

## Attachments

# Interview Form - Families with Children Living in SRO Hotels in San Francisco

HOTEL NAME		SURVEYOR NAME		DATE SURVEYED			
HOTEL ADDRESS		NEIGHBORHOOD					
<b>CAREGIVER 1</b>			<b>CAREGIVER 2</b>				
NAME <input type="checkbox"/> M <input type="checkbox"/> F		NAME <input type="checkbox"/> M <input type="checkbox"/> F					
<b>Caregiver 1's Preferred Language</b>			<b>Caregiver 2's Preferred Language</b>				
<input type="checkbox"/> ENGLISH	<input type="checkbox"/> SPANISH	<input type="checkbox"/> TAGALOG	<input type="checkbox"/> ENGLISH	<input type="checkbox"/> SPANISH	<input type="checkbox"/> TAGALOG		
<input type="checkbox"/> CANTONESE	<input type="checkbox"/> MANDARIN	<input type="checkbox"/> TOISON	<input type="checkbox"/> CANTONESE	<input type="checkbox"/> MANDARIN	<input type="checkbox"/> TOISON		
<input type="checkbox"/> VIETNAMESE	<input type="checkbox"/> OTHER:		<input type="checkbox"/> VIETNAMESE	<input type="checkbox"/> OTHER:			
<b>Caregiver 1's Source of Income</b>			<b>Caregiver 2's Source of Income</b>				
<input type="checkbox"/> FULL-TIME JOB	<input type="checkbox"/> TANF ONLY	<input type="checkbox"/> GA <input type="checkbox"/> SSIP	<input type="checkbox"/> FULL-TIME JOB	<input type="checkbox"/> TANF ONLY	<input type="checkbox"/> GA <input type="checkbox"/> SSIP		
<input type="checkbox"/> PART-TIME JOB	<input type="checkbox"/> CalWORKs with Employ Activities	<input type="checkbox"/> PAES with Employ Activites	<input type="checkbox"/> PART-TIME JOB	<input type="checkbox"/> CalWORKs with Employ Activities	<input type="checkbox"/> PAES with Employ Activites		
<input type="checkbox"/> NO INCOME	<input type="checkbox"/> SSI	<input type="checkbox"/> Other:	<input type="checkbox"/> NO INCOME	<input type="checkbox"/> SSI	<input type="checkbox"/> Other:		
<b>Estimated Total Monthly Income:</b> \$		<b>Rent per month:</b> \$		<b>Food per month:</b> \$			
<b>Children who are dependent upon you who live with you in this SRO</b>							
#1	<input type="checkbox"/> M <input type="checkbox"/> F	AGE	SCHOOL or CHILDCARE CENTER	#4	<input type="checkbox"/> M <input type="checkbox"/> F	AGE	SCHOOL or CHILDCARE CENTER
#2	<input type="checkbox"/> M <input type="checkbox"/> F	AGE	SCHOOL or CHILDCARE CENTER	#5	<input type="checkbox"/> M <input type="checkbox"/> F	AGE	SCHOOL or CHILDCARE CENTER
#3	<input type="checkbox"/> M <input type="checkbox"/> F	AGE	SCHOOL or CHILDCARE CENTER	#6	<input type="checkbox"/> M <input type="checkbox"/> F	AGE	SCHOOL or CHILDCARE CENTER
<b>Adults who are dependent upon you (other than caregiver 1 or 2) who also live in this SRO</b>							
#a	<input type="checkbox"/> M <input type="checkbox"/> F	AGE	INCOME SOURCE	#b	<input type="checkbox"/> M <input type="checkbox"/> F	AGE	INCOME SOURCE
<b>Total # of units in this SRO your family lives in:</b>				<b>Total units in THIS SRO lived in by caregivers, children and dependent adults who are listed above:</b>			
<b>Family Living in Other SROs:</b>				<b>Total immediate family members (caregivers, children or dependent adults) NOT listed above who live in OTHER SROs?:</b>			
<b>Do you have children &lt;18 y.o. who are currently not living with you?</b>			<input type="checkbox"/> No	<input type="checkbox"/> Yes...if yes, how many & their ages?			
<b>Have you lived in your unit longer than 28 days?</b>			<input type="checkbox"/> No	<input type="checkbox"/> Yes...if yes, for how long?			
<b>Are you currently at risk of eviction at this hotel?</b>			<input type="checkbox"/> No	<input type="checkbox"/> Yes...if yes, why?			
<b>Are you currently on a waiting list for housing?</b>			<input type="checkbox"/> No	<input type="checkbox"/> Yes...if yes, where?			
<b>Over the past 2 years, where have you stayed?</b>			<input type="checkbox"/> w/ FRIENDS	<input type="checkbox"/> SRO HOTELS	<input type="checkbox"/> OTHER HOTELS		
<input type="checkbox"/> STREET	<input type="checkbox"/> CAR	<input type="checkbox"/> SHELTER	<input type="checkbox"/> w/ RELATIVES	<input type="checkbox"/> OTHER:			
<b>Time since your family lived together in a "stable &amp; safe" housing situation:</b>				Years:		Months:	
<b>What is holding you back from moving your family into a better housing situation?</b>							
<input type="checkbox"/> CREDIT PROBLEMS	<input type="checkbox"/> EVICTION HISTORY	<input type="checkbox"/> MOVE-IN COSTS	<input type="checkbox"/> INSUFFICIENT INCOME	<input type="checkbox"/> OTHER:			
<b>Describe what this "better housing situation" looks like?</b>							
<b>Has living here caused or worsened your family's health?</b>			<input type="checkbox"/> No	<input type="checkbox"/> Yes...if yes, how so (for example, asthma)?			
<b>Where do you get healthcare?</b>				<b>How often do you seek healthcare?</b>			
<b>Do you or any member of your family have a disability?</b>			<input type="checkbox"/> No	<input type="checkbox"/> Yes...if yes, there are housing options for certain disabilities. They are...			

## ***A Message from Parents and Families to Service Providers...***

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### ***“Families are expert partners in planning treatment and making decisions.”***

- Embrace each client’s definition of family and community.
- Respect your client’s role as mother, father, grandparent, son, daughter, brother....
- Listen to, provide options, and encourage parents -- but respect that the ultimate choice is theirs.
- Work with and respect family caregiver’s decisions on how to discuss problems with their children.
- Enable teamwork, but accept the limits of service integration and provider selection a family desires.

### ***“Help us keep our family together, safe and healthy. Do not put our family on hold.”***

- Provide an atmosphere that is safe and nurturing in times of crises.
- Create goals and treatment plans for families as well as for individual clients.
- Make out-of-home placements for children the absolute last measure of resort.
- Provide in-home respite support.
- Arrange consistent and frequent family contact and support during times of crises.
- Arrange transportation for visits to family members who are hospitalized. Arrange phone contact for family members unable to visit.
- Enable your agency to respond to the family’s needs for support, resources, and/or advocacy.
- Provide activities for families that develop independence, resourcefulness and community-building, e.g., self-advocacy, tutoring programs, peer support groups, parent/teacher conferences, dances, celebrations of accomplishments, community-organizing, etc.

### ***“When our children are cared for in a way that makes us feel safe, our efforts to start and stay in treatment will be successful.”***

- Not bringing children to appointments may not be an option. Create childcare options for parents to choose from.
- Respect the childcare choices and arrangements of a family.
- Provide a safe area for children at your facility.
- Do not assume that older children can be relied upon for childcare or that they can amuse or entertain themselves.
- Provide childcare options to families throughout the course of treatment; for example, during home visits, off-site appointments, intakes and other pre- and post-program sessions.

### ***“When we come to you for help, we come for hope.”***

- Encourage and build on positive behaviors.
- Assess families based on strengths and potential.

### ***“Transitions are difficult. Help us make this journey smooth.”***

- Allow sufficient time for families to adjust to new providers before completely ending yours.
- When families finish or move to new levels within a program, prepare them and inform them of what is to come and how to deal with change.
- Provide resources after a program ends for making referrals, providing information and resource lists, responding to a family’s call for support, etc.

### ***“No matter how good the program or treatment plan is, if we cannot get there it does us no good.”***

- Offer flexible treatment time-slots and flexible office hours. Respect a family’s time-management issues.
- Remain flexible when creating rules and expectations: keep in mind that a family may have many commitments and that unexpected obligations often arise that must take precedence over an appointment with you.
- Provide transportation options.

### ***“Commit yourself and your organization to Family Focused Care.”***

- Commit to having consumers and their families help implement this proposal.
- Train your staff in family-focused care principals.
- Commit to employing past and present consumers.
- Train your staff to handle an array of physical, mental, and learning disabilities.
- Negotiate to stretch the cost of your unit of service to include family services, not just individual.
- Train your staff with the help of past and current consumers of services.
- Allow staff sufficient time and build incentives for staff to work with families who have complex and intensive needs.
- Prepare your staff to acknowledge and deal with the different cultures, beliefs, and values that may exist between them and the families they see.
- Have parents and current consumers formally involved in program evaluation and policy development.
- Commit to social education...for understanding the history and politics of poverty is an important part of healing.

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#### **Family Focused Care...More than childcare, more than family meetings.**

It applies the moment your client walks through the door. You can’t prepackage it; it’s not a formula; but it’s simple.

This Message has been brought to you by the Family Focused Care Committee of the Children’s System of Care Planning Council  
Family Focused Guidelines adopted by the San Francisco Department of Public Health Commission - 415-970-3860 – First Edition – April 1999



San Francisco Department of Public Health  
Population Health and Prevention Division  
Environmental Health Section

Purpose: To ensure that all SRO hotels used by families with children are maintained in safe and healthy conditions.

Policy: Upon identification by a collaborating agency, the EHS will routinely inspect all SRO hotels used by families with children.

Procedure:

1. The SRO Collaboratives will identify or make know to the EHS all SROs used by families.
2. EHS shall maintain a list of all SRO hotels that will be inspected as part of a routine inspection program.
3. Identified hotels will be inspected to ensure they are clean, safe and habitable at a frequency based on a health and safety experience rating. The minimum frequency will be applied to all hotels for at least one year.
4. DPH Environmental Health Section shall ensure that appropriate and timely administrative and civil action is taken to correct health and safety deficiencies found including the referral of complaints and code violations to the appropriate city agency (e.g., Department of Building Inspections, San Francisco Fire Department).
5. A mechanism for timely referral of SRO complaints by clients and organizations will be created.
6. Complaints referred by the Mission SRO Collaborative, the Chinese Community Housing Corporation, and (tbd in Chinatown/South of Market) will result in an investigation within 3 days and a response to the referring agency within 5 days.
7. Community referring organizations will be available to conduct joint investigations to reduce language and access barriers and to facilitate timely action.

**National 2-1-1 Initiative to Link People with Community Resources  
California Alliance of Information and Referral Services (CAIRS)**

**Vision**

2-1-1 will be the number to call nationwide for access to community services.

**What Is 2-1-1?**

2-1-1 is the national abbreviated dialing code for free access to health and human services information and referral (I&R). 2-1-1 is an easy-to-remember and universally recognizable number that makes a critical connection between individuals and families in need and the appropriate community-based organizations and government agencies. 2-1-1 makes it possible for people in need to navigate the complex and ever-growing maze of human services' agencies and programs. By making services easier to access, 2-1-1 encourages prevention and fosters self-sufficiency.

**Why 2-1-1?**

Access to emergency police and fire services through the "911" telephone number is nearly universal and an indispensable service. Telephone directory assistance available by dialing "411", is another service we have come to depend upon. However, thousands of individuals and families search every day for emergency financial assistance, food or shelter. Looking for help means finding dozens of phone numbers and then searching through a confusing maze of agencies and services. For those who want to give back to the community through volunteerism, donations or civic involvement, the situation is only marginally better. Information and referral services have known for years that a similar universal number, that all I&R services could use would mitigate this problem.

**Benefits of having a 2-1-1 System in your state**

- Streamlined access to existing services by eliminating confusing and frustrating searches.
- An efficient and accurate database and referral system for existing services.
- Helping vulnerable people (those who are elderly, disabled, non-English speaking, incapacitated by crisis, illiterate, new to their communities, etc.) to help themselves.
- Expanded civic involvement by matching volunteers and donors with programs and services.
- Improved information for community planning.

**History of 2-1-1**

On July 21, 2000, the FCC granted the abbreviated dialing code, 2-1-1, for community information and referral nationwide. In a 5 to 0 vote, the FCC approved at the same time the use of 5-1-1 for traffic/transportation issues. California Alliance of Information and Referral Services (CAIRS) is extremely pleased with this decision and looks forward to the development of 2-1-1 in California in the near future. CAIRS is prepared to work with the California Public Utilities Commission to ensure that a high-quality 2-1-1 service system is quickly and effectively implemented. CAIRS has been working with State Senator Richard Alarcon to gain support for statewide implementation of 2-1-1.

**CAIRS Proposed Standards for 2-1-1 Centers**

Provide services in accordance with professional standards of information & referral

- Have a local presence and local commitment
- One coordinated 2-1-1 "system" per county
- Commitment to providing comprehensive 24-hour, multilingual services
- Provide effective access to people with disabilities
- Capacity and willingness to coordinate with local and state emergency/disaster service systems
- Demonstrate effective collaboration with all local stakeholders
- Use common resource information standards
- Collect and share common service need/usage and client demographic data

For more information on the 2-1-1 initiative in California, contact: Linda Beth Swan, President, CAIRS Volunteer Center of Sonoma County (707) 565-2335