OFFICE OF THE CONTROLLER
CITY AND COUNTY OF SAN FRANCISCO

MEMORANDUM

TO: Marion Sanders, Chief Deputy Director, Department of Homelessness and Supportive Housing (HSH)
Salvador Menjivar, Director of Housing, HSH
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FROM: Hannah Kohanzadeh, Sr. Performance Analyst, City Performance
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DATE: April 23, 2024

SUBJECT: **HSH Critical Incident Analysis and Recommendations**

PROJECT OVERVIEW

The Department of Homelessness and Supportive Housing (HSH) requested City Performance support to use Critical Incident Report (CIR) data to assess the types and scale of incidents within housing and shelter programs and facilitate conversations with staff and providers to generate recommended guidelines for a coordinated response to critical incidents at program locations.

HSH uses an online CIR Form to gather structured information about a variety of health, safety or facility-related incidents that occur at program locations. With new structured data and an automated submission process, HSH has an opportunity to explore and understand the frequency of various types of incidents and develop new policies to support consistent response by providers and HSH staff.

Methodology

From June 2023 through February 2024, City Performance conducted project work across several semi-concurrent work streams.

Data Analysis
City Performance gathered data from CIR Form submissions paired with metadata about provider, program, type of facility, facility size, and population served to analyze trends and identify findings regarding critical incidents.

City Performance analyzed 1,968 out of over 4,000 CIR submissions provided by HSH, assessing the universe of incidents, frequency of incidents, sites submitting the most or fewest CIRs, and the populations served with the most CIRs submitted.

Provider Interviews

City Performance interviewed staff representing 15 program locations across both Permanent Supporting Housing (PSH) and shelter service areas to explore providers' understanding of the process for reporting incidents and issues around high priority incident response. City Performance spoke with a mix of sites serving adults, families, and transitional-aged youth. City Performance used CIR data to identify proposed sites for interviews, and HSH Program Managers reviewed and affirmed the selections prior to interviews.

Deliverable: *See "Analysis and Findings from Incident Data and Provider Interviews" as Attachment 1.*

HSH Leadership Interviews

City Performance held meetings with several members of HSH leadership to better understand their use of CIRs, what information is currently helpful and what is missing from CIRs, their expectations of staff in response to CIRs, and their thoughts on what is needed to improve the CIR process. The insights from these conversations impacted the development of recommended tools and products City Performance created for the project.

Monthly Meetings with HSH Program Managers

In the fourth phase of work, City Performance held monthly meetings with HSH Program Managers from October 2023 to February 2024 to collect their insights on the development of tools and guidelines based on the data analysis and provider interview findings. Each month the City Performance team set agendas as follows:

- **October:** City Performance presented CIR data analysis and findings, engaged Program Managers in dialogue about findings, and solicited information about providers to interview.
- **November:** City Performance presented an overview of provider interview takeaways, engaged Program Managers in dialogue about findings, and proposed minor edits to current HSH CIR Policy.
- **December:** City Performance engaged Program Managers in discussion to determine how to define a "trend" in incident types and brainstorm incident management steps for Major Service Disruptions and Life Endangerment related incidents.
- **January:** Program Managers worked through edits to drafted workflows of incident management for Major Service Disruptions and Life Endangerment related incidents.
- **February:** City Performance gathered feedback on select recommendations and tools.

RECOMMENDATIONS & DELIVERABLES

Through all project activities, City Performance identified various improvement opportunities related to the critical incident management process, incident reporting practices, data analysis and data-informed decision making. The following section describes these areas in detail, including the rationale for each recommendation, the tools and products City Performance created to help address these areas, and how HSH should use or implement the deliverables.

RECOMMENDATION: Clarify the Process and Roles for Critical Incident Management

During interviews and workgroup sessions, both HSH Program Managers and providers expressed confusion or had different understandings of the process and their role, e.g., when and how each group is expected to act during or following an incident. HSH staff, providers at PSH, and those at shelters require clearer documented processes and descriptions of roles and expectations to effectively manage and report critical incidents. HSH should ensure providers, Program Managers, and HSH Leadership, and other City department stakeholders understand their roles in the response and management of high priority incidents to improve communication and the timely flow of information.

Additionally, City Performance found that HSH did not have clear, documented expectations about the type of support or resources Program Managers are expected to offer in response to high priority incidents, or how and when to engage HSH Leadership to access these resources. HSH should develop documentation and/or training content for both HSH Program Managers and providers to understand expectations and the options available when priority incidents occur. The documentation and/or training document should note when and which other City departments may be involved in addressing incidents and how providers should engage them to receive appropriate and timely services.

Incident Response Workflows

City Performance documented the process of critical incident response and reporting to assist HSH staff and providers in understanding the incident management process.

Deliverable: *See "Incident Response Workflows" in Appendix A.*

The Incident Response Workflows for Major Service Disruption and Life Endangerment incidents illustrate a step-by-step process of incident management, beginning at the onset of the incident and concluding with providers sharing the incident resolution and HSH Program Managers sharing if any further supports may be offered. The workflows include:

- Tasks for each step organized by Provider, HSH Program Manager, and HSH Leadership to distinguish responsibilities and the appropriate stage to involve other stakeholders.
- Questions to consider at various steps to prompt HSH Program Managers and providers to share relevant information in detail.

When used as a reference tool, the Incident Response Workflows assist stakeholders in managing critical incidents by guiding them through every step of the critical incident management process. The Incident Response Workflows also function as agenda templates for meetings between HSH staff and providers to empower stakeholders to discuss current response and future planning options at the optimal stage of the incident. Incident response and future planning conversations may require the provider to engage other City departments, such as engagement with the Department of Public Health to consult on medical or behavioral health referrals or service needs, or with the Police Department to consult on security during or after a violent incident.

Current HSH policy describes Life Endangerment and Major Service Disruption incidents in a manner that does not directly align with the CIR Form incident types. The discontinuity of HSH policy guidelines with CIR Form incident types causes confusion among providers about when to notify HSH about emergent critical incidents. HSH Program Managers also shared different interpretations of when it

would be necessary for a provider to notify HSH of an incident due to the subjectivity of how grave an incident may be. City Performance recommends revising the incidents described as Life Endangerment and Major Service Disruption to align with CIR Form incident types to improve understanding of when to invoke certain protocols and align HSH policy with the CIR Form, as follows:

- **Life Endangerment Incidents Should Include**: Behavioral health emergencies (including suicide attempts), death (including suicide), acts or threats of violence (including hostage crises), sexual assault, and any other incident that may require immediate involvement of HSH.
- **Major Service Disruption Incidents Should Include**: events involving law enforcement, property destruction (including fires or floods) that causes significant impact to the program and/or residents, or that may require immediate involvement of HSH.

Broadening the definition of selected incident types may increase the volume of phone calls HSH may receive; however, this increase in calls may support HSH to develop a more nuanced understanding of these emergent circumstances and HSH may choose to revise its approach in the future based on this improved understanding.

Menu of Incident Response Options

City Performance developed a preliminary list of specific options HSH staff may deploy or request from other City departments to address high priority incidents.

Deliverable: *See "Menu of Incident Response Options" in Appendix B*.

HSH staff may use the Menu of Incident Response Options in concert with the Incident Response Workflows in response to a single incident, or as considerations for program design when staff identify trends in priority areas, e.g., during regular HSH staff meetings or the Biannual CIR Trend Meetings (see below).

The first section of the tool contains options that HSH Program Managers may implement without explicit approval by a supervisor as long as the circumstances of the incident align to specific criteria. The second section of the tool contains options that HSH management must approve prior to use. The Menu of Incident Response Options includes a list of relevant incident types, a description of when to use the response option, the process to request the response option and whom to contact to initiate the request. Many of the incident response options require the expertise of other City departments to perform the service. While a provider may need to engage other departments in the course of incident response, such as calling police or ambulance to address an issue at the site, HSH Program Managers will typically need to consult with HSH leadership before engaging other departments in broad future planning of service needs related to trends in incidents at or across sites.

City Performance engaged providers, HSH Program Managers, and HSH Leadership to develop the response options. However, due to limitations of the project scope and timeline, we did not engage all necessary HSH staff to finalize this tool. To complete the tool, HSH will need to draft the criteria that certain options must meet for Program Managers to independently approve implementation, record detailed processes for HSH Program Managers to request response options, and document which HSH staff member or external subject matter expert should be contacted to fulfill response requests.

City Performance recommends this tool be used as a living document and be updated with new response options, current points of contact, and refined or expanded processes as needed, at minimum

once a year. HSH should consider circulating this tool annually to staff, providers, and partnering City departments to ensure that the document's points of contact and processes are current.

CIR Policy Update

City Performance and HSH Program Managers reviewed current HSH CIR policies and procedures during workgroup sessions. For highest priority incidents, HSH program managers require both a phone call within five hours as well as submission of a CIR Form following conclusion of the incident. However, the current policy does not explicitly state that a phone call *and* a CIR submission are necessary, causing confusion among several respondents in City Performance's interviews with providers.

City Performance recommends HSH revise its CIR Policy to clarify that both a phone call and a CIR Form submission are necessary to report specific high-priority incidents. The revision should also capture HSH Program Managers' recommendation that the CIR Form submission occurs within 72 hours of the incident. The Incident Response Workflows capture this proposed clarification to ensure providers are aware of all necessary elements in notifying HSH about critical incidents.

RECOMMENDATION: Update Critical Incident Report Form to Enhance Data Collection and Use

While the current CIR Form supports HSH Program Managers to receive information about incidents occurring at program locations, there are several issues that impact the tool's effectiveness. City Performance recommends HSH continue to encourage providers to submit CIR Forms when necessary and make CIR Form edits to improve both user experience and data quality. Improving providers' user experience may bolster their CIR Form completion rates which will allow HSH to better track incident trends.

CIR Form Edits

City Performance recommends HSH make specific edits to the CIR Form providers use to document and report critical incidents and HSH staff use to manage their site portfolios. During interviews providers noted the data HSH currently collects accounts for just a portion of incidents actually occurring at sites since providers do not always submit CIRs according to HSH Policy. Providers also shared requests to streamline the structure of the CIR Form to lessen the administrative burden to complete and submit the form. Additionally, while performing data analysis, City Performance found instances where data entered in the CIR Form was incomplete and inconsistent with other fields in the form.

To alleviate data issues and completion barriers, City Performance developed a list of recommended revisions to the CIR Form with goals of increasing data accuracy and valid provider submissions. The recommended edits aim to:

- Eliminate or restructure question fields that negatively impact data accuracy and validity.
- Clarify form requests by adding more instructions and definitions.
- Consolidate reporting questions to improve usability of the form.

Deliverable: *See CIR Form Revision Recommendations in Appendix C.*

City Performance recommends prioritizing the following revisions to the CIR Form:

- **Disaggregate "Medical/Behavioral Health Emergency" into two incident types.** "Medical/Behavioral Health Emergency" is the most frequently reported incident type. City Performance's data analysis found that Medical Emergencies occur nearly eight times as often as Behavioral Health Emergencies. Parsing the two incident types provides HSH with a more accurate understanding of ongoing incidents which may lead to different incident management strategies.
- **Maintain the "Overdose" incident type, eliminate the "Overdose Reversal" incident type, and add a check box asking if providers administered overdose reversal medication.** Altering how the form gathers information about overdose incidents will simplify overlapping incident options and improve data quality. Clearer incident type options for providers will enhance HSH's understanding of ongoing overdose incidents and better enable HSH staff to consider impactful preventative and response strategies.
- **Edit the "Continued Disruptive Behavior Leading to a Denial of Services" incident type to instead say, "Continued Disruptive Behavior."** This edit, paired with maintaining the existing field for "DOS Issued" with its "Yes" or "No" drop down as is, will improve data quality and accuracy by capturing information on what led to the Denial of Service (DOS) and lessen providers' confusion on how to report a DOS in a CIR.
- **Add instructions stating that more than one incident type can be selected for each incident.** By explicitly instructing providers to describe the incident more fully and accurately through multiple selected incident types, the dashboards HSH program staff use to monitor sites and make programmatic and policy decisions will be more accurate. With more complete and descriptive data, HSH will be able to make better informed and impactful decisions.

During a workgroup session, HSH Program Managers affirmed a majority of the recommended edits, though several staff members reflected that further internal discussion about the use of certain fields may be needed to ensure complete understanding about how different individuals use the fields in their work. HSH staff remarked that some elements of the CIR Form structure are limited by MS Forms constraints. City Performance recommends that HSH data or systems teams explore if the recommended edits may be made in MS Forms and if they are too severely limited by that platform to consider utilizing another platform, such as Survey Monkey.

RECOMMENDATION: Develop Tools to Support Ongoing Analysis and Data-Informed Program Design Decisions

City Performance identified a need for HSH staff at all levels to be able to more easily monitor and study incident trends. HSH Program Managers receive an emailed notification of each incident and rely on Power BI dashboards that aggregate certain incident information to understand trends or themes. Not all staff have access to the Power BI dashboards, and according to staff members, the dashboards may be too complex and should be streamlined to support trend analysis.

City Performance recommends revising the Power BI dashboards and changing some dashboard features to improve user experience. City Performance also recommends automating recurring summary reports to circulate among HSH Leadership to keep them regularly informed of high-level trends.

HSH Power BI Dashboards

In observing meetings and speaking with staff, City Performance determined HSH staff need further tools to assist their monitoring and management of critical incidents at program sites. City Performance recommends the revision of existing dashboards to be used for CIR trend analysis, in particular by summarizing the volume and rate of CIRs per month with the ability to filter by incident type, population, program manager and other fields. Along with such revisions, City Performance recommends reviewing existing dashboards with staff to ensure they meet their needs for day-to-day use.

A revised CIR trend dashboard would make identifying trends and data changes easier by performing analyses so staff can focus on managing responses.

Deliverable: *See Power BI CIR Trends Dashboard Proof of Concept in Appendix D.*

The proposed dashboard could be used for Program Managers' and providers' monthly check-ins as well as in the Biannual CIR Trend Meetings, described below. The new dashboard should be filterable by incident type, facility type, and date, and should summarize the following data fields:

- Site name and agency
- Population served
- Site capacity
- Count of CIRs submitted
- Percent of CIRs by capacity
- Previous year's CIR count
- Program manager name

The CIR trend dashboard should use conditional formatting to highlight specific trends, such as an increase in the volume of incidents at a specific agency's sites or a decline in the volume of incidents reported year over year. City Performance recommends that HSH program staff collaborate with the data team to finalize what analyses would be most useful to have summarized and what specific items they would like flagged by conditional formatting. By customizing the CIR trend dashboard, program staff will obtain a tool that will ease their monitoring of sites and support their ability to recommended incident response solutions or departmental policy changes.

City Performance discovered some staff do not have access to Power BI and other staff stated that the dashboards are not user-friendly. HSH program staff should convene with their data team to request revisions to the current layout of Power BI dashboards. Program Managers noted revising features of dashboards would improve the usability of them:

- Editing the timeframe filters from sliders and arrows to text fields for faster date filtering.
- Enabling all staff of a program division to view their team's sites so staff who manage units within a building may review the building's data, and staff may more easily cover each other's portfolios when needed.
- Creating a dashboard with data from providers who are shared across the program division that all program staff may see.

Program Mangers also stated they would benefit from trainings on how to use Power BI dashboards so they can maximize use of the application's features.

Automate Recurring Report

Throughout the project HSH Leadership expressed a desire to be better informed of current critical incident trends so they can make policy and programmatic decisions with more tangible impact on managing critical incidents. City Performance recommends automating recurring summary reports to circulate among HSH Leadership to keep them informed of high-level critical incident trends every month or quarter. HSH staff already manually produced a draft of this document which proved time-intensive and burdensome to create. It included the following content:

- When and where incidents occurred
- What incidents included emergency response involvement
- Population types with the most incidents reported
- Most frequent incident types reported
- Volume of incidents reported in a neighborhood in proportion to the volume of site locations in a neighborhood

City Performance recommends HSH Leadership review and provide feedback on the current draft of the report to finalize necessary content, and then HSH should automate the report in Power BI. Creating an automatic report will simplify data generation and reduce the time necessary to produce the report. HSH managers should review the report and share it with HSH Leadership on an ongoing basis. Once data collection improves, HSH should consider sharing this report with other City departments involved in supporting the needs of clients at HSH program sites so they may be better informed about ongoing trends which may impact their work.

Biannual CIR Trend Meetings

City Performance identified a need for more collaborative critical incident data review and decision-making opportunities between HSH Leadership and Program Managers. City Performance recommends HSH institute Biannual CIR Trend Meetings to help inform budget and program design decisions. At least twice per year, HSH Leadership, Division Management, and Program Managers should gather to review CIR trends to make system-wide data-informed decisions about programming, which may also include budget adjustments.

Rather than convening an all-staff style meeting, select groups based on populations served within PSH and Shelter programs should meet biannually to allow for nuanced discussion. At the meeting, participants should discuss larger CIR trends occurring at program locations, capitalizing on Program Managers' on-the-ground expertise and Leadership's understanding of system change limitations and capabilities. City Performance recommends the following staff to participate and execute the following roles at the meetings:

- **Program Managers** should leverage their on the ground expertise to guide conversation. Program Mangers should create the agenda and facilitate meetings based on their review of current CIR trends and high-profile incidents. Program Managers may use the new Power BI CIR Trend dashboard to identify trends or year to year changes in CIR submissions by incident type and facility type within specified date ranges. Program Managers may also reflect on qualitative information observed throughout the year from their site portfolios to create the agenda. Program Managers should explain the impact of these trends and incidents on their day-to-day work and suggest solutions to the issues raised, potentially referencing the Menu of Incident Response Options.

- **Program Division Management** (e.g., Supervisors and Managers) should employ their knowledge of programs, incidents across programs and understanding of the HSH decision-making process to inform the discussion about system-wide response options. Program Division Management should review Program Managers' drafted agendas and solution options in advance of the meeting and weigh in during meetings to provide feedback on trends, priorities, proposed solutions, and any concerns.
- **HSH Leadership** (e.g., Program Directors and/or Deputy Director where feasible) should help their teams to develop solutions addressing the trends and high-profile incidents raised by Program Managers. Leadership should consider the meetings' discussions, recommended solutions and timelines for implementation of programmatic changes while crafting HSH's budget proposals.

A Biannual CIR Trend Meeting allows HSH staff at all levels to use data and information about critical incidents at program sites to inform budget and programming decisions. HSH staff may refer to the Menu of Incident Response Options to generate ideas or brainstorm new options to address incident trends. If those approaches prove successful, HSH should add them to the Menu of Incident Response Options to maintain that tool as a living document.

APPENDIX A: INCIDENT RESPONSE WORKFLOWS

Staff developed distinct incident response workflows for incidents categorized as Major Service Disruption and Life Endangerment. Each workflow illustrates a step-by-step process of incident management.

Life Endangerment Incident Response Workflow

Incidents Include: Behavioral health emergencies (including suicide attempts), death (including suicide), acts or threats of violence (including hostage crises), sexual assault, and any other crisis situation that may require immediate involvement of HSH (e.g., when there is a shooting, stabbing, or media attention).

Step 1: Incident Occurs		
Providers	**HSH Program Managers**	**HSH Leadership**

• For incident types noted above, immediately contact your HSH Program Manager (PM) about the incident
• Submit a HSH CIR within 72 hours of the incident
	• Wait for CIR to arrive within 72 hours of incident if not a crisis situation
	  o Incidents include: suicide attempts, serious physical assaults, serious injuries
	• When it is a crisis, immediately let HSH Leadership know about the incident
	  o Crisis situations are when there is a shooting, stabbing, or media attention will be present, etc.	

Step 2: Follow Up with CIR Authors		
Providers	**HSH Program Managers**	**HSH Leadership**
For every CIR related to life endangerment incidents: • Actively work to resolve the incident. • Engage with HSH PM to clarify any necessary details. Activities to begin after incident resolution: • Safety plan	For every CIR received related to life endangerment issues: • Clarify details of the incident with providers o Ask if the provider called emergency responders • Inquire whether the provider and involved parties completed a safety plan • Ensure providers made appropriate referrals; provide support if need be to do so (i.e. clinical referrals to DPH or Mobile Crisis) • Are staff okay following the incident? Do they need any support to process the incident?	

	- Ask if any HSH support is necessary at that point in time. - Are clinical debriefing services necessary? - Does the resident/guest need to be placed in a different unit? - Are other units available? - Does support services have funding for temporary housing? - Does a unit need to be taken offline after the incident? - If a domestic violence/violent incident, consider a confidential location and do not work directly with the property manager when identifying a new temporary location. - If there was a hostage situation, were de-escalation methods used? - If yes, what methods were used? Were they successful? - If no, why were they not used? Has the client been unresponsive to such methods in the past? - Do staff need further de-escalation training?	
Step 3: Debrief Incident with Provider/Site Management		
Providers	**HSH Program Managers**	**HSH Leadership**
During monthly HSH check ins with sites, Providers and HSH Program Mangers should: - Debrief incident - Review safety plan Questions to consider: - Was this the first time these individuals were involved in an incident? - If yes, discuss options for whether to engage client in additional services - If no, discuss the client's current care plan. Does the client need more wellness checks? New services, such as behavioral health support? - Were de-escalation methods used? - If yes, what methods were used? Were they successful? - If no, why were they not used?		

▪ Has the client been unresponsive to those methods in the past? ▪ Do staff need further training on de-escalation methods? • Did the client refuse medical attention during the incident? • Was a 5150 or other hold placed?		

Step 4: Brief HSH Leadership on Incident		
Provider	**HSH Program Manager**	**HSH Leadership**
Complete tasks discussed with HSH Program Manager	After meeting with site management, HSH Program managers should • Debrief incident and safety plan for individual incidents when a major crisis occur • Debrief trends of incidents occurring and potential suites of solutions • Identify and debrief issues that new and unexpected and undefined under current incident categories Topics to note: • Discuss resource needs: budgetary modification requests and/or on-site service requests • Discuss obstacles or ongoing issues about incident and any possible solutions	Consider options to improve HSH oversight and support of sites: • Resource needs: budgetary modification requests and/or on-site service requests • Obstacles or ongoing issues about incident and any possible solutions Questions to consider: • Is this incident part of a larger trend? • Would any system-wide strategies reduce the frequency of incidents?

Step 5: Circle Back with Providers		
Provider	**HSH Program Manager**	**HSH Leadership**
Keep HSH Program Manager aware of incident resolution status	Using subsequent monthly HSH Program Manager - Site Management Meetings, discuss the following: • Whether there are any next steps needed to provide extra services or budget modifications • Report back to providers about what support HSH can provide • Ensure provider made all necessary referrals • Ensure that provider completed or scheduled any recommended staff trainings	

	• Confirm whether HSH completed any other provider requests for support • Continue an open line of communication	

Major Service Disruption Incident Response Workflow

Incidents Include: events involving law enforcement, property destruction (including fires or floods) that causes significant impact to the program and/or residents, or a crisis situation that may require immediate involvement of HSH.

Step 1: Incident Occurs		
Providers	**HSH Program Managers**	**HSH Leadership**
• For incident types noted above, immediately contact your HSH Program Manager (PM) about the incident • Submit a HSH CIR within 72 hours of the incident	• Wait for CIR to arrive within 72 hours of incident if not a crisis situation o Incidents include: events involving law enforcement, fires, floods, hostage situations • When it is a crisis, immediately let HSH Leadership know about the incident	
Step 2: Follow Up with CIR Authors		
Providers	**HSH Program Managers**	**HSH Leadership**

For every CIR related to life endangerment incidents:
• Actively work to resolve the incident
• Engage with HSH PM to clarify any necessary details
 	
Activities to begin after incident resolution:
• Safety plan
	For every CIR received related to major service disruptions:
	• Check in/clarify details of the incident with providers
	  o Werel emergency responders (i.e. fire department, police) called?
	  o Request information, such as an incident report or case number cards, filed by the emergency responders
	• Inquire whether clients have been displaced
	  o If yes, how many? Do they have any special needs?	

	- Begin planning where clients should be temporarily placed while repairs are made. - Ask if the site knows how long repairs will take - Does a unit need to be taken offline after the incident? (PSH) Does support services have funding for temporary housing? (Shelter) Does the client need to be moved to a different shelter? - Discuss whether any referrals for clients need to be arranged - Ask if any HSH support is necessary at that point in time	
Step 3: Brief HSH Leadership on Incident		
Providers	**HSH Program Managers**	**HSH Leadership**
	Before meeting with site management, HSH Program Managers • Notify HSH Leadership of the incident, included anticipated duration and resolution Topics to note • Discuss resource needs: clients transferred to specific buildings, budgetary modification requests, and/or on-site service requests • Discuss obstacles or ongoing issues about incident and any possible solutions	Consider options to improve HSH oversight and support of sites: • Resource needs: budgetary modification requests and/or on-site service requests • Obstacles or ongoing issues about incident and any possible solutions Questions to consider: • Is this incident part of a larger trend? • Would any system-wide strategies reduce the frequency of incidents?

Step 4: Incident Follow Up with Site Management		
Provider	**HSH Program Manager**	**HSH Leadership**
During monthly HSH check ins with sites, Providers and HSH Program Mangers should: • Debrief incident o Are there lingering issues? • Overview next steps • Review safety plan • Continue an open line of communication Questions to consider: • Are there prevention methods that can be implemented going forward?		

APPENDIX B: MENU OF INCIDENT RESPONSE OPTIONS

City Performance developed a preliminary list of specific options HSH staff may deploy or request to address high priority incidents. HSH staff may use the Menu of Incident Response Options in concert with the Incident Response Workflows in response to a single incident, or as considerations for program design when staff identify trends in priority areas. To complete the tool, HSH will need to draft the criteria that certain options must meet for Program Managers to independently approve implementation, record detailed processes for HSH Program Managers to request response options, and document which HSH staff member or external subject matter expert should be contacted to fulfill response requests.

Program Managers may address the following issues if the situation meets specified criteria				
Option	**Associated Incident Types**	**When to use**	**Eligible Criteria for HSH PMs to Act On**	**Contact**
Request a safety review of the building	Acts/Threats of Violence	If a trend of acts/threats of violence or other issues that demonstrate a need to review the safety of a building, and the building has never had a safety review or that the last review was greater than one year ago	Criteria to be determined by HSH	SME to be determined
Request security services onsite	Acts/Threats of Violence Sexual Assault Continued Disruptive Behavior	If a trend of acts/threats of violence or similar issues occur, and the site has no security services or after a safety review have insufficient amount of security staff or insufficient amount of time onsite	Criteria to be determined by HSH	SME to be determined
Request transportation assistance to appointments	Medical or Behavioral Health Emergencies	If a trend of CIR Incident Types that relate to a specific need for clients to obtain transportation assistance to attend appointments, and there is currently insufficient transportation offered onsite	Criteria to be determined by HSH	SME to be determined

Division management approval needed				
Option	Associated Incident Types	When to use	Process	Contact
Request de-escalation training for provider staff	Behavioral Health Emergencies Act/Threat of Violence	If a trend of acts/threats of violence or similar issues occur at a site, and the provider staff have not received de-escalation training or that the latest training was over one year ago	Process to be documented by HSH	SME to be determined
Request onsite behavioral health support (or additional support services)	Behavioral Health Emergencies	If a trend of behavioral health emergencies or similar issues occur at a site, and there are no support services or that support services are insufficient to demand	Process to be documented by HSH	SME to be determined
Allow Property Managers/Providers to issue lease violations	Act/Threat of Violence Continued Disruptive Behavior Sexual Assault Property Destruction	If a trend of acts/threats of violence or similar issues occur at a site for the same client	Process to be documented by HSH	SME to be determined
Request training on how to secure a restraining order	Act/Threat of Violence Sexual Assault	If a trend of acts/threats of violence or similar issues occur, and the provider requests assistance on securing a restraining order on an individual due to the related events	Process to be documented by HSH	SME to be determined
Request for trained Ambassadors to be present along street near PSH/Shelter site	Act/Threat of Violence	If a trend of CIR incident types reflects the need for trained Ambassadors to be present near the location of a PSH/Shelter site	Process to be documented by HSH	SME to be determined
Offer a SFPD Liaison to providers for safety issues	Act/Threat of Violence	If a trend of CIR incident types reflects the need for provider staff to contact a SFPD liaison to communicate and coordinate about safety issues	Process to be documented by HSH	SME to be determined

Division management approval needed				
Option	Associated Incident Types	When to use	Process	Contact
Request training on how to respond to active shooter incidents or other violent threats	Act/Threat of Violence	If a trend of acts/threats of violence or similar issues occur or a singular incident that merits the request, and the provider staff have never been trained or the last training was over one year ago	Process to be documented by HSH	SME to be determined
Request response (or additional availability) from Street Overdose Response Team	Overdose Medical Emergency	If a trend of overdose, overdose response, death, or similar occurs, and the site requires the Street Overdose Response Team	Process to be documented by HSH	SME to be determined
Request increase in amount of treatment beds	Behavioral Health Emergency	If a trend of overdose, overdose response, or similar behavioral/medical health issues occur, and the current amount of treatment beds either onsite or available elsewhere is insufficient	Process to be documented by HSH	SME to be determined
Request ability to issue immediate DPH response teams	Medical or Behavioral Health Emergency	If a trend of CIR incident types reflects the need for provider staff to contact a DPH liaison to communicate and coordinate about health safety issues	Process to be documented by HSH	SME to be determined
Request NARCAN or Fentanyl testing strips	Overdose Medical Emergency	If a trend of overdose response occurs, and there is no overdose response-related equipment or an insufficient amount onsite	Process to be documented by HSH	Kristina Leonoudakis-Watts
Request training for overdose response procedures	Overdose	If a trend of overdose response occurs, and the provider staff have not had overdose response training, or the last training was over one year ago	Process to be documented by HSH	SME to be determined

Division management approval needed				
Option	Associated Incident Types	When to use	Process	Contact
Request onsite medical care	Medical or Behavioral Health Emergency	If a trend of medical emergencies occurs onsite, and there is no onsite medical care, or the amount of current medical care is insufficient	Process to be documented by HSH	SME to be determined
Request ADL Support Services	Medical or Behavioral Health Emergency	If a trend of behavioral or mental health emergencies occurs, and there are insufficient amount of ADL services provided	Process to be documented by HSH	SME to be determined
Request expedited transfer requests for reasonable accommodations	Medical or Behavioral Health Emergency Property Destruction	If a trend of CIR Incident Types that relate to a specific need for clients to be transferred for reasonable accommodations or nursing assistance units, and the current method needs to be expedited	Process to be documented by HSH	SME to be determined

APPENDIX C: CIR FORM REVISION RECOMMENDATIONS

City Performance recommends HSH make specific edits to the CIR Form providers use to document and report critical incidents and HSH staff use to manage their site portfolios. The table below lists the rationale for each change in the "Current State of the Form" column and the specific adjustment to the form HSH should make in the "Recommended Change to Form" column.

Current State of Form	Recommended Change to Form
No instructions about how many incident type categories may be selected per incident which may inaccurately portray the incident and trends in the dashboard.	Add instructions stating that more than one incident type can be selected per incident.
Form requests exact time of using an open text field. This field is often left blank or is confused with the time the form is submitted.	Modify field to be a check box with options of: • "Morning (4:00 AM to 11:59 AM)" • "Afternoon (12:00 PM to 6:59 PM)" • "Night (7:00 PM to 3:59 AM)" MS Forms may limit the number of check box fields allowed.
Rule violation is an open text field.	Create a drop-down list of the rules including the rule number and a description of the rule (i.e. 1E Ongoing disruptive behavior) which will enable the dashboard to produce analysis.
Incident type: Continued Disruptive Behavior Leading to a Denial of Services	Simplify DOS data collection. • Maintain as-is the field for: "DOS Issued" with its "Yes" or "No" drop down. • Instruct form authors to use a more detailed incident type to describe what led to a DOS. • Continue to list "Continued Disruptive Behavior" as an incident type option, but remove "leading to a denial of services." This will improve data quality and accuracy by capturing information on what led to the DOS and lessen confusion on how a DOS should be reported in a CIR. Disaggregating "Continued Disruptive Behavior" and "Denial of Service" allows for more nuanced data collection.
Incident Type: Medical/Behavioral Health Emergency	Disaggregate "Medical/Behavioral Health Emergency" into two incident types: • "Medical Emergency" • "Behavioral Health Emergency" Using two incident types allows for more accurate and descriptive data collection.

Current State of Form	Recommended Change to Form
Incident Types: Overdose and Overdose Reversal	Maintain the "Overdose" incident type and eliminate the "Overdose Reversal" incident type. This will improve data quality by resolving potentially overlapping incident type options. Make "Overdose Reversal?" a check box with instructions to select the box if someone at the site administered NARCAN. This will ensure HSH knows what steps were followed in an overdose incident.
Open text fields	Simplify fields to drop-down lists or multiple choice boxes rather than open text fields as often as possible to reduce user errors and limit varying response to improve data uniformity. Current open text fields: • Time paramedics were called • Time paramedics arrived • Time police were called • Time police arrived
CIR form asks, "Describe interventions and actions taken?" regarding paramedic activity.	The CIR form should instruct this information to be incorporated into the narrative description. This will improve data quality and accuracy by capturing information on actions paramedics took and lessen confusion on where that description should be entered.
The form does not include instruction on whether personally identifiable information (PII) should be excluded in the narrative section.	Add instructions about whether involved parties' names should be used in the narrative description or if they should be redacted for privacy purposes. Providers were unclear what they should do.
CIR form asks for persons involved information one person per screen at a time.	Consolidate screens needed for form users to report on persons involved. Create a single screen with multiple fields for multiple people. This will create fewer screens for providers to click through, making CIR completion faster.
The CIR Policy instructs providers to call HSH immediately to report hostage situations, but does not clearly indicate what CIR Form code to use to record hostage situations.	Add instructions to the form to clarify that hostage crises are considered Acts/Threats of Violence to improve data accuracy.
The CIR Policy instructs providers to call HSH immediately to report fires and floods, but does not clearly indicate what CIR Form code to use to record fires and floods.	Add instructions to the form to clarify that fires and floods are considered Property Destruction to improve data accuracy.

APPENDIX D: CIR TRENDS POWER BI DASHBOARD PROOF OF CONCEPT

City Performance recommends the creation of a new dashboard to be used for CIR trend analysis and reviewing existing dashboards to ensure they meet the needs of staff for day-to-day use. City Performance recommends that HSH program staff collaborate with the data team to finalize what analyses would be most useful to have summarized and what specific items they would like flagged by conditional formatting.

Incident Type	Act/Threat of Violence
Facility Type	(All)

Date: 12/3/2018 — 6/30/2021
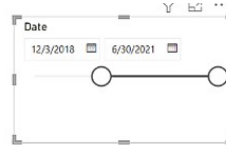
Agency	Site	Population	Site Capacity	Count of CIRs Submitted	% of CIRs by Capacity	Previous Year's CIR Count	Program Manager Name
3rd Street Youth Center & Clinic	Lower Polk TAY	TAY	78	12	15%	##	XYZ
Abode Services	Verona Hotel	Adult	65	2	3%	##	XYZ
Bayview Hunters Point Foundation	Arlington Residence	Adult	153	6	4%	##	XYZ
Bayview Hunters Point Foundation	Baldwin SAFE Navigation Center	Adult	121	2	2%	##	XYZ
Bayview Hunters Point Foundation	Bayview Hill Gardens	Mixed	72	3	4%	##	XYZ
Bayview Hunters Point Foundation	Bayview SAFE	Adult	124	9	7%	##	XYZ
Bayview Hunters Point Foundation	Pier 94 Backlands	Adult	53	6	11%	##	XYZ
Central City Hospitality House	Hospitality House	Adult - Men	11	1	9%	##	XYZ
Chinatown Community Development Center (CCDC)	Casa Adelante (1296 Shotwell)	Adult - Seniors 62+	20	1	5%	##	XYZ
Chinatown Community Development Center (CCDC)	Casa Adelante (2060 Folsom)	TAY	29	2	7%	##	XYZ
Community Forward SF	A Woman's Place	Unknown	Unknown	2	Unknown	##	XYZ
Compass Family Services	Compass Family Shelter + ESG	Families	19	3	16%	##	XYZ
Conard House	Lyric Hotel	Adult	58	3	5%	##	XYZ
Conard House	Plaza	Adult	106	2	2%	##	XYZ
Curry Senior Services	Cadillac Hotel	Adult	126	1	1%	##	XYZ
Delivering Innovation in Supportive Housing (DISH)	Auburn Hotel	Adult	70	3	4%	##	XYZ
Delivering Innovation in Supportive Housing (DISH)	Empress	Adult	90	3	3%	##	XYZ
Delivering Innovation in Supportive Housing (DISH)	Le Nain Hotel	Adult - Seniors 55+	86	1	1%	##	XYZ
Delivering Innovation in Supportive Housing (DISH)	Minna Lee	Adult	50	2	4%	##	XYZ
Delivering Innovation in Supportive Housing (DISH)	Pacific Bay Inn	Adult	75	2	3%	##	XYZ
Delivering Innovation in Supportive Housing (DISH)	Windsor Hotel	Adult	91	1	1%	##	XYZ
Dolores Street Community Center	Mission Hotel	Adult	241	1	0%	##	XYZ
Dolores Street Community Center	Mission Inn	TAY	52	2	4%	##	XYZ
Dolores Street Community Services	1515 South Van Ness Safe Sleep	Adult	47	2	4%	##	XYZ
Dolores Street Community Services	Dolores Street	Adult - Some LGBT	42	5	12%	##	XYZ
Episcopal Community Services	1064 Mission	Adult - Adults and Seniors 62+	256	1	0%	##	XYZ
Episcopal Community Services	1066 Mission	Unknown	Unknown	1	Unknown	##	XYZ
Episcopal Community Services	1180 4th Street	Families	50	4	8%	##	XYZ
Episcopal Community Services	455 Fell	Families	33	4	12%	##	XYZ
Episcopal Community Services	Canon Barcus Community House	Families	15	1	7%	##	XYZ
Episcopal Community Services	Canon Kip Community House	Adult	99	1	1%	##	XYZ
Episcopal Community Services	Crosby Hotel	Adult	124	2	2%	##	XYZ
Episcopal Community Services	Elm Hotel	Adult	80	1	1%	##	XYZ
Episcopal Community Services	Henry Hotel	Adult	121	5	4%	##	XYZ

HSH Critical Incident Analysis and Recommendations

Attachment 1:
Analysis and Findings from Incident Data and Provider Interviews
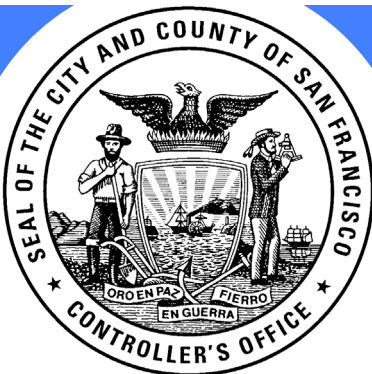
Coding Methodology

CON reviewed CIRs from June 2022 to July 2023

Out of the 4,095 total CIRs, CON analyzed 48% (1,968)
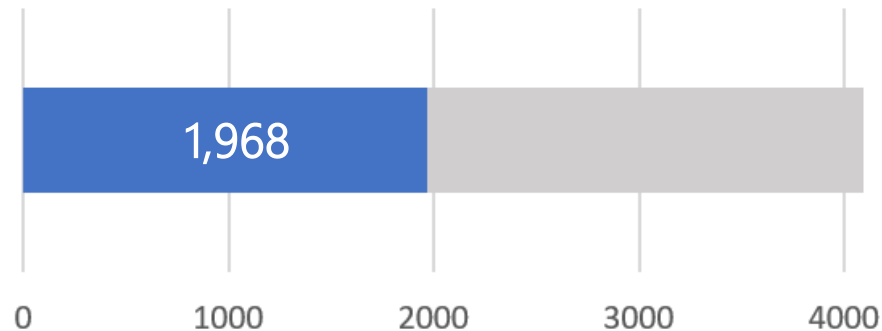
Count of CIRs by Facility Type			
Site Type	Count of Submitted CIRs	Count of CON Coded CIRs	% CON Coded of Total CIRs
PSH	1,949	925	47%
Shelter	2,146	1,043	49%

Data Coding Methodology

To build an understanding of the universe of incidents, frequency of incidents, sites submitting the most or fewest CIRs and more, CON did the following:

- Analyzed incidents and variables, such as site capacity and population, using deidentified CIR submissions paired with metadata about HSH programs.

- Analyzed sub-types of incidents and variance in information submitted by providers and identified potential new summary fields and incident types currently not in the CIR form using deidentified Incident Description field data from the CIR form submissions.

Trends in Incidents by Type:
Provider Agency
Specific Site or Facility
Facility Size
Type of Facility
Population

Data Coding Methodology

CON either validated or re-coded the reviewed CIRs, including amending the incident type recorded by the provider for the following reasons:

| To confirm provider incident type selections | To provide a more granular analysis of reported incidents | To synthesize multiple incident types into an overarching incident type | To more accurately capture the narrative description |

We disaggregated incident types like Medical/Behavioral Health Emergency to add a layer of specificity to the data.

Some incidents, like Overdose and Overdose Reversal, were too disaggregated, and we created a roll-up code of Substance Use.

We created 3 incident types, like Noise Disturbance and Facility Maintenance, to summarize what we read in the descriptions more accurately.

Coding Methodology

Incident Types: Original and **New**

> **The incident types in blue are the ones we either disaggregated or created.**

- Medical/Behavioral Health Emergency
  - **Medical Emergency**
  - **Behavioral Emergency**
- Act/Threat of Violence
- Overdose
  - **Substance Use**
- Overdose Reversal
  - **Substance Use**
- Death
- Sexual Assault
- Property Destruction
- Continued Disruptive Behavior Leading to Denial of Service

- Positive COVID-19 Test
- Positive MPX Test
- Theft of Site Property
- Adult Protective Services (APS)/Child Protective Services (CPS) Report Filed By Staff
  - **Adult Protective Services (APS) Report Filed By Staff**
  - **Child Protective Services (CPS) Report Filed By Staff**
- Suicide Attempt
- Service Disruption
- Arrest
- **Noise Disturbance**
- **Facility Maintenance**

Coding Methodology

Incident Sub-Types Created by CON

We added the following incident sub-types during coding, which allowed us to further analyze what was happening by providing more context to the broader categories. We did not remove incident types from the original data, simply created a way to summarize these with more accuracy.

- Behavioral Emergency
    - **Episode**
    - **Suicidal Thoughts**
- Act/Threat of Violence
    - **Verbal Threat**
    - **Physical Assault**
    - **Attempted Assault**

- Substance Use
    - **Overdose**
    - **Overdose Reversal**
    - **Other** (e.g. withdrawal, intoxicated)
- Facility Maintenance
    - **Major Repair** (e.g. elevator broken causing a service disruption)
    - **Minor Repair** (e.g. leaky sink)

Coding Methodology

How did we decide what to code?

Data Analysis	HSH Leadership Interviews	Time Constraints
We calculated the most frequently cited incident types by providers.

We prioritized coding at least 40% of CIRs from Shelters and PSH each with those incident types. | Based on inquiries and direction from HSH leadership, we focused specific incident types that could cause harm to staff and guests/resident and deaths. | We could not code all the 4,000+ CIRs so we ensured proportional splits between PSH and Shelter CIRs. |

Provider Interview Methodology

CON interviewed staff representing 15 program locations across both PSH and Shelter service areas. CON requested to speak with an individual performing the following roles:

1) Immediate incident response
2) Incident reporting using the HSH CIR form
3) Follow-up or management of incidents with HSH

Purpose: Explore provider understanding of the process for reporting incidents; explore issues around high priority incident response.

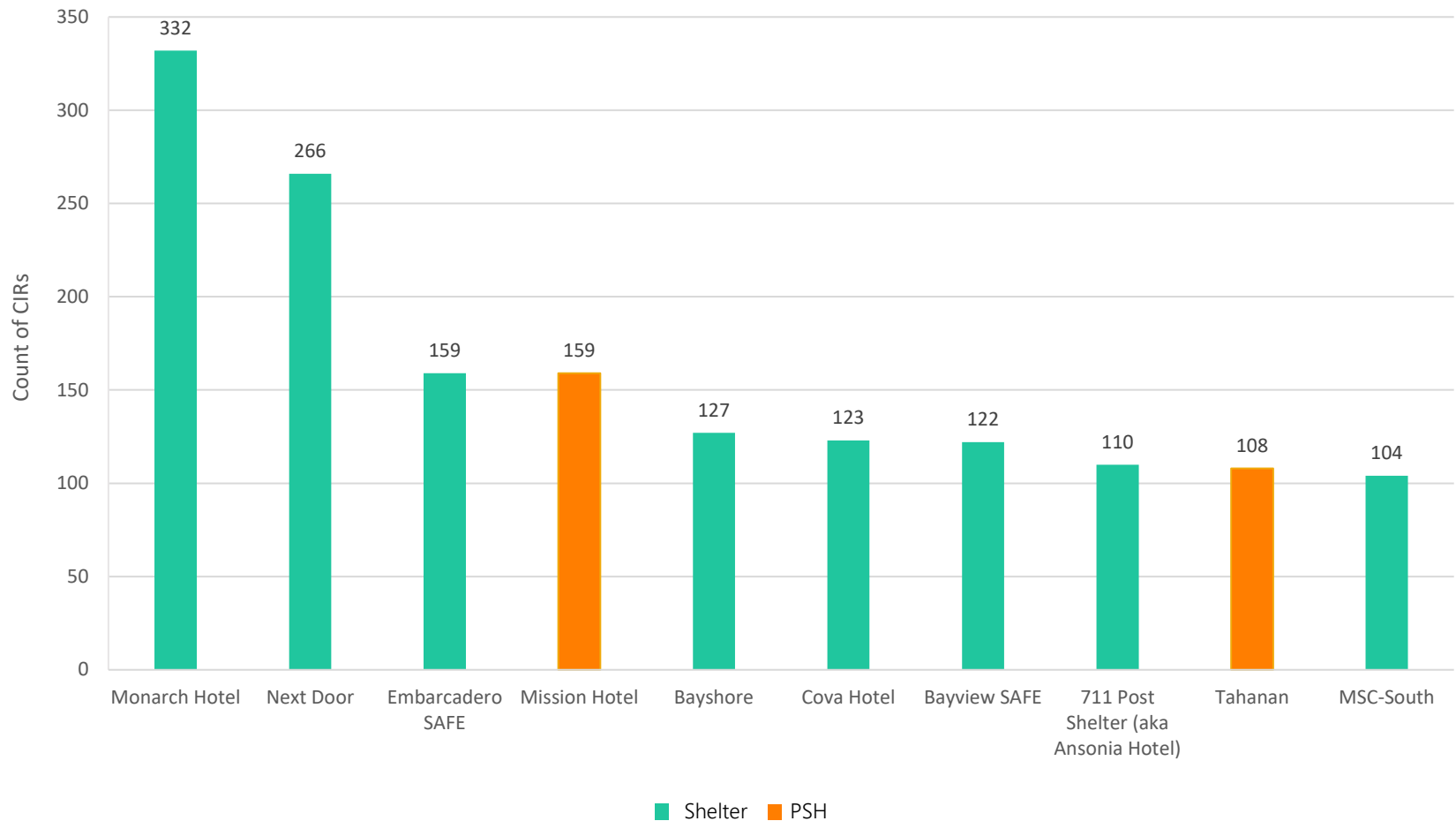| Shelter	PSH
- Bayshore SAFE - Buena Vista Horace Mann - Ellis Semi-Congregate - Embarcadero SAFE - Jelani House - Lower Polk TAY - Monarch Hotel - Next Door	1064 Mission 149 Mason St - Cadillac Hotel - Canon Barcus Community - Mission Hotel - Richardson Hall - Tahanan

Purpose of Incident Reporting

Respondents across the 15 sites identified one or more of the following to explain the purpose of incident reporting:

- To **create a record** of an important event and how staff addressed the incident.
- To be used as a **reflection tool** to improve response in the future.
- To track data about incidents, and to **spot trends for quality improvement** in services.
- To inform HSH about issues occurring at sites. To **ensure open communication** and indicate how the site may need assistance.
- To inform their own organization about issues occurring at sites, including **what's happening across sites run by the same organization**.
- Because it is **required**.
- To alert staff within the program about incidents that **may impact a person's housing**, as many incidents reflect possible lease violations.
- To **identify client needs** that may require staff to collaborate/advocate with other agencies.

Highest Volume of CIRs Submitted

Top 10 Sites the Most CIRs Submitted

Count of CIRs

332 — Monarch Hotel
266 — Next Door
159 — Embarcadero SAFE
159 — Mission Hotel
127 — Bayshore
123 — Cova Hotel
122 — Bayview SAFE
110 — 711 Post Shelter (aka Ansonia Hotel)
108 — Tahanan
104 — MSC-South

■ Shelter ■ PSH

Highest Volume of CIRs Submitted

All high-volume sites serve **adult** populations. The volume of reports varies across sites, but is not consistently tied to size of the program. For example:
- <u>Shelter</u>: Monarch Hotel **96 beds** but has the most reported incidents, while MSC South has **218 beds but a third of the CIR volume** of the Monarch.
- <u>PSH</u>: Mission Hotel has a **241 beds**, but only 50 more incidents reported than the Tahanan at **145 beds**.

Respondents at 11 of the 14 interviewed sites (79%) said that the data **shows an undercounting of actual incidents**. Staff are not submitting CIRs for every eligible incident. Some reasons offered during interviews:
- Gaps and changes in staffing.
- Some do not always submit CIRs when the individuals habitually call 911.
- Confusion between property managers and program staff about who submits.

Note, the data pulled for this project occurred during a period when HSH has been working to implement full reporting among its PSH providers, which has been increasing over time.

Summary of Recoded Incident Types

Re-Coded Incident Types n=1,968
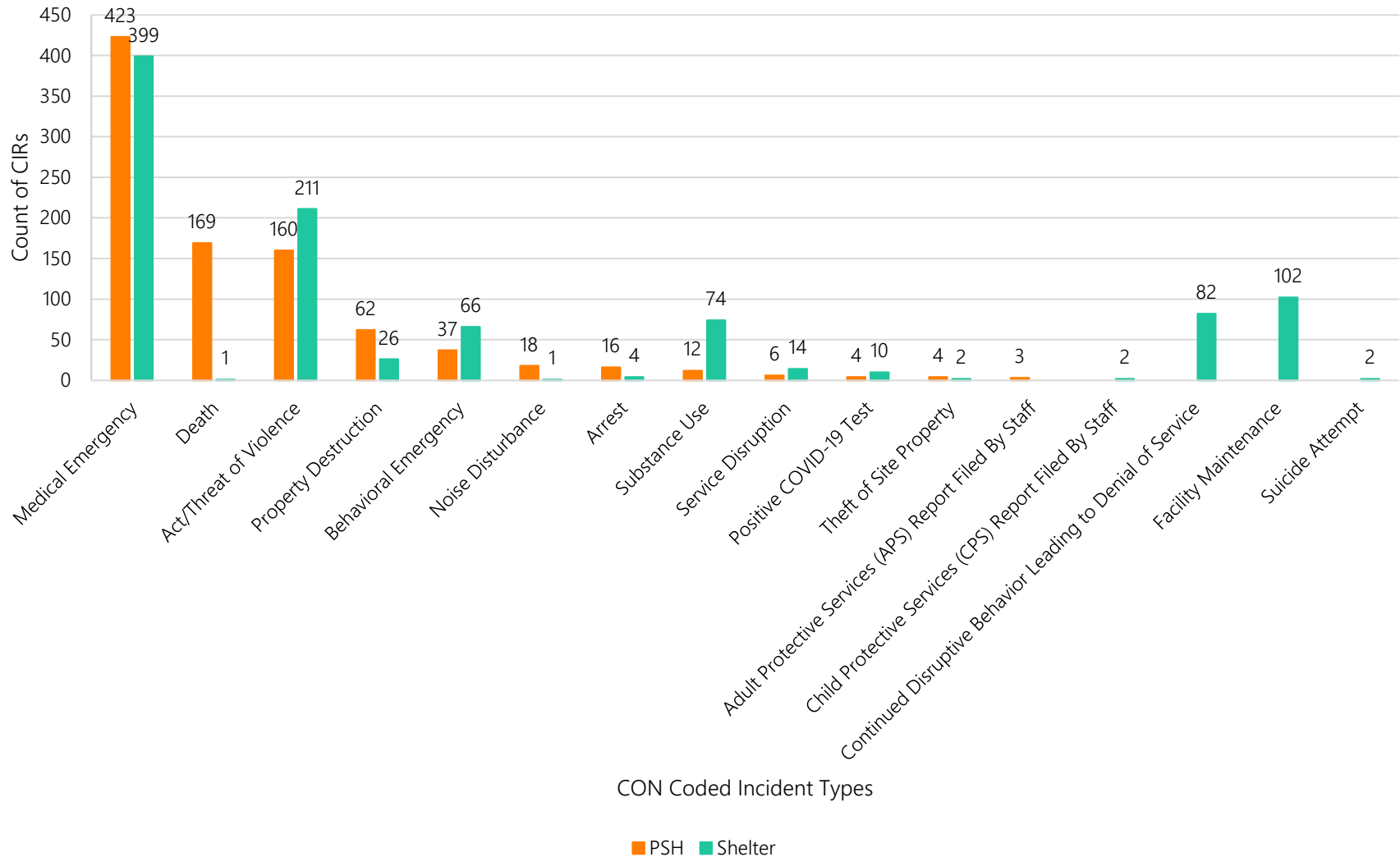
Summary of Coded Incident Types

The prior chart shows the 1,968 incidents at PSH and shelter re-coded by CON.

- **Medical Emergency is the most frequent** incident type for both PSH and shelter.
- Within the data CON coded, nearly all Deaths occurred at PSH sites, with just one at a shelter.
- Both PSH and shelter sites reported similarly high levels of Acts or Threats of Violence.
- The third largest incident type at shelters is Substance Use, and this incident type occurs much less frequently at PSH sites.

Behavioral Health Emergencies are infrequently reported at both PSH and shelter (5th and 6th in volume, respectively). In interviews, providers noted these types of incidents seem undercounted:

- One site has behavioral health staff daily. If an emergency occurs, the program refers to on-site support and does not submit a CIR.
- Some only submit a CIR to HSH for behavioral health crises if staff call 911.
- Some were not clear whether a CIR was required if staff deescalated the crisis successfully.

Medical/Behavioral Health Emergencies

Providers submitted 1,929 incidents labeled Medical/Behavioral Health Emergency. CON coded 925 (48%) of those incidents.

Of these coded Medical/Behavioral Health Emergency incidents:
- **89%** (822) were **Medical Emergencies**
- **11%** (103) were **Behavioral Health Emergencies.** Of the Behavioral Heath Emergencies, behavioral episodes occurred 74 times and suicidal thoughts occurred 15 times.

Sites with the Most Medical Emergencies		
Facility Type	Site	Count of Medical Emergencies
Shelter	Next Door	55
PSH	Mission Hotel	48
Shelter	Bayshore	43
PSH	Winton Hotel	35
Shelter	Cova Hotel	34

Medical/Behavioral Health Emergencies

When asked, respondents at 10 of the 14 interviewed sites (71%) stated that the incident type Medical/Behavioral Emergency could be separated into two distinct incident types.

Benefits

- Can help spot trends related to clients' needs.
- The issues require different types of follow-up from staff.
- Most sites affirmed staff are sufficiently trained in the needs of clients to determine what the issue is.

Concerns

- Some sites would need additional training for staff to determine if an incident is specifically a behavioral health or medical emergency.
- For seniors struggling with cognitive decline, it can be difficult to distinguish between medical and behavioral needs.
- Would not want to "diagnose" people by choosing a specific code
- At one site, medical and behavioral issues are not common enough to need to report them separately.

Act/Threat of Violence

Providers submitted 863 incidents labeled Act/Threat of Violence.

CON coded 371 (43%) of those incidents and identified specific incident subtypes 350 times.

CON Coded Act/Threat of Violence Subtypes
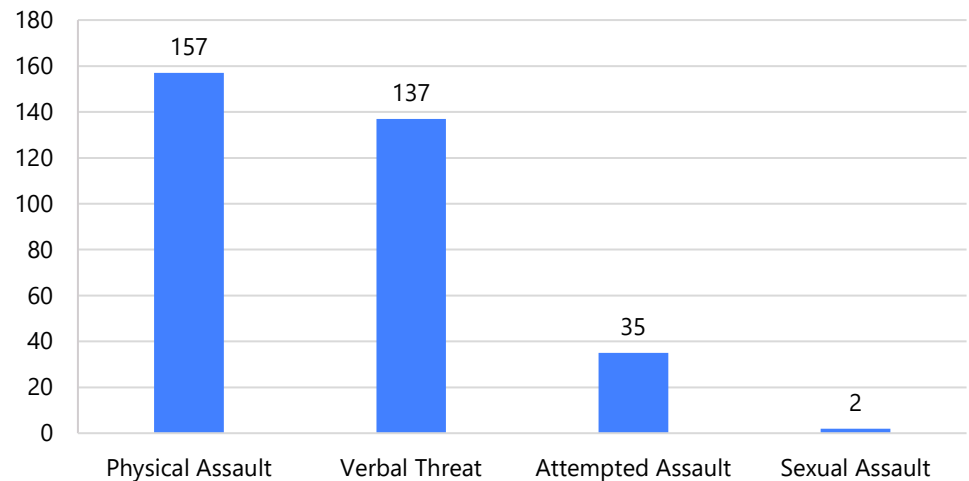
Among coded incidents:

- **Physical** assaults were reported **49 times at PSH** and **108 times at shelters**.
    - Next Door Shelter had 26 physical assaults, the most counted at any site, and nine involved staff.
- **Attempted** assaults were reported **22 times at PSH** and **13 times at shelters**, and 30% involved staff.
- **Verbal** threats were reported **60 times at PSH** and **77 times at shelters**.

When asked, respondents preferred to keep the Acts/Threats of Violence incident type as a single incident type, as all issues require a similar response.

Deaths

Providers submitted 281 incidents labeled Death. CON coded 170 (60%) of those incidents.

Among coded incidents:

- 1 death occurred at a shelter, Jelani House. The remaining **169 deaths occurred at PSH sites**.

- The majority of PSH sites where deaths occurred experienced only 1 or 2 deaths: **35 sites had 1 death** and **20 sites had 2 deaths**.

- The Mission Hotel (PSH) reported **10** deaths, the most at any site. The Plaza (PSH) reported **8** deaths and the Tahanan (PSH) reported **7** deaths.
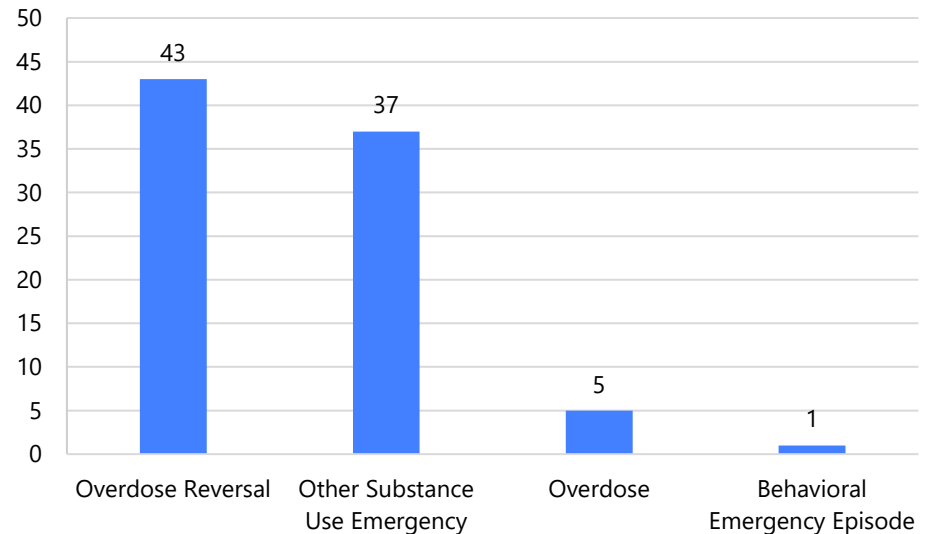
Substance Use

Providers submitted 202 incidents labeled Overdose or Overdose Reversal.

CON coded 86 (43%) of those incidents and identified specific incident subtypes each time.

Among coded incidents:

- All **43 Overdose Reversals** occurred at **shelters**.
    - Embarcadero SAFE had the most overdose reversals (11).

- **Shelters reported more overdoses than PSH** (just 1 Overdose was identified at PSH - All Star Hotel).

- There was a more even split between **Other Substance Use Emergencies**, such as withdrawal, occurring at both PSH and shelters (PSH: 11; Shelter: 26)

CON Coded Substance Use Subtypes

Note: We only used the "Overdose" sub-type within the Substance Use code when it was not clear in the incident description that an overdose reversal occurred during the incident. This will impact "Overdose Reversal" vs. "Overdose" counts.

Continued Disruptive Behavior Leading to Denial of Service (Shelter Only)

- Providers submitted **178 incidents** with this incident type.
- However, the CIR form also has a field for "**DOS Issued?**"
  - 24% (48) of the time providers used the Continued Disruptive Behavior Leading to Denial of Service field, they also selected "No" in the DOS Issued? field.
  - Additionally, providers selected "Yes" in the DOS Issued? field **428 times** in the whole data set.

Top 5 Sites with the Most Denials of Service Issued	
Site	Count of DOS Issued
Next Door	92
MSC-South	51
Embarcadero SAFE	33
711 Post Shelter (aka Ansonia Hotel)	27
Lower Polk TAY	27

Facility Maintenance (Shelter Only)

- Shelter providers submitted 257 incidents regarding facility maintenance. CON coded 81 (32%) of those incidents.

- CON coded **78 incidents as minor maintenance repairs**, such as battery replacement for TV remotes and needing new lightbulbs. CON coded **only 1 major repair** incident.

- Among coded incidents, the Monarch Hotel (shelter) had the most facility maintenance submissions (88). The Cova Hotel (shelter) had the second most facility maintenance submissions (10).

Additional Themes and Findings

- Most interview respondents expressed some form of **confusion about when to submit CIRs** to HSH (64%).
- Nearly all respondents have their **own internal incident reporting system**, and compile HSH reports in different ways.
- While many respondents saw the reporting process as self-explanatory, **most (57%) would like more training** or documentation.
  - Four sites indicated they had never received training.
- CON's review of the data also shows **variability in providers' accuracy** when submitting reports.
  - CON agreed with providers' selected incident type 85% of the time and selected a different incident type 15% of the time.
- All respondents stated they were **satisfied with the amount of communication** they had with their HSH Program Manager.
  - Most noted that their HSH Program Manager consistently offers helpful and timely support following grave incidents.
  - Some noted that HSH Program Managers often **do not or cannot offer many resources** after an incident occurs.

Additional Data
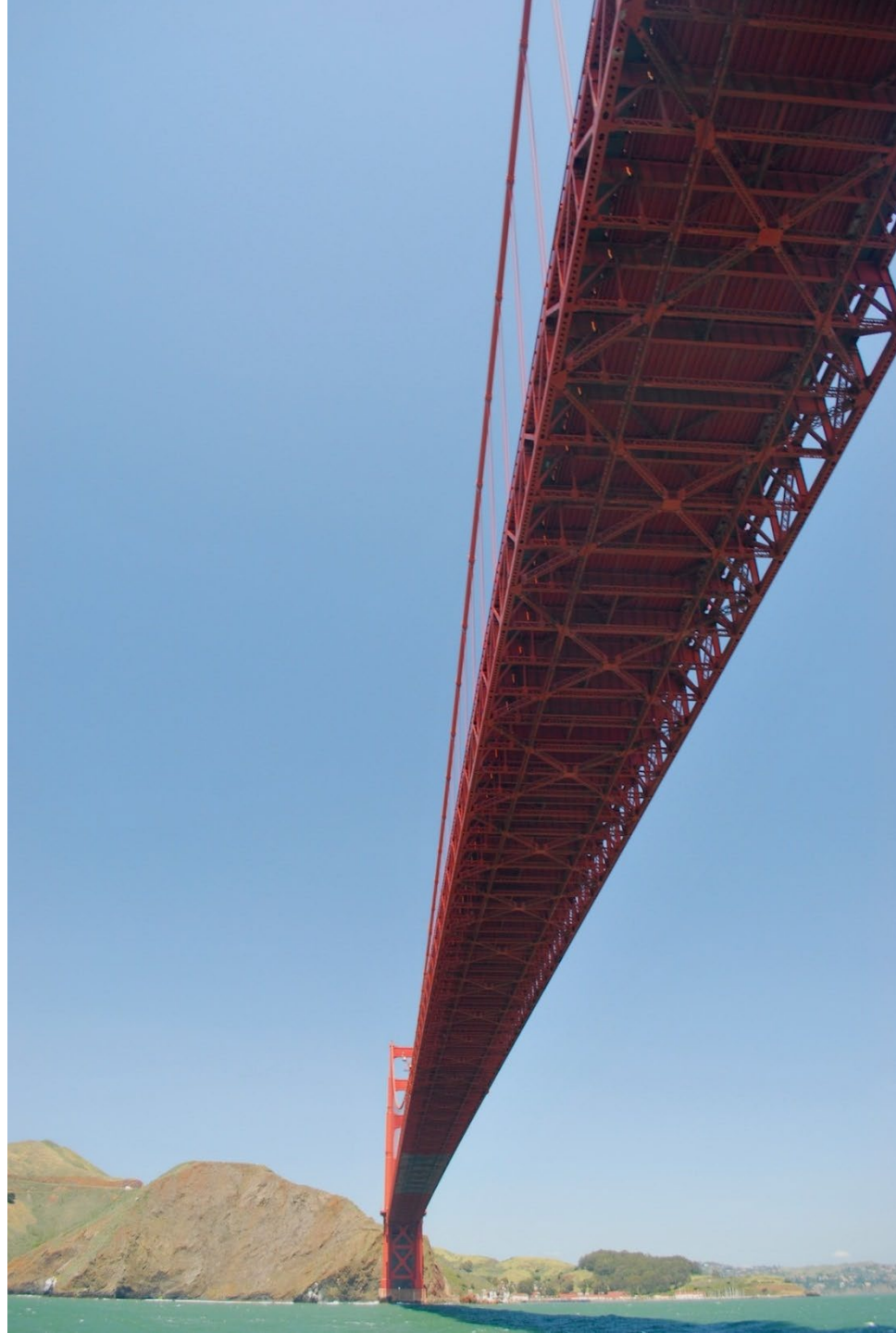
Top 5 Incident Types by Program

Among all CIRs submitted (n=4,095), the top five incident types for Shelter and PSH are listed below.

Rank	Shelter		PSH	
	Incident Type	Count of Incident Types	Incident Type	Count of Incident Types
1	Medical/Behavioral Health Emergency	1,028	Medical/Behavioral Health Emergency	901
2	Act/Threat of Violence	332	Act/Threat of Violence	531
3	Continued Disruptive Behavior Leading to Denial of Service	178	Death	251
4	Overdose	142	Property Destruction	179
5	Service Disruption	100	Service Disruption	105

CIRs with Multiple Incident Types Selected

Number of incident types selected by providers in one CIR: providers typically selected only one incident type when submitting their CIRs.

PSH	1 93%	2 6%	3 1%	4 0%
Shelter	1 81%	2 7%	3 1%	4 11%
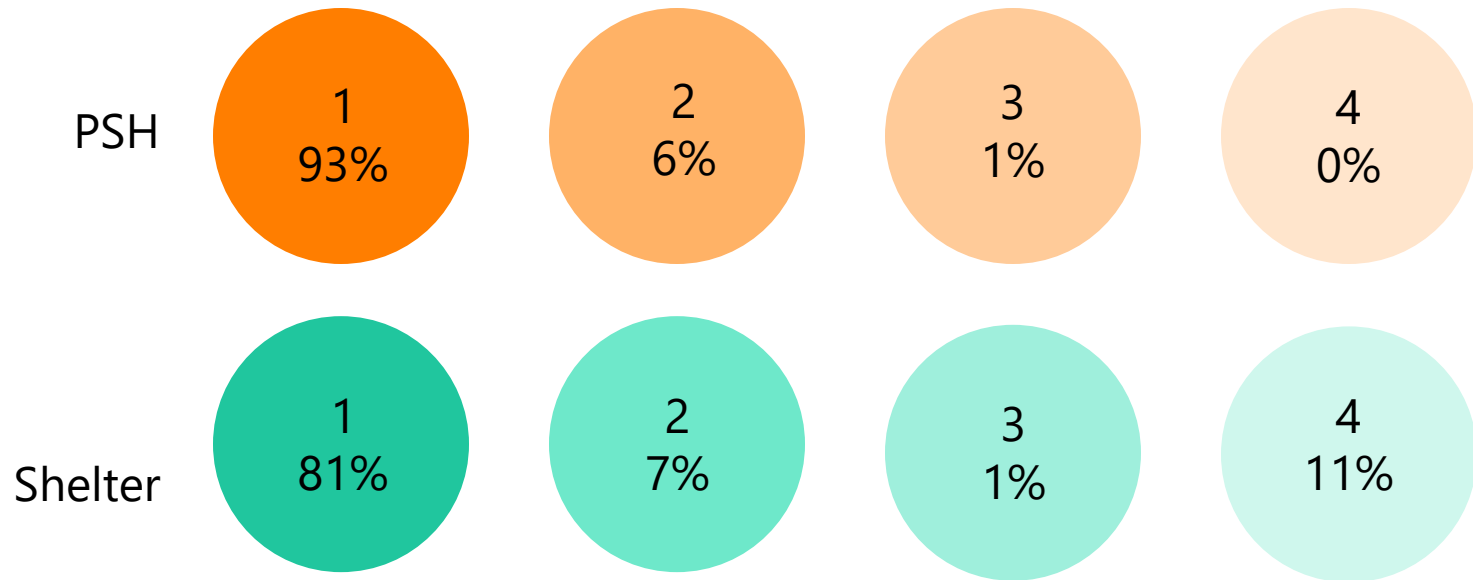
Count and Percent of Provider Submitted Incidents

Provider Submitted CIR Incident Type Count		
Incident Type	Count of Incident Types	% of Total CIRs
Medical/Behavioral Health Emergency	1,929	46%
Act/Threat of Violence	863	21%
Death	281	7%
Property Destruction	273	7%
Service Disruption	205	5%
Overdose	202	5%
Continued Disruptive Behavior Leading to Denial of Service	178	4%
Overdose Reversal	110	3%
Suicide Attempt	36	1%
Adult Protective Services (APS)/Child Protective Services (CPS) Report Filed By Staff	34	1%
Sexual Assault	26	1%
Positive COVID-19 Test	26	1%
Arrest	18	0%
Theft of Site Property	6	0%
Positive MPX Test	4	0%
Total	*4,095*	

Count and Percent of CON Coded Incidents

CON Coded Incident Type Count		
Incident Type	Count of Incident Types	% of Incident Type
Medical Emergency	822	20.07%
Act/Threat of Violence	371	9.06%
Death	170	4.15%
Behavioral Emergency	103	2.52%
Facility Maintenance	102	2.49%
Property Destruction	88	2.15%
Substance Use	86	2.10%
Continued Disruptive Behavior Leading to Denial of Service	82	2.00%
Exclude - N/A	58	1.42%
Arrest	20	0.49%
Service Disruption	20	0.49%
Noise Disturbance	19	0.46%
Positive COVID-19 Test	14	0.34%
Theft of Site Property	6	0.15%
Adult Protective Services (APS) Report Filed By Staff	3	0.07%
Child Protective Services (CPS) Report Filed By Staff	2	0.05%
Suicide Attempt	2	0.05%
Total	1,968	

Report Volume: Top 10 Sites

The table shows the top ten sites with the most CIRs submitted, their agency, facility type, site capacity, and population served at the site.

Top 10 of 225 Sites (PSH & Shelter) with the Most CIRs: Site Capacity & Population					
Rank	Title	Agency	Facility Type	Site Capacity	Population
1	Monarch Hotel	WeHope	Shelter	96	Adult
2	Next Door	Five Keys Schools and Programs	Shelter	248	Adult
3	Embarcadero SAFE	Five Keys Schools and Programs	Shelter	120	Adult
3	Mission Hotel	Tenderloin Housing Clinic Inc (THC)	PSH	241	Adult
5	Bayshore	Five Keys Schools and Programs	Shelter	84	Adult
6	Cova Hotel	Episcopal Community SVCS of SF INC	Shelter	87	Adult
7	Bayview SAFE	Bayview Hunters Point Foundation	Shelter	185	Adult
8	711 Post Shelter (aka Ansonia Hotel)	Urban Alchemy	Shelter	195	Adult
9	Tahanan	Episcopal Community Services	PSH	145	Adult
10	MSC-South	St Vincent De Paul Society	Shelter	218	Adult

Interview Participants and Summary

Interview Participants: Shelter Sites

The table provides the list of sites and personnel interviewed during Workstream 3: Provider Interviews.

Site	Provider	Type	Date of Interview	Respondents
Bayshore SAFE Navigation Center	Five Keys	Shelter	November 6, 2023	Brandi Marshall, Josie Villa, Roozbeh Iravani, Samyira Mims, Sierra Kazarian
Buena Vista Horace Mann Shelter	Dolores Street Community Services	Shelter	October 26, 2023	Jacqueline Portillo
Ellis Semi-Congregate Shelter	Five Keys	Shelter	October 24, 2023	Eldridge Cruse, Inez Ortega, Myesha Gonzalez
Jelani House	Homeless Prenatal Program	Shelter	November 2, 2023	Andrew Crater, Monica Steptoe, Holly Hsu
Lower Polk TAY Navigation Center	Third Street Youth	Shelter	November 6, 2023	Adriana Embriz
Monarch Hotel	WeHope	Shelter	October 30, 2023	Yul Dorn, Angel Wolf, Barthalamus Phillips
Next Door	Five Keys	Shelter	November 6, 2023	Brandi Marshall, Josie Villa, Roozbeh Iravani, Samyira Mims, Sierra Kazarian

Interview Participants: PSH Sites

The table provides the list of sites and personnel interviewed during Workstream 3: Provider Interviews.

Site	Provider	Type	Date of Interview	Respondents
149 Mason St.	John Stewart Company	PSH	November 3, 2023	Dante Thompson, Irfana Khan, Jasmine Hernandez
1064 Mission	Episcopal Community Services	PSH	November 7, 2023	Shari Gardner, Olga Patino
Cadilac Hotel	Curry Senior Services	PSH	October 30, 2023	David Knego, Simone Sims, Ruben Chavez
Canon Barcus Community House	Episcopal Community Services	PSH	November 7, 2023	Shelly Brown, Olga Patino, Alyssa James
Mission Hotel	Tenderloin Housing Clinic	PSH	November 2, 2023	Kimberly Villegas, Mario Ramirez, Zeke Weiner
Richardson Hall	Open House / Mercy	PSH	October 31, 2023	Carrie Schell, Joshua Cohen, Jennifer Fu
Tahanan	Episcopal Community Services	PSH	November 7, 2023	Shelly Brown, Olga Patino

Interview Response Summary

The table provides summary statistics for select questions asked during provider interviews.

Topic	All Locations (n = 14)	PSH Locations (n = 7)	Shelter Locations (n = 7)
Does the CIR data shown accurately represent the actual number of incidents at this site?	21% - Yes 79% - No, undercount	14% - Yes 86% - No, undercount	29% - Yes 71% - No, undercount
Should Medical Emergencies and Behavioral Health Emergencies be separate incident types?	71% - Yes 29% - No	57% - Yes 43% - No	86% - Yes 14% - No
Should Acts of Violence and Threats of Violence be separate incident types?	7% - Yes 93% - No	14% - Yes 86% - No	100% - No
Do providers have training materials on completing CIRs?	43% - None 35% - Provider only 21% - from HSH	57% - None 29% - Provider 14% - from HSH	29% - None 43% - Provider 29% - From HSH
Have providers requested more CIR training?	57% - Yes 43% - No, not needed	86% - Yes 14% - No, not needed	29% - Yes 71% - No, not needed
Do frontline staff or Central Admin complete CIRs?	43% - Central Admin 57% - Frontline staff	71% - Central Admin 29% - Frontline staff	86% - Frontline Staff 14% - Central Admin
Do providers use internal incident reports in addition to HSH CIRs?	93% - Yes 7% - No	100% - Yes	86% - Yes 14% - No
Is it clear when to submit CIRs to HSH?	36% - Clear 64% - Not clear	14% - Clear 86% - Not clear	57% - Clear 43% - Not clear
Are there challenges to submitting CIRs?	64% - Yes 36% - No	86% - Yes 14% - No	43% - Yes 57% - No