to improve ease of access to services for both tenants and referring staff to help ensure that services are appropriate for the level of need each individual presents.
Housing Quality	Ensure that capital/property management resources are sufficient so that housing units are well maintained.

In the written survey, respondents ranked other priorities, given the potential availability of expanded system resources and with additional services funding that could come from other City Departments. These additional recommendations, ranked by participating agencies, were:

1) Increased access to in home supportive services (IHSS),
2) Harm reduction and substance use services,
3) Onsite nursing/medical services,
4) Other behavioral health services beyond substance use, and
5) Food security.

While these recommendations came out in the survey, during a follow up meeting to gain additional provider feedback, participants were provided with a poll and asked to choose their top two priorities out of six. **Pay equity** and **site based and roving nursing and behavioral health** tied for the top two positions, with 62% of respondents indicating that these two recommendations are the highest and most immediate priorities for implementation.

Appendix B outlines details of these recommendations.

Next Steps

The next steps outlined below will help ensure that this report is a dynamic document, and one that is frequently revisited for future discussions and implementation as needed. Specific, identified tasks include:

- Develop budget proposals using quantitative information built from the qualitative information in this report, including wages and case management ratios (industry standards are available here). This analysis for PSH support services budgets should be complete by March 2022.

- Align with the HSH Racial Equity Plan.

- Inform the HSH Coordinated Entry (CE) evaluation and incorporate PSH provider input within the CE planning process.

- Engage Family PSH and Transition Aged Youth (TAY) system providers to identify priorities and tailor recommendations to these population needs.

- Develop ongoing mechanisms to communicate progress updates on the recommendations, including frequency and other forums, such as the HSH Strategic Framework planning process.

- Share this report with other City Departments, including the Controller's Office, Department of Public Health (DPH), the Department of Disability and Aging Services (DAS), and others to explore how to best leverage and increase resources overall.

- Determine how agencies can leverage programs such as DAS congregate meals or HSA food security programs.

- Incorporate early learnings from the IHSS pilot and expand the Collaborative Care Giver Teams model across additional PSH sites, in partnership with DAS.

- Develop a systems level lived experience advisory group that contributes to operationalizing recommendations.

- Establish a timeline in early 2022 to complete a property management analysis.

Appendix C outlines anticipated outcomes if recommendations are implemented.

Conclusion

San Francisco has undertaken this process of strengthening services provision with PSH at a time when many other similarly sized cities along the west coast and nationally are grappling with the same sets of challenges: pay equity for front line staff, high case ratios that do not support quality services, and service provision to those experiencing higher acuity in their needs. CSH commends HSH and SHPN for tackling these challenges by engaging PSH providers, soliciting their unvarnished feedback, and supporting the resulting set of recommendations. When implemented with determination, strategy, and finesse, these will serve to enhance the lives and experiences of both tenants and staff in PSH and help HSH achieve its goals to end homelessness for people in San Francisco.

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Appendix A: Background and Summary of Process

HSH combines homeless serving housing and programs into one consolidated department for the City and County of San Francisco that has a focus on preventing and ending homelessness for people in San Francisco. SHPN is made up of nonprofit agencies working in the City and County of San Francisco providing supportive services and property management within permanent supportive housing. SHPN consists of over 13 agencies, representing the majority of permanent supportive housing (PSH) units located within San Francisco.

Elizabeth Hewson, HSH Manager of Supportive Housing Programs, along with Lauren Hall, Executive Director of Delivering Innovations in Supportive Housing (DISH), and Tramecia Garner, Chief Operating Officer and Housing Director of Swords to Plowshares, co-chairs of the SHPN, had been observing challenges within the PSH system and initiated conversations in spring of 2020. By early 2021, there was a renewed sense of urgency to come together to address these challenges. SHPN requested support through the Mayor's Office of Housing and Community Development (MOHCD) for CSH to undertake a process to determine specifics around this collective need to better serve highly impacted yet resilient supportive housing residents in San Francisco.

Survey and Feedback Sessions

The core group for this project included Heather Lyons and Tom Stubberud from CSH, Elizabeth Hewson from HSH, and Tramecia Garner and Lauren Hall as co-chairs of SHPN. CSH, with input from the core group, created a 13-question survey for distribution to San Francisco supportive housing providers, who were identified by HSH. The core group followed up with agencies to submit their responses and CSH staff spoke directly with two providers to ensure inclusiveness. The survey gauged where agencies are in their baseline of services and determined, via open ended questions, how those might improve with additional resources. The responses helped provide information on how to be more consistent across providers while ensuring flexibility in service provision.

Survey topics included:

- Current staffing models,
- Number of current positions and vacancies,
- Services staff case ratios,
- Salaries for service positions (case managers) and current challenges,
- Issues around tenant crises (barriers and mitigation),
- Ideal onsite support services staffing models,
- Innovative or promising practices, and
- Tenant feedback.

The survey submission deadline was October 15, 2021. Of the 24 agencies that received surveys, a total of 18 completed them, for a response rate of 75%. CSH compiled and summarized the survey responses in order to help guide discussions during the feedback sessions.

Thirty-four people from 15 agencies attended the first provider feedback session (not including facilitators and presenters) on October 28, 2021. The first meeting included large group discussion of the summary of the survey results and breakout sessions designed to elicit specific recommendations on how best to implement survey responses. The recommendations are based on provider experiences with the type, level, and need for services in their PSH projects.

Twenty-nine people from 16 agencies attended the second provider meeting on December 2, 2021. This focused on soliciting feedback on recommendations developed from the surveys that were updated in the first meeting. The meeting also had a large group discussion and breakout sessions focusing on finalizing feedback on the recommendations, as well as incorporating participant ideas on what outcomes would be realized if these recommendations were implemented.

Agencies that participated in the second meeting were asked via a poll to identify the top two priorities they felt would have the most impact for their organization to implement. As stated earlier, pay equity and onsite and roving nursing and behavioral health were tied for the top two positions, with 62% of poll respondents coalescing around these two recommendations as being the highest, most immediate priorities for implementation. Ranking of the remaining priorities were lower staffing ratios (14%), ease of access to services for both tenants and referring staff (10%), ensuring buildings are well maintained (5%), and ensuring staff reflect the population served (5%)

These are the community-based organizations that responded to the survey and/or participated in the two provider feedback meetings:

Abode Services
Bayview Hunter's Point Foundation
Catholic Charities
Chinatown Community Development Corporation
Community Forward
Conard House, Inc.
Curry Senior Center
Department of Homelessness and Supportive Housing
Dolores Street Community Services
Episcopal Community Services
Glide Community Housing, Inc.

HomeRise
La Casa de las Madres
Lutheran Social Services
Mercy Housing
Mission Neighborhood Health Center
Salvation Army
Swords to Plowshares
Tenderloin Housing Clinic
Tenderloin Neighborhood Development Center
United Council of Human Services, Inc.
University of California San Francisco, CityWide

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Appendix B: Recommendation Details

The following reflects more detailed notes of the recommendations based on surveys and provider feedback:

Pay Equity and Strategies for Staff Retention:

- Staff turnover and extended staff vacancies will continue until adequate pay is in place and case ratios are lower.
    - Suggested starting wage: $25 - $28/hour ($52,000 - $58,000 annualized) for non-licensed, entry level case management positions. From survey responses, the identified salary range across various titles showed a substantial gap across the adult PSH system.
        - Salaries starting in the high teens per hour were identified within smaller community-based organizations and up to $33 per hour for case managers who are employed by larger community-based organizations as well as City and University agencies. The majority of the identified salaries (10 out of 18) fell below $25 per hour. This data strongly informed the recommendation of $25 to $28 per hour as a standard, starting range for Case Managers system wide. Additional review is warranted, in partnership with providers and HSH, to ensure competitive benefits are also in place.
    - 1:15 case management staffing to case ratio is standard; 1:25-30 if it is a more stable population. In this process, ratios varied significantly, usually around the 1:30 range, even with high acuity tenants. One project stated that they had a 1:50 ratio.

Staffing and Training:

- Organizations that currently serve more high acuity populations need increased funding to provide an increased level of clinical services.

- A need exists to identify practices and resources to ensure that services staff reflect the population served (race and ethnicity, visible and invisible disabilities, and LGBTQ+ identifying).

- Given the staffing structure of typical PSH programs, additional investment in afterhours care is important as well as appropriate training on how to attend to crisis situations, especially when services staff are not present.

- Increasing support for positions that focus on community engagement and activities (e.g., resident services coordinators) and investments in peer support programs would help organizations focus on community building, tenant leadership and empowerment. This would also free up case managers to do more intensive case management.

- Given the current case ratios and staff vacancies, support services supervisors and managers often carry caseloads. These caseloads should either be reduced or not exist so they can focus on leading teams and building effective programs.

- Investments should be made in management and leadership training for supervisors and managers to improve coaching and mentoring and enhance staff retention. Additionally, training on standards for case management in order to increase their ability to understand and measure quality support from their teams would be valuable.

Nursing Care and Behavioral Health:

- Onsite as well as roving nurses would help address chronic health issues; which type varies by site and organization.

- Agency based nurses would be helpful so that staff and tenants have continuity and can build relationships.

- In order to ensure that the diversity of tenants is open to services, all medical care provided should be culturally appropriate.

- Behavioral health services need to be relationship connected in order for tenants to be more open to accessing these services. This could be done via embedded staff and/or roving staff with connections to onsite case managers. These services must be culturally specific and responsive to tenant needs.

- Clear referral pathways or linkages would increase access to medical and other acute care beds to support residents in need of treatment or stabilization.

- Harm Reduction needs to be more clearly defined to ensure that organizations operate under similar philosophies with clear programmatic expectations and support for working with active users. Technical assistance and training support to organizations to develop/revise harm reduction policies should support this.

- HSH and providers could explore the feasibility of a clinical internship program and/or provide group and individual supervision for master's level clinicians. This will help agencies to be able to hire and retain clinicians as well as have interns. Organizations would work in close partnership with HSH/DPH to collectively support and encourage new clinicians to work in community mental health.

- Staff have expressed fear of working with tenants demonstrating aggressive behaviors associated with significant mental health or chaotic substance use issues. Given the priority to remove barriers to housing for those who may struggle with these issues, there should be further support to ensure that staff are properly trained and have adequate safety protocols in place. Additionally, racial bias was noted as a factor, which calls for increased training and support on culturally responsive services and implicit bias as well as partnerships with culturally specific providers.

Housing and Service Options and Access:

- Flexibility as well as increased access to higher or lower levels of care help support people along the continuum of those who need higher acuity services to tenants who no longer need PSH.

- Refining the Coordinated Entry process, including housing referrals and navigation, will ensure greater precision in referrals to match site facilities, including physical access, and services.

- Strengthening linkages with other service providers in the community will help PSH service providers more easily refer tenants for needed supports. It's appropriate to utilize services external to a site; not everything needs to be onsite at supportive housing.

- Give PSH service providers appropriate levels of access to EPIC (DPH electronic health records) in order to improve care coordination for tenants, so that health services staff can communicate with onsite services staff when a tenant is being discharged from a hospital or institutional setting.

- As tenants age in place, some of the older buildings do not have the supports or amenities they need; there is also a lack of assisted living options. Partner with disability advocacy organizations and the Mayor's Office on Disability to explore accessibility modifications that will help tenants remain in their homes. Utilize PSH transfer policy to address reasonable accommodation transfer needs. Develop improved linkages and referral pathways for when tenants need to move to a higher level of care than what is available in PSH.

- A need exists to expand partnerships with IHSS to help with range of services that allow people to remain living independently in their own homes.

Appendix C: Anticipated Outcomes

Tenants in San Francisco PSH currently experience high housing retention rates, however, implementing these recommendations will strengthen outcomes across the system and, in particular, among tenants with higher acuity who may struggle in their housing. An investment in wage equity, appropriate case management ratios, and enhanced behavioral health services would improve outcomes for current (and future) residents who struggle to stabilize in housing. These tenants draw heavily on staff capacity and often end up in more costly emergency settings and/or return to homelessness. If programs are fully resourced, there will also be an increased ability to ease the navigation process. This list came from a large group discussion and facilitated breakout conversations in the second provider feedback session.

<u>**Improved tenant outcomes**</u>:

- Community building would grow with greater support from staff (due to lower case ratios).
  - This would support greater resident investment in their homes, as well as fewer complaints and conflicts among tenants as they build connections and supportive networks.

  - This would also create more leadership and empowerment opportunities for tenant community building.

- There would be decreased behavioral health crises.
  - Lower staff-to-tenant ratios allow for greater onsite support and relationship building with as well as increased coordination with external providers.

- Decreased evictions would occur.
  - Improved service connection and engagement around negative behaviors prevents tenants from returning to homelessness and reduces project operation costs.

- People will get the care they need, particularly with mobile units, increasing their wellbeing.
  - Connections to physical and behavioral services, including relationship building, will reduce the crises that affect services and property management staff which, if left unchecked, can create fear and increase evictions.

- There would be improved stability and health outcomes for people who are aging, either as new tenants or those who have been housed in their units for many years.
  - Increased access to specific support for aging populations result in increased connection to unique and necessary health services.

- Decreased Emergency Department (ED) visits, which would increase long term health supports.
  - By providing increased health services, tenants adjust to having services tied to a clinical "home" so they do not use EDs for primary care. It can also reduce the number of medical emergencies tenants experience.

  - This provides a cost offset for health systems and increases ED staff morale.

- There would be decreased police calls.
  - Presence of police can cause overall tension among building tenants and potentially re-traumatize folks who have negatively been involved with police in their past.
  - It reduces neighborhood concerns about PSH buildings.
  - It provides a cost offset to public safety.
- Improved health outcomes would exist for tenants.
  - This reduces crises among tenants which creates problems with services staff (and property management) who do not have adequate training in this area.
  - Improved health has a direct correlation to improved stability in housing (eviction reduction).
- Improved resident satisfaction helps with housing retention.
  - When tenants are satisfied with their housing and service, they recover, grow, and thrive.

Improved staff outcomes:

- Agencies would stay true to quality services and housing.
  - Improved quality of services and housing equals improved quality of life for tenants and decreased frustration among staff to help solve problems.

- If staff is supported (increased pay, good supervision, training, mentoring, etc.), it will lead to staff retention. With that, they would see greater benefits in their work, including improved outcomes for tenants and results from their support, which is a typical reason they seek out these positions.
  - Continuity of relationships is important for tenants and staff to reduce evictions and improve tenant outcomes.

- If people felt that they were supported by systems and policies, they would see that they are achieving goals for tenants, the organization, and the community. It's important for staff (and tenants) to see positive changes in peoples' lives.

- Promoting role clarity and defined expectations of staff impacts outcomes for tenants.
  - Decreased staff to tenant ratios helps promote this as does reducing or possibly eliminating caseloads for supervisors and managers.

- Improved overall benefits for staff shorten recruitment timeframes, which help the agency with efficiencies and improved morale for back-office staff.

- Additional staff and staff retention will make an impact on an organization's ability to fulfill contract goals.

Other – Improved contracting outcomes:

- Reducing bureaucracy where feasible (e.g., providing less Critical Incident Reports to HSH), results in more time spent with tenants.

- Changing current outcomes to speak to the quality of services (such as community building and stability), would support organizational policies that would show results to HSH.

- If more resources are available, agencies can better provide the services they are contracted to do.

- Reviewing contracting processes for increased flexibility, potentially advancing funding as needed, and others would reduce administrative pressures in order to focus on more quality services.

- Increasing alignment in contracts would reduce the level of reporting required for various funding such as Mental Health Services Act, Continuum of Care, General Fund and others.

Other – Improved property management outcomes:

- Additional service support would decrease stress for onsite staff. Property management staff are often overwhelmed with tenant behavioral issues. Additional service support will allow property management staff to focus more on their duties without having to balance so many responsibilities outside of the property management role. This could result in:
  - Improved maintenance and cleaning in the buildings and neighborhood.
  - Cost savings in other areas (e.g., less frequent need to replace fixtures).

- Adequate services staffing can help ensure there is clear coordination between property management and services staff.

- Completing a process, similar to this one, specific to property management that incorporates qualitative and quantitative information would promote equitable support across functions in buildings and increase outcomes for staff and tenants.