

File No. 190611

Committee Item No. _____

Board Item No. 45

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: _____

Date: _____

Board of Supervisors Meeting

Date: June 25, 2019

Cmte Board

- | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Introduction Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

(Click on the text of checked items to view documents)

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|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Appeal Ltr - Portside Master and Homeowners Asstn - 05/22/19</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Appeal Ltr - Safe Embarcadero For All (SEFA) - 05/23/19</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Planning Department Memo - 05/28/19</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Planning Department Response - 06/17/19</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Planning Department - Supplemental Information - 06/20/19</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Appellant - SEFA - Supplemental Info - 6/20/19; 6/19/19; 6/15/19; 6/11/19; 6/10/19; 5/31/19</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Public Hearing Notice 06/11/19 and Clerical Documents</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Prepared by: Jocelyn Wong

Date: June 21, 2019

Prepared by: _____

Date: _____



Norman Yee, President
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

2019 MAY 22 PM 2:50

May 22, 2019

RE: **Appeal of Categorical Exemption from Environmental Review**
PROJECT: **Embarcadero Navigation Center**
ADDRESS: **Seawall Lot 330**
ZONING: **Sec. 829. South Beach Downtown Residential Mixed-Use (SB-DTR);
Sec. 240.3. Waterfront Special Use District No. 3.
Port Commission CEQA Approval Hearing Date: April 23, 2019**

President Yee and Members of the Board:

INTRODUCTION

On behalf of the Portside Master Association and Portside Homeowners Association (Appellants) and numerous other neighbors of the proposed Navigation Center at Seawall Lot 330, I am writing to urge the Board to set aside the exemption from environmental review under the provisions of the California Environmental Quality Act (CEQA Categorical Exemption Determination---“CatEx”) granted by the San Francisco Port Commission for the proposed 200-bed Navigation Center to be located at Seawall Lot 330 (SWL 330) (the “Project”).

The CatEx was affirmed by the Port Commission on April 23, 2019, when it approved a Memorandum of Understanding (“MOU”) for the location and operation of the Project with the San Francisco Department of Homelessness and Supportive Housing. The CatEx approved by the Port Commission’s action is attached hereto as Exhibit 1. Appellants are the homeowner’s association and master association for Portside, which has two-hundred and twenty (220) residences and four (4) commercial parcels located in two buildings under the San Francisco-Oakland Bay Bridge at 38 Bryant Street and 403 Main Street. Portside is adjacent to the subject site for the Project, across Bryant Street to the northeast of SWL 330.

The Project site is in the Eastern SoMa (South of Market) Area Plan and is part of the state lands held in trust by, and subject to, the jurisdiction of the Port of San Francisco. The Project site at Seawall Lot 330 includes two parcels zoned as Southbeach Downtown Residential Mixed Use (SB-DTR) and has been used for many years as a parking lot by near-by businesses and residents. However, what has been completely missed by Planning and Port staff is the fact that this Project Site is also in a Special Use District and is subject to restrictive review and use under the City’s Administrative and Planning Codes and under the Port Codes, Guidelines and Regulations. In the rush to approve the Project, these overlays of mandatory land use and zoning regulation have been ignored by

the environmental review and are completely unmentioned in the CatEx and in the environmental applications submitted by the Department of Public Works.

Importantly for this appeal, none of the environmental documents/applications or review by environmental staff or the Port staff note that the site is *entirely* within the *Waterfront Special Use District No. 3*, and is subject to land use controls in addition to those set forth in the Planning and Port Codes. The fact that a project is entirely located within the Waterfront Special Use District MUST be included in any adequate CEQA review and analysis. This fact must be noted, discussed and resolved to comply with CEQA and its mandate that the Project be consistent with the general plan, all policies, zoning designations and regulations applicable to the Project Site. There is also no reference to, or analysis of, the applicable and mandated Waterfront Design Review Process which should have been directed by the Port Commission before it rushed to approve the proposed Project. These errors and omissions are fatal to the CatEx issued for the Project.

The site is entirely within Waterfront Special Use District No. 3 (Planning Code Sections 240 & 240.3), and oddly, no analysis (or even a mention) of this fact is included in any of the environmental review documents or permit applications. There is no discussion or note of the mandatory requirement that ALL PROJECTS in this area be reviewed by the Design Advisory Committee for impacts on the Waterfront and the Historic Port of San Francisco and specifically, placing a massive homeless shelter between the Waterfront and the public on Port property.

The public policy objectives established by the Special Use District and the public trust land managed by the Port must be reviewed and reconciled prior to approval. Under the waterfront design review process established under the Codes to review the urban design and function of new developments under the Port Commission's jurisdiction within the Waterfront Special Use District, a prior review and public hearing are mandatory. There has been no review or findings to ensure the Project is consistent with applicable provisions of the Port's Waterfront Land Use Plan and its Waterfront Design and Access goals, objectives and criteria. The Port Commission was obligated to refer the Project to the Committee.

The Project is surrounded by residential uses on three sides with Appellants' buildings to the northeast, the Watermark building to the west (both acknowledged and importantly designed buildings for visual enhancement of the Waterfront) and Bayside Village to the south. The Project is opposed by its immediate neighbors because of potential negative impacts to the neighborhood and the failure to conduct what is supposed to be a mandated review process to identify and integrate the State, regional and local objectives pertaining to new proposed uses in order to optimize the public enjoyment and beneficial use of this public trust resource. None of these mandates has been mentioned or reviewed in the rushed and scant environmental "review" given to this Project.

No prior notice was given to the District Supervisor, the residents or the general public of the proposed massive homeless shelter (as also mandated in the Code) before the Mayor's unilateral press release announcement of March 4, 2019, that a 200-bed homeless shelter would be located at the Project site. The unilateral imposition of a homeless shelter on this neighborhood violates the specific Code provisions for location

and integration of “Navigation Centers” in our neighborhoods. Such a use is prohibited on the Waterfront and is defined as an “*unacceptable non-maritime land use*” under the Administrative Code. The proposed Project also far exceeds the size and scope limits placed on such Navigation Centers in the Code. The Project is being imposed on the community as an authoritarian “top-down” directive from the Mayor’s Office. The tenor of the legislation passed by this Board to authorize Navigation Centers in neighborhoods is not authoritarian or dictatorial and instead focuses on community outreach and participation----all ignored in this instance.

The CatEx was issued in error for a use that was not properly vetted or reviewed as mandated by CEQA for this site. The Project Description is inadequate and inaccurate as both the Dept., the Port and the Sponsor (Dept of Public Works) in its application and submittals, fail to note the overlay of zoning at the site when proposing and reviewing the proposal and failed to note that the Project proposed at the site is located in the Waterfront Special Use District No. 3 and is subject to specific land use controls not analyzed or reviewed (or even mentioned) before issuing the exemption under CEQA.

1. The Environmental Review Fails to Note that the Project is Entirely Within a Special Use District and Subject to Additional, Mandated Review Processes

The Project site at SWL 330 is located within the Waterfront Special Use District No. 3. One cannot obtain that information from a review of the environmental analysis for the Project as no mention of the Special Use District is included in the environmental review--even the fact that the Special Use District exists is omitted. The CatEx fails to note the site is in a Special Use District and fails to explain that the application must undergo a mandatory review process to be conducted by the Port’s Design Advisory Committee.

This important and relatively new Special Use District was certified and adopted by Planning and the Port to ensure compliance with a variety of land use plans and mandates, including the Waterfront Special Use District No. 3, the Northeast Waterfront Area Plan and the objectives and policies of the General Plan. None of the notices for the Project mention these facts and the environmental review documents are devoid of any information or analysis related to these crucial zoning and land use overlays. Further, the Proposed Project is sandwiched between two important contributing buildings, Portside and the Watermark with no mention of impacts on those residents.

CEQA review and notably, CEQA review in a Special Use District, is about providing information and analysis to determine if the proposal could cause a detrimental impact in the District and any surrounding protected resources. This was clearly not accomplished in this instance. No mention is made in ANY of the environmental documents, the MOU, the applications (or elsewhere) of even the existence of this Special Use District. Staff is apparently unaware the Project is in the Waterfront Special Use District No. 3.

The reports submitted by the Dept., and its environmental paperwork---including the Application, CatEx, Modification of the CatEx, Public Notices, the MOU and all other staff reports or analysis, completely omit important facts. On this ground alone, the

CatEx and Environmental review mandated by CEQA is insufficient, incomplete and inadequate.

In order to grant to the Project a Class 32 Exemption for In-Fill Development, the environmental review and analysis must establish that, *“(t)he project is consistent with the applicable general plan designation and all applicable general plan policies as well as with applicable zoning designation and regulations.”* Obviously, this cannot be accomplished if the application and environmental review documents fail to correctly identify the zoning of the site and fail to note the requirements of the Special Use District or the overlay of applicable land use regulations.

For this location on land under Port jurisdiction, any adequate review must also include a list of permits and other approvals required to implement the Project and a list of related environmental review and consultation requirements required by federal, state, or local laws, regulations, or policies. To the fullest extent possible, the Project description must reflect the specifics of the proposed Project, the Project site, (including an accurate description of its zoning) and its surroundings---the subject CatEx falls woefully short and the appeal should be granted.

2. The Waterfront Special Use District Mandates a Public Review Process for All Proposed Projects to be Developed on Port Property

The City’s General Plan is the “constitution” for land use development. All land use and development approvals must be consistent with the General Plan. To be consistent, a development approval must further objectives and policies of the General Plan. Although the City has significant discretion to determine whether a project is consistent with the General Plan, projects cannot be inconsistent with fundamental, mandatory and specific policies and cannot ignore mandated reviews and public hearings. The General Plan of San Francisco includes the Northeast Waterfront Plan and the overall Waterfront Plan adopted by the Port Commission in 1997

The proposed project is directly and bluntly inconsistent with the most fundamental aspects of the mandatory policies of these Plans for the Waterfront which includes the Waterfront Special Use District. Planning Code Section 240 which establishes the Special Use District also establishes a specific, mandated public process for all proposed developments within the SUD. The statutory scheme establishes a Waterfront Design Review Process *“in order to best achieve the public objectives that have been established in law and policy for the property under the jurisdiction of the Port Commission.”*

This mandatory review process is conducted by the Waterfront Design Review Committee who are appointed by the Mayor, the Director of Planning and the Director of the Port. The Committee is charged with reviewing all Projects in Waterfront Special Use District No. 3 under Port jurisdiction of at least ½ acre (Section 240.3(d)) including non-maritime projects (Section 240 (c)(4)), such as that currently proposed. The Committee is also charged with reviewing and considering the environmental documents under CEQA before making its final recommendations. (Section 240 (c)(7)) ---and so, the “Approval

Action” for the Project for the purposes of CEQA, pursuant to Section 31.04(h) of the San Francisco Administrative Code may well rest with the Committee subject to review by the Commission. The review by the Committee is held at a public hearing to ensure the proposed project is consistent with applicable provisions of the Waterfront Land Use Plan, Waterfront Design including Access Goals, objectives and criteria. (Section 240 (c)(6)). In this instance, this was not done and is not analyzed or mentioned in the environmental review.

The Dept and the Port failed to acknowledge that this Project is subject to this public review process and that it should have been conducted prior to the Port hearing on the proposed Project so that the Committee could transmit its recommendations and findings to the Port and to Planning---including a review of the environmental determination issued of the Project as specified in the statute. These mandates for Projects on the subject site cannot be ignored under CEQA or otherwise. The Dept has the obligation prior to issuing a CatEx, to at least review the issues from these various land use area plans, acknowledge the overlay of zoning of the parcel and not to completely ignore the policy and legislative mandates.

This appeal is not a referendum on the homeless or on the provision of homeless services, it doesn't matter who the applicant is, these policies may not be violated. Matters such as the applicant and parties to whom services are to be provided are completely irrelevant to the issues and policies to be considered by review under the General Plan for the purposes of CEQA. For this reason, the Categorical Exemption Determination is completely inadequate and cannot provide legal justification for violation of fundamental and important policies of the City's General Plan. It simply fails to correctly describe the Project, the overlay zoning of the site or to review the policies applicable to the Project.

In this instance the Categorical Exemption Determination is invalid because it fails to offer a proper basis for approving the Project and simply fails to discuss possible environmental effects. The most crucial aspect for Environmental Review is an accurate and detailed project description. This CatEx was hurried through the process and fails in the most fundamental manner to identify the site's zoning. The CatEx issued in this instance was issued by Planning on April 19, 2019 and was brought before the Port Commission just four days later on April 23 for approval. The record does not support the Dept's finding that a CatEx may issue under the circumstances in front of the Board.

3. Chapter 61 of the Administrative Code Forbids a Homeless Shelter (Residential) as a Waterfront Land Use---It is Termed as an “Unacceptable Non-Maritime Land Use”

The CatEx fails to reconcile the myriad of land use and zoning overlays applicable to the site including, as noted above, the fact that the site is zoned as a Special Use District with specific limitations on its use and the procedures to establish new projects. Further, in response to proposed inappropriate uses for Port land in the past and to salvage the historic uses of Port land, the Board of Supervisors passed an ordinance which establishes a list of “acceptable” and “unacceptable,” “*non-maritime land uses*.” Chapter 61 of the Administrative Code addresses Waterfront Land Use and specifically, Section 61.5(c)(2)

sets forth a list of what has been determined to be “unacceptable non-maritime land uses” as follows:

(2) A list of additional unacceptable non-maritime land uses developed as part of the Waterfront Land Use Planning process shall be included in the "Waterfront Land Use Plan" and added to this Section. Uses added to this list through the Waterfront Plan process include:

- (i) Non-maritime private clubs;*
- (ii) Residential;*
- (iii) Nonaccessory parking (excludes interim parking);*
- (iv) Adult entertainment;*
- (v) Non-marine animal services;*
- (vi) Mortuaries;*
- (vii) Heliports (except for landings for emergency or medical services);*
- (viii) Oil refineries;*
- (ix) Mini-storage warehouses;*
- (x) Sports facilities with seating capacity greater than 22,000, unless approved by the voters of San Francisco.*

Accordingly, homeless shelters as a residential use are a forbidden unacceptable non-maritime land use which may not be located on Port land. Further, the statute has a prohibition for the City to apply for such a permit. Section 61.5 (b) states:

*(b) **Prohibition of Unacceptable Non-Maritime Land Uses.** No City agency or officer may take, or permit to be taken, any action to permit the development of any unacceptable non-maritime land use (as set forth below) on the waterfront.*

In this instance the City is the applicant (DPW) for the permits for the homeless shelter (residential use) on the waterfront as specifically forbidden by the statutory scheme. The CatEx fails to mention or reconcile these conflicting land use directives and statutes.

4. City Policies/Procedures to Establish Navigation Centers Are Being Ignored

Although the Project is not typically the type which might have significant environmental impacts, given the circumstances of the location of this Project in a Special Use District on Port property, the Project may have untold negative impacts on the surrounding neighbors and do a grave injustice to the required land use for the site on the Waterfront. Constructing a Navigation Center on this vacant parcel parking lot---is directly contrary to the General Plan and the other applicable policies of the City mostly because the City has utterly failed to follow the directives of the statutory policies and processes for establishing such facilities.

Navigation Centers, like most city-sponsored facilities, are a creation of statute. Chapter 106 of the City's Administrative Code specifically addresses how such “Navigation Centers” shall be established, the parameters of the size and the mandates for the operation of such centers. Unfortunately, in the case before the Board, virtually all the

mandates of the statutory scheme are being ignored and the community has been completely steamrolled by the Mayor's Office.

First and foremost, the statute calls for extensive public outreach and community consultation BEFORE a site is selected. Section 106.3(e) provides that the City administrator should first identify a site where a Navigation Center may be located and then enter into consultation with the member of the Board of Supervisors who represents the district in which the identified site is located. This was not done in this case. The Mayor announced through the press the location and that was the first time Supervisor Haney or any of the neighbors heard of the proposal---not the way to obtain community buy-in.

Next, after a site is identified, the statute calls for "*a thorough community outreach process with neighbors, neighborhood associations, and merchant associations on the site selection.*" Again, this was not done. The Project and the site were presented as a *fait-de-accompl*i to all neighbors, merchants and associations near to SWL330. If the Mayor and other City officials had followed the outreach process in the code section first and formed a community partnership with the neighborhood, the reception would have been much different. This Project was presented as a directive from on-high.

The statute also calls for a limited size and scope for Navigation Centers. Section 106.2 (a) (1) states that a Navigation Center shall offer "*beds for no fewer than 40 and no more than 100 residents at a time, including, to the extent feasible, flexible housing arrangements whereby groups, families, and couples may stay together.*" The announcement from the Mayor at the out-set stated that the facility would be 200-beds---double the maximum prescribed by the statute. These facilities are also to be "temporary" ---meaning lasting no more than 2 years at any site. The announcement for this Proposed Project was 4 years at the outset (with an option to make it longer). Again, the plain statutory language is being ignored.

CONCLUSION

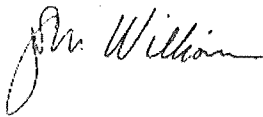
The City has done nothing to address these all-important issues from the Code and General Plan. There is no mention at all the lost development opportunity which is being squandered at the site. Completely different standards may not be applied to the Project and the multitude of land use policies ignored for political gain. The processes are established such that the City must conduct a real analysis in order to reach a conclusion of no possible impact to the physical environment and that the Project complies with the zoning and land use plans applicable to the site in order to issue a CatEx----that was not done at all in this instance.

The Special Area Plans and their mandates have been ignored. Within the context of this regulatory framework and the strong caring interest that San Francisco's residents have for the Port, the Waterfront Land Use Plans sets forth an implementation process for development projects which includes soliciting early community input for specific sites before the Port issues approvals for new development proposals. The interagency design

review committee including Planning Department and Port representatives must review projects to ensure that early in the process the interests of respective agencies are addressed and resolved satisfactorily, consistent with the Port's Waterfront Design & Access policies, thereby improving predictability and minimizing delays in the regulatory process and ensuring proper environmental review.

Appellants request that the Board of Supervisors uphold and grant the appeal and return the CatEx to the Port for further consideration and for findings consistent with the General Plan and the other land use overlays applicable to the site

VERY TRULY YOURS,

A handwritten signature in cursive script, appearing to read "Stephen M. Williams".

STEPHEN M. WILLIAMS



SAN FRANCISCO PLANNING DEPARTMENT

CEQA Categorical Exemption Determination

2019 MAR 22 PM 2:50
jn

PROPERTY INFORMATION/PROJECT DESCRIPTION

Project Address		Block/Lot(s)
SFDPW: Seawall Lot 330		3771002
Case No.		Permit No.
2019-002440ENV		
<input type="checkbox"/> Addition/ Alteration	<input type="checkbox"/> Demolition (requires HRE for Category B Building)	<input checked="" type="checkbox"/> New Construction
<p>Project description for Planning Department approval.</p> <p>The project site is located at Seawall Lot 330, on an irregularly shaped parcel of approximately 75,106 square feet, within the South of Market neighborhood. The parcel has frontages along the Embarcadero to the northeast, Beale Street to the southwest, and a vehicular access point along Bryant Street to the northwest. The existing site is owned by the Port of San Francisco and is currently leased out for private parking. The proposed project would occupy parcel 3771002 on Seawall Lot 330. The neighboring parcel to the north, 3770002, would remain as a parking lot.</p> <p>The proposed project includes the removal of approximately 155 surface parking spaces at the subject parking lot and the construction of a 200-bed, Shelter Access for Everyone (SAFE) Center, providing services and temporary shelter. The project would include the installation of two portable structures to serve as dormitories containing 200 total beds (total of approximately 11,350 square feet); a ventilation system equivalent to MERV13 filtration (or better) would be used for the structures. The project would also include the installation of an additional demountable tensile structure of approximately 6,000 square feet, which includes 1,640 square feet of office space, 2,520 square feet of community/dining space with a pantry room, and 1,840 square feet of additional support space. No meals will be prepared on site.</p> <p>SEE PAGE 5 FOR FULL PROJECT DESCRIPTION.</p>		

STEP 1: EXEMPTION CLASS

Note: If neither class applies, an <i>Environmental Evaluation Application</i> is required.	
<input type="checkbox"/>	Class 1 - Existing Facilities. Interior and exterior alterations; additions under 10,000 sq. ft.
<input type="checkbox"/>	Class 3 - New Construction. Up to three new single-family residences or six dwelling units in one building; commercial/office structures; utility extensions; change of use under 10,000 sq. ft. if principally permitted or with a CU.
<input checked="" type="checkbox"/>	<p>Class 32 - In-Fill Development. New Construction of seven or more units or additions greater than 10,000 sq. ft. and meets the conditions described below:</p> <p>(a) The project is consistent with the applicable general plan designation and all applicable general plan policies as well as with applicable zoning designation and regulations.</p> <p>(b) The proposed development occurs within city limits on a project site of no more than 5 acres substantially surrounded by urban uses.</p> <p>(c) The project site has no value as habitat for endangered rare or threatened species.</p> <p>(d) Approval of the project would not result in any significant effects relating to traffic, noise, air quality, or water quality.</p> <p>(e) The site can be adequately served by all required utilities and public services.</p> <p>FOR ENVIRONMENTAL PLANNING USE ONLY</p>
<input type="checkbox"/>	Class _____

STEP 2: CEQA IMPACTS

TO BE COMPLETED BY PROJECT PLANNER

If any box is checked below, an <i>Environmental Evaluation Application</i> is required.	
<input checked="" type="checkbox"/>	Air Quality: Would the project add new sensitive receptors (specifically, schools, day care facilities, hospitals, residential dwellings, and senior-care facilities within an Air Pollution Exposure Zone? Does the project have the potential to emit substantial pollutant concentrations (e.g., backup diesel generators, heavy industry, diesel trucks, etc.)? (refer to EP_ArcMap > CEQA Catex Determination Layers > Air Pollution Exposure Zone)
<input type="checkbox"/>	Hazardous Materials: If the project site is located on the Maher map or is suspected of containing hazardous materials (based on a previous use such as gas station, auto repair, dry cleaners, or heavy manufacturing, or a site with underground storage tanks); Would the project involve 50 cubic yards or more of soil disturbance - or a change of use from industrial to residential? If yes, this box must be checked and the project applicant must submit an Environmental Application with a Phase I Environmental Site Assessment. <i>Exceptions: do not check box if the applicant presents documentation of enrollment in the San Francisco Department of Public Health (DPH) Maher program, a DPH waiver from the Maher program, or other documentation from Environmental Planning staff that hazardous material effects would be less than significant (refer to EP_ArcMap > Maher layer).</i>
<input type="checkbox"/>	Transportation: Does the project create six (6) or more net new parking spaces or residential units? Does the project have the potential to adversely affect transit, pedestrian and/or bicycle safety (hazards) or the adequacy of nearby transit, pedestrian and/or bicycle facilities?
<input type="checkbox"/>	Archeological Resources: Would the project result in soil disturbance/modification greater than two (2) feet below grade in an archeological sensitive area or eight (8) feet in a non -archeological sensitive area? (refer to EP_ArcMap > CEQA Catex Determination Layers > Archeological Sensitive Area)
<input type="checkbox"/>	Subdivision/Lot Line Adjustment: Does the project site involve a subdivision or lot line adjustment on a lot with a slope average of 20% or more? (refer to EP_ArcMap > CEQA Catex Determination Layers > Topography)
<input type="checkbox"/>	Slope = or > 20%: Does the project involve any of the following: (1) square footage expansion greater than 1,000 sq. ft. outside of the existing building footprint, (2) excavation of 50 cubic yards or more of soil, (3) new construction? (refer to EP_ArcMap > CEQA Catex Determination Layers > Topography) If box is checked, a geotechnical report is required.
<input type="checkbox"/>	Seismic: Landslide Zone: Does the project involve any of the following: (1) square footage expansion greater than 1,000 sq. ft. outside of the existing building footprint, (2) excavation of 50 cubic yards or more of soil, (3) new construction? (refer to EP_ArcMap > CEQA Catex Determination Layers > Seismic Hazard Zones) If box is checked, a geotechnical report is required.
<input checked="" type="checkbox"/>	Seismic: Liquefaction Zone: Does the project involve any of the following: (1) square footage expansion greater than 1,000 sq. ft. outside of the existing building footprint, (2) excavation of 50 cubic yards or more of soil, (3) new construction? (refer to EP_ArcMap > CEQA Catex Determination Layers > Seismic Hazard Zones) If box is checked, a geotechnical report will likely be required.
If no boxes are checked above, GO TO STEP 3. If one or more boxes are checked above, an <i>Environmental Evaluation Application</i> is required, unless reviewed by an Environmental Planner.	
Comments and Planner Signature (optional): Laura Lynch Please see Page 6	

STEP 3: PROPERTY STATUS - HISTORIC RESOURCE

TO BE COMPLETED BY PROJECT PLANNER

PROPERTY IS ONE OF THE FOLLOWING: (refer to Parcel Information Map)	
<input type="checkbox"/>	Category A: Known Historical Resource. GO TO STEP 5.
<input type="checkbox"/>	Category B: Potential Historical Resource (over 45 years of age). GO TO STEP 4.
<input checked="" type="checkbox"/>	Category C: Not a Historical Resource or Not Age Eligible (under 45 years of age). GO TO STEP 6.

STEP 4: PROPOSED WORK CHECKLIST

TO BE COMPLETED BY PROJECT PLANNER

Check all that apply to the project.	
<input type="checkbox"/>	1. Change of use and new construction. Tenant improvements not included.
<input type="checkbox"/>	2. Regular maintenance or repair to correct or repair deterioration, decay, or damage to building.
<input type="checkbox"/>	3. Window replacement that meets the Department's <i>Window Replacement Standards</i> . Does not include storefront window alterations.
<input type="checkbox"/>	4. Garage work. A new opening that meets the <i>Guidelines for Adding Garages and Curb Cuts</i> , and/or replacement of a garage door in an existing opening that meets the Residential Design Guidelines.
<input type="checkbox"/>	5. Deck, terrace construction, or fences not visible from any immediately adjacent public right-of-way.
<input type="checkbox"/>	6. Mechanical equipment installation that is not visible from any immediately adjacent public right-of-way.
<input type="checkbox"/>	7. Dormer installation that meets the requirements for exemption from public notification under <i>Zoning Administrator Bulletin No. 3: Dormer Windows</i> .
<input type="checkbox"/>	8. Addition(s) that are not visible from any immediately adjacent public right-of-way for 150 feet in each direction; does not extend vertically beyond the floor level of the top story of the structure or is only a single story in height; does not have a footprint that is more than 50% larger than that of the original building; and does not cause the removal of architectural significant roofing features.
Note: Project Planner must check box below before proceeding.	
<input type="checkbox"/>	Project is not listed. GO TO STEP 5.
<input type="checkbox"/>	Project does not conform to the scopes of work. GO TO STEP 5.
<input type="checkbox"/>	Project involves four or more work descriptions. GO TO STEP 5.
<input type="checkbox"/>	Project involves less than four work descriptions. GO TO STEP 6.


STEP 5: CEQA IMPACTS - ADVANCED HISTORICAL REVIEW

TO BE COMPLETED BY PROJECT PLANNER

Check all that apply to the project.	
<input type="checkbox"/>	1. Project involves a known historical resource (CEQA Category A) as determined by Step 3 and conforms entirely to proposed work checklist in Step 4.
<input type="checkbox"/>	2. Interior alterations to publicly accessible spaces.
<input type="checkbox"/>	3. Window replacement of original/historic windows that are not "in-kind" but are consistent with existing historic character.
<input type="checkbox"/>	4. Façade/storefront alterations that do not remove, alter, or obscure character-defining features.
<input type="checkbox"/>	5. Raising the building in a manner that does not remove, alter, or obscure character-defining features.
<input type="checkbox"/>	6. Restoration based upon documented evidence of a building's historic condition, such as historic photographs, plans, physical evidence, or similar buildings.

<input type="checkbox"/>	7. Addition(s) , including mechanical equipment that are minimally visible from a public right -of-way and meet the <i>Secretary of the Interior's Standards for Rehabilitation</i> .
<input type="checkbox"/>	8. Other work consistent with the <i>Secretary of the Interior Standards for the Treatment of Historic Properties</i> (specify or add comments):
<input type="checkbox"/>	9. Other work that would not materially impair a historic district (specify or add comments): (Requires approval by Senior Preservation Planner/Preservation Coordinator)
<input type="checkbox"/>	10. Reclassification of property status. (Requires approval by Senior Preservation Planner/Preservation <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Reclassify to Category A a. Per HRER dated b. Other (specify): </div> <div> <input type="checkbox"/> Reclassify to Category C (attach HRER) </div> </div>
Note: If ANY box in STEP 5 above is checked, a Preservation Planner MUST check one box below.	
<input type="checkbox"/>	Further environmental review required. Based on the information provided, the project requires an <i>Environmental Evaluation Application</i> to be submitted. GO TO STEP 6.
<input type="checkbox"/>	Project can proceed with categorical exemption review. The project has been reviewed by the Preservation Planner and can proceed with categorical exemption review. GO TO STEP 6.
Comments (optional):	
Preservation Planner Signature:	

STEP 6: CATEGORICAL EXEMPTION DETERMINATION
TO BE COMPLETED BY PROJECT PLANNER

<input type="checkbox"/>	Further environmental review required. Proposed project does not meet scopes of work in either (check all that apply): Step 2 - CEQA Impacts Step 5 - Advanced Historical Review STOP! Must file an <i>Environmental Evaluation Application</i>.	
<input checked="" type="checkbox"/>	No further environmental review is required. The project is categorically exempt under CEQA. There are no unusual circumstances that would result in a reasonable possibility of a significant effect.	
	Project Approval Action: Approval of MOU by SF Port Commission If Discretionary Review before the Planning Commission is requested, the Discretionary Review hearing is the Approval Action for the project.	Signature:  4/19/19
	Once signed or stamped and dated, this document constitutes a categorical exemption pursuant to CEQA Guidelines and Chapter 31 of the Administrative Code. In accordance with Chapter 31 of the San Francisco Administrative Code, an appeal of an exemption determination can only be filed within 30 days of the project receiving the first approval action. Please note that other approval actions may be required for the project. Please contact the assigned planner for these approvals.	

Full Project Description

The project site is located at Seawall Lot 330, on an irregularly shaped parcel of approximately 75,106 square feet, within the South of Market neighborhood. The parcel has frontages along the Embarcadero to the northeast, Beale Street to the southwest, and a vehicular access point along Bryant Street to the northwest. The existing site is owned by the Port of San Francisco and is currently leased out for private parking. The proposed project would occupy parcel 3771002 on Seawall Lot 330. The neighboring parcel to the north, 3770002, would remain as a parking lot.

The proposed project includes the removal of approximately 155 surface parking spaces at the subject parking lot and the construction of a 200-bed, Shelter Access for Everyone (SAFE) Center, providing services and temporary shelter. The project would include the installation of two portable structures to serve as dormitories containing 200 total beds (total of approximately 11,350 square feet); a ventilation system equivalent to MERV13 filtration (or better) would be used for the structures. The project would also include the installation of an additional demountable tensile structure of approximately 6,000 square feet, which includes 1,640 square feet of office space, 2,520 square feet of community/dining space with a pantry room, and 1,840 square feet of additional support space. No meals will be prepared on site. The project would additionally install temporary structures to contain 25 toilets, 6 urinals, and 18 showers, and place 12 shipping containers on-site for client storage needs. The temporary structural installations would be placed to create an approximately 10,000 square foot outdoor gathering space. All structures would be placed on 4-6" reinforced concrete pads and anchored to the existing parking-lot surface, with minimal excavation of approximately 4 feet in depth for footings of temporary structure pads. The project will retain approximately 140-150 public parking spaces at the adjacent parcel (3770002). Loading would occur on-site with vehicle access from the existing curb cut along Bryant Street. Fifteen of the existing trees within the parking lot would be removed, and the project would include additional landscaping. The project would require an encroachment permit, for the installation of utilities, from both the San Francisco Port and the San Francisco Public Works Department. The proposed project would be constructed through the Department of Public Works, and would therefore incorporate that Department's Standard Construction Measures for Public Works Projects.

Operation of the project: The Department of Homelessness and Supportive Housing (HSH) will provide a SAFE Center for approximately 200 adults experiencing homelessness. Safe Centers will provide room and board to those experiencing homelessness while case managers work to connect them to support services, including income, public benefits, health services, shelter, and housing. SAFE Centers are different from traditional shelters, with lower barriers for participation by clients, allowing for people to come inside with partners, pets, and possessions. The Centers stay open 24 hours a day, 7 days a week. HSH makes placements into these centers through its Outreach Programs. External referrals or drop-ins are not accepted. A client's length of stay can range from a few hours to up to 30 days, with possible extensions, for those with a known pathway to a supportive housing placement.

Staff will be present at the Navigation Center to monitor activities on-site, including, but not limited to, coordination of site security, uniform and effective program entry, property searches, methods to control access, managing and tracking clients, and collaboration with service partners who are on the program site. Staff will provide oversight, janitorial service and maintenance for the sleeping areas, bathrooms/showers, client laundry facilities, client storage areas, the dining and client community room and general grounds of the program site. Staff will also provide access for clients to the delivered meals, beverages, and snacks, will conduct wellness checks, and will escort clients to critical appointments off-site. Staff will educate clients about how to avoid or reduce impacts and implement "good neighbor" considerations if they return to the streets.

The Memorandum of Understanding between the Port and the HSH for the construction and operation of the SAFE Center also includes a set of Good Neighbor Policies that the SAFE Center operator must follow, which address issues including, but not limited to, the following: communication and information with the neighborhood; avoiding or minimizing the impact on the neighborhood of Navigation Center clients entering, exiting, or waiting for services; discouraging and addressing excessive noise from program clients and others who may be just outside the program site; discouraging loitering in the area immediately surrounding the site; maintaining the safety and cleanliness of the area immediately surrounding the facility; and preventing any blocking of driveways or sidewalks near the site.

A private security company will be hired for security services onsite and 24/7 front desk coverage, and the SAFE Center will contract with a community-based provider who will hire SAFE Center clients to keep the surrounding area clean.

CEQA Impacts

Hazardous Materials: The project would involve soil disturbance of approximately 43 cubic yards of soil for the installation of foundations and for utility work. Additionally, the project would involve the change of use from an industrial use (parking lot) to a housing use (navigation center, providing temporary housing and services). Projects that are located on sites with known or suspected soil and/or groundwater contamination, and that involve soil disturbance and/or changes of use from industrial to housing uses, are subject to the provisions of San Francisco Health Code (SFHC) Article 22A, which is administered by the Department of Public Health (DPH). The project enrolled in the Maher Program on 4/5/2019. A San Francisco Health Code Article 22A Compliance work plan was issued on 4/14/2019, requiring further testing prior to the issuance of any permit related to construction. The project is not located on any list compiled pursuant to Government Code section 65962.5 (hazardous and toxic waste sites).

Air Quality: The proposed project is subject to the Clean Construction Ordinance which requires the use of Tier 2 or higher engines with the most effective Verified Diesel Emission Control Strategy (VDECS). The ordinance prohibits portable diesel engines in most cases, restricts equipment idling to two minutes, and requires contractors to properly maintain and tune their equipment in accordance with manufacturer specifications. The project is required to comply with SF Health Code Article 38 and San Francisco's Clean Construction Ordinance and the Dust Control Ordinance. Additionally, a ventilation system equivalent to MERV13 filtration (or better) would be used for the structures in compliance with Article 38 SF Health Code / American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standard 52.2.

Transportation: Project involves the removal of approximately 146 parking spaces. No new curb cuts for vehicular access are proposed. Loading would occur on-site using the existing curb cut on Bryant Street. The Department reviewed the Transportation Study Determination Request on April 3, 2019, and determined that there is no need for further transportation study. A final Transportation Determination Memo was issued April 19, 2019.

Seismic Hazards - Liquefaction: A Geotechnical Memorandum was prepared by SF Public Works Bureau of Engineering - Structural Engineering Section on 4/2/2019, confirming the property is on a site subject to liquefaction. The project would be required to receive a building permit from the Port's Chief Harbor Engineer, who would review all structural plans and determine adequate foundation types. Additionally, a geotechnical report would be prepared for the project and reviewed, prior to the issuance of any permit related to construction activity.

Water Quality: The project anticipates soil disturbance of approximately 224 square feet. The project would be required to adhere to the provisions of the State General Permit for Discharges of Storm Water Associated with Construction Activity (Construction General Permit Order 2009-0009DWQ), and the Port of San Francisco's stormwater requirements which include compliance with Public Works Code 147 and the Port would review compliance for both the construction and operation of the proposed project.

Noise: The project would comply with the San Francisco Police Code Section 2907(a) by limiting noise related to construction equipment to noise levels of 80dBA when at a distance of 100 feet from such equipment. The contractor shall use best available noise control techniques, including mufflers, ducts, engine enclosures and acoustic attenuating shields or shrouds for all construction-noise equipment and trucks. Police Code Section 2907(a) limits construction activity to the hours of 7:00am to 8:00pm on weekdays; if construction outside those hours is necessary, the project would be required to receive authorization from the Department of Public Works and additional limitation on noise generated from equipment may be applied. Mechanical building equipment, such as heating, ventilation and air conditioning (HVAC) systems, could create operational noise. However, these noise sources would be subject to the San Francisco Noise Ordinance (Article 29 of the Police Code). Section 2909(d) of the noise ordinance establishes maximum noise levels for fixed noise sources (e.g., mechanical equipment) of 55 dBA (from 7 a.m. to 10 p.m.) and 45 dBA (from 10 p.m. to 7 a.m.) inside any sleeping or living room in any dwelling unit located on residential property to prevent sleep disturbance. Furthermore, section 2909(b) of the noise ordinance regulates noise levels at residential and commercial properties. Noise at residential properties is limited to no more than 5 dBA above the ambient noise level at the property plane. The proposed project's mechanical and HVAC systems would be required to meet these noise ordinance standards.

Natural Habitat: The project site consists of a parking lot with trees with limited landscaped areas. The project would involve the removal of approximately 15 trees and a limited amount of existing landscaping. The existing mostly paved site, used as a parking lot, is not suitable habitat for endangered, rare or threatened species and has no value for such habitat. Additionally, in accordance with the Standard Construction Measures for Public Works, the project site would be screened to determine whether biological resources may be affected by construction. If biological resources are present, a qualified biologist will carry out a survey of the project and identify whether habitat for special-status species and/or migratory birds are present. If necessary, measures will be implemented to protect biological resources, such as installing wildlife exclusion fencing, establishing buffer zones, etc. The project is also required to comply with the federal Migratory Bird Treaty Act and the State Endangered Species Act.

General Plan and Zoning: The proposed project would not conflict with General Plan objectives or policies and would meet applicable controls for the area. The project is located within the East SOMA Area Plan and the South Beach Downtown Residential Mixed-Use District (SB-DTR). Pursuant to Planning Code Section 829.46, a homeless shelter use is permitted. The Port of San Francisco Waterfront Land Use Plan allows short-term (generally up to 10 years) interim uses on Port property that are consistent with the City's zoning for the site. The project is a permitted use under applicable zoning. Therefore, the proposed project would be consistent with General Plan designations and policies and applicable zoning designations and regulations.



SAN FRANCISCO PLANNING DEPARTMENT

Neighborhood Notice

Public Notice and Comment. On March 12, 2019, the Planning Department mailed a "Notification of Project Receiving Environmental Review" to community organizations, tenants of the affected property and properties adjacent to the project site, and those persons who own property within 300 feet of the project site. Approximately 13 individuals responded to the notice. Some individuals requested more information about the project, to be added to the distribution list for future environmental review documents or comments related to the merits of the project.

Comments related to the California Environmental Quality Act include Geology and Soils, Air Quality, Public Services, Transportation, and Hazards Materials. The comments as it pertains to each environmental topic are summarized below.

Geology and Soils – Liquefaction:

The project is located within a mapped liquefaction zone. The project would involve temporary structures that would require foundations. The Seismic Hazards Mapping Act (seismic hazard act, located in Public Resources Code 2690 *et seq.*), enacted in 1990, protects public safety from the effects of strong ground shaking, liquefaction, landslides, or other ground failures or hazards caused by earthquakes. The California Geological Survey designates the project site as within an area that may be prone to earthquake-induced ground failure during a major earthquake due to liquefaction hazard. Because of this, site design and construction must comply with the seismic hazard act, its implementing regulations, and the California Department of Conservation's guidelines for evaluating and mitigating seismic hazards. In addition to the seismic hazard act, adequate investigation and mitigation of failure-prone soils is also required by the mandatory provisions of the *California Building Code* (state building code, California Code of Regulations, Title 24). In particular, Chapter 18 of state building code, Soils and Foundations, provides the parameters for geotechnical investigations and structural considerations in the selection, design and installation of foundation systems to support the loads from the structure above. Section 1803 sets forth the basis and scope of geotechnical investigations conducted. Section 1804 specifies considerations for excavation, grading and fill to protect adjacent structures and prevent destabilization of slopes due to erosion and/or drainage. Additionally, 1803.2 of the California State Building Code states that the building official shall be permitted to waive the requirement for a geotechnical investigation where satisfactory data from adjacent areas is available that demonstrates an investigation is not necessary for any of the conditions in Sections 1803.5.1 through 1803.5.6 and Sections 1803.5.10 and 1803.5.11. The project would be required to receive a building permit from the Port's Chief Harbor Engineer, who would review all structural plans and determine adequate foundation types. Additionally, a geotechnical report would be prepared for the project and reviewed, prior to the issuance of any permit related to construction activity.

Air Quality—Article 38 Air Pollutant Exposure Zone

In April 2007, the City and County of San Francisco adopted an Ordinance requiring public projects to reduce emissions at construction sites starting in 2009. In March 2015, the City expanded the existing Ordinance to require public projects to further reduce emissions at construction sites in certain areas with high levels of background concentrations of air pollutants. The proposed project would be constructed through the Department of Public Works and is therefore subject to the Clean Construction Ordinance,

which requires the use of Tier 2 or higher engines with the most effective Verified Diesel Emission Control Strategy (VDECS), prohibits portable diesel engines in most cases, restricts equipment idling to two minutes, and requires contractors to properly maintain and tune their equipment in accordance with manufacturer specifications. The ordinance also requires the preparation of a Construction Emissions Minimization Plan and the monitoring of construction emissions from the start of construction. While emission reductions from limiting idling, educating workers and the public and properly maintaining equipment are difficult to quantify, other measures in the Clean Construction Ordinance, specifically the requirement for equipment with Tier 2 engines and Level 3 VDECS can reduce construction emissions by 89 to 94 percent compared to equipment with engines meeting no emission standards and without a VDECS¹. Emissions reductions from the combination of Tier 2 equipment with level 3 VDECS is almost equivalent to requiring only equipment with Tier 4 Final engines.

Hazards and Hazardous Materials

Pursuant to Article 22A of the Health Code, the project is required to enroll in the Maher Program, which is administered by the Department of Public Health (DPH). On April 5th 2019, the project enrolled within the Maher Program through the department of Public Health. The Department of Public Health would be the responsible agency to review and request any additional soil testing at the site, prior to the issuance of a Port Building Permit. Where such analysis reveals the presence of hazardous substances that exceed Cal/EPA public health risk levels given the intended use, the project sponsor must submit a site mitigation plan (SMP) to DPH. The SMP must identify the measures that the project sponsor will take to assure that the intended use will not result in public health or safety hazards in excess of the acceptable public health risk levels established by Cal/EPA or other applicable regulatory standards. The SMP also must identify any soil and/or groundwater sampling and analysis that it recommends the project sponsor conduct following completion of the measures to verify that remediation is complete.

If remediation is required, it would typically be achieved through one of several methods that include off-haul and disposal of contaminated soils,³ on-site treatment of soil or groundwater, or a vapor barrier installation. Alternatively, or in addition, restriction on uses or activities at the project site may be required along with a recorded deed restriction. Compliance with Health Code Article 22A and related regulations

¹ PM emissions benefits are estimated by comparing off-road PM emission standards for Tier 2 with Tier 1 and 0. Tier 0 off-road engines do not have PM emission standards, but the United States Environmental Protection Agency's *Exhaust and Crankcase Emissions Factors for Nonroad Engine Modeling – Compression Ignition* has estimated Tier 0 engines between 50 hp and 100 hp to have a PM emission factor of 0.72 g/hp-hr and greater than 100 hp to have a PM emission factor of 0.40 g/hp-hr. Therefore, requiring off-road equipment to have at least a Tier 2 engine would result in between a 25 percent and 63 percent reduction in PM emissions, as compared to off-road equipment with Tier 0 or Tier 1 engines. The 25 percent reduction comes from comparing the PM emission standards for off-road engines between 25 hp and 50 hp for Tier 2 (0.45 g/bhp-hr) and Tier 1 (0.60 g/bhp-hr). The 63 percent reduction comes from comparing the PM emission standards for off-road engines above 175 hp for Tier 2 (0.15 g/bhp-hr) and Tier 0 (0.40 g/bhp-hr). In addition to the Tier 2 requirement, ARB Level 3 VDECSs are required and would reduce PM by an additional 85 percent. Therefore, compliance with the ordinance would result in between an 89 percent (0.0675 g/bhp-hr) and 94 percent (0.0225 g/bhp-hr) reduction in PM emissions, as compared to equipment with Tier 1 (0.60 g/bhp-hr) or Tier 0 engines (0.40 g/bhp-hr).

³ Off-haul and disposal of contaminated materials from the project site would be in accordance with the federal Resource Conservation and Recovery Act (RCRA) and United States Department of Transportation regulations and the California Hazardous Waste Control program (Cal. Health and Safety Code Section 21000 *et seq.*)

identified above would ensure that project activities that disturb or release hazardous substances that may be present at the project site would not expose users of the site to unacceptable risk levels for the intended project uses. Additionally, the project is required to conform with Article 22B of the San Francisco Health Code, requiring dust control methods to be applied throughout construction. A San Francisco Health Code Article 22A Compliance work plan was issued on 4/14/2019, requiring further testing prior to the issuance of any permit related to construction. The project is not located on any list compiled pursuant to Government Code section 65962.5 (hazardous and toxic waste sites).

Public Services—Comment raises concerns related to emergency vehicle responses as a result of the proposed use. The project would be required to receive a building permit from the Port's Chief Harbor Engineer, who would review all plans and determine whether there is adequate access for emergency vehicles pursuant to applicable building codes and regulations, including but not limited to, driveway width, access, turning radii for large emergency vehicles, and other factors.

Transportation –

The project involves the removal of approximately 146 parking spaces. No new curb cuts for vehicular access would be provided. The project was reviewed by transportation planners at the San Francisco Planning Department and a Transportation Study Determination Memo was prepared. This memo determined that due to low p.m. peak volume of vehicle trips compared to existing conditions, and because loading would occur on-site, there was no potential for conflicts on the existing public rights of way.

Date: May 22, 2019

3355

INVOICE/RECEIPT

NAME: Stephen M. Williams

ADDRESS: 1934 Divisadero Street, SF CA ZIP: 94115
Street City State

Enclosed is the information you requested from the Clerk of the Board.

Please remit \$ 617.00 For: CEQA Appeal - Embarcadero Navigatio
Center

Make Check Payable to: **City and County of San Francisco**

Return original invoice with payment to: Board of Supervisors
City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

Original plus copy to Customer, copy to Accountant

*****FOR OFFICE USE ONLY*****

Date Rec'd 5/22/19 Initial: JW Amt Rec'd \$ 617.00
Check # _____

2019 MAY 22 PM 2:50
CITY AND COUNTY OF SAN FRANCISCO
CLERK OF THE BOARD

BOARD OF SUPERVISORS
SAN FRANCISCO

2019 MAY 23 PM 1:53

BY



BRISCOE IVESTER & BAZEL LLP

155 SANSOME STREET

SEVENTH FLOOR

SAN FRANCISCO, CALIFORNIA 94104

(415) 402-2700

FAX (415) 398-5630

Peter S. Prows
pprows@briscoelaw.net

23 May 2019

VIA HAND DELIVERY

President Norman Yee
c/o Angela Calvillo, Clerk of the Board
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place
City Hall, Room 244
San Francisco, CA 94102

Subject: Appeal of Port's Decision on Planning Case No. 2019-002440ENV –
Navigation Center for Seawall Lot 330

Dear President Yee and Honorable Members of the Board of Supervisors:

This office represents Safe Embarcadero For All ("SEFA"), an association of South Beach and Rincon Hill residents who live near Seawall Lot 330. On 23 April 2019 the Port Commission ("Port") approved the construction of a 200-bed "Navigation Center" for the homeless at Seawall Lot 330 (the "Project") and a categorical CEQA exemption for the Project. (Planning Case No. 2019-002440ENV.) A copy of the Port Commission's Resolution approving the Project is attached as **Exhibit A**, and a copy of the categorical CEQA exemption is attached as **Exhibit B**. SEFA objected to the Port's approval of the Project and the categorical CEQA exemption, and files this appeal to the Board of Supervisors.

The grounds for this appeal include all those grounds raised in writing to the Port in the "Memorandum For Objector Safe Embarcadero For All", dated 22 April 2019 and incorporated here by reference (including all its exhibits), and any other grounds raised orally or in writing to the Port or to the Board of Supervisors by SEFA or by any other party, including the appeal filed on 22 May 2019 on behalf of the Portside Master Association and the Portside Homeowners Association. More specifically:

1. Seawall Lot 330 may not be leased (defined by statute to include any “improve[ment]”) for purposes such as homeless shelters (if it may constitutionally be leased for such purposes at all) prior to review and approval by the State Lands Commission upon its making of specific required findings. Yet the State Lands Commission has not reviewed, approved, or made the required findings of the proposed lease or improvements here.
2. San Francisco Administrative Code § 106.2(a) imposes certain requirements on Navigation Centers, including generally limiting them to 100 residents at a time, which are not met here. For example, the Project proposes to allow up to 200 residents at a time.
3. Article 2 section 240 *et seq* of the Planning Code requires the Port’s Design Review Committee to review development on Seawall Lot 330 at a public hearing prior to Port approval, because Seawall Lot 330 is in a Waterfront Special Use District. Yet the Port’s Design Review Committee has not reviewed the Project at a public hearing.
4. The categorical exemption invoked, Class 32, does not apply according to its own terms, including because:
 - a. The Project is not consistent with the applicable general plan designation and all applicable general plan policies as well as with applicable zoning designation and regulations, such as those requiring prior review by the Port’s Design Review Committee.
 - b. The Project site has value as habitat for endangered, rare, or threatened species because the Project site is located on historic San Francisco Bay, which is habitat for many endangered, rare, or threatened species.
 - c. The Project would result in significant effects relating to traffic, noise, air quality, or water quality, including because:
 - i. Emergency 911 services requiring emergency police or paramedic services have been needed at least daily, and often more than once per day, at other Navigation Centers. (The incident reports attached as **Exhibit C** document some of the emergency services required in other centers in just one

month.¹) That level of emergency services required at this even larger Navigation Center is likely to frequently snarl nearby traffic, including on the Embarcadero and Bay Bridge.

- ii. Soil and groundwater contamination has been documented at the site. Contamination is an ongoing concern, as the City is currently doing more testing at the site. The Project would delay cleanup of that contamination for the duration of the Project, which may continue to adversely affect water quality onsite and in San Francisco Bay (located immediately adjacent and downhill from the Project site). Other adverse impacts are discussed and cited at pages 15-16 of SEFA's 22 April 2019 written submission to the Port.
- d. The City has not demonstrated that it is able to provide adequate utilities and public services to Navigation Centers. The City has not created or managed a Navigation Center this big, on this short of a timeframe, before. The City's other Navigation Centers experience daily emergencies. No water, electric, or gas service exists at the site, and the MOA the Port approved disclaims the Port's responsibility for providing any utilities.
- e. Unusual circumstances here will cause significant impacts. Several Navigation Centers and homeless services sites already exist in District Six. Adding the City's largest Navigation Center to District Six on top of what already exists there amounts to an unusual circumstance relative to the rest of the City and area. The individual and cumulative

¹ Please consider this letter to also be a Public Records Act request for all incident reports for Navigation Centers dating back to 2016. If you have trouble understanding this request, I request assistance in reformulating it in a way that is more understandable. If this request is not addressed correctly, please forward it to the appropriate person who handles Public Records Act requests for the City. I also request that documents available in electronic format be produced in their electronic format.

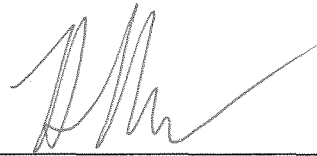
Government Code section 6253(c) requires, within 10 days, the City to determine whether it has any disclosable public records, and to promptly notify me.

All Navigation Center-related incident reports are hereby incorporated by reference into this appeal and into the administrative record in this matter.

impacts associated with this unusual circumstance are likely to be significant.

The Board should grant this appeal and reverse the Port's decisions on the Project.

Very truly yours,
BRISCOE IVESTER & BAZEL LLP

A handwritten signature in black ink, appearing to read 'P. Prows', written over a horizontal line.

Peter Prows
Attorneys for Safe Embarcadero for All

cc: Lisa Gibson, Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103
lisa.gibson@sfgov.org

Laura Lynch
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103
laura.lynch@sfgov.org

**PORT COMMISSION
CITY AND COUNTY OF SAN FRANCISCO**

RESOLUTION NO. 19-16

- WHEREAS, California Government Code Sections 8698 through 8698.2 authorize the governing body of a political subdivision, including the San Francisco Board of Supervisors, to declare the existence of a shelter crisis upon a finding by the governing body that a significant number of persons within the jurisdiction are without the ability to obtain shelter, and that the situation has resulted in a threat to the health and safety of those persons; and
- WHEREAS, In April 2016, the Board of Supervisors enacted Ordinance No. 57-16, declaring a shelter crisis in the City and County of San Francisco (the "City"), finding that in January 2015, there were 6,686 individuals in San Francisco who were homeless. Since that time, the shelter crisis has grown; and
- WHEREAS, On January 15, 2019, Mayor London N. Breed introduced legislation to affirm that a shelter crisis still exists in San Francisco, which legislation allows the City to take more immediate action to address the homelessness crisis; and
- WHEREAS, On April 4, 2019, Mayor London N. Breed signed legislation to declare a shelter crisis and to amend the San Francisco Administrative Code and Planning Code to streamline contracting for and siting of homeless shelters (Ordinance 61-19); and
- WHEREAS, According to the January 2017, Point in Time Homeless Count administered by the Department of Homelessness and Supportive Housing (HSH), there were approximately 7,500 individuals experiencing homelessness in San Francisco on a single night; and
- WHEREAS, HSH proposes to create a temporary SAFE Navigation Center on Port property (the "Embarcadero SAFE Navigation Center") to provide temporary housing and services to homeless individuals as they prepare to move into permanent housing; and
- WHEREAS, HSH wishes to enter into a Memorandum of Understanding (an "MOU") with the Port for use of a portion Seawall Lot 330 (the

“Property”) for the Embarcadero Navigation Center for a period of up to 56 months; and

WHEREAS, HSH and the Port successfully partnered in 2016 to develop and construct a Navigation Center, known as the Central Waterfront Navigation Center on Port property located on a portion of 25th Street as described in Memorandum of Understanding No. M-16161; and

WHEREAS, San Francisco Charter Section B3.581 empowers the Port Commission with the power and duty to use, conduct, operate, maintain, manage, regulate and control the Port area of the City; and

WHEREAS, There are numerous homeless individuals present in and around Port property; and

WHEREAS, The Port and HSH have negotiated a Memorandum of Understanding (the “Embarcadero MOU”), on file with the Secretary of the Port Commission; and

WHEREAS, The permitted uses in the Embarcadero MOU are temporary in nature. On April 19, 2019, the Planning Department issued a determination that the permitted uses described in the Embarcadero MOU is categorically exempt from CEQA as a Categorical Exemption Class 32, Infill Development, and

WHEREAS, Under the proposed MOU, the Port will be paid rent consistent with the Port’s Parameter Rent Schedule and lost revenue from parking operations; now therefore be it;

RESOLVED, That the Port Commission hereby approves the proposed Embarcadero MOU between the Port and HSH on terms substantially consistent with those described [in the Embarcadero MOU] on file with the Secretary of the Port Commission; and be it further

RESOLVED, That the Port Commission hereby finds that the use of the Property for the temporary operation of the Embarcadero SAFE Navigation Center is a permissible interim use of Port property because the Property is not needed for public trust purposes and does not provide access to San Francisco Bay, (ii) the term of the Embarcadero MOU will be for thirty two (32) months with an option for twenty-four (24)

additional months of operations ; (iii) no permanent structures will be constructed that prevent future public trust uses on the Property; and (iv) the Port will receive fair market value rent for the use of the Property; and be it further

RESOLVED, That following approval by the Director of HSH, the Port Commission authorizes the Executive Director of the Port, or her designee, to execute the Embarcadero MOU on terms substantially consistent with those described in the Embarcadero MOU on file with the Secretary of the Port Commission; and be it further

RESOLVED, That the Port Commission authorizes the Executive Director to enter into any additions, amendments or other modifications to the MOU or any other agreement necessary to effectuate the purpose of the MOU and this resolution that the Executive Director, in consultation with the City Attorney, determines are in the best interest of the Port, do not materially increase the obligations or liabilities of the Port, and are necessary and advisable to complete the transaction and effectuate the purpose and intent of this Resolution, such determination to be conclusively evidenced by the execution and delivery by the Executive Director, or her designee, of any such documents.

I hereby certify that the foregoing resolution was adopted by the Port Commission at its meeting of April 23, 2019.

Secretary



SAN FRANCISCO PLANNING DEPARTMENT

BOARD OF APPLS / 1000
SAN FRANCISCO

2019 MAY 23 PM 1:54

CEQA Categorical Exemption Determination

PROPERTY INFORMATION/PROJECT DESCRIPTION

Project Address		Block/Lot(s)
SFDPW: Seawall Lot 330		3771002
Case No.		Permit No.
2019-002440ENV		
<input type="checkbox"/> Addition/ Alteration	<input type="checkbox"/> Demolition (requires HRE for Category B Building)	<input checked="" type="checkbox"/> New Construction
<p>Project description for Planning Department approval.</p> <p>The project site is located at Seawall Lot 330, on an irregularly shaped parcel of approximately 75,106 square feet, within the South of Market neighborhood. The parcel has frontages along the Embarcadero to the northeast, Beale Street to the southwest, and a vehicular access point along Bryant Street to the northwest. The existing site is owned by the Port of San Francisco and is currently leased out for private parking. The proposed project would occupy parcel 3771002 on Seawall Lot 330. The neighboring parcel to the north, 3770002, would remain as a parking lot.</p> <p>The proposed project includes the removal of approximately 155 surface parking spaces at the subject parking lot and the construction of a 200-bed, Shelter Access for Everyone (SAFE) Center, providing services and temporary shelter. The project would include the installation of two portable structures to serve as dormitories containing 200 total beds (total of approximately 11,350 square feet); a ventilation system equivalent to MERV13 filtration (or better) would be used for the structures. The project would also include the installation of an additional demountable tensile structure of approximately 6,000 square feet, which includes 1,640 square feet of office space, 2,520 square feet of community/dining space with a pantry room, and 1,840 square feet of additional support space. No meals will be prepared on site.</p> <p>SEE PAGE 5 FOR FULL PROJECT DESCRIPTION.</p>		

STEP 1: EXEMPTION CLASS

Note: If neither class applies, an <i>Environmental Evaluation Application</i> is required.	
<input type="checkbox"/>	Class 1 - Existing Facilities. Interior and exterior alterations; additions under 10,000 sq. ft.
<input type="checkbox"/>	Class 3 - New Construction. Up to three new single-family residences or six dwelling units in one building; commercial/office structures; utility extensions; change of use under 10,000 sq. ft. if principally permitted or with a CU.
<input checked="" type="checkbox"/>	Class 32 - In-Fill Development. New Construction of seven or more units or additions greater than 10,000 sq. ft. and meets the conditions described below: (a) The project is consistent with the applicable general plan designation and all applicable general plan policies as well as with applicable zoning designation and regulations. (b) The proposed development occurs within city limits on a project site of no more than 5 acres substantially surrounded by urban uses. (c) The project site has no value as habitat for endangered rare or threatened species. (d) Approval of the project would not result in any significant effects relating to traffic, noise, air quality, or water quality. (e) The site can be adequately served by all required utilities and public services. FOR ENVIRONMENTAL PLANNING USE ONLY
<input type="checkbox"/>	Class _____

STEP 2: CEQA IMPACTS

TO BE COMPLETED BY PROJECT PLANNER

If any box is checked below, an <i>Environmental Evaluation Application</i> is required.	
<input checked="" type="checkbox"/>	Air Quality: Would the project add new sensitive receptors (specifically, schools, day care facilities, hospitals, residential dwellings, and senior-care facilities within an Air Pollution Exposure Zone? Does the project have the potential to emit substantial pollutant concentrations (e.g., backup diesel generators, heavy industry, diesel trucks, etc.)? (refer to EP_ArcMap > CEQA Catex Determination Layers > Air Pollution Exposure Zone)
<input type="checkbox"/>	Hazardous Materials: If the project site is located on the Maher map or is suspected of containing hazardous materials (based on a previous use such as gas station, auto repair, dry cleaners, or heavy manufacturing, or a site with underground storage tanks): Would the project involve 50 cubic yards or more of soil disturbance - or a change of use from industrial to residential? If yes, this box must be checked and the project applicant must submit an Environmental Application with a Phase I Environmental Site Assessment. <i>Exceptions: do not check box if the applicant presents documentation of enrollment in the San Francisco Department of Public Health (DPH) Maher program, a DPH waiver from the Maher program, or other documentation from Environmental Planning staff that hazardous material effects would be less than significant (refer to EP_ArcMap > Maher layer).</i>
<input type="checkbox"/>	Transportation: Does the project create six (6) or more net new parking spaces or residential units? Does the project have the potential to adversely affect transit, pedestrian and/or bicycle safety (hazards) or the adequacy of nearby transit, pedestrian and/or bicycle facilities?
<input type="checkbox"/>	Archeological Resources: Would the project result in soil disturbance/modification greater than two (2) feet below grade in an archeological sensitive area or eight (8) feet in a non -archeological sensitive area? (refer to EP_ArcMap > CEQA Catex Determination Layers > Archeological Sensitive Area)
<input type="checkbox"/>	Subdivision/Lot Line Adjustment: Does the project site involve a subdivision or lot line adjustment on a lot with a slope average of 20% or more? (refer to EP_ArcMap > CEQA Catex Determination Layers > Topography)
<input type="checkbox"/>	Slope = or > 20%: Does the project involve any of the following: (1) square footage expansion greater than 1,000 sq. ft. outside of the existing building footprint, (2) excavation of 50 cubic yards or more of soil, (3) new construction? (refer to EP_ArcMap > CEQA Catex Determination Layers > Topography) If box is checked, a geotechnical report is required.
<input type="checkbox"/>	Seismic: Landslide Zone: Does the project involve any of the following: (1) square footage expansion greater than 1,000 sq. ft. outside of the existing building footprint, (2) excavation of 50 cubic yards or more of soil, (3) new construction? (refer to EP_ArcMap > CEQA Catex Determination Layers > Seismic Hazard Zones) If box is checked, a geotechnical report is required.
<input checked="" type="checkbox"/>	Seismic: Liquefaction Zone: Does the project involve any of the following: (1) square footage expansion greater than 1,000 sq. ft. outside of the existing building footprint, (2) excavation of 50 cubic yards or more of soil, (3) new construction? (refer to EP_ArcMap > CEQA Catex Determination Layers > Seismic Hazard Zones) If box is checked, a geotechnical report will likely be required.
If no boxes are checked above, GO TO STEP 3. If one or more boxes are checked above, an <i>Environmental Evaluation Application</i> is required, unless reviewed by an Environmental Planner.	
Comments and Planner Signature (optional): Laura Lynch Please see Page 6	

STEP 3: PROPERTY STATUS - HISTORIC RESOURCE

TO BE COMPLETED BY PROJECT PLANNER

PROPERTY IS ONE OF THE FOLLOWING: (refer to Parcel Information Map)	
<input type="checkbox"/>	Category A: Known Historical Resource. GO TO STEP 5.
<input type="checkbox"/>	Category B: Potential Historical Resource (over 45 years of age). GO TO STEP 4.
<input checked="" type="checkbox"/>	Category C: Not a Historical Resource or Not Age Eligible (under 45 years of age). GO TO STEP 6.

STEP 4: PROPOSED WORK CHECKLIST

TO BE COMPLETED BY PROJECT PLANNER

Check all that apply to the project.	
<input type="checkbox"/>	1. Change of use and new construction. Tenant improvements not included.
<input type="checkbox"/>	2. Regular maintenance or repair to correct or repair deterioration, decay, or damage to building.
<input type="checkbox"/>	3. Window replacement that meets the Department's <i>Window Replacement Standards</i> . Does not include storefront window alterations.
<input type="checkbox"/>	4. Garage work. A new opening that meets the <i>Guidelines for Adding Garages and Curb Cuts</i> , and/or replacement of a garage door in an existing opening that meets the Residential Design Guidelines.
<input type="checkbox"/>	5. Deck, terrace construction, or fences not visible from any immediately adjacent public right-of-way.
<input type="checkbox"/>	6. Mechanical equipment installation that is not visible from any immediately adjacent public right-of-way.
<input type="checkbox"/>	7. Dormer installation that meets the requirements for exemption from public notification under <i>Zoning Administrator Bulletin No. 3: Dormer Windows</i> .
<input type="checkbox"/>	8. Addition(s) that are not visible from any immediately adjacent public right-of-way for 150 feet in each direction; does not extend vertically beyond the floor level of the top story of the structure or is only a single story in height; does not have a footprint that is more than 50% larger than that of the original building; and does not cause the removal of architectural significant roofing features.
Note: Project Planner must check box below before proceeding.	
<input type="checkbox"/>	Project is not listed. GO TO STEP 5.
<input type="checkbox"/>	Project does not conform to the scopes of work. GO TO STEP 5.
<input type="checkbox"/>	Project involves four or more work descriptions. GO TO STEP 5.
<input type="checkbox"/>	Project involves less than four work descriptions. GO TO STEP 6.

STEP 5: CEQA IMPACTS - ADVANCED HISTORICAL REVIEW

TO BE COMPLETED BY PROJECT PLANNER

Check all that apply to the project.	
<input type="checkbox"/>	1. Project involves a known historical resource (CEQA Category A) as determined by Step 3 and conforms entirely to proposed work checklist in Step 4.
<input type="checkbox"/>	2. Interior alterations to publicly accessible spaces.
<input type="checkbox"/>	3. Window replacement of original/historic windows that are not "in-kind" but are consistent with existing historic character.
<input type="checkbox"/>	4. Façade/storefront alterations that do not remove, alter, or obscure character-defining features.
<input type="checkbox"/>	5. Raising the building in a manner that does not remove, alter, or obscure character-defining features.
<input type="checkbox"/>	6. Restoration based upon documented evidence of a building's historic condition, such as historic photographs, plans, physical evidence, or similar buildings.

<input type="checkbox"/>	7. Addition(s) , including mechanical equipment that are minimally visible from a public right-of-way and meet the <i>Secretary of the Interior's Standards for Rehabilitation</i> .
<input type="checkbox"/>	8. Other work consistent with the <i>Secretary of the Interior Standards for the Treatment of Historic Properties</i> (specify or add comments):
<input type="checkbox"/>	9. Other work that would not materially impair a historic district (specify or add comments): (Requires approval by Senior Preservation Planner/Preservation Coordinator)
<input type="checkbox"/>	10. Reclassification of property status. (Requires approval by Senior Preservation Planner/Preservation <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Reclassify to Category A a. Per HRER dated b. Other (specify): </div> <div style="width: 45%;"> <input type="checkbox"/> Reclassify to Category C (attach HRER) </div> </div>
Note: If ANY box in STEP 5 above is checked, a Preservation Planner MUST check one box below.	
<input type="checkbox"/>	Further environmental review required. Based on the information provided, the project requires an <i>Environmental Evaluation Application</i> to be submitted. GO TO STEP 6.
<input type="checkbox"/>	Project can proceed with categorical exemption review. The project has been reviewed by the Preservation Planner and can proceed with categorical exemption review. GO TO STEP 6.
Comments (optional):	
Preservation Planner Signature:	

STEP 6: CATEGORICAL EXEMPTION DETERMINATION
TO BE COMPLETED BY PROJECT PLANNER

<input type="checkbox"/>	Further environmental review required. Proposed project does not meet scopes of work in either (check all that apply): Step 2 - CEQA Impacts Step 5 - Advanced Historical Review STOP! Must file an <i>Environmental Evaluation Application</i>.	
<input checked="" type="checkbox"/>	No further environmental review is required. The project is categorically exempt under CEQA. There are no unusual circumstances that would result in a reasonable possibility of a significant effect.	
	Project Approval Action: Approval of MOU by SF Port Commission If Discretionary Review before the Planning Commission is requested, the Discretionary Review hearing is the Approval Action for the project.	Signature: <div style="text-align: center; font-family: cursive; font-size: 1.2em;">Laura C. Lynch</div> <div style="text-align: right;">4/19/19</div>
	Once signed or stamped and dated, this document constitutes a categorical exemption pursuant to CEQA Guidelines and Chapter 31 of the Administrative Code. In accordance with Chapter 31 of the San Francisco Administrative Code, an appeal of an exemption determination can only be filed within 30 days of the project receiving the first approval action. Please note that other approval actions may be required for the project. Please contact the assigned planner for these approvals.	

Full Project Description

The project site is located at Seawall Lot 330, on an irregularly shaped parcel of approximately 75,106 square feet, within the South of Market neighborhood. The parcel has frontages along the Embarcadero to the northeast, Beale Street to the southwest, and a vehicular access point along Bryant Street to the northwest. The existing site is owned by the Port of San Francisco and is currently leased out for private parking. The proposed project would occupy parcel 3771002 on Seawall Lot 330. The neighboring parcel to the north, 3770002, would remain as a parking lot.

The proposed project includes the removal of approximately 155 surface parking spaces at the subject parking lot and the construction of a 200-bed, Shelter Access for Everyone (SAFE) Center, providing services and temporary shelter. The project would include the installation of two portable structures to serve as dormitories containing 200 total beds (total of approximately 11,350 square feet); a ventilation system equivalent to MERV13 filtration (or better) would be used for the structures. The project would also include the installation of an additional demountable tensile structure of approximately 6,000 square feet, which includes 1,640 square feet of office space, 2,520 square feet of community/dining space with a pantry room, and 1,840 square feet of additional support space. No meals will be prepared on site. The project would additionally install temporary structures to contain 25 toilets, 6 urinals, and 18 showers, and place 12 shipping containers on-site for client storage needs. The temporary structural installations would be placed to create an approximately 10,000 square foot outdoor gathering space. All structures would be placed on 4-6" reinforced concrete pads and anchored to the existing parking-lot surface, with minimal excavation of approximately 4 feet in depth for footings of temporary structure pads. The project will retain approximately 140-150 public parking spaces at the adjacent parcel (3770002). Loading would occur on-site with vehicle access from the existing curb cut along Bryant Street. Fifteen of the existing trees within the parking lot would be removed, and the project would include additional landscaping. The project would require an encroachment permit, for the installation of utilities, from both the San Francisco Port and the San Francisco Public Works Department. The proposed project would be constructed through the Department of Public Works, and would therefore incorporate that Department's Standard Construction Measures for Public Works Projects.

Operation of the project: The Department of Homelessness and Supportive Housing (HSH) will provide a SAFE Center for approximately 200 adults experiencing homelessness. Safe Centers will provide room and board to those experiencing homelessness while case managers work to connect them to support services, including income, public benefits, health services, shelter, and housing. SAFE Centers are different from traditional shelters, with lower barriers for participation by clients, allowing for people to come inside with partners, pets, and possessions. The Centers stay open 24 hours a day, 7 days a week. HSH makes placements into these centers through its Outreach Programs. External referrals or drop-ins are not accepted. A client's length of stay can range from a few hours to up to 30 days, with possible extensions, for those with a known pathway to a supportive housing placement.

Staff will be present at the Navigation Center to monitor activities on-site, including, but not limited to, coordination of site security, uniform and effective program entry, property searches, methods to control access, managing and tracking clients, and collaboration with service partners who are on the program site. Staff will provide oversight, janitorial service and maintenance for the sleeping areas, bathrooms/showers, client laundry facilities, client storage areas, the dining and client community room and general grounds of the program site. Staff will also provide access for clients to the delivered meals, beverages, and snacks, will conduct wellness checks, and will escort clients to critical appointments off-site. Staff will educate clients about how to avoid or reduce impacts and implement "good neighbor" considerations if they return to the streets.

The Memorandum of Understanding between the Port and the HSH for the construction and operation of the SAFE Center also includes a set of Good Neighbor Policies that the SAFE Center operator must follow, which address issues including, but not limited to, the following: communication and information with the neighborhood; avoiding or minimizing the impact on the neighborhood of Navigation Center clients entering, exiting, or waiting for services; discouraging and addressing excessive noise from program clients and others who may be just outside the program site; discouraging loitering in the area immediately surrounding the site; maintaining the safety and cleanliness of the area immediately surrounding the facility; and preventing any blocking of driveways or sidewalks near the site.

A private security company will be hired for security services onsite and 24/7 front desk coverage, and the SAFE Center will contract with a community-based provider who will hire SAFE Center clients to keep the surrounding area clean.

CEQA Impacts

Hazardous Materials: The project would involve soil disturbance of approximately 43 cubic yards of soil for the installation of foundations and for utility work. Additionally, the project would involve the change of use from an industrial use (parking lot) to a housing use (navigation center, providing temporary housing and services). Projects that are located on sites with known or suspected soil and/or groundwater contamination, and that involve soil disturbance and/or changes of use from industrial to housing uses, are subject to the provisions of San Francisco Health Code (SFHC) Article 22A, which is administered by the Department of Public Health (DPH). The project enrolled in the Maher Program on 4/5/2019. A San Francisco Health Code Article 22A Compliance work plan was issued on 4/14/2019, requiring further testing prior to the issuance of any permit related to construction. The project is not located on any list compiled pursuant to Government Code section 65962.5 (hazardous and toxic waste sites).

Air Quality: The proposed project is subject to the Clean Construction Ordinance which requires the use of Tier 2 or higher engines with the most effective Verified Diesel Emission Control Strategy (VDECS). The ordinance prohibits portable diesel engines in most cases, restricts equipment idling to two minutes, and requires contractors to properly maintain and tune their equipment in accordance with manufacturer specifications. The project is required to comply with SF Health Code Article 38 and San Francisco's Clean Construction Ordinance and the Dust Control Ordinance. Additionally, a ventilation system equivalent to MERV13 filtration (or better) would be used for the structures in compliance with Article 38 SF Health Code / American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standard 52.2.

Transportation: Project involves the removal of approximately 146 parking spaces. No new curb cuts for vehicular access are proposed. Loading would occur on-site using the existing curb cut on Bryant Street. The Department reviewed the Transportation Study Determination Request on April 3, 2019, and determined that there is no need for further transportation study. A final Transportation Determination Memo was issued April 19, 2019.

Seismic Hazards - Liquefaction: A Geotechnical Memorandum was prepared by SF Public Works Bureau of Engineering - Structural Engineering Section on 4/2/2019, confirming the property is on a site subject to liquefaction. The project would be required to receive a building permit from the Port's Chief Harbor Engineer, who would review all structural plans and determine adequate foundation types. Additionally, a geotechnical report would be prepared for the project and reviewed, prior to the issuance of any permit related to construction activity.

Water Quality: The project anticipates soil disturbance of approximately 224 square feet. The project would be required to adhere to the provisions of the State General Permit for Discharges of Storm Water Associated with Construction Activity (Construction General Permit Order 2009-0009DWQ), and the Port of San Francisco's stormwater requirements which include compliance with Public Works Code 147 and the Port would review compliance for both the construction and operation of the proposed project.

Noise: The project would comply with the San Francisco Police Code Section 2907(a) by limiting noise related to construction equipment to noise levels of 80dBA when at a distance of 100 feet from such equipment. The contractor shall use best available noise control techniques, including mufflers, ducts, engine enclosures and acoustic attenuating shields or shrouds for all construction-noise equipment and trucks. Police Code Section 2907(a) limits construction activity to the hours of 7:00am to 8:00pm on weekdays; if construction outside those hours is necessary, the project would be required to receive authorization from the Department of Public Works and additional limitation on noise generated from equipment may be applied. Mechanical building equipment, such as heating, ventilation and air conditioning (HVAC) systems, could create operational noise. However, these noise sources would be subject to the San Francisco Noise Ordinance (Article 29 of the Police Code). Section 2909(d) of the noise ordinance establishes maximum noise levels for fixed noise sources (e.g., mechanical equipment) of 55 dBA (from 7 a.m. to 10 p.m.) and 45 dBA (from 10 p.m. to 7 a.m.) inside any sleeping or living room in any dwelling unit located on residential property to prevent sleep disturbance. Furthermore, section 2909(b) of the noise ordinance regulates noise levels at residential and commercial properties. Noise at residential properties is limited to no more than 5 dBA above the ambient noise level at the property plane. The proposed project's mechanical and HVAC systems would be required to meet these noise ordinance standards.

Natural Habitat: The project site consists of a parking lot with trees with limited landscaped areas. The project would involve the removal of approximately 15 trees and a limited amount of existing landscaping. The existing mostly paved site, used as a parking lot, is not suitable habitat for endangered, rare or threatened species and has no value for such habitat. Additionally, in accordance with the Standard Construction Measures for Public Works, the project site would be screened to determine whether biological resources may be affected by construction. If biological resources are present, a qualified biologist will carry out a survey of the project and identify whether habitat for special-status species and/or migratory birds are present. If necessary, measures will be implemented to protect biological resources, such as installing wildlife exclusion fencing, establishing buffer zones, etc. The project is also required to comply with the federal Migratory Bird Treaty Act and the State Endangered Species Act.

General Plan and Zoning: The proposed project would not conflict with General Plan objectives or policies and would meet applicable controls for the area. The project is located within the East SOMA Area Plan and the South Beach Downtown Residential Mixed-Use District (SB-DTR). Pursuant to Planning Code Section 829.46, a homeless shelter use is permitted. The Port of San Francisco Waterfront Land Use Plan allows short-term (generally up to 10 years) interim uses on Port property that are consistent with the City's zoning for the site. The project is a permitted use under applicable zoning. Therefore, the proposed project would be consistent with General Plan designations and policies and applicable zoning designations and regulations.



SAN FRANCISCO PLANNING DEPARTMENT

Neighborhood Notice

Public Notice and Comment. On March 12, 2019, the Planning Department mailed a "Notification of Project Receiving Environmental Review" to community organizations, tenants of the affected property and properties adjacent to the project site, and those persons who own property within 300 feet of the project site. Approximately 13 individuals responded to the notice. Some individuals requested more information about the project, to be added to the distribution list for future environmental review documents or comments related to the merits of the project.

Comments related to the California Environmental Quality Act include Geology and Soils, Air Quality, Public Services, Transportation, and Hazards Materials. The comments as it pertains to each environmental topic are summarized below.

Geology and Soils – Liquefaction:

The project is located within a mapped liquefaction zone. The project would involve temporary structures that would require foundations. The Seismic Hazards Mapping Act (seismic hazard act, located in Public Resources Code 2690 *et seq*), enacted in 1990, protects public safety from the effects of strong ground shaking, liquefaction, landslides, or other ground failures or hazards caused by earthquakes. The California Geological Survey designates the project site as within an area that may be prone to earthquake-induced ground failure during a major earthquake due to liquefaction hazard. Because of this, site design and construction must comply with the seismic hazard act, its implementing regulations, and the California Department of Conservation's guidelines for evaluating and mitigating seismic hazards. In addition to the seismic hazard act, adequate investigation and mitigation of failure-prone soils is also required by the mandatory provisions of the *California Building Code* (state building code, California Code of Regulations, Title 24). In particular, Chapter 18 of state building code, Soils and Foundations, provides the parameters for geotechnical investigations and structural considerations in the selection, design and installation of foundation systems to support the loads from the structure above. Section 1803 sets forth the basis and scope of geotechnical investigations conducted. Section 1804 specifies considerations for excavation, grading and fill to protect adjacent structures and prevent destabilization of slopes due to erosion and/or drainage. Additionally, 1803.2 of the California State Building Code states that the building official shall be permitted to waive the requirement for a geotechnical investigation where satisfactory data from adjacent areas is available that demonstrates an investigation is not necessary for any of the conditions in Sections 1803.5.1 through 1803.5.6 and Sections 1803.5.10 and 1803.5.11. The project would be required to receive a building permit from the Port's Chief Harbor Engineer, who would review all structural plans and determine adequate foundation types. Additionally, a geotechnical report would be prepared for the project and reviewed, prior to the issuance of any permit related to construction activity.

Air Quality—Article 38 Air Pollutant Exposure Zone

In April 2007, the City and County of San Francisco adopted an Ordinance requiring public projects to reduce emissions at construction sites starting in 2009. In March 2015, the City expanded the existing Ordinance to require public projects to further reduce emissions at construction sites in certain areas with high levels of background concentrations of air pollutants. The proposed project would be constructed through the Department of Public Works and is therefore subject to the Clean Construction Ordinance,

which requires the use of Tier 2 or higher engines with the most effective Verified Diesel Emission Control Strategy (VDECS), prohibits portable diesel engines in most cases, restricts equipment idling to two minutes, and requires contractors to properly maintain and tune their equipment in accordance with manufacturer specifications. The ordinance also requires the preparation of a Construction Emissions Minimization Plan and the monitoring of construction emissions from the start of construction. While emission reductions from limiting idling, educating workers and the public and properly maintaining equipment are difficult to quantify, other measures in the Clean Construction Ordinance, specifically the requirement for equipment with Tier 2 engines and Level 3 VDECS can reduce construction emissions by 89 to 94 percent compared to equipment with engines meeting no emission standards and without a VDECS¹. Emissions reductions from the combination of Tier 2 equipment with level 3 VDECS is almost equivalent to requiring only equipment with Tier 4 Final engines.

Hazards and Hazardous Materials

Pursuant to Article 22A of the Health Code, the project is required to enroll in the Maher Program, which is administered by the Department of Public Health (DPH). On April 5th 2019, the project enrolled within the Maher Program through the department of Public Health. The Department of Public Health would be the responsible agency to review and request any additional soil testing at the site, prior to the issuance of a Port Building Permit. Where such analysis reveals the presence of hazardous substances that exceed Cal/EPA public health risk levels given the intended use, the project sponsor must submit a site mitigation plan (SMP) to DPH. The SMP must identify the measures that the project sponsor will take to assure that the intended use will not result in public health or safety hazards in excess of the acceptable public health risk levels established by Cal/EPA or other applicable regulatory standards. The SMP also must identify any soil and/or groundwater sampling and analysis that it recommends the project sponsor conduct following completion of the measures to verify that remediation is complete

If remediation is required, it would typically be achieved through one of several methods that include off-haul and disposal of contaminated soils,³ on-site treatment of soil or groundwater, or a vapor barrier installation. Alternatively, or in addition, restriction on uses or activities at the project site may be required along with a recorded deed restriction. Compliance with Health Code Article 22A and related regulations

¹ PM emissions benefits are estimated by comparing off-road PM emission standards for Tier 2 with Tier 1 and 0. Tier 0 off-road engines do not have PM emission standards, but the United States Environmental Protection Agency's *Exhaust and Crankcase Emissions Factors for Nonroad Engine Modeling – Compression Ignition* has estimated Tier 0 engines between 50 hp and 100 hp to have a PM emission factor of 0.72 g/hp-hr and greater than 100 hp to have a PM emission factor of 0.40 g/hp-hr. Therefore, requiring off-road equipment to have at least a Tier 2 engine would result in between a 25 percent and 63 percent reduction in PM emissions, as compared to off-road equipment with Tier 0 or Tier 1 engines. The 25 percent reduction comes from comparing the PM emission standards for off-road engines between 25 hp and 50 hp for Tier 2 (0.45 g/bhp-hr) and Tier 1 (0.60 g/bhp-hr). The 63 percent reduction comes from comparing the PM emission standards for off-road engines above 175 hp for Tier 2 (0.15 g/bhp-hr) and Tier 0 (0.40 g/bhp-hr). In addition to the Tier 2 requirement, ARB Level 3 VDECSs are required and would reduce PM by an additional 85 percent. Therefore, compliance with the ordinance would result in between an 89 percent (0.0675 g/bhp-hr) and 94 percent (0.0225 g/bhp-hr) reduction in PM emissions, as compared to equipment with Tier 1 (0.60 g/bhp-hr) or Tier 0 engines (0.40 g/bhp-hr).

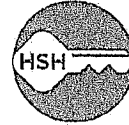
³ Off-haul and disposal of contaminated materials from the project site would be in accordance with the federal Resource Conservation and Recovery Act (RCRA) and United States Department of Transportation regulations and the California Hazardous Waste Control program (Cal. Health and Safety Code Section 21000 *et seq.*)

identified above would ensure that project activities that disturb or release hazardous substances that may be present at the project site would not expose users of the site to unacceptable risk levels for the intended project uses. Additionally, the project is required to conform with Article 22B of the San Francisco Health Code, requiring dust control methods to be applied throughout construction. A San Francisco Health Code Article 22A Compliance work plan was issued on 4/14/2019, requiring further testing prior to the issuance of any permit related to construction. The project is not located on any list compiled pursuant to Government Code section 65962.5 (hazardous and toxic waste sites).

Public Services—Comment raises concerns related to emergency vehicle responses as a result of the proposed use. The project would be required to receive a building permit from the Port's Chief Harbor Engineer, who would review all plans and determine whether there is adequate access for emergency vehicles pursuant to applicable building codes and regulations, including but not limited to, driveway width, access, turning radii for large emergency vehicles, and other factors.

Transportation –

The project involves the removal of approximately 146 parking spaces. No new curb cuts for vehicular access would be provided. The project was reviewed by transportation planners at the San Francisco Planning Department and a Transportation Study Determination Memo was prepared. This memo determined that due to low p.m. peak volume of vehicle trips compared to existing conditions, and because loading would occur on-site, there was no potential for conflicts on the existing public rights of way.



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

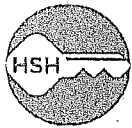
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/12/2019	3pm	Other Emergency Services
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Morgan Hicks	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Denise Bradford

		Junae Lowe
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A defecated on self, expressed he was in pain and was having suicidal thoughts. 911 was called immediately.		
Describe any injuries observed:		Describe any action taken by staff:
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police:
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 3pm Time Arrived: 3:10pm		Name of Police Officer/Badge No.: Engine 36 Where was the client taken: UCSF
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		4/15/19
Person Who Completed Report <i>(please print)</i>		Luafa Milo
Agency Name/Location/Phone <i>(please print)</i>		Division Circle Navigation Center / 224 S Van Ness/ 415-268-4004 ext. 514
Supervisor Name and Phone		Luafa Milo 415-268-4004 Ext. 514



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/13/2019	3:47 p.m.	<u>Other Emergency Services</u>
Navigation Center Name	Bryant Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Whitney Burnett

		Calthea Gomes
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest was exited on 4-11-2019 for being unseen in 72 hrs. Guest somehow got on property and is refusing to leave. She has been informed that she is no longer a guest and is trespassing. She continued into the dining area to eat her meal and I went to the office to call 911 and request an escort. @4:25 p.m. guest voluntarily left before the police could arrive. She returned @9:45p.m trying to regain entry and was told once again that she has been exited and is no longer a guest and no longer allowed on property.		
Describe any injuries observed:	Describe any action taken by staff: Guest was informed that her exit date was on 4-11-2019 and that she was trespassing.	
<input type="checkbox"/> Check if police were involved Time Called: 3:47p.m Time Arrived: Canceled call @4:28p.m guest left before they could arrive.	Describe what actions were performed by the Paramedics or Police:	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Where was the client taken: Guest left to unknown location.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4-15-2019 (Monday)	
Person Who Completed Report (please print)	Whitney Burnett	
Agency Name/Location/Phone (please print)	Bryant Navigation Center 680 Bryant Street San Francisco, Ca 94107	
Supervisor Name and Phone	Whitney Burnett	



Department of Homelessness and Supportive Housing Report of Critical Incident

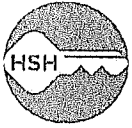
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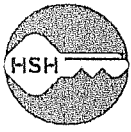
Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/13/2019	10:20pm	Violence	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Daijah Penn	
		Denysia Rabb	



		Jennifer Savidge
		Jemelle Larry

CONFIDENTIAL

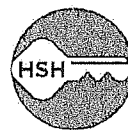
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Client A had been acting disruptive after being told that the showers were closing for the night and to finish up so staff could clean and close the area. She began yelling and become verbally abusive towards myself and Jemelle, which she was informed was a violation of rules. Client A continued to scream and yell in dorm and then followed me to the welcome center. Client A was asked to step outside and calm herself down, which she refused. Site Manager, Kim Guillory, was contacted to assist talking with the guest and de-escalating Client A, but Client A would not talk to the site manager. Client A continued to yell, be verbally abusive, and refuse to leave so the police were called at 10:35 PM. Client A, continuing to yell went to the dorm to grab some personal items and went outside, where she remained escalated. Client A after a short period of time forced her way back into the center where she got into my face yelling, spitting, and threatening. She left again and continued to yell and be disruptive. Site Manager was contact again and Client A was DOS'ed for verbal threats, and then the police arrived and assisted in removing her from the area in front of the Navigation Center.</p>		
Describe any injuries observed: N/A	Describe any action taken by staff: Staff attempted to de-escalate the situation	
<input type="checkbox"/> Check if police were involved Time Called: 10:35 Time Arrived: 10:45	Describe what actions were performed by the Paramedics or Police: They spoke to both me and to client A. Client A was then asked to leave.	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No: # 2238 and #279 Divina Where was the client taken: Client A was asked to leave from inside the shelter	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/15/19	
Person Who Completed Report (please print)	Jennifer Savidge	



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Agency Name/Location/Phone <i>(please print)</i>	Central Waterfront Navigation Center/600 25th st./415-487-3300 ext. 4311
Supervisor Name and Phone	Kimberly Guillory 415-487-3300 ext. 4323

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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

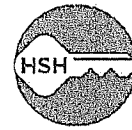
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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/15/2019	1215am	Other Emergency Services
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		David Albizo

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest A came to front desk reporting dizziness, numbness in both arms, and nausea. Guest A reported that he was involved in a fight earlier in the day outside of the facility.		
911 was called and staffed observed Guest A until AMR Unit 120 arrived. Guest A was evaluated by medical personnel and transported to Davies Medical Center for further evaluation.		
Describe any injuries observed: No visible injuries observed.	Describe any action taken by staff: Staff monitored Guest A until SFFD Engine 36 and AMR Unit 120 arrived on scene.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Guest A was evaluated by paramedic and transported to Davies Medical Center for further evaluation.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 1215am Time Arrived: 1223am	Name of Police Officer/Badge No.: Where was the client taken: Guest A was transported to San Francisco General Hospital for further evaluation.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/16/2019	
Person Who Completed Report (please print)	David Albizo	
Agency Name/Location/Phone (please print)	SVDP/Division Circle Navigation/415-268-4004	
Supervisor Name and Phone	David Albizo 415-268-4004 x514	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

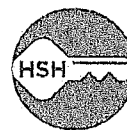
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- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/15/2019	256AM	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	David Albizo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		David Albizo

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A reported that he was urinating uncontrollably. Guest had previously fallen and did not want medical attention. Guest was evaluated by AMR Unit 18 and transported to San Francisco General Hospital for further evaluation. Paramedic on scene noted that Client A has had prior 911 calls and will address in notes for possible future involvement by EMS6.		
Describe any injuries observed: None visible.	Describe any action taken by staff: Staff stayed with Client A until AMR Unit 18 arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police:	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 256AM Time Arrived: 310AM	Name of Police Officer/Badge No.: Where was the client taken: Client A was transported to San Francisco General Hospital.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	April 15, 2019	
Person Who Completed Report (please print)	David Albizo	
Agency Name/Location/Phone (please print)	SVDP/Division Circle Navigation/415-268-4004	
Supervisor Name and Phone	David Albizo 415-268-4004 x514	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/15/2019	6:50	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Truenetta Webb		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Truenetta Webb	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest A was lying in bed in pain. Guest A came to the front desk and asked if I can call 911 because his leg wound is leaking. 911 was called and Guest A was taken to St. Mary Hospital for observation.		
Describe any injuries observed:	Describe any action taken by staff: Showed paramedics were guest was	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: guest was put on gurney and wheeled out	
<input checked="" type="checkbox"/> <input type="checkbox"/> Check if paramedics were involved Time Called: 6:50 Time Arrived: 7:10	Name of Police Officer/Badge No.: Where was the client taken: St.Mary Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/16/19	
Person Who Completed Report <i>(please print)</i>	Truenetta Webb	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S. Van Ness Ave/ (415) 268-4004	
Supervisor Name and Phone	Truenetta Webb (415) 268-4004 ext 514	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/15/2019	4:26pm	Other Emergency Services	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Whitney Burnett		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Sup. Tamegee Artis	

		Officer Charles August #1119
		Svc. Candra Jordan
		Svc. Yolanda Dunn
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
I arrived at work and guest A was outside with the police and guest B was saying that he threaten her and she wanted him arrested or a restraining order. Guest A was asked to leave the premises by the officer and guest A agreed that would be a good idea. Guest B was visibly shaken and needed to be reassured that she would be safe by the officer.		
Describe any injuries observed: Guest A was visibly shaken	Describe any action taken by staff: Called Site manager and Director to see what could be done and make sure no sanctions were violated involving this incident.	
<input checked="" type="checkbox"/> <input type="checkbox"/> Check if police were involved Time Called: They were already on site when I arrived @ 3:14 pm Time Arrived:	Describe what actions were performed by the Paramedics or Police: Officer asked guest A to leave for the rest of the day to cool down	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No: Officer Charles August #1119 (415)696 0602 3BIC Where was the client taken: Guest A voluntarily left to cool off.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/22/2019	
Person Who Completed Report (please print)	Whitney Burnett	
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

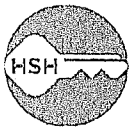
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Date of Incident:	Time Incident Occurred:	Type of Incident:
4/15/2019	7:34p.m.	<u>Other Emergency Services</u>
Navigation Center Name	Bryant Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.	<i>Non-guest</i>	n/a
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Jacqueline Williams

		Jacqueline Williams
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Non-guest entered welcome center requesting medical assistance, he stated that he was a guest at MSC South but they refused to call 911 for him		
Describe any injuries observed:		Describe any action taken by staff: called 911
<input type="checkbox"/> Check if police were involved Time Called :N/A Time Arrived:		Describe what actions were performed by the Paramedics or Police: Guest was picked up by the SFPD ENG 54
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:25 Time Arrived:7:45		Name of Police Officer/Badge No.: Where was the client taken: N/A
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		4-15-2019 (Monday)
Person Who Completed Report (please print)		Jacqueline Williams
Agency Name/Location/Phone (please print)		Bryant Navigation Center 680 Bryant Street San Francisco 94107
Supervisor Name and Phone		Whitney Burnett 415-487-3300 ext. 4411



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

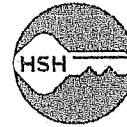
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Date of Incident:	Time Incident Occurred:	Type of Incident:
4/16/2019	6:20a.m	<u>Other Emergency Services</u>
Navigation Center Name	Bryant Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Jacqueline Williams

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was not able to sleep during the night hours, he came into the welcome center to request medical attention		
Describe any injuries observed: N/A	Describe any action taken by staff: called 911	
<input type="checkbox"/> Check if police were involved Time Called :N/A Time Arrived:	Describe what actions were performed by the Paramedics or Police: Guest was picked up by the SFPD ENG 8	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 6:20 Time Arrived:6:45	Name of Police Officer/Badge No.: Where was the client taken: UCSF	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4-17-2019 (Wednesday)	
Person Who Completed Report <i>(please print)</i>	Jacqueline Williams	
Agency Name/Location/Phone <i>(please print)</i>	Bryant Navigation Center 680 Bryant Street San Francisco 94107	
Supervisor Name and Phone	Whitney Burnett 415-487-3300 ext. 4411	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

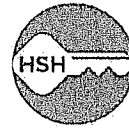
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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
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Date of Incident:	Time Incident Occurred:	Type of Incident:
4/16/2019	7:05pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
	Rodney Lewis	Tureneta Webb

		Madame Phillips
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
At 7:05pm, client B came to front desk reported he found client A was overdosing in men's restroom, I(Linliang Situ) and staff Turenetta brought the Narcan to check and saw client A was lying on floor, his pants was off and feces on himself, we found the needles near him, but client had no response and not breathing, so we use 2 cans of Narcan to brought him back. Staff Madame called 911 at the same time, and the 911 operator told us use one more Narcan to client A. Paramedics arrived at 7:09pm, client A was taken to hospital.		
Describe any injuries observed: None	Describe any action taken by staff: Staff use 3 cans of Narcan to brought client A back 911 was called at the same time	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client A was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:05pm Time Arrived: 7:09pm	Name of Police Officer/Badge No.: E#36 & 86 Where was the client taken: Unknow hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

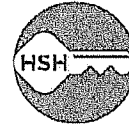
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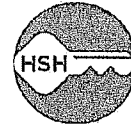
- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/16/2019	10:15	Medical
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses



Jeff Kositsky
Director

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
At approximately 10:15 pm a medical emergency was called out via radio, I responded to the dining hall and discovered Client A sitting at a table complaining of chest pain. I called 911 and SFFD engine #9 responded within Five (5) minutes to attend to Client A. A initial examination showed Client A with elevated blood pressure, medics decided to transport Client A to the hospital	
Describe any injuries observed: No injuries observed, Client A appeared uncomfortable, in pain.	Describe any action taken by staff: 911 called, prevented Client A from eating or drinking while paramedics were enroute, Client A comforted while waiting for medics to arrive.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Initial examination of Client A revealed elevated blood pressure, transported Client A to hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 10:15 pm Time Arrived: 10:20 pm	Name of Police Officer/Badge No.: SFFD Engine #9 King American Ambulance Company Unit#3 Where was the client taken: SF General Hospital
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/16/2019
Person Who Completed Report (please print)	Neal Tremain
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Neal Tremain 415-573-9437



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

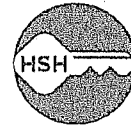
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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/17/2019	1246am	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	David Albizo		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		David Albizo	

Summary of Incident — Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A reported uncontrollable diarrhea. 911 was called and staff monitored client until paramedics arrived. SFFD Medic 55 arrived on scene, evaluated Client A, and transported to VA – Ft. Miley for further evaluation.		
Describe any injuries observed: No visible injuries observed.		Describe any action taken by staff: Staff monitored client A until paramedics arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: Paramedics evaluated Client A and transported to VA – Ft. Miley.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 12:46am Time Arrived: 1:10am		Name of Police Officer/Badge No.: SFFD Medic 55 Where was the client taken: VA – Ft. Miley
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		4/18/2019
Person Who Completed Report <i>(please print)</i>		David Albizo
Agency Name/Location/Phone <i>(please print)</i>		SVDP/Division Circle Navigation/415-268-4004
Supervisor Name and Phone		Larry Braynen 415-268-4004 x514



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

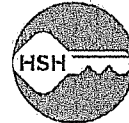
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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/17/2019	3pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Luafa Milo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Junae Lowe

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client asked staff to call 911 because of an open wound on leg.		
Describe any injuries observed:		Describe any action taken by staff:
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police:
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 3pm Time Arrived: 3:30pm		Name of Police Officer/Badge No.: King 13 Where was the client taken: UCSF
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/17/19	
Person Who Completed Report <i>(please print)</i>	Luafa Milo	
Agency Name/Location/Phone <i>(please print)</i>	Division Circle Navigation Center / 224 S Van Ness / 415-268-4004 ext 514	
Supervisor Name and Phone	Luafa Milo 415-268-4004 Ext. 514	



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

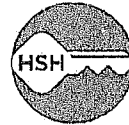
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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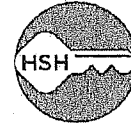
- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/18/19	4:15 AM	Critical
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses



Jeff Kositsky
Director

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client (A) was denied services for breaking rule violation (A9) disruptive behavior that is continuous and presents a clear risk to the health and safety of others. After refusing to comply with a request made by this writer to exit the TV room and return his bed area Client (A) refused and became very confrontational refusing to exit the facility for a two hour time out and subsequently after being told he was being denied services.	
Describe any injuries observed:	Describe any action taken by staff:
<input checked="" type="checkbox"/> Check if police were involved Time Called: 4:30 AM Time Arrived: 4:35 AM	Describe what actions were performed by the Paramedics or Police:
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Joseph Levy Badge No: 1026 Where was the client taken: 200 ft from the front gate.
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/18/19
Person Who Completed Report (please print)	Paul Young
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Paul Young (415) 920-8920



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

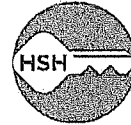
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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/20/2019	658am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	David Albizo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Paul Brown

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A reporting pain in right leg at amputation site. Client A had procedure done and believes that it is now infected. 911 was called and staff stayed with Client A until paramedics arrived.		
SFFD Medic 95 evaluated and transported Client A to San Francisco General Hospital for further evaluation.		
Describe any injuries observed: Possible infection to right leg area at amputation site.	Describe any action taken by staff: Staff monitored Client A until paramedics arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: SFFD Medic 95 evaluated Client A and transported to San Francisco General Hospital for further evaluation.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 6:58am Time Arrived: 7:05am	Name of Police Officer/Badge No.: SFFD Medic 95 Where was the client taken: San Francisco General Hospital.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/22/2019	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004 x514	



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

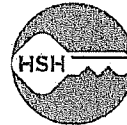
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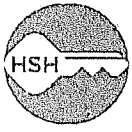
- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/20/19	2:33 PM	Medical
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Ric Lopez



Jeff Kositsky
Director

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client A told staff he had chest pain and swollen legs and had a history of heart problems and angina. Client A asked staff to call the paramedics. Staff called the paramedics; they arrived within five minutes. They evaluated Client A and took him to the hospital.	
Describe any injuries observed:	Describe any action taken by staff: Stayed with guest until help arrived
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Evaluated Client A and took him to the hospital
<input type="checkbox"/> X Check if paramedics were involved Time Called: 2:32 PM Time Arrived: 2:35 PM	Name of Police Officer/Badge No.: Truck 9, Ambulance 72
	Where was the client taken: Unknown
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/20/19
Person Who Completed Report (please print)	Meg O'Neill
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

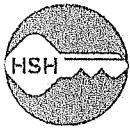
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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/20/2019	3:14pm	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Whitney Burnett		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Sup. Tamegee Artis	

		Officer Charles August #1119
		Svc. Candra Jordan
		Svc. Yolanda Dunn
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
I arrived at work and guest A was outside with the police and guest B was saying that he threaten her and she wanted him arrested or a restraining order. Guest A was asked to leave the premises by the officer and guest A agreed that would be a good idea. Guest B was visibly shaken and needed to be reassured that she would be safe by the officer.		
Describe any injuries observed: Guest A was visibly shaken	Describe any action taken by staff: Called Site manager and Director to see what could be done and make sure no sanctions were violated involving this incident.	
<input checked="" type="checkbox"/> Check if police were involved Time Called: They were already on site when I arrived @ 3:14 pm Time Arrived:	Describe what actions were performed by the Paramedics or Police: Officer asked guest A to leave for the rest of the day to cool down	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No: Officer Charles August #1119 (415)696 0602 3BIC Where was the client taken: Guest A voluntarily left to cool off.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/24/2019	
Person Who Completed Report (please print)	Whitney Burnett	
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

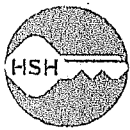
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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4-21-2019	4:55p.m.	<u>Other Emergency Services</u>
Navigation Center Name	Bryant Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Whitney Burnett	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Whitney Burnett

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest has an abscess that ruptured on her arm. Guest is in pain and crying. Paramedics have been called to assist.		
Describe any injuries observed: Guest was bleeding from the arm.	Describe any action taken by staff: I called the 911	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: They took his Vitals and transported him to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 4:55p.m Time Arrived: 5:12p.m	Name of Police Officer/Badge No: Medic AMR #114 Where was the client taken: General Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/25/2019 (Thursday)	
Person Who Completed Report (please print)	Whitney Burnett	
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

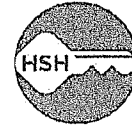
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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4-21-2019	8:51p.m	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Whitney Burnett		
Names of Witnesses:	Client Witnesses	Staff Witnesses	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client B. has been stalking client A. all day. Following her around outside etc. Client B then comes in the Welcome Center demanding that I call the police because Client A. just assaulted him. He asked me to look at the cameras and I'll see that she slapped him. I called 911 for him and he ended up going to jail because he was violating a restraining order that is in effect in Oregon. Client A. has a restraining order against Client B. out of Oregon.		
Describe any injuries observed: N/A		Describe any action taken by staff: I called 911 for the client B
<input checked="" type="checkbox"/> Check if police were involved Time Called: 8:51p.m Time Arrived: 8:59p.m		Describe what actions were performed by the Paramedics or Police: Officer #260 Vidulich, #2020 Pacchetti, Dove #4326
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:		Name of Police Officer/Badge No: #260 Vidulich, #2020 Pacchetti, #4326 Dove Where was the client taken: Guest was taken to jail.
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/21/2019	
Person Who Completed Report (please print)	Whitney Burnett	
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/23/2019	1252am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	David Albizo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Sean Bradford

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A reporting left side chest pain. 911 was called and staff stayed with patient until SFFD Engine 36 and AMR Unit 124 arrived.		
Client A was evaluated and transported to San Francisco General Hospital for observation.		
Describe any injuries observed: No visible injuries. Complaint of left-side chest pain.	Describe any action taken by staff: 911 called and AED brought to where guest was, in case Client A went into cardiac arrest.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: SFFD Engine 36 and AMR Unit 124 evaluated and Client A was transported to San Francisco General Hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 12:52am Time Arrived: 12:59am	Name of Police Officer/Badge No.: SFFD Engine 36/AMR Unit 124 Where was the client taken: San Francisco General Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/23/2019	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004	
Supervisor Name and Phone	David Albizo 415-268-4004 x514	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

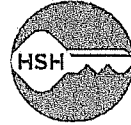
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/23/2019	6:27Am	<u>Other Emergency Services</u>
Navigation Center Name	Bryant Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Danielle Belton	
Names of Witnesses:	Client Witnesses	Staff Witnesses

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest was complaining of having difficulty breathing and he think he had taken some bad heroine		
Describe any injuries observed: N/A		Describe any action taken by staff: I called the 911
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: They took his Vitals and transported him to the hospital.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 6:27am Time Arrived: 6:36am		Name of Police Officer/Badge No: Medic #55 Engine #8 Where was the client taken: n/a
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/23/19	
Person Who Completed Report (please print)	Danielle Belton	
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

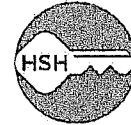
- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/23/19	7:32 AM	Psychiatric
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Ricardo Lopez



Jeff Kositsky
Director

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A is on the high utilizer case management load. In the morning when I arrived he was yelling aggressively, hallucinating, had soiled himself and was disturbing other guests. I spoke with his hospital case manager that morning and she was not able to come in till later that day. She advised that I call the police if he needed to be 5150'd.</p> <p>I called the police and they came 20 minutes later. When they came, Client A was very upset yelling, "Get back! Get back!" and beginning to get extremely upset and escalated. I was able to de-escalate Client A and have the police step back. He eventually took his medication and calmed down. After he was sufficiently calm, I asked the police to leave and we made sure Client A got something to eat and got in the shower.</p>	
Describe any injuries observed: Soiled clothing, hallucinations	Describe any action taken by staff: De-escalation, providing medication and hygiene assistance
<input type="checkbox"/> Check if police were involved Time Called: 7:32 AM Time Arrived: 7:54 AM	Describe what actions were performed by the Paramedics or Police: Supported staff
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Car 3C567 Where was the client taken:
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/24/19
Person Who Completed Report (please print)	Meg O'Neill
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/24/2019	2:45am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	David Albizo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Sean Beard

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A reported that she woke up experiencing right leg pain at amputation site. 911 was called and Client A was monitored until the paramedics arrived.		
SFFD Medic 81 arrived and transported Client A to St. Francis for further evaluation.		
Describe any injuries observed: Right leg at amputation site is not healing properly.	Describe any action taken by staff: Staff monitored Client A until paramedics arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Medics arrived and transported Client A to St. Francis for further evaluation.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 2:45am Time Arrived: 3:00am	Name of Police Officer/Badge No.: SFFD Medic 81 Where was the client taken: Client A was transported to St. Francis for further evaluation.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/24/2019	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/24/2019	Approx. 3:00am	Other Emergency Services
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Lawrence Braynen	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		David Albizo

		Paul Brown
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest B called the San Francisco Police Department concerning an alleged assault that did not occur here at the Navigation Center. The Police arrived and requested entry to arrest Guest A without a warrant. SFPD was denied entry. They took Guest A with them to another shelter.		
Describe any injuries observed: No injuries that we observed. Guest A did not come to staff with her issue	Describe any action taken by staff: Police was denied entry to shelter without a warrant	
<input checked="" type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Wanted to enter shelter to arrest Guest B	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/ He Badge #1463 Where was the client taken: Guest B was supposedly taken to another shelter by Police.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/24/2019	
Person Who Completed Report <i>(please print)</i>	Lawrence Braynen	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004 x514	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/24/2019	5:25 AM	<u>Other Emergency Services</u>
Navigation Center Name	Bryant Navigation Center	
Names of Clients Involved Last Four of SSN		LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Danielle Benton

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest was not feeling well due to not having prescription meds.		
Describe any injuries observed: N/A		Describe any action taken by staff: I called the 911
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: They took Vitals and transported client to the hospital.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 5:25 AM Time Arrived: 5:42 AM		Name of Police Officer/Badge No: Where was the client taken: St Francis Hospital
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/24/19	
Person Who Completed Report (please print)	Shawn Pride	
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

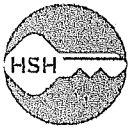
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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/24/2019	6:46p.m	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Whitney Burnett		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Antwan Thomas	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest was complaining that she didn't like the way her new medication is making her feel. Guest wanted to go to the DORE clinic I suggested she might need to go the emergency room because she could be having an allergic reaction.		
Describe any injuries observed: Guest was very anxious.	Describe any action taken by staff: Called the paramedics and asked guest to sit down and relax	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: They took her Vitals and transported her to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 6:46p.m Time Arrived: 6:51p.m	Name of Police Officer/Badge No: Engine #8 and Medic # King 1 Where was the client taken: St. Francis	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/25/2019	
Person Who Completed Report (please print)	Whitney Burnett	
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

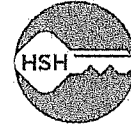
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:	
4/25/2019	2:24am	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Johnny Caples		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Danielle Belton	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Ayer D. is causing a safety hazard at the front door entrance. After receiving his things. He began un-bagging his property and scattering his things on and around the ramp for the wheelchair disabled. Mr. Ayer was told numerous times to re-bag all of his stuff. He refuses numerous times as well. Sup Johnny C explained to him that if he doesn't comply with our demands. He'll call the police. Sup Johnny C gave the client 20 minutes to get things together.</p>		
Describe any injuries observed: N/A	Describe any action taken by staff: I called the 911	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 2:24am Time Arrived: 3:15am	Describe what actions were performed by the Paramedics or Police: They cuffed him and transported him to the hospital.	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No: Where was the client taken: Officer said they were taking client to the hospital/ N/A	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/26/19	
Person Who Completed Report (please print)	Johnny Caples	
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

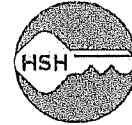
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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/25/2019	525am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	David Albizo	
Names of Witnesses:	Client Witnesses	Staff Witnesses

		Paul Brown
		Alma Martinez
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client B reported that Client A was unconscious and not breathing in Disabled Bathroom.		
Client B was requesting Narcan to be administered. Client A was standing and refused		
Narcan and aid, even though showing signs of heroin or fentanyl use (as alluded to staff by		
Client B). 911 called and dispatcher advised to administer one dose of Narcan. Staff		
obtained permission to administer Narcan. Client A became alert due to Narcan when		
paramedics arrived and refused medical attention.		
Describe any injuries observed: Obvious signs of heroin and/or fentanyl use.	Describe any action taken by staff: Staff administered one dose of Narcan prior to arrival of paramedics.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client A refused medical attention and left facility. Paramedics advised Client A of need to be evaluated, but Client A still refused.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 5:27am Time Arrived: 5:35am	Name of Police Officer/Badge No.: AMR Unit 104. Where was the client taken: Guest refused medical aid and left facility.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/25/2019	
Person Who Completed Report (please print)	David Albizo	
Agency Name/Location/Phone (please print)	SVDP/Division Circle Navigation/415-268-4004	
Supervisor Name and Phone	Alma Martinez 415-268-4004 x514	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

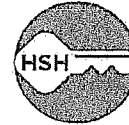
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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/25/2019	12:00pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Luafa Milo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Dale Jacobs

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest's portable oxygen tank ran out and he was having a hard time breathing.		
Describe any injuries observed:		Describe any action taken by staff: 911 was called immediately.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police:
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 12:00pm Time Arrived: 12:15pm		Name of Police Officer/ Badge No.: Medic 86 Where was the client taken: Guest refused services.
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		4/25/19
Person Who Completed Report <i>(please print)</i>		Luafa Milo
Agency Name/Location/Phone <i>(please print)</i>		Division Circle Navigation Center / 224 S Van Ness/ 415-268-4004 ext. 514
Supervisor Name and Phone		Luafa Milo 415-268-4004 Ext. 514



San Francisco Housing and Homeless Division Report of Critical Incident

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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/26/2019	4:26am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Larry Braynen	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Paul Brown

		David Albizo
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was reporting pain in right leg at amputation site (below knee at mid-shin).		
Client A was brought to front desk to be monitored until paramedics arrived .		
SFFD Medic 78 evaluated and transported to St. Mary's Hospital for further observation.		
Describe any injuries observed: Possible infection to amputation site of right leg.	Describe any action taken by staff: Staff monitored guest until paramedics arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics evaluated Client A and transported to St. Mary's Hospital for further observation.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 4:26am Time Arrived: 4:36am	Name of Police Officer/Badge No.: SFFD Medic 78 Where was the client taken: Guest was transported to St. Mary's Hospital for further evaluation.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/26/2019	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004	
Supervisor Name and Phone	Lawrence Braynen (415) 268-4004 x514	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

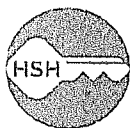
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/26/2019	7:19am	Other Emergency Services
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	David Albizo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		David Albizo

		Paul Brown
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A reported left back pain radiating down to left foot. 911 was called and staff monitored client until paramedics arrived.		
Paramedics evaluated and transported Client to UCSF - Parnassus for observation.		
Describe any injuries observed: No visible injuries observed.	Describe any action taken by staff: Staff monitored client until paramedics arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics evaluated Client A and transported to UCSF - Parnassus.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:20am Time Arrived: 7:29am	Name of Police Officer/Badge No.: SFFD Medic 64 Where was the client taken: USCF - Parnassus	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/26/2019	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004	
Supervisor Name and Phone	Larry Braynen 415-268-4004 x514	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

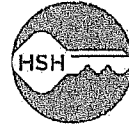
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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/26/2019	8:00am	<u>Other Emergency Services</u>
Navigation Center Name	Bryant Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Missy Mason	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Michael Johnson

		Danielle Belton
		James Wilson
		Johnny Caples
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Non guest entered the premises without permission and was asked to step back outside the door because his end of stay date had passed, Guest refused to step out after reasoning with him, so the police were called because he was trespassing.		
Describe any injuries observed: N/A		Describe any action taken by staff: I called the 911
<input checked="" type="checkbox"/> Check if police were involved Time Called: 8:00am Time Arrived: 8:08am		Describe what actions were performed by the Paramedics or Police: Police arrived and sat outside talking to him until they were able to convince him to take his property and move off the ramp.
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:		Name of Police Officer/Badge No: #2254 Nguyen #2316 Abucay Where was the client taken: The guest was escorted off the ramp. He was not transported to any hospital.
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/26/19	
Person Who Completed Report (please print)	Missy Mason	
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

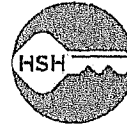
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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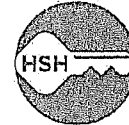
- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
04/27/2019	2:35 am	Medical
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses



Jeff Kositsky
Director

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
At 2:35 am staff in dorm was informed by a guest that Client A was experiencing severe stomach pains, staff immediately responded to client A and asked if he wanted medical attention. He stated yes.	
Describe any injuries observed: N/A	Describe any action taken by staff: Stayed with Client A and called 911
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took Client A's vitals and transported him to the hospital
<input type="checkbox"/> Check if paramedics were involved Time Called: 2:45 am Time Arrived: 3:02 am	Name of Police Officer/Badge No.: Paramedic Ray and Ambulance #72 Where was the client taken: St. Louie
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH 04/27/2019	
Person Who Completed Report (please print)	Epitacio Cortina
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Epitacio Cortina 415-920-8920



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
04/28/2019	8:40 pm	Medical
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses



Jeff Kositsky
Director

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client A was returning back to the facility when he informed us that he needed medical attention because he was experiencing severe stomach pains, shortness of breath and dizziness. 911 was immediately called by security and was informed by 911 to have him lay down. Emergency personnel arrived and transported Client a to the hospital.	
Describe any injuries observed: N/A	Describe any action taken by staff: 911 was called and staff stood beside Client A until paramedics arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took Clients vitals and transported to hospital.
<input type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No.: SFFD Capt. Ye fire truck #9, Paramedic Ray bus #93
Time Called: 8:43 pm Time Arrived: 8:47 pm	Where was the client taken: Davies Hospital
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	04/29/2019
Person Who Completed Report (please print)	Epitacio Cortina
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Epitacio Cortina 415-920-8920



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

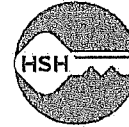
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/25/29	06:00 AM	Medical
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Paul Young	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Charles Marsaw/Sandra Sims



Jeff Kositsky
Director

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
At approximately 06:00 AM I was contacted by Ambassador Marsaw that Client (A) was in his bed area complaining of excruciating pain in his neck and requesting medical assistance. I immediately called 911 Emergency for medical assistance. EMS arrived at approximately 06:15 AM performed mental assessment to ensure guest responsive and took his vitals. Guest was transported to Kaiser Hospital at 06:30 AM for possible muscle spasms in his neck.	
Describe any injuries observed: No visible injuries guest appeared to be in pain.	Describe any action taken by staff: Staff placed guest in a sitting position and kept him stable until EMS arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took guest vitals and performed a mental assessment to ensure guest was mentally competent.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 06:00 AM Time Arrived: 06:15 AM	Name of Police Officer/Badge No.: Where was the client taken: Kaiser Hospital
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/25/19
Person Who Completed Report (please print)	Paul Young
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Paul Young (415) 920-8920

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Scott Walton, Navigation Centers Program Manager at 415.557-5474, scott.walton@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
04/29/2012	10:35 AM	Choose one Medical
	BAYSHORE NAVIGATION CENTER Choose A Navigation Center	
	PRINT FIRST NAME AND LAST NAME LAST FOUR:	

Page 1 of 2

City and County of San Francisco
Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

<http://hsh.sfgov.org>



REVISED 12/27/17

Summary of Incident - continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
AT ABOUT 10:30AM Client A stated to me that her water bag was leaking and needed to go to the hospital. Staff immediately called 911.	
Describe any injuries observed: N/A	Describe any action taken by staff: CALLED 911 AND HAD STAFF STAY WITH CLIENT
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: TOOK VITALS AND TRANSPORTED CLIENT TO HOSPITAL
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 10:35 AM Time Arrived: 10:50 AM	Name of Police Officer/Badge No.: BJS #M68
	Where was the client taken: SFGH
THROUGH THE INFORMATION	
Date Form Submitted to HSH	04/29/2019
Person Who Completed Report (please print)	Epitacio Cortina
Agency Name/Location/Phone (please print)	BAYSHORE NAVIGATION CENTER 415-920-8920
Supervisor Name and Phone	Epitacio Cortina 415-920-8920

Page 2 of 2

City and County of San Francisco
Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

<http://hsh.sfgov.org>



REVISED 12/27/17



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:	
5/3/2019	4:09am	<u>Other Emergency Services</u>	
Navigation Center Name	Bryant Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Johnny Caples		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		James Wilson	

		Danielle Belton
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
While rounds were being made. I (Supervisor) had a couple of guest reporting that there's a couple that was being very loud in the sleeping area. While the round was being made, Supervisor seen that it's a couple having a verbal altercation. As the Supervisor was making his way towards them. The situation turned from a non-physical situation, to a physical situation over a phone and when he doesn't get the phone. Client A starts beating on Client B after the verbal conflict.		
Describe any injuries observed: N/A		Describe any action taken by staff: Supervisor called the 911
<input checked="" type="checkbox"/> Check if police were involved Time Called: 4:09am Time Arrived: 4:15am		Describe what actions were performed by the Paramedics or Police: Police arrived and received information from Client B about the physical incident.
<input type="checkbox"/> Check if paramedics were involved		Name of Police Officer/Badge No: #1490 Hanana
Time Called: Time Arrived:		Where was the client taken: N/A, The guest self willingly made his way off the premises after the situation accrued.
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	5/3/19	
Person Who Completed Report (please print)	Johnny Caples	
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

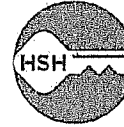
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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
5/1/19	9:30am	<u>Other Emergency Services</u>
Navigation Center Name	Bryant Navigation Center	
Names of Clients Involved		
Last Four of SSN		LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Glaucia Ajisaka, Case Manager	
Names of Witnesses:	Client Witnesses	Staff Witnesses

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)			
<p>Client A appear very weak , claimed that he could not walk , client defecated on his bed area stating that he could not walk to the bathroom, client A also stated that he was diabetic.</p>			
Describe any injuries observed: N/A		Describe any action taken by staff: Case Manager called paramedics and stay with client A until they arrived.	
Check if police were involved: Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: Paramedics helped client A up from his bed area, helped him to sit down in the chair, and wheeled him to the ambulance for further evaluation.	
Check if paramedics were involved:		Name of Police Officer/Badge No.: Engine 106	
Time Called: 9:30am Time Arrived: 9:53 am		Where was the client taken: St Mary's Hospital	
IMPORTANT AGENCY INFORMATION			
Date Form Submitted to HSH		5/3/19	
Person Who Completed Report <i>(please print)</i>		Glaucia Ajisaka	
Agency Name/Location/Phone <i>(please print)</i>		Bryant Navigation Center 680 Bryant St., S. F. Ca 94109 (415)487-3300 X 4411	
Supervisor Name and Phone		John Warner (415)487-3300 x4423	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

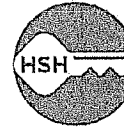
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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
5/2/2019	6:10pm	Other Emergency Services
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Truennetta Webb

		Madame Phillips
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
At 6:10pm, Client A was complaining of leg pain in the dorm area. Staff checked with Client A, called 911 at 6:12pm, and ambulance SFFD#82 arrived at 6:22pm.		
The paramedics checked Client A and took her to St. Mary's hospital at 6:30pm.		
Describe any injuries observed: None	Describe any action taken by staff: 911 was called	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client A was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 6:12pm Time Arrived: 6:22pm	Name of Police Officer/Badge No.: SFFD#82 Where was the client taken: St. Mary's hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	5/3/19	
Person Who Completed Report (please print)	Linliang Situ	
Agency Name/Location/Phone (please print)	DCNC/ 224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/27/2019	749am	Other Emergency Services
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	David Albizo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Nyeshia Warfield

		David Albizo
		Paul Brown
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A reporting shortness of breath. Staff stayed with Client A until paramedics arrived. SFFD Medic 64 responded, evaluated Client A, and transported to San Francisco General Hospital for further observation.		
Describe any injuries observed: None.	Describe any action taken by staff: Staff stayed with Client A until paramedics arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: SFFD Medic 64 evaluated Client A and transported to San Francisco General Hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 750AM Time Arrived: 754am	Name of Police Officer/Badge No.: SFFD Medic 64. Where was the client taken: San Francisco General Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/29/2019	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004 x514	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

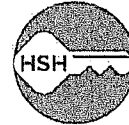
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:	
5/9/2019	3:45pm	Violence	
Navigation Center Name	Civic Center Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Marjorie Russell		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
		Sam Woods	

		Larry George
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Client A. was seen on video footage physically abusing Client B. so staff decided to discharge Client A. The police were called to assist in trying to have Client A. arrested or at the least trespassed from the building. They went upstairs with Sam Woods and Client A. did not answer the door so they went to another unit that Client A. might have been in but Client C. would not open the door. The police then left. Sam Woods and I had a conversation and decided I would go and try to talk with Client C. myself but if Client C. would not open the door Sam Woods would key us into the room to see if Client A. was in the room. Sam Woods keyed Larry George into the room and Client A. was hiding under the bed of Client C. We then escorted Client A. out of the building.</p>		
Describe any injuries observed: On the video it shows client getting hit in the mouth and body.		Describe any action taken by staff: Client A. was discharged from program.
<input checked="" type="checkbox"/> Check if police were involved Time Called: 2:52pm Time Arrived: 3:45pm		Describe what actions were performed by the Paramedics or Police: They searched for Client A. in the building.
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:		Name of Police Officer/Badge No.: Officer Dito Where was the client taken: Client A. was discharged.
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	5/9/2019	
Person Who Completed Report (please print)	Marjorie Russell	
Agency Name/Location/Phone (please print)	Community Housing Partnership/20 Jones S.F., Ca. 94012	
Supervisor Name and Phone	Renee Penton/415-713-9409	



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

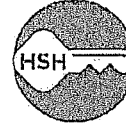
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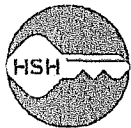
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Date of Incident:	Time Incident Occurred:	Type of Incident:
04/28/2019	8:40 pm	Medical
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses



Jeff Kositsky
Director

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client A was returning back to the facility when he informed us that he needed medical attention because he was experiencing severe stomach pains, shortness of breath and dizziness. 911 was immediately called by security and was informed by 911 to have him lay down. Emergency personnel arrived and transported Client a to the hospital.	
Describe any injuries observed: N/A	Describe any action taken by staff: 911 was called and staff stood beside Client A until paramedics arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took Clients vitals and transported to hospital.
<input type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No.: SFFD Capt. Ye fire truck #9, Paramedic Ray bus #93
Time Called: 8:43 pm Time Arrived: 8:47 pm	Where was the client taken: Davies Hospital
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	04/29/2019
Person Who Completed Report (please print)	Epitacio Cortina
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Epitacio Cortina 415-920-8920



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

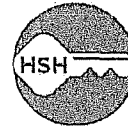
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Date of Incident:	Time Incident Occurred:	Type of Incident:
5/9/2019	4:33am	<u>Other Emergency Services</u>
Navigation Center Name	Bryant Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Johnny Caples	
Names of Witnesses:	Client Witnesses	Staff Witnesses

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A had explained to me that he has pains in his stomach. Which made him throw up inside of the dorms and on the outside area, in front of the dining area. Once informed about his medical situation. 911 was called immediately from supervisor's cell.		
Describe any injuries observed: N/A	Describe any action taken by staff: I called the 911	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Ambulance arrived and was put on a gurney and pushed to the ambulance	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 4:33am Time Arrived: 4:45pm	Name of Police Officer/Badge No: Medic Number: 89 Where was the client taken: _____ was taken to SF General Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	5/9/2019	
Person Who Completed Report (please print)	Johnny Caples	
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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Date of Incident:	Time Incident Occurred:	Type of Incident:
4/28/2019	8:00pm	Other Emergency Services
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Truennetta Webb	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Magda Baldonado

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was in the dorm area having a difficult time breathing. Staff asked Client A if he was okay and Client A said no. Staff called 911.		
Describe any injuries observed:	Describe any action taken by staff: Staff called 911	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: checked his vitals	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 8:00 pm Time Arrived: 8:10 pm	Name of Police Officer/Badge No.: medic #83 Where was the client taken: Client A was taken to UCSF	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/29/19	
Person Who Completed Report <i>(please print)</i>	Truenetta Webb	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S. Van Ness Ave/ 4152684004	
Supervisor Name and Phone	Truenetta Webb 4152684004 ext. 514	

Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/27/19	10:00 PM	Rule Violation
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses

Mayor London Breed
City & County of San Francisco

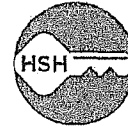


DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

Rochelle Rodriguez, Darryl
Johnson

Summary of Incident - Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Guest became very irate because he had to wait his turn to take a shower. When I asked him to calm down he went into a tirade about what he was going to do to take a shower. I told him if he keep up that behavior I will put him on a time out. He then turned his rage on me stating his gang affiliation and what he would do to a nigger like me. He then made his way to the kitchen continuing to make threats and calling me nigger over and over stating what he would do to me. 911 Emergency was called to extract guest from the premises.	
Describe any injuries observed: N/A	Describe any action taken by staff: Staff monitored guests movements until SFPD arrived.
<input checked="" type="checkbox"/> Check if police were involved Time Called: 10:05 PM Time Arrived: 10:45 PM	Describe what actions were performed by the Paramedics or Police: They allowed guest to look for his meds and escorted him out of the facility.
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Officer Reevey, Badge #1026. Where was the client taken: Outside the facility.
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	
Person Who Completed Report (please print)	Paul Young
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Paul Young (415) 920-8920



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

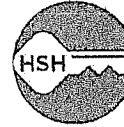
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Date of Incident:	Time Incident Occurred:	Type of Incident:
4/28/2019	2:53am	Other Emergency Services
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Tenisha Taylor

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was found passed out in community area, 911 was called at 2:53am. Ambulance		
E#36 and M#85 arrived at 3:03am, the paramedics woke him up and checked him, but		
Client A refused to go to the hospital and began cursing at the paramedics.		
Describe any injuries observed: None	Describe any action taken by staff: Staff attempted to wake Client A up but was unsuccessful. 911 was called.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics checked Client A and left.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 2:53am Time Arrived: 3:03am	Name of Police Officer/Badge No.: E#36 and M#85 Where was the client taken: NA	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/29/19	
Person Who Completed Report (please print)	Linliang Situ	
Agency Name/Location/Phone (please print)	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

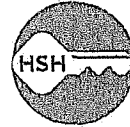
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Date of Incident:	Time Incident Occurred:	Type of Incident:
4/27/2019	315am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	David Albizo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		David Albizo

		Paul Brown
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A reported sharp back pain. Attempted to walk to bathroom and unable to do so.		
Client A requested 911 be called and staff monitored Client A until paramedics arrived.		
SFFD Medic 78 evaluated and transported Client A to VA – Ft. Miley for observation.		
Describe any injuries observed: No visible injuries observed.	Describe any action taken by staff: Staff monitored client until paramedics arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics evaluated Client A and transported to VA – Ft. Miley.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 320am Time Arrived: 326am	Name of Police Officer/Badge No.: SFFD Medic 78 Where was the client taken: VA – Ft. Miley	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/29/2019	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Navigation/415-268-4004	
Supervisor Name and Phone	Larry Braynen 415-268-4004 x514	



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

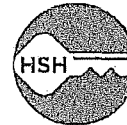
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Date of Incident:	Time Incident Occurred:	Type of Incident:
04/27/2019	2:35 am	Medical
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses



Jeff Kositsky
Director

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
At 2:35 am staff in dorm was informed by a guest that Client A was experiencing severe stomach pains, staff immediately responded to client A and asked if he wanted medical attention. He stated yes.	
Describe any injuries observed: N/A	Describe any action taken by staff: Stayed with Client A and called 911
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took Client A's vitals and transported him to the hospital
<input type="checkbox"/> Check if paramedics were involved Time Called: 2:45 am Time Arrived: 3:02 am	Name of Police Officer/Badge No.: Paramedic Ray and Ambulance #72 Where was the client taken: St. Louie
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH 04/27/2019	
Person Who Completed Report (please print)	Epitacio Cortina
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Epitacio Cortina 415-920-8920



San Francisco Housing and Homeless Division Report of Critical Incident

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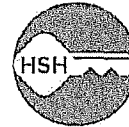
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Date of Incident:	Time Incident Occurred:	Type of Incident:
5/4/2019	3:40 am	Other Emergency Services
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	David Albizo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		David Albizo

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A expressed to staff that he was feeling sharp left knee pain and pain radiating from left arm to head. Client A requested 911 be called and staff monitored Client A until paramedics arrived.		
SFFD Medic 85 evaluated and transported Client A to UCSF – Parnassus for observation.		
Describe any injuries observed: N/A	Describe any action taken by staff: Staff monitored Client A until paramedics arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics evaluated Client A and transported to UCSF - Parnassus.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 3:40 am Time Arrived: 3:55 am	Name of Police Officer/Badge No.: SFFD Medic 85 Where was the client taken: UCSF – Parnassus	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	5/6/2019	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/224 S. Van Ness Ave./415-268-4004	
Supervisor Name and Phone	Larry Braynen 415-268-4004 x514	



Mayor London Breed
City & County of San Francisco
Jeff Kositsky
Director



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

San Francisco Housing and Homeless Division Report of Critical Incident

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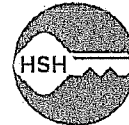
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Date of Incident:	Time Incident Occurred:	Type of Incident:
5/3/19	6:55 AM	Police
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Robert Cedillo



Mayor London Breed
City & County of San Francisco
Jeff Kositsky
Director



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A was denied services on night shift on 5/3/19 for attempting to assault his girlfriend and later climbing over the Navigation Center fence to get back in. When day shift came in, the client's name was misreported and staff misunderstood which client was denied service. As a result, front desk staff mistakenly allowed Client A to re-enter the facility.

When Client A was told he needed to leave the premises because he was denied services, he stated to the supervisor, "Fuck you, bitch, I'm getting my property" and walked in to the dorm. Staff followed him at a safe distance while the supervisor called the police, since he had been physically violent when he was last on the premises. Client A took his property from his bed and stole property from his girlfriend's bed. He then walked into the outside area and asked if he could get some coffee from the kitchen. When the supervisor told him no, he again stated, "Fuck you, bitch" and walked into the kitchen. Staff was eventually able to walk him outside of the facility and he left before the police arrived. The supervisor called the police to update them that the client had left the premises.

Describe any injuries observed:
N/A

Describe any action taken by staff:
Contained and de-escalated guest until he left the premises

☒ **Check if police were involved**
Time Called: 7:01 AM
Time Arrived: 7:16 AM

**Describe what actions were performed by the
Paramedics or Police:**
Made sure guest had left the premises and then left

☐ **Check if paramedics were involved**
Time Called:
Time Arrived:

Name of Police Officer/Badge No.: Unknown, did not enter the facility

Where was the client taken: N/A

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	5/4/19
Person Who Completed Report <i>(please print)</i>	Meg O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
5/3/2019	7:33pm	Other Emergency Services
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Magda Baltodano	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Madame Phillips

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A felt that her heart rate was fast for 45 minutes and she didn't feel well. Client A approached staff explaining that she needs the paramedics. 911 was called at 7:33pm, and the ambulance e#36 and AMR#140 arrived at 7:40pm, Client A was taken to CPMC.		
Describe any injuries observed: None	Describe any action taken by staff: 911 was called and staff watched guest until the paramedics came in	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Guest was taken to the hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:33pm Time Arrived: 7:40pm	Name of Police Officer/Badge No.: E#36 and AMR#140 Where was the client taken: CPMC	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	5/6/19	
Person Who Completed Report (please print)	Magda Baltodano	
Agency Name/Location/Phone (please print)	SVDP/224 South Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

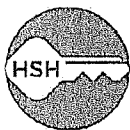
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
5/5/2019	4:49p.m	<u>Other Emergency Services</u>
Navigation Center Name	Bryant Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Whitney Burnett	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Joseph Lumsey

		Calthea Gomes
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A threw a 16oz coca cola bottles across the property hitting the Community Room door. When he was asked what was wrong and why did he throw the bottle. Client A just sat there with mad look his face. He was asked to step off property because you're not allowed to throw items in an unsafe manner. He refused to leave and 911 was called to assist. However he did eventually step outside and then SFPD arrived.		
Describe any injuries observed: N/A	Describe any action taken by staff: I asked guest what was wrong and why was he throwing bottles.	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 4:49p.m Time Arrived: 4:55p.m	Describe what actions were performed by the Paramedics or Police: Police arrived and spoke with guest and explained that he can't throw items, Client A apologized to staff and walked off to calm down	
<input type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No: Osorio #556, Devine #1166, Vidulich #260 and Risslen #381	
Time Called: Time Arrived:	Where was the client taken: The guest was given a 2 hour time	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	5/6/2019 Monday	
Person Who Completed Report (please print)	Whitney Burnett	
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

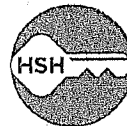
- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, Janay.Washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/26/2019	6:04p.m	<u>Other Emergency Services</u>
Navigation Center Name	Bryant Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Whitney Burnett	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Michael Johnson

	John Warner
	Whitney Burnett
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Guest was sitting on the stairs of the property and possibly bleeding from his head as a result from having a seizure.	
Describe any injuries observed: unable to check guest he walked off.	Describe any action taken by staff: I called for an ambulance.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: The fire department arrived even though the call was canceled.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 6:04p.m Time Arrived: 6:08p.m	Name of Police Officer/Badge No: Engine #8 Where was the client taken: Guest walked off before he could be assisted
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	4/29/2019
Person Who Completed Report <i>(please print)</i>	Whitney Burnett
Agency Name/Location/Phone <i>(please print)</i>	680 Bryant Street Navigation Center San Francisco Ca 94107
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
5/8/2019	12:05am	Other Emergency Services
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Truennetta Webb

		Madame Phillips
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
At 12:05am, Client A was complaining of leg pain in dorm area. Staff checked with Client A and called 911 at 12:06am.		
Ambulance E#85 arrived at 12:13am, the paramedics checked		
Client A and took her to SFGH at 12:20am.		
Describe any injuries observed: None	Describe any action taken by staff: 911 was called	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client A was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 12:06am Time Arrived: 12:13am	Name of Police Officer/Badge No.: E#85 Where was the client taken: SFGH	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	5/8/19	
Person Who Completed Report (please print)	Linliang Situ	
Agency Name/Location/Phone (please print)	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
5/4/2019	12:14pm	<u>Other Emergency Services</u>
Navigation Center Name	Bryant Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Johnny Caples	
Names of Witnesses:	Client Witnesses	Staff Witnesses

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client A had explained to me that he feels like he's losing his motor skills to his body. Once informed about his situation, 911 was called immediately.	
Describe any injuries observed: N/A	Describe any action taken by staff: I called the 911
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Ambulance arrived and explained what was wrong with him to the medics
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 12:14pm Time Arrived: 12:32pm	Name of Police Officer/Badge No: Medic Number: 91 Where was the client taken: _____ was taken to SF General Hospital
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	5/6/2019
Person Who Completed Report (please print)	Johnny Caples
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

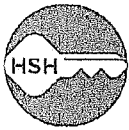
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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
5/7/2019	11:05am	Other Emergency Services
Navigation Center Name	Bryant Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Missy Mason	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Michael Johnson

		Glaucia A
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was in the dining room taking notes. He went in the back and began talking to was talking to him and the police arrived and said he called them. I went in the back to see that he was in there with until she could go out and make contact with the police. They talk to him and had him go into a side office to assess him. They called in their sergeants and made the choice to transport him to SFGH under the 50150 state of mind.		
Describe any injuries observed: No		Describe any action taken by staff: called 911
<input checked="" type="checkbox"/> Check if police were involved Time Called: 10:40am Time Arrived: 11:05am		Describe what actions were performed by the Paramedics or Police: Police arrived and had him go into a side office so they could assess him to see if he is a harm to himself or others.
<input type="checkbox"/> Check if paramedics were involved		Name of Police Officer/Badge No: #1460 Simmons # 1431 Paras
Time Called: Time Arrived:		Where was the client taken: Client was transported to SFGH.
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	5/8/19	
Person Who Completed Report (please print)	Missy Mason	
Agency Name/Location/Phone (please print)	680 Bryant Street Navigation Center San Francisco Ca 94107	
Supervisor Name and Phone	Michael Johnson (415) 487-3300 ext. 4422	



Department of Homelessness and Supportive Housing Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, Lisa.Rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
5/8/2019	8:33p.m	<u>Other Emergency Services</u>
Navigation Center Name	Bryant Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Whitney Burnett	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Whitney Burnett

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A. was saying that her hands were burning and requested an ambulance.		
Describe any injuries observed: Hands were burning		Describe any action taken by staff: I called 911 for an ambulance
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: Took vitals and took her to the hospital.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 8:33p.m Time Arrived: 8:52p.m		Name of Police Officer/Badge No: #1277 R. Jones arrived and made sure everyone was alright. Where was the client taken: Client was taken to St. Francis
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		5/8/2019
Person Who Completed Report (please print)		Whitney Burnett
Agency Name/Location/Phone (please print)		680 Bryant Street Navigation Center San Francisco Ca 94107
Supervisor Name and Phone		Michael Johnson (415) 487-3300 ext. 4422



San Francisco Housing and Homeless Division Report of Critical Incident

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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
5/10/2019	12:50am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	David Albizo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
	Robert Cantrell	David Albizo

		Larry Braynen
		Paul Brown
		Terrance Smith
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A reported bad reaction after smoking marijuana and requested 911. Client A being uncooperative and 911 dispatcher indicated they would dispatch police, in addition to medics to evaluate. SFPD Monahan (Badge 555), SFFD Engine 36, and SFFD RC3 responded and evaluated Client A. Client A refused medical treatment and was not transported for further observation.		
Describe any injuries observed: N/A	Describe any action taken by staff: Staff called 911 and monitored Client A until police and SFFD arrived.	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 12:53am Time Arrived: 1:00am	Describe what actions were performed by the Paramedics or Police: SFFD Engine 36, SFFD RC3, and SFPD Monahan (Badge 555) evaluated Client A and Client A refused further medical treatment.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 12:53am Time Arrived: 1:00am	Name of Police Officer/Badge No.: SFPD Monahan (Badge 555), SFFD Engine 36, SFFD RC3. Where was the client taken: Client A refused further medical treatment and was not taken to hospital.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	5/10/19	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/224 S. Van Ness Ave./415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004 x514	

2019 MAY 23 PM 1:54
BANK OF AMERICA
SAN FRANCISCO

12542

BRISCOE IVESTER & BAZEL LLP
155 SANSOME STREET, STE. 700
SAN FRANCISCO, CA 94104

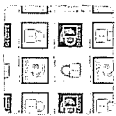

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PAY Six hundred seventeen Dollars 00/100*****

TO THE ORDER OF Planning Department
1 Dr. Carlton B. Goodlett Place
San Francisco CA 94102

DATE May 22, 2019

AMOUNT \$617.00

 AUTHORIZED SIGNATURE 

Security features. Details on back.



SAN FRANCISCO PLANNING DEPARTMENT

MEMO

DATE: May 28, 2019
TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Lisa Gibson, Environmental Review Officer
RE: CEQA Appeal Timeliness Determination – Embarcadero
Navigation Center Project at Seawall Lot 330, Planning
Department Case No. 2019-002440ENV

1650 Mission St.
Suite 400
San Francisco,
CA 94103-2479

Reception:
415.558.6378

Fax:
415.558.6409

Planning
Information:
415.558.6377

Two appeals of the categorical exemption determination for the Embarcadero Navigation Center Project at Seawall Lot 330 were filed with the Office of the Clerk of the Board of Supervisors by the following parties:

- Stephen M. Williams of the Law Offices of Stephen M. Williams, on behalf of the Portside Master Association and Portside Homeowners Association (appeal filed on May 22, 2019); and
- Peter Prows of Briscoe Ivester & Bazel LLP, on behalf of Safe Embarcadero For All (appeal filed on May 23, 2019).

As explained below, the planning department finds these two appeals to be timely filed.

Date of Approval Action	30 Days after Approval Action	Date of Appeal Filing	Timely?
Tuesday April 23, 2019	Thursday May 23, 2019	Portside Master Association and Portside Homeowners Association filed appeal on May 22, 2019	Yes
		Safe Embarcadero For All filed appeal on May 23, 2019	Yes

Approval Action: On April 19, 2019, the planning department issued a CEQA categorical exemption determination for the Embarcadero SAFE Navigation Center Project at Seawall Lot 330. The categorical exemption determination identified the approval action for the project as the approval of the Embarcadero Memorandum of Understanding (MOU) between the Department of Homelessness and Supportive Housing (HSH) and the Port of San Francisco (Port) by the San Francisco Port Commission. On April 23, 2019, the San Francisco Port Commission held a public hearing and approved the Embarcadero MOU between the Port and HSH (date of the approval action).

Appeal Deadline: Sections 31.16(a) and (e) of the San Francisco Administrative Code state that any person or entity may appeal an exemption determination to the Board of Supervisors during the time period beginning with the date of the exemption

determination and ending 30 days after the date of the approval action. Thirty days after the approval action is May 23, 2019 (appeal deadline).

Appeal Filing and Timeliness: Portside Master Association and Portside Homeowners Association filed an appeal on May 22, 2019, and Safe Embarcadero For All filed appeal on May 23, 2019. Both appeals were filed prior to the appeal deadline and, therefore, the appeals are considered timely.



SAN FRANCISCO PLANNING DEPARTMENT

MEMO

Categorical Exemption Appeal

Seawall Lot 330 SAFE Navigation Center

DATE: June 17, 2019
TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Lisa Gibson, Environmental Review Officer – (415) 575-9032
Laura Lynch– (415) 575-9045
RE: Planning Case No. 2019-002440APL
Appeal of Categorical Exemption for SWL 330 SAFE Navigation Center
HEARING DATE: June 25, 2019
ATTACHMENTS: Attachment A - Rod K. Iwashita, Chief Harbor Engineer Memo and Emails
Attachment B – SF Port Letter to BOS
Attachment C – HSH Letter to BOS

1650 Mission St.
Suite 400
San Francisco,
CA 94103-2479

Reception:
415.558.6378

Fax:
415.558.6409

Planning
Information:
415.558.6377

PROJECT SPONSOR: Jeff Kositsky, Department of Homelessness and Supportive Housing
APPELLANTS: Stephen M. Williams of the Law Offices of Stephen M. Williams, on behalf of the Portside Master Association and Portside Homeowners Association and Peter Prows of Briscoe Ivester & Bazel LLP, on behalf of Safe Embarcadero For All

INTRODUCTION

This memorandum and the attached documents are a response to the letters of appeal to the Board of Supervisors (the “Board”) regarding the San Francisco Planning Department’s (the “Department”) issuance of a Categorical Exemption under the California Environmental Quality Act (“CEQA Determination”) for the proposed SWL 330 SAFE Navigation Center (the “Project”).

The Department, pursuant to Title 14 of the CEQA Guidelines, issued a Categorical Exemption for the Project on April 19, 2019 finding that the proposed project is exempt from the California Environmental Quality Act (CEQA) as a Class 32 Categorical Exemption. The first appeal to the Board was filed by Stephen M. Williams on behalf of the Portside Master Association and Portside Homeowners Association on May 22, 2019. The second appeal was filed by Peter Prows of Briscoe Ivester & Bazel LLP, on behalf of Safe Embarcadero For All, on May 23, 2019. The appeal letter filed by Peter Prows references a “Memorandum for Objector Safe Embarcadero For All”, prepared by Andrew Zacks and Sarah Hoffman of Zacks, Freedman & Patterson, PC. Both appeal letters are part of Board of Supervisors File No. 190611 and can be accessed here: <https://sfgov.legistar.com/LegislationDetail.aspx?ID=3967858&GUID=C7EE0FB5-53DB-495A-9C8A-50E3B7661D45&Options=ID|Text|&Search=190611>

The decision before the Board is whether to uphold the Department's decision to issue a categorical exemption and deny the appeal, or to overturn the Department's decision to issue a categorical exemption and return the project to the Department staff for additional environmental review.

SITE DESCRIPTION & EXISTING USE

The project site is located at Seawall Lot 330, on an irregularly shaped parcel of approximately 75,106 square feet, within the South of Market neighborhood. The parcel has frontages along the Embarcadero to the northeast, Beale Street to the southwest, and a vehicular access point along Bryant Street to the northwest. The existing site is owned by the Port of San Francisco and is currently leased out for private parking. The existing private parking lot use occupies two parcels (3771002 & 3770002), but the proposed project would only occupy parcel 3771002.

PROJECT DESCRIPTION

The proposed project includes the removal of approximately 155 surface parking spaces at the subject parking lot and the construction of a 200-bed, Shelter Access for Everyone (SAFE) Navigation Center, providing services and temporary shelter for individuals experiencing homelessness. The Project would occupy approximately 46,255 square feet of the existing 74,106 square foot parcel. The Project would include the installation of two portable structures to serve as dormitories containing 200 total beds (total of approximately 11,350 square feet); a ventilation system equivalent to MERV13 filtration (or better) would be used for the structures. The project would also include the installation of an additional demountable tensile structure (a large canopy tent covered in fabric) of approximately 6,000 square feet, which includes 1,640 square feet of office space, 2,520 square feet of community/dining space with a pantry room, and 1,840 square feet of additional support space. No meals will be prepared on site. The project would additionally install temporary structures to contain 25 toilets, 6 urinals, and 18 showers, and place 12 shipping containers on-site for client storage needs. The temporary shipping containers and portable toilets and shower facilities would be placed to create an approximately 10,000 square foot outdoor gathering space. All structures would be placed on 4- to 6-inch reinforced concrete pads and anchored to the existing parking-lot surface, with excavation of approximately 4 feet in depth for footings of temporary structure pads. The project would retain approximately 140-150 public parking spaces at the adjacent parcel (3770002). Loading would occur on-site with vehicle access from the existing curb cut along Bryant Street. Fifteen of the existing trees within the parking lot would be removed, and the project would include additional landscaping. The project would require an encroachment permit for the installation of utilities from both the Port of San Francisco (Port) and San Francisco Public Works (Public Works). The proposed project would be constructed through Public Works and would therefore incorporate the Standard Construction Measures for Public Works Projects.

The Memorandum of Understanding between the Port and the Department of Homelessness and Supportive Housing (HSH) for the construction and operation of the SAFE Navigation Center also includes a set of Good Neighbor Policies that the SAFE Navigation Center operator must follow, which address issues including, but not limited to, the following: communication and information with the neighborhood; avoiding or minimizing the impact on the neighborhood of SAFE Navigation Center clients entering, exiting, or waiting for services; discouraging and addressing excessive noise from program clients and

others who may be just outside the program site; discouraging loitering in the area immediately surrounding the site; maintaining the safety and cleanliness of the area immediately surrounding the facility; and preventing any blocking of driveways or sidewalks near the site. A private security company would be hired for security services onsite and 24/7 front desk coverage, and the SAFE Navigation Center would contract with a community-based provider who will hire SAFE Navigation Center clients to keep the surrounding area clean.

BACKGROUND

On February 25, 2019, Public Works, who would be the responsible agency for the construction of the proposed project, filed a Public Project Application with the Planning Department (hereinafter “Department”) for a CEQA determination for the proposed change of use.

On April 19, 2019, the Department determined that the Project was categorically exempt under CEQA Class 32 (CEQA Guidelines Section 15332).

On April 23, 2019, a Memorandum for Objector Safe Embarcadero For All was submitted to the San Francisco Port Commission, by Zacks, Freedman & Patterson, PC (“Zacks Memorandum”).

On April 23, 2019, the San Francisco Port Commission approved the Memorandum of Understanding between the Port and Department of Homelessness and Supportive Housing. This approval marked the First Approval Action pursuant to Chapter 31 of the San Francisco Administrative Code.

On May 22, 2019, an appeal of the Categorical Exemption determination was filed by the Law offices of Stephen M. Williams on behalf of Portside Master Association and Portside Homeowners Association (“Williams Appeal Letter”).

On May 23, 2019, an appeal of the Categorical Exemption determination was filed by Peter Prows of Briscoe Ivester & Bazel LLP on behalf of Safe Embarcadero For All (“Prows Appeal Letter”). This appeal letter referenced the Zacks Memorandum for Objector Safe Embarcadero For All, but was not included as an attachment.

The two parties who filed appeals are hereinafter referred to collectively as “Appellants.”

CEQA GUIDELINES

Categorical Exemptions

The determination of whether a project is eligible for a categorical exemption is based on a two-step analysis: 1) Determining whether the project meets the requirements of a categorical exemption; and 2) Determining whether any of the exceptions listed under CEQA Guidelines section 15300.2, such as location, cumulative impacts, unusual circumstances, or impacts to historic resources, apply to the project and would preclude use of the Class 32 Exemption. The department properly determined that the Project is

exempt under a Class 32 Categorical Exemption and none of the exceptions apply to the project for the reasons discussed below.

Section 21084 of the California Public Resources Code requires that the CEQA Guidelines identify a list of classes of projects that have been determined not to have a significant effect on the environment and are exempt from further environmental review.

In response to that mandate, the State Secretary of Resources found that certain classes of projects, which are listed in CEQA Guidelines Sections 15301 through 15333, do not have a significant impact on the environment, and therefore are categorically exempt from the requirement for the preparation of further environmental review. CEQA Guidelines section 15332, or Class 32 – In-Fill Development Projects, consists of projects characterized as in-fill development meeting the following conditions outlined in Section 15332(a)-(e):

- (a) The project is consistent with the applicable general plan designation and all applicable general plan policies as well as with applicable zoning designation and regulations.
- (b) The proposed development occurs within city limits on a project site of no more than five acres substantially surrounded by urban uses.
- (c) The project site has no value as habitat for endangered, rare or threatened species.
- (d) Approval of the project would not result in any significant effects relating to traffic, noise, air quality, or water quality.
- (e) The site can be adequately served by all required utilities and public services.

Additionally, CEQA Guidelines section 15300.2 establishes exceptions to the application of a categorical exemption. When any of the below exceptions apply, a project that otherwise fits within a categorical exemption must undergo some form of environmental review.

- (a) Location. Classes 3, 4, 5, 6, and 11 are qualified by consideration of where the project is to be located -- a project that is ordinarily insignificant in its impact on the environment may in a particularly sensitive environment be significant. Therefore, these classes are considered to apply all instances, except where the project may impact on an environmental resource of hazardous or critical concern where designated, precisely mapped, and officially adopted pursuant to law by federal, state, or local agencies.
- (b) Cumulative Impact. All exemptions for these classes are inapplicable when the cumulative impact of successive projects of the same type in the same place, over time is significant.
- (c) Significant Effect. A categorical exemption shall not be used for an activity where there is a reasonable possibility that the activity will have a significant effect on the environment due to unusual circumstances.
- (d) Scenic Highways. A categorical exemption shall not be used for a project which may result in damage to scenic resources, including but not limited to, trees, historic buildings, rock outcroppings, or similar resources, within a highway officially designated as a state scenic

highway. This does not apply to improvements which are required as mitigation by an adopted negative declaration or certified EIR.

(e) Hazardous Waste Sites. A categorical exemption shall not be used for a project located on a site which is included on any list compiled pursuant to Section 65962.5 of the Government Code.

(f) Historical Resources. A categorical exemption shall not be used for a project which may cause a substantial adverse change in the significance of a historical resource.

In determining the significance of environmental effects caused by a project, CEQA State Guidelines Section 15064(f) states that the decision as to whether a project may have one or more significant effects shall be based on substantial evidence in the record of the lead agency. CEQA State Guidelines 15064(f)(5) offers the following guidance: “Argument, speculation, unsubstantiated opinion or narrative, or evidence that is clearly inaccurate or erroneous, or evidence that is not credible, shall not constitute substantial evidence. Substantial evidence shall include facts, reasonable assumption predicated upon facts, and expert opinion supported by facts.”

RESPONSES TO CEQA-RELATED APPELLANT ISSUES

The concerns related to CEQA raised in the appeal letters dated May 22 and May 23, 2019 are addressed in the responses below. Two appeal letters were timely filed concerning the Categorical Exemption determination for the proposed SAFE Navigation Center at Seawall Lot 330. The concerns raised in each appeal letter are responded to below. Concerns raised within the Zacks Memorandum, which was referenced in the Prows appeal letter, are considered part of that appeal letter and referenced accordingly. Where multiple appellants raise a similar concern, the response below refers to those concerns in the plural (e.g., “Appellants”). Where an individual (e.g., Williams or Prows) raises a concern, that individual will be identified accordingly.

Response 1: The project meets the five conditions outlined in CEQA Guidelines Section 15332, qualifying it as an in-fill development. A Class 32 Categorical Exemption is the appropriate level of environmental review for the proposed project.

The Prows appeal states that the proposed “homeless shelter” use is not considered an “in-fill” development project, because it is not a permanent residential or commercial use. Further, the Prows appeal makes the claim that the temporary duration of the proposed use would prevent other in-fill development from being built at the proposed site.

CEQA does not state that the proposed use must be permanent, nor does it specify types of uses that are considered “In-fill” development. CEQA Guidelines Section 15332 classifies in-fill development as projects that are consistent with the following:

(a) The project is consistent with the applicable general plan designation and all applicable general plan policies as well as with applicable zoning designation and regulations.

- (b) The proposed development occurs within city limits on a project site of no more than five acres substantially surrounded by urban uses.
- (c) The project site has no value as habitat for endangered, rare or threatened species.
- (d) Approval of the project would not result in any significant effects relating to traffic, noise, air quality, or water quality.
- (e) The site can be adequately served by all required utilities and public services.

Therefore, because the project would comply with the above five criteria, the project was properly categorized as an in-fill development. Furthermore, the appellant does not provide any substantial evidence that the project would result in any significant impacts requiring a different environmental determination. The following sub-responses address in detail how the project is consistent with these five criteria, qualifying the project as an in-fill development.

Response 1a: The project is consistent with the applicable general plan designation and all applicable general plan policies as well as with applicable zoning designation and regulations.

As stated within the Categorical Exemption determination, the proposed project would not conflict with General Plan objectives or policies and would meet applicable controls for the area. The project is located within the East SOMA Area Plan and the South Beach Downtown Residential Mixed-Use District (SB-DTR). Pursuant to Planning Code Section 829.46, a homeless shelter use is a principally permitted use. The Appellants accurately remark that the project is located within the Waterfront Special Use District 3; however, the Appellants inaccurately state that the Categorical Exemption determination missed that the proposed project was located in Waterfront Special Use District 3; this statement is inaccurate. The Categorical Exemption determination notes that the Port of San Francisco Waterfront Land Use Plan allows short term interim uses, while not explicitly stating that the property is located within Waterfront Special Use District 3, consistency with all zoning regulations was reviewed by the Planning Department, prior to the appropriate issuance of the Categorical Exemption determination. As stated by the Appellants, the project is subject to Planning Code Section 240.3 which establishes guidance on what types of development are subject to the Waterfront Design Advisory Committee and explains that uses over ½ acre are required to go to the Waterfront Design Advisory Committee. As explained in more detail under **Non-CEQA Response 1**, the Port of San Francisco does not send temporary uses (generally up to 10 years) on Port property that are consistent with the City's zoning for review by the WDAC. Additionally, **Non-CEQA Response 1** goes on to state that the square footage of the building footprints would be under ½ acre. The categorical exemption was accurately issued, and the proposed project would be consistent with applicable zoning designations and regulations.

The Appellants go on to state that the project is not compatible with the General Plan, specifically citing consistency with the Waterfront Design Advisory Committee, which was responded to in the above paragraph. The project has been reviewed by the Department and deemed on balance and consistent with the following Objectives and Policies of the General Plan:

Housing Element

Policy 6.1

Prioritize permanent housing and service-enriched solutions while pursuing both short and long-term strategies to eliminate homelessness.

The SAFE Navigation Center will provide temporary shelter, services and amenities for the City's individuals experiencing homeless with assistance to locate more permanent housing.

Policy 6.2

Prioritize the highest incidences of homelessness, as well as those most in need, including families and immigrants.

The SAFE Navigation Center will provide opportunities to serve the highest incidences of individuals experiencing homelessness in need of housing and supportive services.

POLICY 6.3 Aggressively pursue other strategies to prevent homelessness and the risk of homelessness by addressing its contributory factors.

In addition to providing shelter, the SAFE Navigation Center will involve partnerships with community-based nonprofit organizations serving the homeless, as well as provide medical and mental health supportive services to address the contributory factors to homelessness.

POLICY 6.4

Improve coordination among emergency assistance efforts, existing shelter programs, and health care outreach services.

The SAFE Navigation Center and its services will be coordinated with other existing programs and services for the City's individuals experiencing homelessness and provide intensive case management for the clients of the SAFE Navigation Center.

Northeastern Waterfront Area Plan

OBJECTIVE 6: To Develop and maintain residential uses along the Northeastern Eastern Waterfront in order to assist in satisfying the City's housing needs and capitalize on the area's potential as a desirable living Environment

POLICY 6.3

Preserve and expand the supply of low and moderate income housing and encourage the economic integration of housing.

The SAFE Navigation Center will provide temporary shelter, services and amenities for the City's individuals experiencing homeless.

As stated above the proposed project is consistent with General Plan designations and policies and applicable zoning designations and regulations and the Categorical Exemption determination was appropriately issued.

Response 1b. The proposed development occurs within city limits on a project site of no more than five acres substantially surrounded by urban uses.

The proposed project lies on an approximately 1.72 acre parcel within the city limits of San Francisco. The project site is currently occupied by a parking lot and is located in a densely urban area. Therefore, proposed project is consistent with CEQA Guidelines Section 15332b.

Response 1c. The project has no value as habitat for endangered, rare or threatened species.

The Prows appeal appears to suggest that the project site has value as habitat for endangered, rare or threatened species because the project site is located on the historic San Francisco Bay, which is habitat for many endangered, rare or threatened species. The appellant does not provide specific information, supported by facts, explaining what endangered, rare, or threatened species currently reside on the existing parking lot. In fact, the categorical exemption states that the existing project site consists of a paved site used as a parking lot, with trees and a limited amount of landscaping. The Department determined that the existing parking lot is not suitable habitat for endangered, rare or threatened species and the property has no value for such habitat. According to the California Natural Diversity Database¹ there are no endangered, rare or threatened animal species located at the site and the only plants listed on the database are the Beach Layia and Rose Linanthus, which are listed to generally be located in San Francisco, Marin, Monterey, Humboldt and San Mateo County. Both plants are generally found in coastal bluffs. The only vegetation located at the project site includes trees and minimal landscaping. The site does not include coastal bluffs and is not suitable habitat for either the Beach Layia or Rose Linanthus. Additionally, in accordance with the Standard Construction Measures for Public Works, the project site would be screened to determine whether biological resources may be affected by construction. If biological resources are present, a qualified biologist would carry out a survey of the project and identify whether habitat for special-status species and/or migratory birds are present. If necessary, measures will be implemented to protect biological resources, such as installing wildlife exclusion fencing, establishing buffer zones, etc. The project is also required to comply with the federal Migratory Bird Treaty Act and the State Endangered Species Act. The appellant does not list any specific endangered, rare or threatened species located on the site.

The appellant accurately describes that the project is located in close proximity to the San Francisco Bay. The project site, at its southernmost corner, is located approximately (200 feet) from the San Francisco Bay. The project would be required to comply with Article 22B of the San Francisco Health Code, requiring dust control methods to be applied throughout construction. Compliance with Article 22B would prevent dust related to construction activities (i.e. excavation for foundation and installment of utilities) from entering the surrounding San Francisco Bay. Additionally, as stated within the Categorical Exemption determination prepared for the Project, the Project would be subject to the San Francisco Public Works Standard Construction Measures which require the project to implement erosion and sedimentation controls tailored to the project site, such as fiber rolls and/or gravel bags around storm drain inlets, installation of silt fences, and other such measures sufficient to prevent discharges of sediment and other

¹ California Natural Diversity Database is an inventory of the status and locations of rare plants and animals in California.

pollutants to storm drains and all surface waterways, such as San Francisco Bay. This would prevent any water runoff from the construction of the site from entering the San Francisco Bay. Operation of the proposed project would include a temporary homeless services use where the Memorandum of Understanding between HSH and the Port of San Francisco requires for regular cleaning of the surrounding area of the project, eliminating the possibility for any debris from the project site or vicinity from entering the San Francisco Bay. There are no anticipated operational impacts from the project to the surrounding San Francisco Bay habitat or endangered, rare, or threatened species.

Response 1d. Approval of the project would not result in any significant effects relating to traffic, noise, air quality or water quality.

The Prows appeal claims that the project would require an increase in emergency services and that the level of emergency services required by the proposed project would result in significant effects relating to traffic, noise, air quality or water quality. The appellant submitted a number of incident reports from other similar Navigation Center locations that specify emergency services (police, fire, etc.) that were called for each incident. The Prows appeal argues that police and paramedic services would be needed daily at the Project site, based on incident reports from other locations. The proposed project program would include relocating individuals experiencing homelessness from the surrounding neighborhood (“Outreach Zone²”) into the SAFE Navigation Center. The relocation of individuals from one location to another from within the same area along the Embarcadero and surrounding streets would not increase the number of emergency services required to serve the area and would therefore have less than significant impacts on traffic, noise, air quality or water quality. In addition, the additional vehicles are not expected to result in a significant change in noise levels, or traffic changes nor it result in significant new air quality impacts. The Prows appeal does not explain how emergency services might affect water quality.

Although the Prows appeal included incident reports for other navigation centers, the appellant did not explain how the consolidation of services and individuals experiencing homelessness would cause a significant impact on the environment. Further, the City of San Francisco currently operates six navigation centers and nine adult shelters in neighborhoods throughout the city. For example, the opening of two navigation centers in the Mission District helped achieve an 87% reduction in tent encampments in less than one year throughout that neighborhood. Additionally, SFPD data demonstrates that crime in areas near navigation centers decreases after the opening of the program. For example, in the six months after the opening of the Division Circle Navigation Center, the surrounding area saw a 17% decrease in crime and in the two months following the opening of the Bryant Navigation Center the surrounding area saw a 14% decrease in crime. The appellant’s arguments do not provide any substantial evidence presenting a fair argument that the project would have an effect on any environmental resources such as traffic, noise air quality or water quality.

² “Outreach Zone” means the area around the Premises bounded by Market Street, Fourth Street and the Bay. (M-16518 MOU between The San Francisco Port Commission and The San Francisco Department of Homelessness and Supportive Housing, April 27, 2019)

Response 1e. The site can be adequately served by all required utilities and public services.

The Prows appeal states that the project location does not have adequate utilities and public services. The appellant misunderstands the explicit criterion for a Categorical Exemption Class 32, that a site can be adequately served by all required utilities and public services – not that every site must have all required utilities already installed on-site prior to approval of any development on the site. The project would involve the furnishing of new utilities at the proposed location. The project is similar to all projects on parcels that currently have no existing utilities on-site, and would be required to procure an encroachment permit for the installation of utilities, from both the Port and Public Works. The Project is located within an urban area, surrounded by developed properties that have furnished new utilities for new residential and commercial uses. The assumption that adequate utilities could not be installed or connected to the Project site has no basis. The appellant does not provide any substantial evidence presenting a fair argument that the Project would not be able to install utilities at the subject site and meet the criterion that the site can be adequately served by all required utilities and public services. This site may be easily and adequately served by any required utilities.

The Prows appeal implies that the City will not be able to provide public services to this SAFE Navigation Center because it is larger than other navigation centers in the City. Currently, the two largest Navigation Centers in operation by the City include the 125 Bayshore Navigation Center (128 beds) and the Division Circle Navigation Center (126 beds). The proposed project would include 130 beds for the first three months and gradually increase the bed count to 200 beds. The proposed 130-200 bed SAFE Navigation Center would not be substantially larger than existing Navigation Centers operated by the City where utilities and public services are provided. In addition, the Prows appeal makes claims that the City will not have adequate emergency services to serve the proposed project. Please see **Response 1b** for comments related to emergency service access to the project site.

Response 2. The proposed project would be required to comply with existing regulations of Article 22a and 22b of the San Francisco Health Code, intended to safeguard the public and the environment.

The Prows appeal claims that the proposed project is located on a site that contains soil and groundwater contamination and that the Project would delay cleanup of the contamination and that it may adversely affect water quality. The presence of contaminants in soil or groundwater due to historical land uses is fairly commonplace in the City. The State Water Resources Control Board GeoTracker database identifies approximately 2,500 records of facilities in San Francisco County that are located on a site that is included on a list of hazardous waste and substances sites compiled pursuant to Government Code section 65962.5. The Project is not located on any list compiled pursuant to Government Code section 65962.5.

As discussed in the categorical exemption, Article 22A of the Health Code, also known as the Maher Ordinance, routinely addresses development on sites with potentially hazardous soil or groundwater in order to protect public health and safety (unless oversight is under the purview of a State or federal agency). The Department of Public Health (DPH) oversees the investigation and remediation of sites throughout the City to ensure that cleanup is performed to levels appropriate for site uses and remediation procedures are in accordance with regulations intended to safeguard the public and the environment. Pursuant to Article

22A of the Health Code, the project is required to enroll in the Maher Program, which is administered by DPH. On April 5th, 2019, the project sponsor enrolled within the Maher Program through DPH. DPH would be the responsible agency to review and request any additional soil testing at the site, prior to the issuance of a Port Building Permit. Where such analysis reveals the presence of hazardous substances that exceed Cal/EPA public health risk levels given the intended use, the project sponsor must submit a site mitigation plan (SMP) to DPH. The SMP must identify the measures that the project sponsor will take to ensure that the intended use will not result in public health or safety hazards in excess of acceptable levels established by Cal/EPA or other applicable regulatory standards. The SMP also must identify any soil and/or groundwater sampling and analysis that DPH recommends the project sponsor conduct following completion of the measures to verify that remediation is complete. A San Francisco Health Code Article 22A Compliance work plan was issued on April 14, 2019, requiring further testing prior to the issuance of any permit related to construction.

The categorical exemption determination goes on to explain if remediation is required, it would typically be achieved through one of several methods that include off-haul and disposal of contaminated soils³, on-site treatment of soil or groundwater, or a vapor barrier installation. Alternatively, or in addition, restriction on uses or activities at the project site may be required along with a recorded deed restriction. Compliance with Health Code Article 22A and related regulations identified above would ensure that project activities that disturb or release hazardous substances that may be present at the project site would not expose users of the site to unacceptable risk levels for the intended project uses. As stated in **Response 1c.**, although the project is located in close proximity to the San Francisco Bay, the Project would comply with existing regulations including Article 22B of the San Francisco Health Code and the San Francisco Public Works Standard Construction Measures, preventing construction related dust and water from the project site from entering the San Francisco Bay.

The Prows appeal claims that the project would delay any cleanup at the project site. This statement is incorrect and is not supported by any factual information or analysis. When there is no project proposed at a site, no clean-up of the underlying soils and/or groundwater would be required by the City. The proposed project construction here triggers the potential analysis and cleanup of the underlying soils and groundwater in preparation for the Project. Although the proposed project is a temporary use, this does not change the applicability of the Maher program or change the level of analysis that would be associated with the cleanup of the underlying soils. The appellant does not provide any substantial evidence presenting a fair argument that the Project could cause any significant effects related to hazardous materials. The Department has determined that routine cleanup of subsurface contamination, such as that at the Seawall Lot 330 property, would not have a significant effect on the environment, given the mandatory compliance with the robust framework of City, State, and federal hazardous materials regulations.

Response 3. There is no reasonable possibility that the project would have a significant effect on the environment due to unusual circumstances.

³ Off-haul and disposal of contaminated materials from the project site would be in accordance with the federal Resource Conservation and Recovery Act (RCRA) and United States Department of Transportation regulations and the California Hazardous Waste Control program (Cal. Health and Safety Code Section 21000 *et seq.*)

The Prows appeal claims that the Project's proposed use, size and location present an unusual circumstance under which an exemption could not be issued. CEQA Guidelines Section 15300.2(c) states that a "categorical exemption shall not be used for an activity where there is a reasonable possibility that the activity will have a significant effect on the environment due to unusual circumstances." Pursuant to CEQA, a two-part test is established to determine whether there is a reasonable possibility that the activity will have a significant effect on the environment due to unusual circumstances, as follows:

- 1) The lead agency first determines whether unusual circumstances are present. If a lead agency determines that a project does not present unusual circumstances, that determination will be upheld if it is supported by substantial evidence. CEQA Guidelines define substantial evidence as "enough relevant information and reasonable inferences from this information that a fair argument can be made to support a conclusion, even though other conclusions might also be reached."
- 2) If the lead agency determines that a project does present unusual circumstances, then the lead agency must determine whether a fair argument has been made supported by substantial evidence in the record that the project may result in significant effects. CEQA Guidelines states that whether "a fair argument can be made that the project may have a significant effect on the environment is to be determined by examining the whole record before the lead agency. Argument, speculation, unsubstantiated opinion or narrative, evidence which is clearly erroneous or inaccurate, or evidence of social or economic impacts which do not contribute to or are not caused by physical impacts on the environment does not constitute substantial evidence."

The Prows appeal has not established what the unusual circumstances are at the site or with the proposed project. The project is located in an urbanized area, surrounded by neighboring residential, commercial, and public facility uses. Development on such vacant lots are routinely reviewed and construction undertaken in accordance with applicable City regulations. Additionally, this project was reviewed in a similar manner to other temporary homeless services uses that were also issued categorical exemptions. These projects include: Division Circle Navigation Center (150 Beds), 125 Bayshore Navigation Center (128 Beds), 5th and Bryant Navigation Center (88 beds), and 25th Street Navigation Center (68 beds). These projects are similar in use, size, construction, location and operation and are all located within San Francisco. The closest similar Navigation Center, in size, use and construction, is the existing Navigation Center at Division Circle. The Division Circle Navigation Center project included the construction of an approximately 71,500 square foot Navigation Center using a similar mix of temporary tent and storage container structures on an existing parking lot. The existing bed count for the Division Circle Navigation Center is 126 beds (but will ultimately offer 150 beds). The proposed SAFE Navigation Center, while ultimately capping the bed count at 200 beds, would be larger in number than the Division Circle Navigation Center, the overall operation is approximately 25,245 square feet smaller than the SAFE Navigation Center. The similarities in the projects show that the SAFE Navigation Center project use would not constitute as an unusual use within San Francisco. As the appellant observes, other navigation centers already exist in the surrounding area. The appellant has not demonstrated what unusual feature of this approximately 46,255 square-foot portion of an existing parking lot would prevent it from being able to be

developed in compliance with the Department's recommendations and why, in a City with numerous surface parking lots, this lot is so unusual that the site's requirements could not be adequately addressed through the Port's permit review.

The Prows appeal also claims that, because the project is located adjacent to residential uses, that constitutes an unusual circumstance. The Navigation Center at 1950 Mission Street, was located directly adjacent to a multifamily housing building, making it not uncommon for similar type uses to be located in neighborhoods with residential uses. Additionally, the neighborhood surrounding the proposed project consists of a variety of uses including residential, commercial, a ball park, private parking lots and utility and storage facilities for the California Department of Transportation. These circumstances are typically present in any dense urban setting, and are not unusual to the site or the neighborhood. The proposed homeless services use is consistent with the underlying zoning district and does not pose any unusual circumstance in accordance with CEQA.

The project is consistent with the criteria set forth in CEQA Guidelines Section 15332 for a Class 32 exemption, and none of the circumstances articulated in CEQA Guidelines Section 15300.2 would preclude the use of the exemption. The project would construct a temporary 46,255 square foot navigation center on a level parking lot. There are no unusual circumstances associated with the neighborhood, the project site, or the proposed project activities that could result in a significant environmental effect, and no further environmental review is required.

Response 4. There are no projects, existing or proposed, that qualify as contributing cumulative impacts to the environment.

CEQA Guidelines section 15300.2(b) provides an exception to categorical exemptions when the cumulative impact of successive projects of the same type in the same place, over time is significant. The Prows appeal states that "District Six already houses several navigation centers and homeless services. Adding yet another Center to this District creates a significant cumulative impact, by concentrating multiple Centers." However, the appellant provide no substantial evidence of any specific cumulative impacts, nor does the appellant cite any other similar projects that would result in any combined impacts. Rather, the appellant provides generalized information stating that there are "several" navigation and homeless centers already located in the same supervisorial district and provides no substantial evidence or information as to what or how cumulative impacts would result. Of the City's existing six Navigation Centers currently in operation, two are located within District 6. The two existing District 6 Navigation Centers are located at 20 12th Street (2.4 miles from the project site) and 680 Bryant Street (0.8 miles from the project site), are currently in operation, and contain separate utilities and programs that cannot be considered cumulatively connected to the proposed project at Seawall Lot 330. As they are more than one-quarter mile away from Seawall Lot 330, the Department would generally not consider them within the cumulative context. The Department finds that there is no possibility of any significant cumulative environmental effects as a result of the project in combination with cumulative projects; therefore, this exception to the categorical exemption does not apply.

Response 5: The appellant does not provide substantial evidence or information to support the claim that the excavation work for the foundation would destabilize the foundation of the adjacent properties.

As stated within the categorical exemption determination, a Geotechnical Memorandum was prepared by the Public Works Bureau of Engineering Section on April 2, 2019, confirming that the proposed project is located on a site subject to liquefaction. The proposed project would require new foundations for the proposed use and these foundations would be removed once the use has been abandoned. The proposed project would be required to procure a building permit from the Port's Chief Harbor Engineer. Pursuant to sections 106A.3.3.16⁴, of the Port of San Francisco Building Code, geotechnical reports are required when work involves significant grading, excavation or fill, or uses special foundations, or when the site is included in the State of California Seismic Hazard Zones Map, Special Soils Map. The proposed project would involve foundation work in a State of California Seismic Hazard Zone (liquefaction) and would be required to comply with the geotechnical report requirement outlined within the Port of San Francisco Building Code. Additionally, Port of San Francisco Building Code Section 106A.3.3.24⁵ allows for the Chief Harbor Engineer to request other information as necessary for determining compliance with applicable codes and regulations. Through the existing Port building permit process, the project would be required to provide a geotechnical investigation for all work, prior to the issuance of a permit related to construction or excavation. Further, in exercising existing authority outlined in the Port of San Francisco Building Code, the Chief Harbor Engineer has requested that the project provide peer reviews for all structural and geotechnical designs and calculations⁶. The Prows appeal has provided a declaration from Patrick Buscovich, a civil and structural engineer. In the declaration, Mr. Buscovich appears to agree that the proposed foundation type (mat slab) that was preliminarily recommended within the Public Works Geotechnical Memo is appropriate, but disagrees with the preliminarily proposed depth of thickness of the foundation (4-6"); additionally, Mr. Buscovich argues that the estimated cubic yards of soil disturbance of 43 cubic yards is inaccurate, but does not provide an alternative number. The project would be subject to existing regulations that would require geotechnical investigations and peer reviews of geotechnical and structural calculations, prior to the issuance of any permit allowing for construction work to commence. Speculation about calculations without reviewing final structural drawings does not provide substantiated evidence that the project would have significant impacts related to geology and soils.

Mr. Buscovich also claims that after the use is vacated and the foundation is removed, the excavation and heavy machinery involved in the foundation removal would destabilize the foundation of the adjacent properties. The removal of such foundation work would be reviewed by the Chief Harbor Engineer before excavation and construction work can commence. In addition, Rod Iwashita, Chief Harbor Engineer, determined that the improvements are shallow enough and far enough away from the existing buildings, that it would not be anticipated that the removal of the foundation would cause damage in 'nearby' buildings. The foundations of the surrounding properties would most likely be driven into bedrock or into dense sands/firm soils, thus, it is not anticipated that the heavy machinery used to demolish surficial slabs

⁴ 2016 Port Building Code Section 106A.3.3, provides regulations for plans submitted to the Chief Harbor Engineer and other background studies required for certain scopes of work. Subsection 16 provides regulations on when a geotechnical investigation is required. 2016 Port of San Francisco Building Code can be found here: <https://sfport.com/sites/default/files/Business/Docs/Permit%20Services/2016%20Port%20Building%20Codes/2016%20Port%20Building%20Code%202012-15-16.pdf> (accessed 6/14/2019).

⁵ 2016 Port Building Code Section 106A.3.3.24, states that the Chief Harbor Engineer can request all other information as determined by the Chief Harbor Engineer necessary for determining compliance with applicable codes and regulations.

⁶ Rod K. Iwashita, Chief Harbor Engineer, Port of San Francisco, Memorandum to Rachel Alonso, Project Manager, Public Works, Subject: Peer Review of Structural and Geotechnical Calculations for Seawall Lot 330 Project, June 5, 2019 (Attachment A)

to cause damage to the nearby buildings.⁷ Additionally, Section 106A.1 of the Port Building Code⁸ would require a separate permit to be obtained from the Chief Harbor Engineer for the demolition of a building or structure; therefore, the demolition of the proposed SAFE Navigation Center and its foundations would require a separate permit and review from the Chief Harbor Engineer. The response from the Chief Harbor Engineer explains that such construction work associated with the removal of the foundation is not likely to adversely impact adjacent buildings, and that the existing permitting process and review would apply.

The Department determined that there are no unusual circumstances present at the project site, and therefore correctly issued a categorical exemption. The question of whether the Project would result in a significant impact is a question that should only be considered in the context of the second part of the unusual circumstance exception test (above). The Prows appeal does not substantiate how the removal of the foundation would have an impact on the neighboring foundations, nor does it provide any information as to what the existing foundations types are for the surrounding buildings, that would make the location so unusual and/or create a significant impact on the environment.

Further, the Prows appeal argues that the excavation associated with the construction and removal of the foundation would have the potential to kick up contaminated soil, creating air and water quality impacts. As stated above in the **Response 2** of this document, in accordance with Article 22A of the San Francisco Health Code, the project is required to comply with the Maher Ordinance and review by the Department of Public Health. No permits related to construction or removal activities would be issued without compliance with the Maher Ordinance. Further, the project is required to conform with Article 22B of the San Francisco Health Code, requiring dust control methods to be applied throughout construction. The appellant is speculating that the project would not comply with Article 22A and 22B of the San Francisco Health Code; in accordance with CEQA State Guidelines section 15064(f)(5), argument, speculation, unsubstantiated opinion or narrative, or evidence that is clearly inaccurate or erroneous, or evidence that is not credible, shall not constitute substantial evidence. The appellant has not provided any substantial evidence that the construction and removal of the existing use and foundations would not be subject to City regulations or would otherwise lead to significant impacts on the environment.

Response 6: The Department finds the appellants' claim that environmental impacts related to an increase of trash, abandoned property, discarded syringes, and crime to be speculative and unsupported by evidence.

The Prows appeal argues that the project would have physical impacts as a result of the project including an increase of trash, abandoned property, discarded syringes, and crime in surrounding neighborhoods. The Planning Department has reviewed these claims and determined that these alleged indirect environmental effects are speculative and are not supported by evidence. There is no support in the record

⁷ Rod Iwashita, Chief Harbor Engineer, Port of San Francisco, e-mail correspondence with Rachel Alonso, Project Manager, Public Works, June 10th, 2019 (Attachment A)

⁸ 2016 Port Building Code Section 106A.1 states that no building or structure regulated by this code shall be erected, constructed, enlarged, altered, repaired, moved, improved, converted or demolished unless a separate permit for each building, pier or structure has first been obtained from the Chief Harbor Engineer.
<https://sfport.com/sites/default/files/Business/Docs/Permit%20Services/2016%20Port%20Building%20Codes/2016%20Port%20Building%20Code%202012-15-16.pdf> (accessed 6/14/2019).

that the proposed project would result in the above-mentioned types of indirect physical changes in the environment, and the Department has no reason to believe that it would, as the alleged effects are highly speculative.

The appellants do not provide specific facts demonstrating that the project would result in increases in trash, syringes, etc. on the streets surrounding the proposed project. In addition, the MOU approved by the San Francisco Port Commission states that the operation of the project will include dedicated beat officers within the area surrounding the proposed project as well as cleaning services. Further, the MOU states that HSH agrees to remove all graffiti from the premises, including from the exterior of any building, within seventy-two (72) hours of HSH's discovery of the graffiti. HSH is also responsible for conducting or causing its agents to conduct, frequent walk throughs of the area surrounding the SAFE Navigation Center for trash collection and pick-up and disposal of any of used sharps along the fence on Beale, The Embarcadero and Bryant streets. In the Department's experience, assumptions that rules or agreements are not going to be followed are unreasonable assumptions, because there are agreements and requirements in place that will prevent the kind of outcome appellant predict. Therefore, the Department finds the hypothetical environmental impacts set forth in the submittals by the appellant to be speculative and unsupported by the administrative record. Please see **Non-CEQA Response 3** for more information about crime data surrounding existing homeless services uses and shelters.

Response 7: The appellant is correct that an EIR was prepared for a project on this site, but that EIR was prepared for a much larger, long-term, project that included a cruise ship terminal and encompassed the entire Pier 30-32 and Seawall Lot 330. The SAFE Navigation Center Categorical Exemption was issued appropriately.

The Department prepared a Final Supplemental EIR (Case no. 2000.1229E) Pier 30-32 and Seawall Lot 330 for the Proposed Mixed-Use Cruise Terminal Facility/Residential Project including, at Pier 30-32: a 100,000 gross square foot (gsf) cruise ship terminal, 370,000gsf of office space, 220,000gsf of retail/entertainment space, and an open space program; at Seawall Lot 330: 350 condominiums in eight buildings atop a two-level 350-space parking garage. The Planning Commission certified the FEIR on May 9, 2000, but the project was never built.

In 2012, the Department began preparation of an EIR for the Piers 30-32, 26, 28 and Seawall Lot 330 Project - Warriors Arena, Cruise Terminal, and Hotel project (Case no. 2012.0718E). That proposal was a large mixed-use project that would have included the Warriors Arena, a cruise terminal, parking, and a new fire station at Pier 30/32, and residential and hotel on Seawall Lot 330. The project was ultimately withdrawn and no EIR was drafted or certified.

In comparison to the two mixed-use proposals above, the SAFE Navigation Center would only occupy one of two lots on Seawall Lot 330 and none of Pier 30-32. Additionally, because of the use, size, and temporary nature of the SAFE Navigation Center, the Department determined that a Class 32 Categorical Exemption was appropriate under the CEQA Guidelines and Chapter 31 of the San Francisco Administrative Code. The appellant have not provided any substantial evidence that the project would result in a significant

impact requiring an EIR, or that this project is similar to the permanent, larger projects for which the City prepared EIRs.

RESPONSES TO NON- CEQA ISSUES

The appellants both raise a number of concerns that are not related to CEQA and are instead concerns related to the merits of the project and the process by which the project was approved. Although these comments are outside the realm of CEQA and cannot be considered for the appeal on the categorical exemption determination, this appeal response summarizes and attaches responses to these comments provided by City agencies for informational purposes.

Non-CEQA Response 1: In practice, the Port of San Francisco does not send temporary projects to the Waterfront Design Advisory Committee.

The following summarizes the response provided by Elaine Forbes, Executive Director, Port of San Francisco from a letter dated June 13, 2019 to President Norman Yee⁹. The Port Director's letter is attached at Attachment B and incorporated herein by reference.

As explained in the Director's letter, the Appellants incorrectly claim that the project is subject to additional review by the Waterfront Design Advisory Committee (WDAC). Pursuant to Planning Code Section 240.3(d), any new development on property under the jurisdiction of the Port Commission, (excluding alterations to existing development) which includes an area (excluding the area of public streets and alleys) of at least ½ acre shall be subject to review of the urban design of the proposed use by the waterfront design review process.

WDAC review is only intended and applicable to permanent development of all or a portion of a site. The Port does not submit temporary projects to the WDAC for review. For example, use of Port property by Teatro Zinzanni was not subjected to WDAC review because the use was temporary. Similarly, the Farmers Market near the Ferry Building on Port Property was also not subjected to WDAC review.

The project proposal is to place 2 light-weight tensile temporary housing structures, a similar community services structure, a restroom/showers building, and 2 storage lockers on an existing asphalt parking lot. Four of the six structures would be placed on thin concrete pads over the existing asphalt to create a level and clean surface. No other permanent foundation would be constructed. The footprint of the proposed structures including storage lockers total 20,932 square feet, or .48 acres.

Because the proposed project is for a temporary use of the site and the proposed project footprint is less than one-half acre, WDAC review is not required.

⁹ Elaine Forbes, Executive Director, Port of San Francisco, letter to President Norman Yee- c/o Angela Calvillo, Clerk of the Board, June 13, 2019. (Attachment B)

Non-CEQA Response 2: The facility to be opened at the Embarcadero is not subject to Chapter 106 of the Administrative Code, and the City does not need to comply with the program implementation requirements established therein.

The following summarizes the response provided by Jeff Kositsky, Director of the San Francisco Department of Homelessness and Supportive Housing (HSH) ¹⁰ The HSH Director's letter is attached at Attachment C and incorporated herein by reference.

The appellants allege that the City has failed to comply with Chapter 106 of the San Francisco Administrative Code, which governs the opening and operation of Navigation Centers. Though Chapter 106 does not apply to the proposed project, HSH has nevertheless complied with its requirements.

Chapter 106 was enacted in 2016, and required the City to open and operate a total of six Navigation Centers within two years. Chapter 106 specifies that Navigation Centers may have no fewer than 40 residents, and no more than 100 residents, although the 100-resident cap may be exceeded upon a written finding by the Director of the Department of HSH that exceeding the cap would not compromise the objectives of Chapter 106. The attached letter (Attachment C) confirms that the Director of HSH has made such finding.

As originally enacted, Chapter 106 provided that a Navigation Center could be operated on a site for no fewer than six months, and for no more than two years, without approval of an extension of the time limit by resolution of the Board of Supervisors. In recognition of the success of Navigation Centers, the capital investments that are required to open a center, and the fact that Navigation Centers have not been found to have had adverse impacts on the neighborhoods in which they have been located, the Board of Supervisors amended Chapter 106 earlier this year to remove the two-year time limit.

Since the enactment of Chapter 106, the City has opened eight Navigation Centers that meet the operational requirements of the Chapter. Thus, the City has not only fulfilled – but in fact exceeded – its duties under Chapter 106.

It is important to note that while Chapter 106 imposed a duty on the City to open and operate six Navigation Centers, it does not restrict the City from opening and operating additional or different types of facilities that serve people experiencing homelessness. For example, Chapter 106 does not preclude the City from opening and operating a facility that offers only one meal per day, does not allow pets, has fewer than 40 beds or more than 100 beds; such a facility simply would not count towards the City's duty under Chapter 106 to open and operate six Navigation Centers.

Having already fulfilled its obligation under Chapter 106, the City's proposed project is not subject to the requirements of that Chapter. Nevertheless, the City has still complied with the requirements of Chapter 106. For example, although Chapter 106 imposes a limit of 100 residents, it allows the 100-resident cap to

¹⁰ Jeff Kositsky, Director of the San Francisco Department of Homelessness and Supportive Housing, letter to President Norman Yee- c/o Angela Calvillo, Clerk of the Board, June 06, 2019. (Attachment C)

be exceeded upon a written finding by the Director of HSH that exceeding the cap would not compromise the objectives of Chapter 106 or the operations of the center. HSH and the Mayor's Office, in consultation with Supervisor Haney's Office, and with the support of Port and Public Works, committed to and executed a robust community outreach plan that included: meetings with neighborhood HOAs, consultations with elected and appointed officials, formal presentations in public hearings and large community meetings, and conversations with individual community members.

Furthermore, the facility that would be operated on Seawall Lot 330 would be a Shelter Access for Everyone (SAFE) Navigation Center, which is a new model that differs from the Navigation Centers contemplated in Chapter 106. For example, SAFE Navigation Centers are larger than their predecessors which allows the City to serve more people in need. In addition, SAFE Navigation Centers, unlike Navigation Centers: 1) are developed on sites that can accommodate 150-225 clients; 2) offer more privacy to clients by providing increased separation between sleeping spaces and community spaces; 3) are designed to include loading zones and parking for client pick-ups/drop off and supply deliveries.

Notwithstanding the fact that the City is not required by Chapter 106 to engage in community outreach, it has chosen to do so in order to educate neighbors, neighboring businesses, and other stakeholders about the critical need for additional shelter, and the steps that will be taken to ensure that the proposed SAFE Navigation Center is a good neighbor.

Non-CEQA Issue 3: The assumption that the existence of a SAFE Navigation Center will create urban decay is meritless.

The following response was provided by Jeff Kositsky, Director of the San Francisco Department of Homelessness and Supportive Housing (Attachment C).

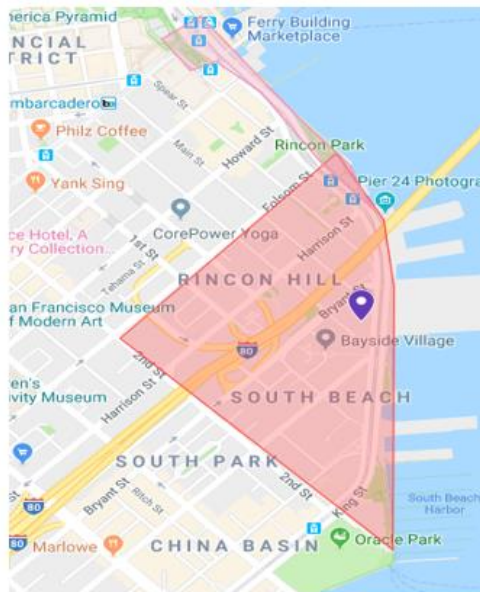
The appellants argue that the construction of the SAFE Navigation Center would cause an increase of trash, abandoned property, discarded syringes, and crime in surrounding neighborhoods. The City currently operates six navigation centers and nine adult shelters in neighborhoods throughout the city. Navigation centers and shelters can serve as assets to communities. In the Mission, for example, the opening of two navigation centers helped achieve an 87% reduction in tent encampments in less than one year throughout the neighborhood. Additionally, SFPD data demonstrates that crime in areas near navigation centers decreases after the opening of the program. For example, in the six months after the opening of the Division Circle Navigation Center, the surrounding area saw a 17% decrease in crime and in the two months following the opening of the Bryant Navigation Center the surrounding area saw a 14% decrease in crime.

Based on the City's experience operating shelters and Navigation Centers, the City does not expect the SAFE Navigation Center to harm the surrounding area. To further ensure that the surrounding neighborhood is not negatively impacted, the City has taken several steps to prioritize safety and cleanliness in the area, including:

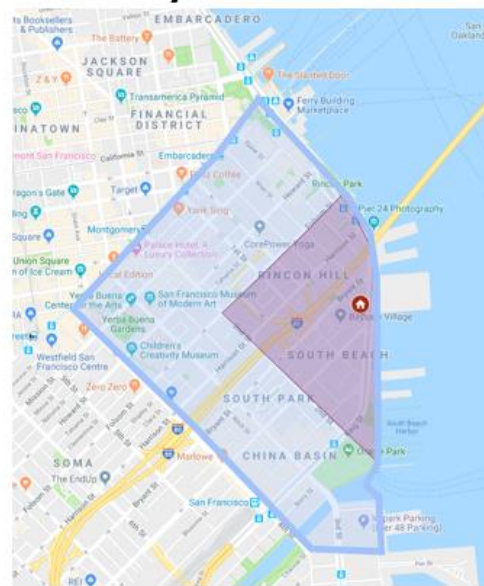
- 1) The inclusion of a Good Neighbor Policy in the Department of Homelessness and Supportive Housing's contract with its nonprofit service provider. Typical "Good Neighbor Policy" provisions address cleanliness and loitering, including:
 - Working with neighbors & City departments to address neighborhood concerns.
 - Participating in appropriate neighborhood and community meetings.
 - Having on-site staff available via phone 24/7 to address on-site concerns.
 - Minimizing neighborhood impact by having 24/7 security and not allowing walk ins.
 - Actively discourage loitering in the immediate area.
 - Inform the community of the services available at the Navigation Center.
 - Maintain the safety and cleanliness of the area immediately surrounding the facility with security and cleaning crews.
 - Ensure the sidewalks and driveway adjacent to the facility are not blocked.
 - Prioritizing clients who are sleeping in the area.
- 2) Dedicated cleaning services in the area: Through the MOU between the Port and HSH, HSH committed to providing specialized cleaning services in the area (days and hours of cleaning to be determined) through a partnership with a nonprofit organization.
- 3) Prioritizing unsheltered people from the neighborhood for placement into the SAFE Navigation Center by conducting outreach in a specified zone surrounding the SAFE Navigation Center.
- 4) Providing the following services in a designated safety zone surrounding the SAFE Navigation Center:
 - Dedicated SFPD beat officers in the safety zone 7 days per week.
 - On-site security guards responsible for security within the program and will proactively patrol the perimeter of the facility.
 - The on-site security guards will have a direct contact to the Healthy Streets Operations Center to report loitering, drug use/sale and tents. In the event of criminal activity, security will alert SFPD via 911.

Figure 1: The Safety and Outreach Zones

Safety Zone



Primary Outreach Zone



Non-CEQA Issue 4: Seawall Lot 330 is not subject to Chapter 61 of the Administrative Code.

The following response was provided by Elaine Forbes, Executive Director, Port of San Francisco from a letter dated June 13, 2019 to President Norman Yee (Attachment C).

The appellants inaccurately argue that the property is subject to Chapter 61 of the Administrative Code. Chapter 61 of the Administrative Code required the Port to adopt the Waterfront Land Use Plan (WLUP) and further governs land uses for Port property that is within the Port's jurisdiction, and is either a pier, within the shoreline band (defined in California Government Code Sec. 66610(b) as property within 100 feet of the shoreline), or specified areas south of Pier 98. Seawall Lot 330 is not a pier, is more than 100 feet from the shoreline and therefore not part of the shoreline band, and is north of Pier 98. Accordingly, Chapter 61 of the Administrative Code does not govern land uses with respect to Seawall Lot 330.

The Property is subject to the WLUP, which governs land uses for property in the Port's jurisdiction beyond that identified in Chapter 61 of the Administrative Code. The WLUP expressly articulates that residential use is an "acceptable use" for Seawall Lot 330 as described in table 140A of The Waterfront Land Use Plan available here: <https://sfport.com/sites/default/files/FileCenter/Documents/4651-j1%20-%20sb%20cb%20land%20use%20table.pdf>

Because the WLUP expressly allows for residential uses on Seawall Lot 330 and the project proposes to provide shelter to people experiencing homelessness in our community, the project is an acceptable use.

Non-CEQA Issue 6: Appellants fail to acknowledge that AB 2797 amends SB 815 and State Lands Commission approval is not required for transactions that are within the Port's existing authority. The proposed project is in compliance with the Burton Act and the use is consistent with the Port's public obligations .

The following response was provided by Elaine Forbes, Executive Director, Port of San Francisco from a letter dated June 13, 2019 to President Norman Yee (Attachment B).

Burton Act and State Lands Commission Review: The Port Commission has explicit authority under the Burton Act (1968) and the Agreement Relating to Transfer of the Port of San Francisco from the State of California to the City and County of San Francisco (Transfer Agreement, 1969) to enter into non-trust leases of property within the Port's jurisdiction so long as the Port Commission finds that such non-trust uses yield maximum profits to be used by the Port Commission in furtherance of commerce and navigation.

The Property is subject to state legislation Senate Bill 815 (SB 815), Assembly Bill 418 (AB 418) and Assembly Bill 2797 (AB 2797). Appellants argue that AB 2797 obligates the Port to seek State Lands Commission approval prior to entering into leases for the Property. Appellants fail to acknowledge that AB 2797 amends SB 815 and State Lands Commission approval is not required by SB 815 for transactions that are within the Port's existing authority.

SB 815 does not limit the Port's authority to use or lease certain designated seawall lots, including the Property, under the Burton Act, subject to any applicable limitations of state law. Nothing in SB 815, AB 418 or AB 2797 limits that existing authority. In accordance with the Burton Act and Section VII.6 of the Transfer Agreement, the Port Commission has full authority to enter into leases of Port property, including interim leases of Port property for non-trust purposes, so long as the Port receives fair market value for use of the property. In addition, AB 418 provides that it is the intent of the state legislature to facilitate the Port's implementation of the WLUP, which includes the right of the Port to enter into interim leases of terms of up to five years. The Port has entered into dozens of such interim agreements that comply with this requirement. Despite not needing State Lands Commission approval or consent, Port staff briefed State Lands Commission staff on the project prior to April 23, 2019.

Fair Market Value Determination: Currently there are no plans to develop Seawall Lot 330 and the lot is being used for parking. Based on real estate data gathered to ascertain equivalent market rates for its properties, Port staff determined a rate of \$0.45 - \$0.50 psf as the fair market rent for paved land. For the interim use of the Property, the Port will charge a rate based on parking revenues which exceeds the established fair market rent thereby maximizing profit and not losing revenue. The initial rental rate of \$0.79 psf per month includes base rent for paved land and potential lost revenue from existing parking operations. The Port Commission approved a Rental Rate Schedule for interim leasing for Fiscal Year 2018-19 on July 10, 2018 with an effective date of August 1, 2018. The current base rent for Seawall Lot 330 is \$0.46 psf/mo., and the percentage rent the Port receives is equal to 66% of gross receipts after parking taxes. For Fiscal Year 2016/2017, total rent received by the Port for Seawall Lot 330 was \$697,711.30 or \$0.57 psf/mo and for the 2017/2018 Fiscal Year, total rent received was \$817,484.59 or \$0.67 psf/mo.

For the 2018/2019 Fiscal Year, the parking lot operator's projected revenue for the lot is \$990,000, which equates to \$0.82/sq. ft. per month, however, based on year to date actuals, the amount received only equates to \$0.67 psf/mo.

Based on actual revenues for Fiscal Year 2017/2018 and the percentage increase in revenue from the previous year (approximately 17%), the monthly rate per square foot was calculated as follows:

- a. Parking lot revenue for Seawall Lot FY 17-18: $\$817,484.59 \times 17\% = \$956,456.97/\text{year}$
- b. Rental rate = $\$956,456.97/\text{year}$ divided by 100,598 sq. ft. divided by 12 months = $\$0.79/\text{sq.ft. per month}$.

The maximum profit that the property could realistically yield must be based on the fair market value the Port could reasonably obtain now, until permanent plans or development proposals are underway. In the event that permanent plans are approved for the site, the SAFE Navigation Center could be removed from the site to allow other permanent, long term development of the site to be undertaken. Appellants have erroneously valued Seawall Lot 330 based on what the value may be for selling the site or leasing the site for an extended term as if a transfer of ownership will occur for a different development scenario than exists today. Seawall Lot 330 is not being sold or developed and the proposed use is short-term and temporary; therefore the valuation methods outlined in the appraisal provided by Mansbach Associates referenced in Briscoe's letter on behalf of appellants Safer Embarcadero for All are not applicable.

By basing the rent on the parking revenues the Port is capturing the true fair market value for short term use of a portion of the undeveloped site.

Allowing the use of the Property for the temporary shelter of vulnerable San Francisco residents experiencing homelessness rather than cars enhances the Port's obligations to the residents of the City and County of San Francisco and the State and serves a much higher public purpose.

CONCLUSION

No substantial evidence supporting a fair argument that a significant environmental effect may occur as a result of the project has been presented that would warrant preparation of further environmental review. The Department has found that the proposed project is consistent with the cited exemption. The Appellants have not provided any substantial evidence to change the conclusions of the Department about required CEQA review and the applicability of the Class 32 exemption.

For the reasons stated above and in the April 19, 2019 CEQA Categorical Exemption Determination, the CEQA Determination complies with the requirements of CEQA and the Project is appropriately exempt from environmental review pursuant to the cited exemption. The Department therefore recommends that the Board uphold the CEQA Categorical Exemption Determination and deny the appeal of the CEQA Determination.



Memorandum

To: Rachel Alonso (DPW)
From: Rod K. Iwashita
CC: Neil Friedman
Date: 5 June 2019
Subject: Peer Review of Structural and Geotechnical Calculations for Seawall Lot 330 Project

Project Peer Reviews are independent evaluations of project designs that are performed by professionals within the same design discipline. They enhance public safety by increasing the reliability of the engineering design by way of additional review. Reviews shall be performed by peers with the same professional background and either an equal or greater level of experience. Building officials can also require independent peer reviews be completed for unusually complicated or controversial designs.

The Port has performed peer review for past projects such as Wharf J-9 Sea Wall Repair and the Pier 94 Backlands with success. The Seawall Earthquake Safety Program has a seismic peer review committee that meets regularly to discuss design assumptions and methodology for the Port.

In the case of the Navigation Center to be located at Seawall Lot 330, some members of the public are concerned about the safety of the site due to the potential for liquefaction at the site and the seismic safety of the proposed structures at the site. Based on these concerns from the public, I am requiring Public Works to have both structural and geotechnical designs and calculations peer reviewed. The peer review process I recommend is for the designer/engineer of record to provide their design to the peer reviewer with discussion, as needed. Subsequently, the peer reviewer performs their review separately and then provides comments to the owner. The owner then resolves any conflicts of opinion between the designer/engineer of record and peer reviewer. Depending on the resolution of conflicts, the designer/engineer of record will modify their design to reflect the comments.

Prior to issuance of a building permit, Public Works shall provide the Port the record of the peer review in addition to the designs and calculations.

From: [Iwashita, Rod \(PRT\)](#)
To: [Alonso, Rachel \(DPW\)](#)
Cc: [Quezada, Randolph \(PRT\)](#); [Lynch, Laura \(CPC\)](#)
Subject: RE: SWL CEQA Appeal - foundation removal
Date: Monday, June 10, 2019 6:31:49 PM
Attachments: [image002.png](#)

Hi Rachel,

My reaction to the CEQA appeal is that the improvements are surficial and far enough away from the existing buildings that I would not expect their removal to cause damage in "nearby" buildings. My understanding is the nearby buildings are founded on piled (deep) foundations driven to either bedrock or into dense sands/firm soils.

Therefore, I do not expect the heavy machinery used to demolish surficial slabs to cause damage to the nearby buildings, as any disturbance in the surface soils would not radiate to such a distance to affect the piled foundations.

Please let me know if there are any questions.

Best Regards,

Rod K. Iwashita, P.E., F.ASCE

Deputy Director, Chief Harbor Engineer | Port of San Francisco | Pier 1, The Embarcadero | San Francisco, CA 94111

Office: 415-274-0570 | Fax: 415-544-1770 | Email: Rod.Iwashita@sfport.com | www.sfport.com

From: Alonso, Rachel (DPW) <rachel.alonso@sfdpw.org>
Sent: Monday, June 10, 2019 1:08 PM
To: Iwashita, Rod (PRT) <rod.iwashita@sfport.com>
Cc: Quezada, Randolph (PRT) <randolph.quezada@sfport.com>; Lynch, Laura (CPC) <laura.lynych@sfgov.org>
Subject: SWL CEQA Appeal - foundation removal

Hi Rod,

I am requesting your professional opinion, as the Chief Harbor Engineer, regarding a claim made in the CEQA Appeal of the SAFE Navigation Center at Seawall Lot 330. Laura Lynch (cc'd) from the Planning Department will enter your determination into the official CEQA appeal response submitted to the Board of Supervisors.

When the center closes, we will need to demolish the reinforced concrete foundation. Opponents claim the "heavy machinery [that] will be required to remove the slabs...will create vibrations that could damage nearby buildings, particularly given that the soil in this area is prone to liquefaction."

The Catex Determination also fails to consider the effects of removing the concrete slabs at the end of the lease – the removal the concrete slabs will kick up the contaminated soil, creating potential air and water quality impacts. (Buscovich Declaration, ¶ 9.) Heavy machinery will be required to remove the slabs, which will create vibrations that could damage nearby buildings, particularly given that the soil in this area is prone to liquefaction. (*Id.*) These potential impacts are unusual and should be fully reviewed under CEQA.



Rachel Alonso, MCP
Project Manager

Building Design & Construction | San Francisco Public Works | City and County of San Francisco
30 Van Ness, 4th floor | San Francisco, CA 94102 | 415.557.4784 | sfpublicworks.org · twitter.com/sfpublicworks



June 13, 2019

President Norman Yee
 c/o Angela Calvillo, Clerk of the Board
 San Francisco Board of Supervisors
 1 Dr. Carlton B. Goodlett Place
 City Hall, Room 244
 San Francisco, CA 94102

Subject: Port's Response to Seawall Lot 330 CEQA Appeals

Dear President Yee and Honorable Members of the Board of Supervisors:

I am writing to respond to concerns raised by appellants to the Port Commission's decision on April 23, 2019 to approve a memorandum of understanding between the Port and the Department of Homelessness and Supportive Housing to develop and operate a temporary S.A.F.E. Navigation Center on a portion of Seawall Lot 330 (Property). Appellants erroneously argue (A) that the Port Commission does not have the authority to enter into such an agreement without the consent of the State Lands Commission, (B) that shelter use is a prohibited use under Chapter 61 of the Administrative Code, and (C) that the proposed project was subject to additional review by the Waterfront Design Advisory Committee (WDAC) prior to the Port Commission vote.

In each case, appellants' are mistaken: (A) State law grants the Port Commission the authority to enter into interim leases without State Lands Commission approval or consent; (B) the Waterfront Land Use Plan (WLUP) allows the shelter as an acceptable use of the Property; and (C) because of the temporary nature of the project, the project is not subject to WDAC review.

A. State Lands Commission Approval

1. *Port's authority to enter into interim leases*

The Port Commission has explicit authority under the Burton Act (1968) and the Agreement Relating to Transfer of the Port of San Francisco from the State of California to the City and County of San Francisco (Transfer Agreement, 1969) to enter into non-trust leases of property within the Port's jurisdiction so long as such non-trust uses yield maximum profits to be used in furtherance of commerce and navigation.

The Property is subject to state legislation Senate Bill 815 (SB 815), Assembly Bill 418 (AB 418) and Assembly Bill 2797 (AB 2797). Appellants argue that AB 2797 obligates the Port to seek State Lands Commission approval prior to entering into leases for the Property. Appellants fail to acknowledge that

AB 2797 amends SB 815 and State Lands Commission approval is not required by SB 815 for transactions that are within the Port's existing authority.

SB 815 does not limit the Port's authority to use or lease certain designated seawall lots, including the Property, under the Burton Act, subject to any applicable limitations of state law. Nothing in SB 815, AB 418 or AB 2797 limits that existing authority. In accordance with the Burton Act and Section VII.6 of the Transfer Agreement, the Port Commission has full authority to enter into leases of Port property, including interim leases of Port property for non-trust purposes, so long as the Port receives fair market value for use of the property. In addition, AB 418 provides that it is the intent of the state legislature to facilitate the Port's implementation of the WLUP, which includes the right of the Port to enter into interim leases of terms of up to five years (renewable for additional five-year terms). The Port has entered into dozens of such interim agreements that comply with this requirement. In fact, despite not needing State Lands Commission approval or consent, Port staff briefed State Lands Commission staff prior to April 23, 2019.

2. *Fair Market Value determination*

Currently there are not any approved plans to develop Seawall Lot 330 and the lot is being used for parking which reflects the maximum revenue use for undeveloped paved land. Based on real estate data gathered to ascertain equivalent market rates for its properties, Port staff determined a rate of \$0.45 - \$0.50 psf as the fair market rent for paved land. For the interim use of the Property, the Port will charge a rate based on parking revenues which exceeds the established fair market for paved land, but reflects the true loss of revenues from the parking operations thereby maximizing profit and not losing revenue. The initial rental rate of \$0.79 psf per month includes base rent for paved land and potential lost revenue from existing parking operations. The Port Commission approved a Rental Rate Schedule for interim leasing for Fiscal Year 2018-19 on July 10, 2018 with an effective date of August 1, 2018. The current base rent for Seawall Lot 330 is \$0.46 psf/mo., and the percentage rent the Port receives is equal to 66% of gross receipts after parking taxes. For Fiscal Year 2016/2017, total rent received by the Port for Seawall Lot 330 was \$697,711.30 or \$0.57 psf/mo and for the 2017/2018 Fiscal Year, total rent received was \$817,484.59 or \$0.67 psf/mo.

For the 2018/2019 Fiscal Year, the parking lot operator's projected revenue for the lot is \$990,000, which equates to \$.82/sq. ft. per month, however, based on year to date actuals, the amount received only equates to \$0.67 psf/mo.

Based on actual revenues for Fiscal Year 2017/2018 and the percentage increase in revenue from the previous year (approximately 17%), the monthly rate per square foot was calculated as follows:

- a. Parking lot revenue for Seawall Lot FY 17-18: $\$817,484.59 \times 17\% = \$956,456.97/\text{year}$
- b. Rental rate = $\$956,456.97/\text{year}$ divided by 100,598 sq. ft. divided by 12 months = \$0.79/sq.ft. per month.

Appellants have erroneously valued Seawall Lot 330 based on what the value may be for selling the site or leasing the site for an extended term as if a transfer of ownership will occur. Seawall Lot 330 is not being

sold or developed at this time and the proposed use is short-term and temporary; therefore, the valuation methods outlined in the appraisal provided by Mansbach Associates referenced in Briscoe's letter on behalf of appellants Safer Embarcadero for All are not applicable.

By basing the rent on the parking revenues, the Port is capturing the true fair market value for short term use of a portion of the undeveloped site, thereby maximizing Port's profit.

Allowing the use of the Property for the temporary shelter of vulnerable San Francisco residents experiencing homelessness rather than cars enhances the Port's obligations to the residents of the City and County of San Francisco and the State and serves a much higher public purpose.

B. Shelter Use of the Property

Chapter 61 of the Administrative Code required the Port to adopt the WLUP and it governs land uses for Port property that is within the Port's jurisdiction, and is a pier, within the shoreline band (defined in California Government Code Sec. 66610(b) as property within 100 feet of the shoreline), or for certain land south of Pier 98. Seawall Lot 330 is not a pier, is more than 100 feet from the shoreline and therefore not part of the shoreline band, and is north of Pier 98. Accordingly, Chapter 61 of the Administrative Code does not govern land uses with respect to Seawall Lot 330.

The Property is subject to the WLUP, which governs land uses for property in the Port's jurisdiction beyond that identified in Chapter 61 of the Administrative Code. The WLUP expressly articulates that residential use is an "acceptable use" for Seawall Lot 330 as described in table 140A of The Waterfront Land Use Plan available here: <https://sfport.com/sites/default/files/FileCenter/Documents/4651-j1%20-%20sb%20cb%20land%20use%20table.pdf>

Because the WLUP expressly allows for residential uses on Seawall Lot 330 and the project is temporary, use of a portion of the property to provide shelter to people experiencing homelessness in our community is acceptable.

C. WDAC Review

Waterfront Design Advisory Committee review is required for new development of one-half acre or greater sites consistent with applicable provisions of the Port's *Waterfront Land Use Plan* and its *Waterfront Design and Access Element* goals, objectives, and criteria objectives pertaining to the urban design of proposed uses.

The project proposal is to place 2 light-weight tensile temporary housing structures, a similar community services structure, a restroom/showers building, and 2 storage lockers on an existing asphalt parking lot. Four of the six structures are placed on thin concrete pads over the existing asphalt to create a level and clean surface. No other permanent foundation would be constructed. The footprint of the proposed structures including storage lockers total 20,932 square feet, or .48 acres.

Also, the Port does not submit temporary projects to the WDAC for review. For example, use of Port property by Teatro Zinzanni was not subjected to WDAC review because the use was temporary. Teatro

Zinzanni was in the same SUD as the Property. Similarly, the Farmers Market near the Ferry Building on Port property was also not subjected to WDAC review.

Because the proposed project is for a temporary use of the Property and the proposed project footprint is less than one-half acre, WDAC review is not required.

Respectfully, I urge you to reject the appeals raised by appellants. The Port Commission, acting within its authority, found this temporary use of Port property to be consistent with our public obligations to the greater community and to the Port. First, providing shelter to unhoused people along the Waterfront and in adjacent communities serves a greater public interest than providing parking. Secondly, the Port will receive fair market rent resulting in maximum profits for use of the paved land: parking; which is the rent the Port is currently receiving. Lastly, residential uses such as shelter, are acceptable uses of Seawall Lot 330.

Sincerely,



Elaine Forbes
Executive Director
Port of San Francisco

cc: Angela Calvillo
Lisa Gibson
Jeff Kositsky



June 6, 2019

Norman Yee, President
c/o Angela Calvillo, Clerk
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102

Subject: Appeals of the Categorical Exemption from Environmental Review – Embarcadero SAFE Navigation Center

Dear President Yee and Members of the Board of Supervisors:

This letter is in response to the two appeals filed with the Clerk of the San Francisco Board of Supervisors regarding the San Francisco Planning Department's (Planning) Categorical Exemption from Environmental Review for the Embarcadero SAFE Navigation Center at Seawall Lot 330 (Case No. 2019-002440ENV). The first appeal was filed by the Law Offices of Stephen M. Williams on May 22, 2019 and the second by Briscoe Ivester & Bazel LLP on May 23, 2019. The intent of this letter is not to address the City's environmental review process, but to speak to other issues raised in the letter pertaining to the project and the Department of Homelessness and Supportive Housing (HSH) policies and procedures.

The Challenge of Homelessness

On January 24, 2019, with the assistance of hundreds of volunteers, HSH conducted the 2019 Point-in-Time (PIT) count to assess the number of individuals experiencing homelessness in San Francisco. US Department of Housing and Urban Development (HUD) requires that communities conduct the PIT Count at least every other year. The chart below represents the HUD reportable numbers for 2017 and 2019:

HUD Reportable Numbers	2017	2019	Change	% Change
Unsheltered	4353	5180	827	19%
Sheltered	2505	2831	326	13%
Total	6858	8011	1153	17%



Unfortunately, the number of people experiencing homelessness in San Francisco increased 17% between 2017 and 2019. Neighboring counties also showed increases; people experiencing homelessness increased 43% and 31% in Alameda and Santa Clara Counties, respectively, over the past two years.

A full report will be available in July as San Francisco engages in a more robust process that includes individuals and programs not required by HUD to be counted. The initial numbers show that two-thirds of the increase in unsheltered homelessness in our city was attributable to people sleeping in vehicles. It also appears that the number of newly homeless people each year continues to be a major challenge. Family homelessness has stayed flat while adult homelessness has increased significantly. Fortunately there is also some good news to report: Veteran homelessness is down 11% and youth homelessness is down 10%. In San Francisco, there are regularly over 1,100 people on the shelter waiting list each night.

The City's Response

In response to our oversubscribed shelter system, Mayor London Breed announced in October 2018 that the City would add 1000 shelter beds by the end of calendar year 2020. San Francisco has opened eight Navigation Centers and currently has six in operation. HSH has developed the Shelter and Access for Everyone (SAFE) Navigation Center model to build off of the best aspects of Navigation Centers making them more scalable, sustainable, and effective. Some successful attributes of the Navigation Center model incorporated into the SAFE Navigation Center model include high-quality temporary residential facilities; onsite support services; no walk-ins or lines; and client-serving amenities

The City is looking to expand SAFE Navigation Centers in neighborhoods across the city to respond to the homelessness crisis and has been conducting a coordinated and comprehensive citywide search for viable shelter sites in order to accomplish the Mayor's initiative. Over one hundred sites have been evaluated for feasibility.

Project Description

SAFE Navigation Centers are essential to reducing unsheltered homelessness and connecting clients to services and housing assistance. The project site is located at Seawall Lot 330, within the South of Market South Beach neighborhood on an irregularly shaped parcel of approximately 75,106 sqft. The parcel has frontages along the Embarcadero to the northeast, Beale Street to the southwest, and a vehicular access point along Bryant Street to the northwest. The parcel is within Supervisorial District 6.

The project would include the installation of two structures to serve as dormitories containing a total of 200 beds as well as an additional demountable tensile structure to be used as offices and community/dining space. The project would also include temporary structures to contain toilets, urinals, and showers as well as 12 shipping containers placed onsite for client storage needs. The temporary structures would be installed in such a configuration to create an outdoor gathering space for clients.

The SAFE Navigation Center would provide room and board to those experiencing homelessness while case managers work to connect them to support services, including: income, public benefits, health services, shelter, and housing. SAFE Navigation Centers differ from traditional shelters in that they have lower barriers for participation by clients, allowing for people to come inside with partners, pets, and possessions. The Centers are open 24 hours a day, seven days a week. HSH makes placements into these shelters through its designated referral programs; currently, external and self-referrals are not accepted. A client's length of stay can range from a few hours to 30 or 60 days - with extensions for those with a known pathway to a housing placement.

HSH would contract with a service provider who would perform onsite program and operations functions. Staff would be present at the SAFE Navigation Center to oversee activities on-site, including, but not limited to:

- meal provision
- supportive services
- referrals and support for treatment
- housing navigation through coordinated entry
- coordination of site security
- uniform and effective program entry
- property searches
- methods to control access
- managing and tracking clients
- collaboration with service partners who are on the program site

Staff would provide oversight of and janitorial and maintenance service for: the sleeping areas, bathrooms/showers, laundry facilities, client storage areas, the dining and community room, and general grounds of the program site. Staff would also: provide access for clients to delivered prepared meals, beverages, and snacks; conduct wellness checks; and escort clients to critical appointments off-site. Staff would educate clients about how to avoid or reduce impacts and implement "good neighbor" considerations when they leave the SAFE Navigation Center.

The Memorandum of Understanding (MOU) between the Port of San Francisco and HSH regarding the construction and operation of the SAFE Navigation Center also includes a set of Good Neighbor Policies that the SAFE Navigation Center operator must follow. HSH includes a Good Neighbor Policy in all SAFE Navigation Center operator contracts. The policy would be implemented by the onsite service provider and would include, but not be limited to:

- Communicating with and providing information to the neighborhood
- Avoiding or minimizing the impact on the neighborhood of clients entering, exiting, or waiting for services
- Discouraging and addressing any excessive noise from the program clients and others who may be just outside the program site

- Discouraging loitering in the area immediately surrounding the facility
- Preventing any blocking of driveways or sidewalks near the site
- Working with neighbors and City departments to address neighborhood concerns
- Participating in appropriate neighborhood and community meetings
- Having onsite staff available via phone 24/7 to address on-site concerns
- Minimizing neighborhood impact by having 24/7 security and not allowing walk-ins
- Informing the community of the services available at the Navigation Center
- Maintaining the safety and cleanliness of the area immediately surrounding the facility with security and cleaning crews
- Ensuring the sidewalks and driveway adjacent to the facility are not blocked
- Prioritizing placement of clients who are sleeping in the area

Additionally, a private security company would be hired for security services onsite, including 24/7 front desk coverage. The SAFE Navigation Center would also contract with a community-based organization to regularly clean the surrounding area.

Community Engagement

HSH has chosen to engage in extended community outreach to educate neighbors, neighboring businesses, and other stakeholders about the critical need for additional shelter, and the steps that will be taken to ensure that the proposed SAFE Navigation center is a good neighbor.

Specific to Seawall 330, HSH and the Mayor's Office, in consultation with Supervisor Haney's Office, committed to and executed a robust community outreach plan that included: meetings with neighborhood HOAs, consultations with elected and appointed officials, formal presentations in public hearings and large community meetings, and conversations with individual community members. The list below outlines some of these efforts up through the April 23rd Port Commission hearing.

1. 1:1 Conversations with community members
2. Port Commission informational hearing (3/12)
3. Two City-sponsored large community meetings (3/12 & 4/3)
4. Convening of a neighborhood working group (9 meetings beginning 3/20)
5. Fisherman's Wharf Advisory Group informational meeting (3/19)
6. Central Waterfront Advisory Group & Northeast Waterfront Advisory Group informational meeting (3/20)
7. Home Owners Association Meetings:
 - a. The Watermark (3/21)
 - b. The Portside (3/27)
 - c. The Brannan (4/1)
 - d. Townsend HOAs (4/10)
 - e. 88 King (4/11)
 - f. The Infinity & Embarcadero Lofts (4/14)

8. Navigation Center tours for community members and neighborhood organizations (March – May)
9. South Beach/Rincon/Mission Bay Neighborhood Association (4/15)
10. Central Waterfront Advisory Group (4/17)
11. Port Commission Hearing (4/23)
12. District 6 Community Planners (5/8)

Engagement with the community has continued through an informal working group and would continue in the form of informational meetings with formal groups such as the Central Waterfront Advisory Group (CWAG) and the to-be-created Embarcadero SAFE Navigation Center Community Advisory Group throughout the construction and operational phases of the project.

Chapter 106

As part of its CEQA appeal, Appellants allege that the City has failed to comply with Chapter 106 of the San Francisco Administrative Code, which governs the opening and operation of six Navigation Centers. Although the City's adherence to Chapter 106 is not relevant to the question of whether the Planning Department's categorical exemption determination was appropriate, nor is it applicable to the proposed project, which does not qualify as a Navigation Center, we nevertheless welcome the opportunity to describe the requirements of Chapter 106 and demonstrate how the City has already fulfilled those requirements.

Chapter 106 was enacted in 2016, and required the City to open and operate a total of six Navigation Centers within two years. As defined by Chapter 106, Navigation Centers are temporary, low-barrier-to-entry shelters that, through case management and social service programs, aid in moving homeless people off the streets and into permanent housing or transitional or stable supportive housing that eventually leads to permanent housing. Navigation Centers are also defined by the services they offer. For example, Chapter 106 requires that Navigation Centers offer three meals per day and allow residents to keep their pets with them. Chapter 106 further specifies that Navigation Centers may have no fewer than 40 residents, and no more than 100 residents, although the 100-resident cap may be exceeded upon a written finding by the Director of the Department of Homelessness and Supportive Housing ("HSH") that exceeding the cap would not compromise the objectives of Chapter 106.

As originally enacted, Chapter 106 provided that a Navigation Center could be operated on a site for no fewer than six months, and for no more than two years, without approval of an extension of the time limit by resolution of the Board of Supervisors. In recognition of the success of Navigation Centers, the capital investments that are required to open a center, and the fact that Navigation Centers have not been found to have had adverse impacts on the neighborhoods in which they have been located, the Board of Supervisors amended Chapter 106 earlier this year to remove the two-year time limit.

Prior to opening a Navigation Center, Chapter 106 requires that HSH, in consultation with the Supervisor who represents the district in which the identified site is located, conduct a

thorough community outreach process with neighbors, neighborhood associations, and merchant associations on the site selection.

It is important to note that while Chapter 106 imposed a duty on the City to open and operate six Navigation Centers – which duty the City has fulfilled – it does not restrict the City from opening and operating different types of facilities that serve people experiencing homelessness. For example, Chapter 106 does not preclude the City from opening and operating a facility that offers only one meal per day, does not allow pets, has fewer than 40 beds, or more than 100 beds; such a facility simply would not count towards the City's duty under Chapter 106 to open and operate six Navigation Centers

The City has already met the requirements of Chapter 106. Since the enactment of Chapter 106, the City has opened eight Navigation Centers that met the operational requirements of the Chapter. Prior to the opening of each Navigation Center, HSH engaged in robust community outreach, as required by Chapter 106. With the opening of the Bayshore and the Bryant Navigation Centers, the City not only fulfilled – but in fact exceeded - its duties under Chapter 106.

Chapter 106 is inapplicable because the proposed facility is not a Navigation Center. The facility that would be operated on Seawall Lot 330 would be a Shelter Access for Everyone (SAFE) Navigation Center. A SAFE Navigation Center is a new model of shelter delivery that builds off of the best practices and lessons learned through the Navigation Center model. SAFE Navigation Centers are similar to Navigation Centers in that they maintain a low-barrier philosophy, but differ from Navigation Centers in a few significant ways. First and most significantly, SAFE Navigation Centers are larger than their predecessors which allows the City to serve more people in need. In addition, SAFE Navigation Centers, unlike Navigation Centers: 1) are developed on sites that and can accommodate 150-225 clients; 2) offer more privacy to clients by providing increased separation between sleeping spaces and community spaces; 3) are designed to include loading zones and parking for client pick-ups/drop off and supply deliveries.

Because the City has already fulfilled its duties under Chapter 106, and because the facility to be opened at the Embarcadero is not a Navigation Center, the requirements of Chapter 106 do not apply.

Even though Chapter 106 is inapplicable to the opening of the proposed SAFE Navigation Center, the City has complied with its requirements. Appellants argue that the proposed SAFE Navigation Center is in violation of Chapter 106 because: 1) it would have more than 100 beds; 2) there is an option for it to be operated for more than two years; and 3) the City has failed to engage in the types of community outreach required by Chapter 106. All of these claims are without merit, and are irrelevant to the question of whether the Planning Department's categorical exemption determination was appropriate. Nevertheless, we welcome the opportunity to set the record straight.

First, although Chapter 106 imposes on Navigation Centers a limit of 100 residents, it allows the 100-resident cap to be exceeded upon a written finding by Director of HSH that exceeding the cap would not compromise the objectives of Chapter 106 or the operations of the center. In the case of the proposed Embarcadero SAFE Navigation Center, I have made that finding and I reiterate it here. The operation of a 200-bed SAFE Navigation Center is in fact consistent with the objective of Chapter 106, which is to address street homelessness and connect homeless people to services and housing. HSH will work with the provider to prepare a careful operations plan to ensure that a project of this size will run safely.

Second, the two-year cap on Navigation Centers was removed by the Board of Supervisors through the enactment of Ord. No. 061-19.

Third, HSH has gone above and beyond the community outreach requirements that are imposed by Chapter 106. Specifically, HSH and the Mayor's Office, in consultation with Supervisor Haney's Office, and with the support of the Port and Public Works, committed to and executed a robust community outreach plan that included: meetings with neighborhood HOAs, consultations with elected and appointed officials, formal presentations in public hearings and large community meetings, and conversations with individual community members. The list included above on pages 4-5 outlines some of these efforts up through the April 23rd Port Commission hearing.

Sincerely,



Jeff Kositsky
Director

Wong, Jocelyn (BOS)

From: Wong, Jocelyn (BOS)
Sent: Thursday, June 20, 2019 8:03 AM
To: Lynch, Laura (CPC)
Cc: BOS Legislation, (BOS)
Subject: FW: PLANNING DEPARTMENT RESPONSE MEMO: Appeal of CEQA Exemption Determination - Proposed Seawall Lot 330 Project - Appeal Hearing on June 25, 2019
Attachments: Memorandum for Objector Safe Embarcadero For All.pdf
Categories: 190611

Thank you Laura. We will add it to the appeal file.

Jocelyn Wong

San Francisco Board of Supervisors
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From: Lynch, Laura (CPC) <laura.lynch@sfgov.org>
Sent: Wednesday, June 19, 2019 6:15 PM
To: Wong, Jocelyn (BOS) <jocelyn.wong@sfgov.org>
Subject: RE: PLANNING DEPARTMENT RESPONSE MEMO: Appeal of CEQA Exemption Determination - Proposed Seawall Lot 330 Project - Appeal Hearing on June 25, 2019

Hi Jocelyn,

The SEFA Appeal Letter states "The grounds for this appeal include all those grounds raised in writing to the Port in the "Memorandum For Objector Safe Embarcadero For All", dated 22 April 2019 and incorporated here by reference (including all its exhibits)"; however, it memo looks like it was never submitted to the Clerk of the Board. I received a copy from the Port and have attached it to be added to the record.

Thank you,

Laura C. Lynch, Senior Planner
CatEx Coordinator, Environmental Planning Division
San Francisco Planning Department
1650 Mission Street, Suite 400 San Francisco, CA 94103
Direct: 415.575.9045 | www.sfplanning.org
[San Francisco Property Information Map](#)

From: Wong, Jocelyn (BOS)
Sent: Monday, June 17, 2019 2:41 PM
To: smw@stevewilliamsllaw.com; pprows@briscoelaw.net; hestor@earthlink.net

Cc: GIVNER, JON (CAT) <Jon.Givner@sfcityatty.org>; STACY, KATE (CAT) <Kate.Stacy@sfcityatty.org>; JENSEN, KRISTEN (CAT) <Kristen.Jensen@sfcityatty.org>; Rahaim, John (CPC) <john.rahaim@sfgov.org>; Teague, Corey (CPC) <corey.teague@sfgov.org>; Sanchez, Scott (CPC) <scott.sanchez@sfgov.org>; Gibson, Lisa (CPC) <lisa.gibson@sfgov.org>; Jain, Devyani (CPC) <devyani.jain@sfgov.org>; Navarrete, Joy (CPC) <joy.navarrete@sfgov.org>; Lynch, Laura (CPC) <laura.lynch@sfgov.org>; Rodgers, AnMarie (CPC) <anmarie.rodgers@sfgov.org>; Sider, Dan (CPC) <dan.sider@sfgov.org>; Starr, Aaron (CPC) <aaron.starr@sfgov.org>; Forbes, Elaine (PRT) <elaine.forbes@sfport.com>; Quezada, Randolph (PRT) <randolph.quezada@sfport.com>; Quesada, Amy (PRT) <amy.quesada@sfport.com>; Kositsky, Jeff (HOM) <jeff.kositsky@sfgov.org>; Schneider, Dylan (HOM) <dylan.schneider@sfgov.org>; Stewart-Kahn, Abigail (HOM) <abigail.stewart-kahn@sfgov.org>; Rosenberg, Julie (BOA) <julie.rosenberg@sfgov.org>; Cantara, Gary (BOA) <gary.cantara@sfgov.org>; Longaway, Alec (BOA) <alec.longaway@sfgov.org>; BOS-Supervisors <bos-supervisors@sfgov.org>; BOS-Legislative Aides <bos-legislative_aides@sfgov.org>; Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>; Somera, Alisa (BOS) <alisa.somera@sfgov.org>; BOS Legislation, (BOS) <bos.legislation@sfgov.org>

Subject: PLANNING DEPARTMENT RESPONSE MEMO: Appeal of CEQA Exemption Determination - Proposed Seawall Lot 330 Project - Appeal Hearing on June 25, 2019

Good afternoon,

Please find linked below a response memo received by the Office of the Clerk of the Board from the Planning Department regarding the appeal of the determination of categorical exemption from environmental review under CEQA for the proposed project at Seawall Lot 330.

[Planning Department Memo - June 17, 2019](#)

The hearing for this matter is scheduled for 3:00 p.m. special order before the Board on June 25, 2019.

I invite you to review the entire matter on our [Legislative Research Center](#) by following the links below:

[Board of Supervisors File No. 190611](#)

Best regards,

Jocelyn Wong

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8 Attorneys for Safe Embarcadero for All,
9 an unincorporated association of
10 South Beach and Rincon Hill residents

11 SAN FRANCISCO PORT COMMISSION

12 In Re: Item 8A, Seawall Lot 330

13 **MEMORANDUM FOR OBJECTOR**
14 **SAFE EMBARCADERO FOR ALL**

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1 **I. INTRODUCTION**

2 This Memorandum is submitted on behalf of Safe Embarcadero for All, an
3 unincorporated association of South Beach and Rincon Hill residents, that opposes the Port's
4 proposal to convert the existing public parking facility on Seawall Lot 330 ("the Lot") to a
5 homeless shelter (the "Project"). For the reasons stated below, and any others that might be
6 articulated before or at the Port Commission's public hearings on the Project, approval of the
7 Project would violate state and local law, including Senate Bill 815, Assembly Bills 418 and
8 2797, CEQA, and numerous provisions of local law.

9 In October 2018, the Mayor of San Francisco promised to add 1,000 new homeless
10 shelter beds to the City by 2020, with 500 to be built by the summer of 2019. On March 4,
11 2019, and less than halfway to her promised summer-end goal, the Mayor announced plans to
12 build and open a massive 200-bed homeless shelter on The Embarcadero by September. Since
13 then, the City has been moving at an unprecedented speed to fulfill the Mayor's promise. That
14 has led to a closed-door, secretive, fast-tracked process. There has been no meaningful
15 community consultation, a failure to timely respond to Sunshine Ordinance/public record
16 requests, no attempt to analyze—let alone address—environmental impacts raised by the
17 public, and no concern shown for the harm this facility will have on over 14,000 area residents
18 and millions of visitors.

19 The Project will have significant and substantial impacts on the environment, the densely
20 populated residential community surrounding the Lot, and the surrounding Port properties held
21 in trust for the People of the State of California – impacts that have not been considered, let
22 alone analyzed, in conformance with the requirements of law. The Lot contains toxic and
23 contaminated soils that preclude its use for residential purposes absent substantial remediation.
24 Moreover, the Port Commission cannot approve the Project because there is no evidence
25 before it as to whether the proposed lease is for fair market value, as required by state law. The
26 Port's proposed action on April 23, 2019, the approval of a memorandum of understanding
27 ("MOU"), violates the conditions of the grant of the Lot from the State of California.

28 The Project was announced in early March without any meaningful prior community
 consultation. The Project was not even presented in advance to a single Waterfront Advisory

1 Group, as would usually occur and is customary for a project of this scale. Moreover, in a
2 concerted effort to obscure and conceal the details of the Project and its harmful environmental
3 impacts, the City has unlawfully delayed and refused to produce public records containing or
4 describing the specifics of the Project. This has hampered the ability of members of the public,
5 including our client, to review, understand and comment on the Project. The supporting
6 materials for this agenda item were made available only two business days before the Port
7 Commission's public hearing, over the course of a holiday weekend. Over the past month, our
8 client has been stonewalled and frustrated by the Port and other responsible City agencies'
9 refusal to properly respond to numerous Sunshine Ordinance and Public Records Act requests
10 for public information about or related to the Project.

11 At an absolute minimum, the Port Commission must defer action on the Project until Port
12 Staff and the City produce ALL of the public records requested and our client has an adequate
13 opportunity to evaluate this information and potentially include it in the submission to this
14 Commission. The Port must also take additional time to further assess and document its
15 obligations, as further set forth herein. In light of the foregoing, the Port Commission's refusal
16 to continue the hearing would be an egregious insult to thousands of concerned residents and
17 citizens and an outright assault on open government.

18 Should the Port Commission decide to act now, it must disapprove the Project.

19 **II. THE PROJECT AND THE PROCEDURE FOR ITS CONSIDERATION**
20 **VIOLATE STATE LAW**

21 Port staff claim that the Project is an acceptable interim use of Port property because this
22 segment of Seawall Lot 330 is not needed for public trust purposes, and the Project meets the
23 legal requirement that the Port receive fair market value for interim, non-public trust use of the
24 Lot. (Stats. 2007, c. 660 ("SB 815"), § 4(c); Stats. 2011, c. 477 ("AB 418"), § 6(d).) Port staff
25 mistakenly understates the extent to which any proposed use of the Lot remains subject to
26 public trust limitations and thereby materially overstates the Port's legal authority to approve
the Project.

27 **A. Any Lease of Seawall Lot 330 for Non-Public Trust Use Requires Specific Review by**
28 **the Port Commission at a Public Hearing**

Seawall Lot 330 is subject to the Port's independent jurisdiction over its land use. (Ch.

1 1333, Stats. 1968, as amended (the "Burton Act"), § 12; San Francisco Charter, § B3.581; SB
2 815, § 1(j).) The Port's oversight of the lot, like all Port property, requires compliance with the
3 conditions and requirements of the state's grant of waterfront land to the Port, including all
4 applicable state laws, such as SB 815 and AB 418. (Burton Act, § 3.) These statutes restrict the
5 use of Port land for non-trust purposes, even on an interim basis. (SB 815, § 4; AB 418, §6.)
6 Both SB 815 and AB 418 require any lease of Port land to be for "fair market value," and
7 require the resulting revenue to be used for trust purposes. (SB 815, § 4(c); AB 418, § 6(d).)

8 SB 815 and AB 418 define "lease" as "a ground lease or space lease of real property,
9 license agreement **for use** of real property, temporary easement, right-of-way agreement,
10 development agreement, or any other agreement granting to any person any right to use,
11 occupy, **or improve real property** under the jurisdiction of the port." (SB 815, § 1(n).) SB
12 815 addressed the vast gap between the Port's resources and its capital needs. After finding
13 that the economic shortfall was due in part to the Port's "inability to make optimal use of the
14 designated seawall lots" SB 815 authorized the Port to lease certain property, including
15 Seawall Lot 330, for non-trust uses, subject to multiple conditions.

16 Prior to executing a non-trust lease, the Port must submit the proposed lease to the State
17 Land Use Commission (SLC) for consideration, along with supporting documentation
18 including documentation related to value. Thus, California law requires that the Port
19 Commission may authorize non-trust uses on Seawall Lot 330 only by specific review of an
20 enforceable, fully negotiated lease agreement for fair market value. (SB 815, § 4; AB 418, §
21 9(e)(1).) Similarly, the San Francisco Charter contemplates the transfer of real property
22 interests in Seawall Lot 330 shall be executed by a lease, franchise, permit, or license, all of
23 which are enforceable agreements. (San Francisco Charter, section B.581.) With regard to the
24 rental of Port owned real property, the Port's authority includes the exclusive ability and
25 obligation over leases and franchises granted or made by on Port land. (*Id.*)

26 Therefore, for the Port to lawfully lease the Lot for non-public trust use, the Port
27 Commission itself must approve a *lease* of Port land for fair market value at a public hearing.
28 The Commission cannot delegate its obligation to ensure fair market rental rates by approving
an MOU. By delegating its plenary authority to administer leases to its staff, the Commission

1 is unlawfully shirking its mandatory duty under the City Charter and the conditions of the
2 State's grant of the Lot to the City. Neither SB 815, AB 418, nor the San Francisco Charter,
3 authorizes the transfer of any real estate interest from the Port Commission to the City by
4 memorandum of understanding ("MOU"). The proposed MOU between the Port and the
5 Department of Homelessness and Supportive Housing ("the Department") is not a binding
6 agreement and is therefore legally insufficient to approve the transfer of a rental interest in
7 Seawall Lot 330 from the Port to the Department.

8 **B. Any Lease to the City for a Residential Shelter on Lot 330 Must be for Fair Market**
9 **Value Approved First by the Port Commission and Ultimately by the State Lands**
10 **Commission, Which Must Adopt Statutorily Required Findings Per AB 2797**

11 Assuming, *arguendo*, that the MOU is a lease under applicable law, the Port must obtain
12 approval from the State Lands Commission before it is executed. The MOU cannot obtain
13 approval from the State Lands Commission because the proposed rent does not reflect fair
14 market value. Specifically, the deficient MOU provides no supporting documentation of the
15 fair market value of the property or that the lease is "on terms consistent with prudent land
16 management practices as determined by the Port" (SB 815, § 4; AB 2797, § 7). It also fails to
17 address the impact of the Navigation Center on the Port's ongoing efforts to develop the
18 neighboring properties at Piers 28, 30, and 40, as would be needed for the SLC to determine
19 whether the lease is otherwise in the best interests of the state and consistent with the public
20 trust.

21 Seawall Lot 330 was once tide and submerged land under the San Francisco Bay.
22 California acquired title to tide and submerged lands within its borders when it became a state
23 in 1850. State ownership of these lands was "subject to the public trust," for commerce,
24 navigation, fisheries and other recognized uses. In the late 1870's, a new seawall was
25 constructed on the waterside of an existing seawall originally built along the San Francisco
26 waterfront, and the area between the two walls was filled. The filled land, which included
27 Seawall Lot 330, retained the title of tide and submerged lands owned by the State in its
28 sovereign capacity, subject to the public trust. In 1968, the City acquired title to Seawall Lot
330 when the Legislature passed the Burton Act, pursuant to which it granted to the City
sovereign lands within the City and County of San Francisco. (Stats. 1968, ch. 1333.) These

1 granted lands remained subject to the public trust and were also subject to the terms of a
2 statutory trust imposed by the Burton Act. (See Defend our Waterfront v. State Lands
3 Commission (2015) 240 Cal.App.4th 570, 576.)

4 In 2003, the State Lands Commission approved a land exchange that terminated the
5 public trust over an approximately half-acre section of Seawall Lot 330, for the construction of
6 the Watermark project. (See SLC Staff Report dated October 20, 2003, Minute Item No. C35.)
7 The public trust restrictions on the remainder of Seawall Lot 330 were loosened in 2007, when
8 Senate Bill 815 was enacted to allow the Port Commission to lease this Lot for non-trust
9 purposes, provided certain conditions are met. (SB 815, § 4.) In 2011, Assembly Bill 418 was
10 enacted to exempt Seawall Lot 330 from the public trust, the Burton Act and SB 815. But, that
11 exemption was specifically based on the proposed use of the Lot for the America's Cup. (AB
12 418, § 1(h), 1(k).) Similarly, AB 1273 was enacted in 2013 (Stats. 2013, c. 381.) to facilitate
13 the Lot's use by the Golden State Warriors and to extend the requirement that any transfer of
14 the Lot be subject to review for fair market value by the State Lands Commission.

15 Finally, the legislature adopted AB 2797 in 2016 (Stats. 2016, c. 529), expressly
16 imposing a requirement of State Lands Commission review and oversight of non-trust uses and
17 leases of the designated seawall lots, including Seawall Lot 330. Section 7(e) of this Bill
18 directly and unambiguously outlines the duties of the SLC and the required findings as follows:

19 (a) As used in this act, "nontrust lease" means a lease of all or any portion of
20 the designated seawall lots free from the use requirements established by the
21 public trust, the Burton Act trust, and the Burton Act transfer agreement....

22 ...

23 (e) A non-trust lease shall be for fair market value and on terms consistent
24 with prudent land management practices as determined by the port and
25 subject to approval by the commission as provided in paragraph (1)

26 ...

27 (1) Prior to executing a non-trust lease, the port shall submit the
28 proposed lease to the commission for its consideration, and the
commission shall grant its approval or disapproval in writing within 90
days of receipt of the lease and supporting documentation, including

documentation related to value. In approving a non-trust lease, the commission shall find that the lease meets all of the following:

(A) Is for fair market value.

(B) Is consistent with the terms of the public trust and the Burton Act trust, other than their restrictions on uses.

(C) Is otherwise in the best interest of the state.

(2) Whenever a non-trust lease is submitted to the commission for its consideration, the costs of any study or investigation undertaken by or at the request of the commission, including reasonable reimbursement for time incurred by commission staff in processing, investigating, and analyzing such submittal, shall be borne by the port; however, the port may seek payment or reimbursement for these costs from the proposed lessee.

The above criteria are not satisfied here, and the Port Commission is improperly proposing to approve the Project without submitting it to the State Lands Commission for review.

1. The Project must be reviewed by the State Lands Commission

Seawall Lot 330 is subject to AB 2797. The State Lands Commission ("SLC") must review and approve the proposed non-trust use of the Lot before the Port executes a lease. The Staff Report and supporting documentation contain no analysis of the Port's public trust obligations, including the requirement to submit any proposed lease of the Lot for non-trust purposes to the State Lands Commission. The Staff Report acknowledges that residential use of Port property is not typically allowed, but goes on to wrongly assert that the Project is an "acceptable interim use . . . because this segment of Seawall Lot 330 is not needed for public trust purposes and the Port will receive fair market value of the use. . ." This misstates the test under SB 815 and AB 2979. Having stated that public trust restrictions are attached to the Lot, the question for the Port is not whether the Lot is "needed" for public trust purposes, but whether the criteria in AB 2979, § 7(e) are satisfied.

There is no question that Seawall Lot 330 is subject to AB 2797, and therefore the SLC's oversight. Section 1(m) of this Bill defines "designated seawall lot" as "any of those parcels of real property situated in the city that are defined as designated seawall lots in Senate Bill 815

1 or Assembly Bill 2649.” Each of these Bills includes Seawall Lot 330 in its definition of
2 “designated seawall lot.” (SB 815, § 1(j); Stats. 2012, c. 757 (AB 2649), § 1(h).)

3 Prior to entering into a non-trust lease, AB 2797 provides that the Port “shall submit the
4 proposed lease to the commission for its consideration.” (AB 2797, § 7(e)(1).) Indeed, the
5 Port’s Director has noted that the State Lands Commission would need to approve a lease or
6 sale of this Lot. (“Informational Presentation on Potential Next Steps Regarding Piers 30-32
7 and Seawall Lot 330,” February 22, 2019, p. 19.) Yet the Staff Report and draft resolution of
8 the Project make no mention of this requirement, and it appears the Port intends to ignore it.

9 It may be that, in characterizing the transaction as an “MOU” rather than a “lease,” the
10 Port intends to circumvent SLC review. But as outlined above, there is no state law that
11 authorizes the grant of non-trust use rights to Port land via an MOU. If the City contends that
12 the MOU is functionally similar to a lease for the purposes of AB 2797, the Project must be
13 subject to all of its requirements, including review by the SLC, and the requirement that the
14 lease be for fair market value.

15 **2. The proposed rental rate does not reflect the fair market value of the Lot**

16 Port Staff concede the above legal constraint that any lease transaction for the Lot must
17 be for “fair market value” (“FMV”). As noted above, this and other findings are required by
18 AB 2797 enacted in 2016. (See Staff Report at pages 6-7.). The Staff Report and proposed
19 MOU state the rental rate will be \$0.79/square foot, or \$36,860.61/month. According to the
20 Staff Report, this is based on the Port’s Parameter Rent Schedule and the current parking
21 revenue for this part of the Lot.

22 This rental rate falls far short of the fair market value of the Property, and is insufficient
23 to justify the finding required by AB 2797. This is a uniquely valuable piece of land, due to its
24 location near the Bay Bridge, The Embarcadero, and the unobstructed Bay view. (Mansbach
25 Report, attached hereto as **Exhibit A**, at p. 6.) An expert appraisal has confirmed that the value
26 of this lot is in the vicinity of **\$95 million** (Mansbach Report, p. 4). The Port’s Parameter Rent
27 Schedule does not adjust rental rates based on a property’s location, which means that the
28 Port’s rental rates for more desirable locations –such as Lot 330 – do not realistically reflect

1 their fair market value. (Mansbach Report, p. 6.) The rental figure of \$0.79 per square foot “s
2 not indicative of the achievable market rent for the subject property.” (*Id.*) A fair market value
3 for the lease of the area to be occupied by the Project would be \$3,062,000 per annum.
4 (Mansbach Report, pp. 5-6.) Yet the Port proposes to lease the land to a City agency at a
5 fraction of this cost – around \$442,327 per annum.

6 Therefore, a vote in favor of the MOU by the Port Commission would violate its statutory
7 duty to obtain fair market rent for non-public trust uses of the Seawall lots, per AB 2797. And
8 any approval decision by the Port must be reviewed by the State Lands Commission, in
9 accordance with AB 2979.

10 **3. The Project and the proposed lease are inconsistent with the Port’s public trust**
11 **obligations**

12 A further, crucial requirement is that the non-trust use of the land must be “consistent
13 with the terms of the public trust and the Burton Act trust, other than their restrictions on uses.”
14 The Staff Report does not address this requirement and Proposed Resolution No. 19-16 is
15 devoid of any findings addressing this critical issue. In a similar context, the Court of Appeal
16 confirmed that impact of a non-trust use on trust resources must be analyzed. The Court held
17 that a non-trust use cannot be permitted when it would detrimentally affect trust resources.
18 (*Environmental Law Foundation v. State Water Resources Control Bd.* (2018) 26 Cal.App.5th
19 844, 859.) The Court of Appeal specifically found that “the determinative fact is the impact of
20 the activity on the public trust resource,” and that the public trust doctrine precluded non-trust
21 activities to the extent that they harmed trust resources. (*Id.*, at 860.)

22 Here, the Port is under an express duty to protect the public trust – including the
23 waterfront and its amenities – for all users. Allowing this Project will have a detrimental
24 impact on the adjacent public trust property, including the scenic Embarcadero walkway that is
25 heavily used by residents and tourists, just across the street from Lot 330.

26 The Project will also impact the value of surrounding Port property and have a
27 deleterious impact on the development potential of the Lot. Given the highly politicized nature
28 of this use, prospective purchasers and other possible users of the Lot will be afraid of the
fallout of displacing the occupants of the Project. (Mansbach Report, p. 2.) The result is a

1 blighted asset, directly flowing from the actions of this Commission.

2 In summary, approval of the Project would be a breach of this Commission's statutory
3 and other legal obligations under the public trust doctrine.

4 **C. The MOU Procedure Employed Here Violates State and Local Open Meeting Laws**

5 "The people of this State do not yield their sovereignty to the agencies which serve them. The
6 people, in delegating authority, do not give their public servants the right to decide what is
7 good for the people to know and what is not good for them to know. The people insist on
8 remaining informed so that they may retain control over the instruments they have created."

Gov't Code § 54950.

8 The Brown Act, California's Open Meeting Law, and the San Francisco Sunshine
9 Ordinance command that the people's business be conducted in the open, through public
10 hearings, allowing comment and input on the issues under consideration. The use of an MOU
11 to affirm after the fact, a secret, closed-door process to determine a critical legal and factual
12 question squarely violates these principles.

13 The Brown Act dictates that "[a]ll meetings of the legislative body of a local agency shall
14 be open and public, and all persons shall be permitted to attend any meeting of the legislative
15 body of a local agency." (§ 54953, subd. (a).) This Act is to be construed liberally in favor of
16 openness (San Diego Union v. City Council (1983) 146 Cal.App.3d 947, 955.) It is a violation
17 of the Brown Act for an agency to defer public decisions to a closed meeting. (Shapiro v. San
18 Diego City Council (2002) 96 Cal.App.4th 904.) Here, by delegating the ultimate decision
19 regarding the lease of Port land to a closed process, the Port and City have deprived the public
20 of the ability to meaningfully review and comment on this decision.

21 The entire process here echoes the comments of the Civil Grand Jury in relation to
22 previous projects proposed for this site. For example, its report on the Port of San Francisco the
23 Grand Jury noted the proposed Golden State Warriors arena complex had been a "notable
24 failure", and that there was "very little outreach to community members and neighborhood
25 groups that would have been be affected" as a result of the "attempted fast-tracking" of that
26 Project (at p. 6).

27 Compounding the closed door, secretive nature of the MOU procedure employed by the
28 Port, is the failure to produce records public records in response to requests by counsel and

1 other citizens. Over the past month, counsel and members of the public have made dozens of
2 requests for information related to the Project to multiple City agencies, including the Port,
3 Mayor's Office, HSH, and the Planning Department. Several of these requests remain
4 outstanding. And hundreds of documents relevant to the Project were withheld by the City
5 until the evening of April 19. This document dump, made after hours on the eve of a holiday
6 weekend just two business days before the Port Commission's public hearing, is a clear
7 violation of the Brown Act and SF Sunshine Ordinance – to ensure that official actions are
8 openly deliberated, and that members of the public are given the information necessary to
9 meaningfully participate in this process.

10 **D. Seawall Lot 330 is a Hazardous Site that is Unsuitable for the Project and Human**
11 **Habitation.**

12 The Project site is a former railyard and adjacent to a former gas station. Numerous soils
13 reports in the Port's files have identified significant contamination issues at the site.
14 (Declaration of Patrick Buscovich S.E, ¶3 (attached hereto as **Exhibit B.**) There is no evidence
15 that remediation work has occurred to prepare the site for residential occupancies, as required
16 by the Maher Ordinance. The Maher Ordinance (San Francisco Health Code, Art. 22A) was
17 enacted to set out a process for the investigation and remediation of hazardous substances in
18 soils at certain sites, including sites with historic bay fill. (Health Code, § 22A.1.2.)

19 Here, Seawall Lot 330 is within the Maher Ordinance zone, and the Project proposes to
20 convert the land from an industrial to a residential use. The documented toxic conditions at the
21 Lot include benzene levels that are elevated beyond the federal thresholds for residential use,
22 and unsafe lead and arsenic levels above the residential cancer risk. (AllWest Environmental,
23 "Environmental Site Assessment" dated April 19, 2019, ("AllWest Report") attached hereto as
24 **Exhibit C.**)

25 Moreover, in its administrative review for prior projects proposed at the Lot – including
26 development as part of a cruise terminal and the Warriors arena complex – the City has
27 required remediation to occur before any development occurs on the site. For example, the
28 environmental findings for the proposed cruise ship terminal found "hazardous wastes . . . are
present in the soil, and that site mitigation (remediation) would be required." (San Francisco

1 Planning Commission Motion No. 16625, adopted July 321, 213, Case No. 2000-1229E.) The
2 more recent Phase I report prepared by AllWest engineering identified a risk of “vapor
3 intrusion concern (VIC) from historical land use activities” due to benzene and naphthalene
4 concentrations. (AllWest Report, p. 2.)

5 The contamination and toxic soils issues are even more concerning when the temporary
6 nature of the structures proposed here is considered. Seawall Lot 330 is at a major risk of
7 liquefaction in the event of an earthquake given the soils conditions are mere fill on top of what
8 was once part of the Bay. Indeed, according to the Catex Determination, a Geotechnical
9 Memorandum prepared by DPW confirmed the property is “on a site subject to liquefaction.”
10 This means that when a major earthquake occurs in the Bay Area, toxic silt and water could
11 spout up and onto the site, putting all its occupants at substantial risk of bodily injury and toxic
12 exposure. (Buscovich Declaration, ¶ 4.)

13 The public agency applicant, Department of Public Works, submitted a Maher Ordinance
14 application in reliance on historic soils reports for the Lot. The Department of Public Health
15 required further boring and testing to occur at the site. As the AllWest Report notes, the “full
16 extent of the contamination issues, and the appropriate mitigation or remediation strategy,
17 cannot be determined until further evaluation is completed.” (AllWest Report, p. 2.)

18 Yet the Port Commission is proposing to approve this Project before the environmental
19 and health risks are even understood, let alone mitigated. In their haste to approve the Project,
20 the City and the Port Commission have not properly considered the potential health and safety
21 risks posed by the Project. The Port Commission should not approve a project that will
22 endanger its prospective users, not to mention the existing residents of the South Beach and
23 Rincon Hill neighborhoods.

24 **E. The Project is Not Categorically Exempt Under CEQA. Further CEQA Analysis is**
Required before the Change of Use can be Approved and the Shelter Built

25 The lease for and construction of a shelter proposal is a “Project” for the purposes of
26 CEQA because it will lead to a physical change in the environment, and there is no applicable
27 categorical exemption. For previous projects proposed at this site, a full EIR has been
28 prepared. This Project should be subjected to the same level of review, both to ensure the

1 safety of its residents, and that its environmental impacts are adequately analyzed.

2 At the very least, an Initial Study should be prepared, so that the public is afforded a
3 meaningful opportunity to comment on the proposed CEQA action. Here, the City is
4 attempting to rubberstamp this Project a mere six weeks after the Project was first notified.
5 And the exemption determination and MOU were made available only two business days
6 before the hearing at which it is proposed to be adopted. The entire process appears to have
7 been calculated to leave affected residents out of the loop.

8 **1. The Infill Categorical Exemption Does Not Apply**

9 The Planning Department has determined that the Project is categorically exempt as
10 "infill development." (CCR section 15332). In order to qualify for this categorical exemption,
11 all of the following criteria must be satisfied:

12 (a) The project is consistent with the applicable general plan designation and
13 all applicable general plan policies as well as with applicable zoning
14 designation and regulations.

15 (b) The proposed development occurs within city limits on a project site of no
16 more than five acres substantially surrounded by urban uses.

17 (c) The project site has no value as habitat for endangered, rare or threatened
18 species.

19 (d) Approval of the project would not result in any significant effects relating
20 to traffic, noise, air quality, or water quality.

21 (e) The site can be adequately served by all required utilities and public
22 services.

23 The CEQA Guidelines go on to note that this exemption is "intended to promote infill
24 development within urbanized areas." The Project is not consistent with this purpose, because
25 it is not permanent infill "development." According to the City, it is a temporary use, so that
26 the categorical exemption is inapt for the Project. The Project actually restricts long term in-
27 fill development by stigmatizing the site, diminishing the value of the Lot and increasing the
28 costs of any future permanent development.

Moreover, several of the criteria for this exemption are not satisfied. First, the Project is
not consistent with all applicable general plan designations, policies, and zoning regulations.

1 Here, the applicable policies and regulations must include SB 815 and AB 2979. These laws
2 provide that the lease of the site for nontrust uses must be reviewed by the State Lands
3 Commission. The Staff Report itself notes that “residential use of Port property is typically not
4 allowed” – this is an explicit acknowledgement that the Project is *not* consistent with applicable
5 plans and policies. The Catex Determination asserts that the Project is consistent, but provides
6 no evidence or analysis to support this conclusion.

7 To the contrary, the Project is inconsistent with the Waterfront Land Use Plan
8 (“WLUP”), which is the applicable general plan for Port property. The WLUP does not
9 authorize the construction of homeless shelters on Port property. Chapter 3 of the WLUP sets
10 out policies regarding governing interim uses of Port land. At page 74, the WLUP deals with
11 interim uses of Seawall Lots North of China Basin Channel (which includes Lot 330), noting
12 that the Port should “promote the productive use of vacant seawall lots on an interim basis” by:

13 Discouraging construction of any facilities which would tend to deter
14 redevelopment of seawall lots for permanent uses, but permit temporary
15 structures or structures which are easily removed . . . to promote uses and
activities which would enliven the area.

16 The Project is not consistent with this policy. If it is built, it will deter future
17 redevelopment of the site, and the development of adjacent sites (see Mansbach Report, p.2).
18 And the Project cannot be said to “enliven the area,” as contemplated by the WLUP.

19 Approval of the Project also has the potential to result in significant effects relating to
20 traffic, noise, air quality, and water quality. The hazardous materials onsite alone raise a
21 significant risk of water and air quality impacts. (Buscovich Declaration, ¶ 3-5). Such impacts
22 need to be properly analyzed to comply with CEQA.

23 Finally, there is no evidence the site can be adequately served by all required utilities and
24 public services. There is currently no water, electric, or gas service at the site (Buscovich
25 Declaration, ¶ 10.). And for the purposes of the Project, “public services” must include the
26 services required by the anticipated homeless residents. There is no evidence that the
27 availability of such services were considered. Unlike other Navigation Centers, the Project
28 proposed here is nowhere near homeless support services.

1 Accordingly, the Project fails to qualify for an infill development categorical exemption.
2 In any event the Class 32 Infill Development Exemption applies only to the *construction* of
3 such development – it does not extend to the operation of a facility that in itself may have
4 significant environmental impacts. Where, as here, the scope of a proposed Project is broader
5 than the scope of the categorical exemption relied on, a public agency cannot use that
6 exemption to circumvent the requirement to undertake an Initial Study. (Association for a
7 Cleaner Environment v. Yosemite Community College Dist. (2009) 116 Cal.App.4th 629,
8 640.) In this context, the Port cannot rely on the Infill Development exception to avoid CEQA
9 review of the entire Project, including the removal of hazardous waste (as will likely be
10 required here), and the operation of a Navigation Center.

11 **2. There Are Unusual Circumstances Giving Rise to Potentially Significant Impacts**

12 Even if the Infill exemption is applicable, no categorical exemption can apply where
13 “there is a reasonable possibility that the [Project] will have a significant effect on the
14 environment due to unusual circumstances.” (Pub. Res. Code section 15300.2(c).) Unusual
15 circumstances may arise where “the project has some feature that distinguishes it from others
16 in the exempt class, such as its size or location.” (Berkeley Hillside Preservation v. City of
17 Berkeley (2015) 60 Cal.4th 1086, 1105.)

18 Here, both the Project and its proposed site present numerous unusual circumstances.
19 First, a homeless shelter is not consistent with the ordinary understanding of infill
20 development, being the construction of permanent housing or commercial buildings to fill in
21 gaps in urban areas. And the Project is by far the largest Navigation Center ever proposed for
22 the City, so its size is unusual even compared to other centers. The largest existing Navigation
23 Center was built to accommodate 128 guests. The proposed Navigation Center has a planned
24 occupancy of 200 guests.

25 Its location is also unusual - previous centers have been built in less residential areas, but
26 this Project is proposed in a densely populated area, on a prime piece of waterfront land. The
27 Central Waterfront (Dogpatch) location referenced in the Staff Report is not an appropriate
28 comparator. It is located in a non-residential area on a dead-end street between an industrial
crane and rigging firm and a MUNI maintenance facility. The Embarcadero, as a major

1 commercial and tourist thoroughfare for the City, is an unusually sensitive site when it comes
2 to new development, and the surrounding neighborhood is one of the most densely populated
3 residential sections of the City.

4 The Project has the potential to cause the following significant environmental impacts, all
5 of which preclude the use of a categorical exemption.

6 **i. Urban Decay**

7 The impacts caused by the Project, which will concentrate hundreds of homeless
8 individuals on a single lot, are “physical impacts” under CEQA. These impacts may include an
9 increase in trash, abandoned property, discarded syringes, and crime in the surrounding
10 neighborhood. Such impacts are all elements of “urban decay,” which the Court of Appeal has
11 recognized as a physical impact for the purposes of CEQA (Placerville Historic Preservation
12 League v. Judicial Council of California (2017) 16 Cal.App.5th 187.) These impacts have not
13 been identified or analyzed at any point.

14 Importantly, the testimony of members of the public constitutes “substantial evidence” of
15 potential CEQA impacts. (Georgetown Preservation Society v. County of El Dorado (2018) 30
16 Cal.App.5th 358, 375: where “many commentators objected to the size and over-all appearance
17 of [a] proposed building,” it could not “seriously be disputed that this body of opinion meets
18 the low threshold needed to trigger an EIR. . .”) Here, the Port has received hundreds of
19 comments in writing and at hearings related to the Project, raising concerns about the potential
20 environmental impacts of the Project, including its aesthetic and urban decay impacts. This is
21 substantial evidence that overwhelmingly demands that further environmental review be
22 conducted.

23 **ii. Hazardous Substances**

24 As outlined above, the site has significant issues with toxic soils and groundwater. This
25 has the potential to adversely impact adjacent residents during construction of the Project, and
26 the residents of the Project itself. The Project proposes to install a 4-6” thick concrete slab.
27 However, a slab of this thickness is inadequate to protect the residents of the building from
28 toxic soils, and would not support the structure in a major seismic event. (Buscovich

1 Declaration, ¶ 7.) An 18-24" mat slab would be needed to support the structure and create an
2 impervious layer that will protect the occupants of the Project from toxic exposure (Buscovich
3 Declaration, ¶ 5)

4 Importantly, the Project description claims that only 43 cubic yards of soil will be
5 excavated – conveniently just below the 50 cubic foot threshold that would trigger further
6 CEQA review. But to excavate and install a concrete slab underneath the entire footprint of the
7 Project, the excavation required will be much more extensive than 50 cubic yards. (Buscovich
8 Declaration, ¶ 7-8.)

9 The Catex Determination also fails to consider the effects of removing the concrete
10 slabs at the end of the lease – the removal the concrete slabs will kick up the contaminated soil,
11 creating potential air and water quality impacts. (Buscovich Declaration, ¶ 9.) Heavy
12 machinery will be required to remove the slabs, which will create vibrations that could damage
13 nearby buildings, particularly given that the soil in this area is prone to liquefaction. (*Id.*) These
14 potential impacts are unusual and should be fully reviewed under CEQA.

15 **iii. Cumulative Impact**

16 CEQA provides that categorical exemptions are "inapplicable when the cumulative
17 impact of successive projects of the same type in the same place, over time is significant."
18 (Pub. Res. Code section 15300.2(b). Here, District Six already houses several navigation
19 centers and other homeless services. Adding yet another Center to this District creates a
20 significant cumulative impact, by concentrating multiple Centers – and all the attendant impacts
21 outlined above – in a small area of the City. This cumulative impact means that a categorical
22 exemption cannot be invoked here.

23 **III. CONCLUSION**

24 The Port Commission exists to ensure that land use decisions regarding Port property are
25 guided by considerations beneficial to the Public, not just those of those who wield power at a
26 given moment in time. The Port has allowed the political directives of the Mayor to constrain
27 public outreach and limit community involvement around a well-intentioned but ultimately
28 misguided and unrealistic proposal and timeline. Not surprisingly, after having been shut out of

1 the process, thousands of San Francisco residents oppose the Project. Yet, the Port Commission
2 races forward at break neck speed, notwithstanding the legal constraints imposed by California
3 law and the unquestionably legitimate concerns of affected residents and neighbors.

4 Opponents of the Project, such as Safe Embarcadero for All, have presented numerous
5 legal and factual arguments against the Project, including the undeniable environmental impacts
6 of establishing a "navigation center" on land that the Port knows is currently dangerous for
7 human habitation. These concerns in turn raise serious considerations about both the process
8 that has occurred to date and the substance of the Project. The Port is also completely ignoring
9 its obligation to submit the proposed lease to the State Lands Commission.

10 While the City and Port claim that the Project is temporary, the reality is that sheltering
11 200 persons on the Lot involves a long-term land use decision that will permanently and
12 irrevocably blight the Lot in direct contravention of the Port's primary mission and this
13 Commission's legal duty. Once a shelter is established on the site, the Lot's potential for
14 development will be irretrievably lost. Capable developers will never be willing to venture into
15 an entitlement process poisoned by the inescapable stigma of displacing hundreds of persons yet
16 again.

17 Finally, there is no rational way to justify approval of the MOU and the Project under the
18 public trust, the primary doctrine governing all activities at the Port. Without a plan to house
19 (or at a minimum transition) the newly sheltered residents to permanent housing, a lease
20 termination right is pure fiction. While it appears from their public comments that some
21 Commissioners have already embraced the use of the Lot as a shelter, those same
22 Commissioners should ask if they are prepared to call for the displacement of 200 future shelter
23 residents as required by law. If the answer to the question is no, the proposed MOU and the
24 Project must be disapproved.

25
26 Dated: April 22, 2019

ZACKS, FREEDMAN & PATTERSON, PC

27
28 By: Andrew M. Zacks

Attorneys for Objector Safe Embarcadero for All

EXHIBIT A

APPRAISAL OF:
SEAWALL LOT 330
SAN FRANCISCO, CALIFORNIA

Prepared For:
Andrew M. Zacks, Esq.
Zacks, Freedman & Patterson PC
235 Montgomery Street, Suite 400
San Francisco, CA 94104

Prepared By:
Mansbach Associates, Inc.
582 Market Street, Suite 217
San Francisco, CA 94104

Real Estate Consultation
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San Francisco
California 94104

Phone 415/288-4101
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April 22, 2019

Andrew M. Zacks, Esq.
Zacks, Freedman & Patterson PC
235 Montgomery Street, Suite 400
San Francisco, CA 94104

**Re: Seawall Lot 330
 San Francisco, CA**

Dear Mr. Zacks:

The appraisal presented herein concerns the property known by the Port of San Francisco as Seawall Lot 330. It is located along the inland side of The Embarcadero just south of the Bay Bridge. You have requested that I undertake a fair market value appraisal as a non-public trust use is being proposed for the subject property.

I. Appraisal Problem

Seawall Lot 330 historically served as back-up land for the maritime activities occurring at the Port of San Francisco, and particularly Pier 30-32. With the decline of commercial shipping at the Port, alternative uses have been proposed. An impediment to non-maritime use is the Public Trust Doctrine applied by the State Lands Commission. Uses that are generally not permitted are those that are not water-dependent or related, do not serve a state-wide purpose, or can be located on non-waterfront property. Examples include residential, non-maritime related retail, and offices.

State legislation was enacted to remove the public trust doctrine from Seawall Lot 330. As a result, a portion of the lot has been developed with a 22 story condominium project known as the Watermark.

The State legislation also states the while the Port may transfer land on Seawall 330 for non-trust purposes, the consideration received by the Port must be equal to or greater than the fair market value.

Andrew M. Zacks, Esq.
April 22, 2019
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A portion of Seawall Lot 330 is being proposed for use as a Navigation Center. While the proposed term of the Memorandum of Understanding (MOU) is 32 months, it may be extended for an additional 24 months.

Despite the time limits in the MOU, the market perception is that controversial uses can generate a “cause celebre” status for a site to the point where a temporary use effectively becomes a long-term if not permanent use. Local examples include the International Hotel property in San Francisco which required nearly 40 years before new construction could occur. Publicly owned sites can experience even longer time frames. The Peoples’ Park site in Berkeley has essentially been untouchable for close to 50 years.

For this reason, this appraisal addresses the fee simple interest in the subject property.

II. Subject Property

The subject property is located along The Embarcadero between Bryant and Beale Streets opposite Pier 30-32. It covers a site area of 101,330 square feet. It occupies all of Lot 02 of Assessor’s Block 3771, and a portion of Lot 02 of Assessor’s Block 3770. It is presently utilized as a surface parking lot.

The MOU area is stated as 46,659 square feet on Seawall Lot 330.

III. Zoning and Use

The zoning district for the subject property is the South Beach Downtown Residential Mixed Use District, or SB-TDR. Residential development is encouraged, and non-residential use is limited to one square foot for every six square feet of residential use. The 1997 Waterfront Land Use Plan of the Port of San Francisco allows a wider range of uses, including residential. The height limit ranges from 65 feet along The Embarcadero, stepping back to 105 feet.

The Port has prepared a detailed study of the development potential of the subject property, with these maximum conclusions:

Residential units: 315
Non-residential space: 40,000 square feet
Total building square footage: 413,400 square feet
Parking spaces: 325 spaces

The above development potential is considered to represent the highest and best use of the subject property.

IV. Methodology – Sales Comparison Approach

In the Sales Comparison Approach, the market value for the subject site is established by comparison to other similar properties which have recently sold. The table on the following page identifies sales of the properties considered to be relatively similar to the subject property. The prices paid for the comparables are shown on an absolute basis, on a price per square foot of site area basis, and on a price per planned dwelling unit basis. The latter is a frequently cited metric by purchasers of residential development sites. Unless otherwise noted, all transactions occurred on a cash or cash equivalent basis. Details of each sale were confirmed with parties familiar with the transactions.

V. Analysis of Comparables

Sales 1 through **4** pertain to site sales intended for residential development where the buyer obtained the development approvals; otherwise known as entitlements. Sites with entitlements sell for premium prices, reflecting the time, cost and risk of the approval process. The subject property lacks entitlements, so **Sales 1** through **4** match this condition. **Sale 5** will be separately addressed below.

On a price per square foot of site area basis, the range shown by **Sale 1** through **4** is relatively narrow; from just under \$700 per square foot (**Sale 2**) to just over \$900 per square foot (**Sale 3**). In the case of **Sale 3**, the buyer is expecting to construct a residential development but details, such as number of units, have yet to be determined.

The range of the comparable prices on a per unit basis is from \$192,222 to \$242,728. Density of development influences the per unit prices, with lower density of development associated with the higher per unit prices, and vice versa. An example is **Sale 2** with the lowest density. It has the lowest price per square foot and the highest price per unit.

Sale 5, 75 Howard Street, formerly contained an eight story parking garage. Construction is presently underway on a 19 story, 120 unit condominium development. The approval process started in 2011. In May 2017, an 80 percent interest in the property sold. Details could not be verified, but the price reported reflected a full value of \$110,000,000 for an entitled site. The property is similarly situated as the subject

Table 1

**COMPARABLE RESIDENTIAL SITE SALES
SAN FRANCISCO, CALIFORNIA**

<u>Ref</u>	<u>Address/ Block-Lot</u>	<u>Neighborhood</u>	<u>Sale Date</u>	<u>Site SF</u>	<u>Zoning / Height</u>	<u>Price</u>	<u>\$/SF</u>	<u>No. of Units</u>	<u>Units/ AC</u>	<u>\$/Unit</u>
1	901 Tennessee Street 4108-17	Dogpatch	Mar-16	10,000	UMU 40 ft.	\$8,500,000	\$850.00	40	174	\$212,500
2	950 Tennessee Street 4108-01B	Dogpatch	Jul-17	36,098	UMU 40 ft.	\$25,000,000	\$692.56	103	124	\$242,718
3	1815-1819 Market Street 3502-068	Upper Market	May-18	4,408	NCT-3 85	\$4,000,000	\$907.44	NA	NA	NA
4	1120 Valencia Street near 22nd Street	Mission	Oct-18	4,134	Valencia NCT 55 feet	\$3,460,000	\$836.96	18	190	\$192,222
5	75 Howard Street 3742-045	Downtown	May-17	20,928	C-3-O 200	\$110,000,000	\$5,256.12	120	250	\$916,667
	Subject	South Beach		101,330	SB-TDR 65-105			315	135	

Source: Mansbach Associates, Inc.

property, with both being on the inland side of The Embarcadero. The 200 foot height limit for **Sale 5** is a major advantage over the subject property, as well as it having entitlements at the time of sale.

VI. Valuation

Relative to **Sales 1** through **4**, the subject is a superior property. Its location on The Embarcadero will afford unobstructed Bay views from any future development project. The only potentially offsetting factor is the large size of the subject property in relation to the comparables. Market typically exhibit an inverse relationship between price per square or price per unit and site size.

The valuation parameters for the subject property are as follows:

\$1,000 per square foot x 101,330 square feet = \$101,330,000

\$300,000 per unit x 315 units = \$94,500,000

Due to the large size of the subject property, the value conclusion is closer to the lower, price per unit figure.

In conclusion, based on the research and analysis presented in this report and subject to the assumptions and limiting conditions contained herein, the market value conclusion of the fee simple interest in the subject property, as of April 22, 2019, is:

NINETY FIVE MILLION DOLLARS
(\$95,000,000)

Based on market data, the exposure time and marketing time are estimated at within twelve months

VII. Allocation to MOU Site Area

The above final value conclusion is equivalent to \$937.53 per square foot of site area.

This figure is applied to the MOU site area as follows:

\$937.53 per square foot x 46,659 square feet = \$43,745,000 (rounded)

VIII. Rental Analysis

The market rent determination for long term land leases is typically calculated by applying a percentage rate, known as the land rent percentage rate, to the fee value of a given property.

Land rent percentage rates would ideally be obtained from recent transactions in San Francisco. However, these transactions between private parties rarely occur in the San Francisco. Throughout the country, land lease transactions occur most frequently in only Hawaii and Manhattan, both of which are land constrained markets.

The land lease percentage rate is based primarily on expectations of the long-term inflation rate. The lessor is seeking to receive an income stream that will provide a rate of return to at least meet if not exceed the inflation rate. The lessor is in a position similar to the buyer of long-term bonds. During the periods of the 1970's and 80's, inflation expectations were high and land lease rates (and bond yields) were also correspondingly high. The percentage rate in ground leases was often 10 percent.

More recently, the inflation rate has declined and the return requirements on bonds and other investments have also declined, including land and other long-term lease percentage rates.

The appraiser is aware of several lease transactions on the Peninsula involving the leasing of land by Google in Mountain View. The land percentage rates vary between 6.0 percent and 7.0 percent.

The desirability of Seawall Lot 330 for development on a long-term lease basis would be expected to attract abundant demand from potential lessees. Market forces would be expected to drive the land percentage rate to the high end of the range, or 7.0 percent.

Applying the 7.0 land percentage rate results in the following annual market rental amounts:

SWL 330

\$95,000,000 @ 7.0 percent = \$6,650,000

Andrew M. Zacks, Esq.
April 22, 2019
Page 6

MOU Site Area

\$43,745,000 @ 7.0 percent = \$3,062,000

IX. Parameter Rent Schedule – Paved Land

The MOU reviewed by the appraiser states that the monthly rent for the MOU area will be equivalent to \$0.79 per square foot. It further states that this rental rate is consistent with the Port Commission approved FY 2017-18 Parameter Rent Schedule for paved land.

The appraiser has reviewed the FY 2017-18 Parameter Rent Schedule. In particular, the following sources are cited as the basis for Land Rent:

Port of San Francisco
Santa Cruz Harbor
Pillar Point Harbor
Spud Point Harbor
Morro Bay Harbor
Crescent City Harbor

None of these sources account for the superior locational characteristics of Seawall Lot 330 including its presence along The Embarcadero, unobstructed Bay view, and proximity to downtown San Francisco.

Therefore, the rental figure of \$0.79 per square foot monthly is not indicative of the achievable market rent for the subject property

I trust that my analysis is useful to you. If you have any questions or need any further assistance, please contact me. The reader is also referred to the Addenda, which contains items pertaining to Appraisal Institute requirements.

Sincerely,
Mansbach Associates, Inc



Lawrence L. Mansbach, MAI

ADDENDA

Definitions

Assumptions and Limiting Conditions

Certification

Qualifications

DEFINITIONS

PURPOSE OF THE APPRAISAL

The purpose of this appraisal is to provide the appraiser's best estimate of the current market value of the subject property.

INTENDED USER AND INTENDED USE OF REPORT

The intended user of this appraisal is the client, Andrew M. Zacks, Esq. This appraisal is intended for the exclusive use of the client to estimate the market value of the subject property. It is not intended for use for any other function.

EFFECTIVE DATE OF VALUE: April 22, 2019

DATE OF REPORT: April 22, 2019

SCOPE OF WORK

In preparing this appraisal, the appraiser

- inspected the existing premises;
- investigated the relevant market;
- gathered and analyzed comparable data,
- arrived at an opinion of value.

RESTRICTED APPRAISAL REPORT

This is a Restricted Appraisal Report which is intended to comply with the reporting requirements set forth under Standard Rule 2-2 of the Uniform Standards of Professional Appraisal Practice for a Restricted Appraisal Report.

INTEREST APPRAISED: Fee Simple Interest

DEFINITION OF MARKET VALUE

Market Value means the most probable price a property should bring in a competitive and open market under all conditions requisite to a fair sale, the buyer and seller each acting prudently and knowledgeably, and assuming the price is not affected by undue stimulus. Implicit in this definition are the consummation of a sale as of a specified date and the passing of title from seller to buyer under conditions whereby:

1. Buyer and seller are typically motivated.

2. Both parties are well informed or well advised, and acting in what they consider their own best interests.
3. A reasonable time is allowed for exposure in the open market.
4. Payment is made in terms of cash in U.S. dollars or in terms of financial arrangements comparable thereto.
5. The price represents the normal consideration for the property sold unaffected by special financing or creative financing or sales concessions granted by anyone associated with the sale.

(Source :Office of the Comptroller of the Currency under 12CFR, Part 34,Subpart C- Appraisals,34.42 Definitions [f].)

ASSUMPTIONS AND LIMITING CONDITIONS:

1. No responsibility is assumed for legal or title considerations. Title to the property is assumed to be good and marketable unless otherwise stated in this report.
2. The property is appraised free and clear of any or all liens and encumbrances unless otherwise stated in this report.
3. Responsible ownership and competent property management are assumed unless otherwise stated in this report.
4. The information furnished by others is believed to be reliable. However, no warranty is given for its accuracy.
5. All engineering is assumed to be correct. Any plot plans and illustrative material in this report are included only to assist the reader in visualizing the property.
6. It is assumed that there are no hidden or unapparent conditions of the property, subsoil, or structures that render it more or less valuable. No responsibility is assumed for such conditions or for arranging for engineering studies that may be required to discover them.
7. It is assumed that there is full compliance with all applicable federal, state, and local environmental regulations and laws unless otherwise stated in this report.
8. It is assumed that all applicable zoning and use regulations and restrictions have been complied with, unless a nonconformity has been stated, defined, and considered in this appraisal report.
9. It is assumed that all required licenses, certificates of occupancy or other legislative or administrative authority from any local, state, or national governmental or private entity or organization have been or can be obtained or renewed for any use on which the value estimates contained in this report are based.
10. Any sketch in this report may show approximate dimensions and is included to assist the reader in visualizing the property. Maps and exhibits found in this report are provided for reader reference purposes only. No guarantee as to accuracy is expressed or implied unless otherwise stated in this report. No survey has been made for the purpose of this report.
11. It is assumed that the utilization of the land and improvements is within the boundaries or property lines of the property described and that there is no encroachment or trespass unless otherwise stated in this report.

12. The appraiser is not qualified to detect hazardous waste and/or toxic materials. Any comment by the appraiser that might suggest the possibility of the presence of such substances should not be taken as confirmation of the presence of hazardous waste and/or toxic materials. Such determination would require investigation by a qualified expert in the field of environmental assessment. The presence of substances such as asbestos, urea-formaldehyde foam insulation, or other potentially hazardous materials may affect the value of the property. The appraiser's value estimate is predicated on the assumption that there is no such material on or in the property that would cause a loss in value unless otherwise stated in this report. No responsibility is assumed for any environmental conditions, or for any expertise or engineering knowledge required to discover them. The appraiser's descriptions and resulting comments are the result of the routine observations made during the appraisal process.
13. Unless otherwise stated in this report, the subject property is appraised without a specific compliance survey having been conducted to determine if the property is or is not in conformance with the requirements of the Americans with Disabilities Act. The presence of architectural and communications barriers that are structural in nature that would restrict access by disabled individuals may adversely affect the property's value, marketability, or utility.
14. The distribution, if any, of the total valuation in this report between land and improvements applies only under the stated program of utilization. The separate allocations for land and buildings must not be used in conjunction with any other appraisal and are invalid if so used.
15. Possession of this report, or a copy thereof, does not carry with it the right of publication. It may not be used for any purpose by any person other than the party to whom it is addressed without the written consent of the appraiser, and in any event, only with proper written qualification and only in its entirety.
16. Neither all nor any part of the contents of this report (especially any conclusions as to value, the identity of the appraiser, or the firm with which the appraiser is connected) shall be disseminated to the public through advertising, public relations, news sales, or other media without prior written consent and approval of the appraiser.

CERTIFICATION:

I certify that, to the best of my knowledge and belief:

1. The statements of fact contained in this report are true and correct.
2. The reported analyses, opinions, and conclusions are limited only by the reported assumptions and limiting conditions, and are my personal, unbiased professional analyses, opinions, and conclusions.
3. I have no present or prospective interest in the property that is the subject of this report and I have no personal interest or bias with respect to the parties involved.
4. My compensation is not contingent upon the reporting of a predetermined value or direction in value that favors the cause of the client, the amount of the value estimate, the attainment of a stipulated result, or the occurrence of a subsequent event.
5. This appraisal was not based on a requested minimum valuation, a specific valuation, or the approval of a loan.
6. My analyses, opinions, and conclusions were developed, and this report has been prepared in conformity with the Uniform Standards of Professional Appraisal Practice.
7. I have made a personal inspection of the property that is the subject of this report.
8. No one provided significant professional assistance to the person signing this report.
9. The reported analyses, opinions, and conclusions were developed, and this report has been prepared, in conformity with the requirements of the Code of Professional Ethics of the Appraisal Institute.
10. The use of this report is subject to the requirements of the Appraisal Institute relating to review by its duly authorized representatives.
11. As of the date of this report, Lawrence Mansbach has completed the requirements of the continuing education program of the Appraisal Institute.
12. I have not provided professional services regarding the subject property in the past three years.



Lawrence L. Mansbach, MAI
SCREA #AG004175

QUALIFICATIONS OF LAWRENCE L. MANSBACH, MAI

Lawrence L. Mansbach is an independent real estate appraiser and consultant and president of the firm of Mansbach Associates, Inc. Following is a brief resume of his background and experience:

EXPERIENCE

MANSBACH ASSOCIATES, INC.
President

San Francisco, CA

Mr. Mansbach is president of Mansbach Associates, Inc., a San Francisco-based real estate consultation, market research and valuation firm.

Mr. Mansbach has over 30 years of experience in the real estate consulting and appraisal field. His current focus is on arbitration and litigation support including expert witness testimony. He also provides a wide range of valuation services for purchase and sale activities, lending decisions, tax matters, and public sector functions.

Property types appraised include office, retail, apartment, industrial/R&D, hotel, condominium, vacant land and high end single family residences.

EDUCATION

1980-1982	University of California – Haas School of Business Master of Business Administration. Concentration in real estate and finance.	Berkeley, CA
1974-1976	University of Washington Master of Arts	Seattle, WA
1970-1974	University of California Bachelor of Arts – Highest Honors	Berkeley, CA

PROFESSIONAL

Member of the Appraisal Institute (MAI)
State of California- Certified General Real Estate Appraiser
California Real Estate Broker
California State Board of Equalization – Appraiser For Property Tax Purposes

EXPERT TESTIMONY

Qualified as an Expert in Superior Court – San Francisco, Santa Clara, Alameda, Contra Costa, Marin, and Napa.
United States Tax Court.
American Arbitration Association, JAMS, ADR Services.

CAREER HIGHLIGHTS

Recent accomplishments include:

- Arbitrated 400,000 square foot office lease transaction
- Arbitrated telecommunications lease in Contra Costa County
- Arbitrated ground lease for highest volume store of national supermarket chain
- Served as a consultant on largest private school tax-exempt Bond issues in San Francisco.
- Served as the consultant to the estate of Dean Martin for estate tax purposes.
- Represented client on property tax appeal of Bank of America World Headquarters.
- Served as appraiser on tax-exempt bond issue for Mission Bay development in San Francisco.
- Served as appraiser and consultant for expansion of the San Francisco State University campus
- Appraised General Dynamics campus in Mountain View
- Appraised Hunters Point Shipyard
- Appraised portions of Golden Gate National Recreation Area

Mr. Mansbach began his career as an analyst with the planning consulting firm of John M. Sanger and Associates in San Francisco. From 1977 to 1980, he was an economic development planner with the San Francisco Department of City Planning. He was the principal author of the Central Waterfront Plan which was an early precursor to the Mission Bay development. During the 1980's, Mr. Mansbach worked at the real estate appraisal and consulting firm of Mills-Carneghi, Inc., eventually becoming a partner.

Mr. Mansbach established his own firm, Mansbach Associates, Inc. in downtown San Francisco in 1990. He has worked with a variety of clients on valuation and consulting matters concerning property types ranging from vacant land to high rise office buildings. Mr. Mansbach also was associated with GMAC Commercial Mortgage Corp. in the late 1990's where he worked on the design of a technology/data base driven commercial appraisal product.

Mr. Mansbach has been a guest lecturer at classes at the University of California, Berkeley and Golden Gate University in San Francisco. He has been quoted on real estate matters in the San Francisco Chronicle and Examiner, and has published in the Northern California Real Estate Journal. He was also interviewed on KCBS radio. Speaking engagements include the Annual Conference of the Northern California Chapter of the Appraisal Institute, the Society of Municipal Analysts, and the Tax Section of the California State Bar. Mr. Mansbach has addressed various municipal government bodies in the Bay Area as well as the Moody's and Standard and Poor's rating agencies. He also served as the chair of the Experience Review Committee for the local chapter of the Appraisal Institute.

Mr. Mansbach is active in local community matters, particularly in school financing mechanisms. He devised a parcel tax strategy which generated a nearly \$3,000,000 windfall for a Bay Area school district.

EXHIBIT B

1 I, Patrick Buscovich, declare as follows:

2 1. I am a licensed civil and structural engineer, practicing for more than 40 years in
3 San Francisco, California. I make this declaration in support of the above-captioned appeal.
4 Unless otherwise stated, I have personal knowledge of the facts stated herein and, if called as a
5 witness, could and would testify competently thereto.

6 2. I have reviewed the city records for Seawall Lot 330 (the "Lot"), including past
7 soils reports, and visited the site. I have reviewed documents related to the proposed Navigation
8 Center at the Property (the "Project"), including the Project application, the categorical
9 exemption determination, and the geotechnical memorandum from DPW.

10 3. Numerous soils reports in the Port's files have identified significant
11 contamination issues at the site. It appears that hazardous materials are present in the soil and
12 groundwater, as a result of industrial activities on the site. These materials include lead,
13 benzenes, and other toxic substances. It is crucial that the Project is designed, and mitigation
14 measures imposed, to ensure both the safety of adjacent residents during construction, and the
15 safety of future occupants of the site.

16 4. The DPW Geotechnical memorandum (attached as **Exhibit 1**) for the Lot
17 acknowledges that "the fill below the groundwater table is highly susceptible to liquefaction."
18 The high potential for liquefaction which means that when a major earthquake occurs in the Bay
19 Area, the soil will liquefy underneath the structure and destabilize it. Toxic silt and water could
20 also spout up and onto the site, putting all its occupants at substantial risk of bodily injury and
21 toxic exposure.

22 5. The DPW memorandum states the Department understands that the Project will
23 be "supported on a concrete mat footing." Putting in a mat slab would be the right decision for a
24 liquefaction site with toxics in the ground. But it would be important to build a slab that's thick
25 enough to support the structure and create an impervious layer that will prevent the occupants
26 from toxic exposure. An 18-24" mat slab would likely be necessary to achieve this.
27 Alternatively, it would be possible to cap the contaminated soil with 12" of clean fill and use a
28 12" slab.

6. However, the Project proposes to install a concrete slab that is only 4-6" thick. This is not a "mat slab." A slab of this thickness is a "rat slab" or a "mud slab" – all it does is separate the rebar of the structure from the soil, and protect against the intrusion of mud during construction. A 4-6" slab is inadequate to protect the residents of the building from toxic soils, and would not support the structure in a major seismic event.

7. Further, the Project description claims that only 43 cubic yards of soil will be excavated – less than the 50 cubic yard threshold that would require further CEQA review. But based on the footprint of the Project (17,350 square feet, according to the Categorical Exemption Determination), the excavation required to install a concrete slab will involve the removal of far more than 50 cubic yards of fill.

8. The Project application also indicates that the footings of the slabs will be excavated to four feet. When combined with the excavation that will be required to install the concrete slab, the Project will very likely involve more than 50 cubic yards of excavation.

9. The Project documents also fail to address what happens at the end of the lease. The removal of the concrete slabs has the potential to kick up the contaminated soil, creating air and water quality impacts. Heavy machinery will be required to remove the slabs, which will create vibrations that could damage nearby buildings, particularly given the liquefiable soil in this area.

10. Finally, I note there is currently no water, electric, or gas services at the site that are compatible with a Navigation Center. These will all need to be installed for the Project to be built.

11. Attached hereto as **Exhibit 2** is a true and correct copy of my curriculum vitae. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this was executed on April 22, 2019.


Patrick Buscovich

EXHIBIT 1

6686



London N. Breed
Mayor

Mohammed Nuru
Director

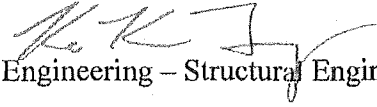
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GEOTECHNICAL MEMORANDUM

TO: Rachel Alonso
Project Manager
SFPW - Bureau of Architect

FROM: Kit Tung, P.E. 
SFPW Bureau of Engineering – Structural Engineering Section

DATE: April 2, 2019

SUBJECT: SeaWall Lot 330 – Navigation Center Foundation Discussion

We understand that a Navigation Center is proposed to be constructed at SeaWall Lot 330. The triangular lot is bounded by the Embarcadero at the east, Bryant street at the northwest and Beale Street at the southwest. The project site is now used as a parking lot, and was a cargo rail terminus as shown in 1938 aerial photos.

The site is founded on artificial fill with thickness ranging from 20 to 40 feet, and generally heterogeneous granular fill with varying amount of silt, clay, gravel bricks, and debris. The artificial fill is underlain by approximately 10 to 20 feet of soft and compressible Young Bay Mud. Young Bay Mud is underlain by sedimentary deposit consisting of sand and clay. Franciscan bedrock is about 50 feet below grade at the corner of Bryant Street and Beale Street to about 150 feet at the Embarcadero.

Groundwater could be as shallow as 3 feet below ground surface. However, fluctuations in groundwater levels should be expected during seasonal changes or over a period of years because of precipitation changes, perched zones, tidal influence, and changes in drainage patterns.

The artificial fill below the groundwater table is highly susceptible to liquefaction during a major earthquake as indicated by the Seismic Hazard Zone Map prepared by the California Division of Mines and Geology (CDMG). Liquefaction is a phenomenon in which saturated, cohesionless soil experiences a temporary loss of strength due to the buildup of excess pore water pressure during cyclic loading. Liquefaction-induced lateral spreading may occur due to close proximity from shoreline.

GHD-GTC Joint Venture prepared the Seawall Vulnerability Study of the Northern Seawall for Port of San Francisco in 2016. At SeaWall Lot 330, the lateral spread displacement from a magnitude 8.0 San Andreas (median) seismic event is expected to range from 0 to 5 inches and the total vertical displacement is about 1 to 5 inches. This estimated vertical displacement corresponded well with an earlier 1992 liquefaction study at Embarcadero Waterfront prepared by Harding Lawson

Associates, which estimate the project site to experience liquefaction-induced settlements on the order of about 1 to 6 inches.

It is our understanding that the Navigation Center will be supported on a concrete mat foundation. The estimated lateral spreading horizontal ground displacement is lower than the 18 inches upper limit for shallow foundation with Risk Category II (ASCE 7-16, Table 12.13-2). Therefore, it is feasible to mitigate liquefaction and lateral spreading if the mat foundation is designed to accommodate differential settlement caused by liquefaction. The differential settlement threshold is $0.015L$ for single-story structures (other than concrete and masonry wall system) with Risk Category II (ASCE 7-16, Table 12.13-3).

The Young Bay Mud has completed consolidation settlement under the existing fill placed over 80 years ago. In addition, the Young Bay Mud could be over-consolidated due to heavy cargo trains parked on the site. Therefore, the consolidation settlement is expected to be small for the lightly loaded Navigation Center (approximately 200 psf) founded on compacted structural fill.

No field investigation was performed for this memorandum. The geotechnical discussions made in this memorandum are based on the assumption that the soil and groundwater conditions do not deviate appreciably from those presented in geologic maps and relevant geotechnical studies.

EXHIBIT 2

Patrick Buscovich & Associates

Structural Engineers, Inc.

235 MONTGOMERY STREET, SUITE 823, SAN FRANCISCO, CALIFORNIA 94104-3105 • TEL: (415) 788-2708 FAX: (415) 788-8653

Patrick Buscovich S.E. Oracle

Education: University of California, Berkeley ~ Bachelor Science, Civil Engineering 1978
~ Master Science, Structural Engineering 1979

Organizational: State of California; Building Standards Commission
Commissioner 2000 – 2002
City & County of San Francisco; Department of Building Inspection (DBI)
Commissioner/Vice President 1995 – 1996
UMB Appeal Board 2005-2006.
Code Advisory Committee 1990-1992
Chair of Section 104 Sub-Committee.
Structural Engineers Association of Northern California (SEAONC)
President 1997 – 1998
Vice President 1996 – 1997
Board of Directors 1994 – 1999
College of Fellows
Edwin Zacher Award 1999
Structural Engineers Association of California (SEAOC)
Board of Directors 1996 – 2000
Applied Technology Council (ATC)
President 2007 – 2008
Board of Directors 2000 – 2009

License: California, Civil Engineer C32863, 1981
Structural Engineer S2708, 1985

Experience: *Patrick Buscovich and Associates, Structural Engineer – Senior Principal (1990 to Present)*
Specializing in existing buildings, seismic strengthening, rehabilitation design, building code/permit consultation/peer review, expert witness/forensic engineering

- Expert Witness/Forensic Engineering/Collapse & Failure Analysis
- Commercial Tenant Improvement.
- Seismic Retrofit Consultation.
- Peer Review/Building Code Consulting.
- Permit Consultant in San Francisco (DBI, DCP, SFFD & BSUM).
- Member of the following SEAONC/DBI Ad-Hoc Committees:
Committee to revise San Francisco Building Code Section 104F/3304.6.
Committee to draft San Francisco UMB ordinance.
1993 Committee to revise the San Francisco UMB ordinance.
Blue-Ribbon panel to revise earthquake damage trigger, 1998
Secretary, Blue Ribbon Panel on seismic amendments to the 1998 SFBC.
Secretary, Blue Ribbon Panel Advising San Francisco Building Department on CAPSS.
- Co-Author of the following SF DBI Code Sections.
EQ damage trigger
- Coordinator for San Francisco UMB Seminars 1992, 1993 & 1994. SEAONC.
- Seminar on San Francisco UMB Code 1850 to Present. SEAONC.
- Member San Francisco UMB Bond Advisory Committee.
- Speaker at numerous San Francisco Building Department Building Inspection Seminar on UMB, 1993.
- Speaker at numerous code workshops for the San Francisco Department Building Inspection.
- Co-author of 1990 San Francisco UMB Appeals Board Legislation.
- Co-author of San Francisco Building Code Earthquake Damage Trigger for Seismic Upgrade, Committee Rewrite 2008.
- As a San Francisco Building Commissioner, directed formulation of Building Occupancy Resumption Plan (BORP)
- Chaired the 1995 update on the San Francisco Housing Code.
- Directed formulation of UMB tenant protection program
- Consultant to the City of San Francisco for evaluation of buildings damaged in the Loma Prieta October 17, 1989 earthquake to assist the Bureau of Building Inspection regarding shoring or demolition of "Red-Tagged" structures.
- Consultant to San Francisco Department of Building Inspection on the Edgehill Land Slide.
- Consultant to numerous private clients to evaluate damage to their buildings from the October 17, 1989 earthquake.
- Project Administrator for multi-team seismic investigation of San Francisco City-owned Buildings per Proposition A, 1989 (\$350 million bond).
- Project Manager for seismic strengthening of the Marin Civic Center.
- Structural engineer for Orpheum Theater, Curran Theater and Golden Gate Theater.
- Consultant on numerous downtown SF High Rise Buildings.
- Rehabilitation & seismic strengthening design for 1000's of privately owned buildings in San Francisco.
- Structure Rehabilitation of Historic Building.
- Structural consultant for 1000's single family house alteration in San Francisco

Previous Employment

- Previous Employment 1979-1980 PMB, Senior Designer
1980-1990 SOHA, Associate

Public Service: Association of Bay Area Government – Advisory Panels
Holy Family Day Home – Board of Director
Community Action Plan for Seismic Safety (CAPPS) advisory panel.

EXHIBIT C

AllWest Environmental

ENVIRONMENTAL SITE ASSESSMENT

Seawall Lot 330, San Francisco, CA 94105



PREPARED FOR:

Zacks, Freeman & Patterson, PC
235 Montgomery Street, Suite 400
San Francisco, CA 94104

ALLWEST PROJECT 19050.20
April 19, 2019

PREPARED BY:

Klaudia Barberi, PG
Project Manager

REVIEWED BY:

Marc B. Cunningham
USEPA Environmental Professional
President



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ENVIRONMENTAL SITE ASSESSMENT

Seawall Lot 330, San Francisco, CA 94105

I. EXECUTIVE SUMMARY

AllWest has completed an environmental site assessment of the real property referenced above. This assessment was performed in accordance with the scope and limitations of 40 CFR Part 312 Standards and Practices for All Appropriate Inquiry; Final Rule and ASTM E 1527-13 Standard Practice for Environmental Site Assessments (ESA): Phase I Environmental Site Assessment Process for the subject property. Any data gaps, exceptions to or deletions from these practices are described in Section III of this report. AllWest conducted a site visit of the subject property on April 17, 2019.

This executive summary is provided solely for the purpose of overview. Any party who relies on this report must read the full report. The executive summary may omit details, any one of which could be crucial to the proper understanding and risk assessment of the subject matter.

The subject property is referred to as Seawall Lot 330. It is located in the South of Market (SOMA) neighborhood in the City of San Francisco, San Francisco County, California. There is no address associated with the subject property parcels. However, the parking lot currently operating on the subject property is addressed as 1 Bryant St.

The subject property is sited on two irregularly shaped lots, which together form a sawtooth shape. The two parcels are approximately 2.3 acres (101,000 square feet) in combined area. The property has approximately 600 feet of street frontage along The Embarcadero, which adjoins to the east. Beale St. adjoins to the southwest, with approximately 330 feet of street frontage. Bryant St. wraps around the subject property to the north and northwest, with approximately 320 feet of street frontage. The southern end of Main St., which extends toward the northwest, terminates at Bryant St. on the northwest side of the property.

The property is a paved public parking lot operated by Impark. Other than a small parking attendant booth of wooden construction and a portable toilet, there are no structures on the subject property.

Subject property elevation is approximately 5 feet above mean sea level (msl). The subject property and the vicinity slope towards the east. Groundwater is approximately 7.5 to 9.5 feet below ground surface (bgs). Based on the topographic slope and location of the San Francisco Bay, the groundwater flow direction beneath the property and vicinity is expected to be northeast to southeast.

AllWest assessed the site's land use history by reviewing Sanborn maps, aerial photographs, city directories, topographic maps, and other relevant documents. Our review indicates it was partly located beneath San Francisco Bay, before the area was filled, and partly in an industrial area used for cargo shipping and warehousing operations, specifically coal, as early as 1887. The area was filled by 1912 to accommodate The Embarcadero and the associated Belt Railroad, later renamed to the Beltline Railroad. The subject property was used as a railroad car depot/storage from at least 1931 until the early 1980s. By 1993, the site was paved over and used as a surface parking lot. Main St., which extended between the two parcels towards The Embarcadero, was no longer present on the property by 1993.

The subject property is located in the Maher Zone enforcement area. Under the Maher ordinance (SF Health Code 22A, SF Bldg Code article 106A.3.4.2), oversight by the San Francisco Department of Public Health (SFPDH) is required for the characterization and mitigation of hazardous substances in soil and groundwater, if more than 50 cubic yards of soil are to be removed during redevelopment. Contaminant sources in the Maher Zone include filling of the historical San Francisco Bay shoreline, past industrial use and the use of debris from the 1906 earthquake in fill materials.

In 2001, Subsurface Consultants Inc. (SCI) completed a soil and groundwater quality investigation on the site as part of the Maher ordinance application for the

adjoining condominium development at 501 Beale St. Five borings were drilled, including four (E-1, E-2, E-3 and E-5) on the subject property.

The borings were drilled to depths ranging from 21.5 to 31.5 feet bgs. Two discrete soil samples were collected from each boring at depths of 1 foot bgs and 5.5 or 6 feet bgs. Composite soil samples were created by combining two or three samples of fill material collected from 10.5 to 21 feet bgs in the same boring. Soil samples were analyzed for total petroleum hydrocarbons (TPH) as gasoline, TPH as diesel and TPH as motor oil, volatile organic compounds (VOC), semi-VOCs (SVOC), metals, chlorinated pesticides, polychlorinated biphenyls (PCBs) and asbestos. Chlorinated pesticides, PCBs and asbestos were not detected in soil.

Fill materials beneath the property contained elevated levels of TPH as motor oil (up to 520 milligrams/kilogram [mg/kg]), exceeding the Tier 1 Environmental Screening Level (ESL) of 100 mg/kg at all drilling locations. Phenanthrene, the only SVOC detected, exceeded the Tier 1 ESL in one deeper soil sample (13 mg/kg). The soils also contained elevated levels of lead (up to 400 mg/kg) above the residential cancer risk ESL of 82 mg/kg, and soluble lead (up to 45 milligrams per liter [mg/L]), above the soluble threshold limit concentration (STLC) of 5 mg/L. One soil sample also had an elevated concentration of arsenic (4.6 mg/kg), above the arsenic residential cancer risk ESL of 0.067 mg/kg.

Grab groundwater samples also were collected from each boring and analyzed for TPH as gasoline, TPH as diesel, TPH as motor oil, VOCs and SVOCs. SVOCs were not detected in groundwater.

Groundwater samples were found impacted with TPH, namely TPH as diesel (up to 200,000 micrograms/liter [ug/L]) and TPH as motor oil (up to 290,000 ug/L), exceeding the Tier 1 ESL of 100 ug/L for both constituents. Benzene and naphthalene exceeded the cancer risk vapor intrusion ESL for residential use in one groundwater sample. We note, however, the laboratory detection limits exceeded the current applicable ESLs in the remaining groundwater samples; therefore, the 2001 data is invalid for these constituents.

To identify the site's potential inclusion on environmental databases and evaluate off-site environmental concerns, AllWest reviewed a site-specific radius report provided by Environmental Data Resources, Inc. (EDR). The radius report searched agency lists and databases for recorded sites within the industry standard search radii. EDR also searches selected national collections of business directories. These databases fall within a category of information

EDR classifies as "High Risk Historical Records" (HRHR).

The subject property was not identified on any environmental databases. EDR's agency database search did not identify current, historical or surrounding land use conditions that appear likely to significantly impact subject property soil, soil vapor or groundwater resources.

II. CONCLUSIONS AND RECOMMENDATIONS

AllWest has conducted a Phase I Environmental Assessment for the subject property in general accordance with 40 CFR Part 312 Standards and Practices for All Appropriate Inquiry; Final Rule and ASTM E 1527-13 Standard Practice for Environmental Site Assessments: Phase I Environmental Site Assessment Process.

AllWest has identified a Recognized Environmental Condition (REC) stemming from the documentation of contaminants identified at concentrations exceeding ESLs in both soil and groundwater during a 2001 investigation on the subject property. The full extent of the contamination issues, and the appropriate mitigation or remediation strategy, cannot be determined until further evaluation is completed.

Since the entire property is paved, the presence of the documented contaminants does not pose a direct exposure risk for the current subject property use and occupants.

Under Maher regulation, any site redevelopment or renovation activities disturbing more than 50 cubic yards of soil will trigger a mandatory subsurface investigation at the subject property. Investigation data must be submitted for evaluation by the SFDPH Local Oversight Program (LOP) to determine the need for remediation and/or development of a Soils Management Plan (SMP).

Should the subject property be redeveloped and/or otherwise converted to residential use, the potential for a vapor intrusion concern (VIC) from historical land use activities is considered moderately low due to benzene and naphthalene concentration exceeding the cancer risk vapor intrusion human health risk level in a residential use scenario in at least one groundwater sample collected during the 2001 investigation.

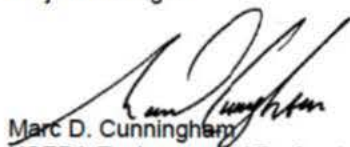
III. ENVIRONMENTAL PROFESSIONALS' DECLARATION

We declare that, to the best of our professional knowledge and belief, we meet the definition of Environmental Professional as defined in 40 CFR 312.10. We have the specific qualifications based on education, training and experience to assess a property of the nature, history, and setting of the subject property.

We have developed and performed the all appropriate inquiries in conformance with the standards and practices set forth in 40 CFR Part 312.



Klaudia Barberi, PG
Project Manager



Marc D. Cunningham
USEPA Environmental Professional

IV. SCOPE OF WORK AND LIMITATIONS

This Phase I ESA was prepared in accordance with AllWest's April 2019 proposal for the Seawall Lot 330 in San Francisco, California. This assessment was performed in general accordance with industry standard 40 CFR Part 312, except as set forth in the proposal. The work conducted by AllWest is limited to the services agreed to with Zacks, Freeman & Patterson, PC. No other services beyond those explicitly stated should be inferred or are implied.

The objective of this ESA was to evaluate the subject property for conditions indicative of a release or threatened release of hazardous substances on, at, in or to the property. AllWest's professional services were performed using that degree of care and skill ordinarily exercised, under similar circumstances, by reputable environmental consultants practicing in the location of the subject site at the time of our investigation. This warranty is in lieu of all other warranties, expressed or implied.

Our professional judgment regarding the potential for environmental impacts is based on limited data and

our investigation was not intended to be a definitive investigation of contamination at the site. Unless specifically set forth in our proposal, the scope of work did not include groundwater or soil sampling, or other subsurface investigations, a strict compliance audit of the site, or a review of the procedures for hazardous material use, waste storage or handling prior to disposal, or for personnel safety and health training and monitoring procedures, analyses of radon, formaldehyde, lead paint, asbestos and other hazardous materials or indoor air quality, occupational health and safety or wetlands surveys.

The purpose of conducting a Phase I ESA is to assess the subject property for conditions indicative of releases or threatened releases of hazardous substances on, at, in or to the property resulting from its current, historical and surrounding land use activities. As noted in 40 CFR Part 312, Environmental Assessments are purely qualitative with conclusions drawn from a multitude of sources as evaluated by the environmental professional using professional judgment. Since soil and groundwater data are typically not generated during assessment activities, report conclusions such as "the site is clean" or alternatively "the site is contaminated" cannot be provided.

Recognizing the limitations of the Phase I ESA methodology, AllWest assesses the potential for site contamination using a four-tier probability scale designated as:

Very Low: 1–5% chance of discovering contamination at the site which would result in regulatory mandated remedial investigation and clean-up;

Low: 10% chance of discovering contamination at the site which would result in regulatory mandated remedial investigation and clean-up;

Moderately Low: 20–30% chance of discovering contamination at the site which would result in regulatory mandated remedial investigation and clean-up; and

Moderate: greater than 30% chance of discovering contamination at the site which would result in regulatory mandated remedial investigation and clean-up.

As defined above, these terms are used throughout the report.

Entities relying on the report should realize that uncertainty of site environmental conditions can be further reduced via soil and groundwater sampling. While this option certainly costs additional monies and extends the assessment's time frame, it also

quantitatively documents site conditions, which can facilitate future disposition or refinance activities.

Regarding any subsurface investigation, sampling undertaken or subsurface reports reviewed, our opinions are limited to only specific areas and analytes evaluated and AllWest is not accountable for analyte quantities falling below recognized standard detection limits for the laboratory method utilized. AllWest does not warrant or guarantee the subject property suitable for any particular purpose, or certify the subject site as clean or free on contamination. As with any assessment, it is possible that past or existing contamination remains undiscovered.

The professional opinions set forth in this report are based solely upon and limited to AllWest's visual observations of the site and the immediate site vicinity, and upon AllWest's interpretations of the readily available historical information, interviews with personnel knowledgeable about the site, and other readily available information. Consequently, this report is complete and accurate only to the extent that cited reports, agency information and recollections of persons interviewed are complete and accurate. The opinions and recommendations in this report apply to site conditions and features as they existed at time of AllWest's investigation. They cannot necessarily apply to conditions and features of which AllWest is unaware and has not had the opportunity to evaluate. Future regulatory modifications, agency interpretations, and/or policy changes may also affect the compliance status of the subject property. AllWest

has made no attempt to address future financial impacts to the site (e.g., reduced property values) as a result of potential subsurface contaminant migration.

DATA GAPS: AllWest has made a good faith effort to obtain information required by 40 CFR Part 312 to formulate a professional opinion. Instances where data gaps occur are detailed within our report with an opinion as to whether the information void is significant, impacting our ability to identify conditions indicative of a release or potential release of hazardous substances. In general, if a data gap is identified by AllWest, it will be discussed in the report's conclusion section with a recommendation for additional work.

This Phase I ESA was prepared for the sole and exclusive use of Zacks, Freeman & Patterson, PC, the only intended beneficiary of our work. This report is intended exclusively for the purpose outlined herein and the site location and project indicated and is intended to be used in its entirety. No excerpts may be taken to be representative of the findings of this assessment. The scope of services performed in execution of this investigation may not be appropriate to satisfy other users, and any use or reuse of this document or its findings, conclusions or recommendations presented herein is at the sole risk of the user. This report is not a specification for further work and should not be used to bid out any of the recommendations found within.

V. ENVIRONMENTAL ISSUES MATRIX

Seawall Lot 330, San Francisco, CA

AltWest Project 19050.20

<i>On-Site Issues</i>	<i>Located</i>	<i>Regulatory Compliance</i>		<i>Recommended Action</i>	<i>Refer To Section</i>
55-Gallon Drums	No				
Above Ground Tanks	No				
Underground Tanks	No				
Evidence of Material Discharge/Release	No				
Transformers (PCBs)	No				
Hazardous Materials	No				
Hazardous Wastes	No				
Asbestos Walls, Ceilings, Floors, Fireproofing & Bulk Insulation	No				
Lead Based Paints	No				
Mold	No				
Air Quality Issues	No				
Radon	No				
Sensitive Ecological Areas	No				
Monitoring Wells	No				
Regulatory Database Listings	No				
Historical Contamination	REC			Contamination documented during previous subsurface investigation	H.2
CREC/HREC	No				
Earthquake Zone	No				
Elevators	No				
Maier Zone	Yes			Phase II required if >50 cubic yards of soil disturbed or change in proposed land use	H.2
<i>Off-Site Issues</i>	<i>Located</i>	<i>Within ¼ Mile</i>	<i>Within ½ Mile</i>	<i>Recommended Action</i>	<i>Refer To Section</i>
NPL Sites	No				
SEMS Sites	No				
RCRA TSDF	No				
EnviroStor Sites	Yes	2	15 w/in 1 mile	None	I.9
CPS-SLIC Sites	Yes	1	5	None	I.11
LUST Sites	Yes	17	79	None	I.13

Note: ASTM-designated search radius for NPL and EnviroStor sites is 1 mile.

VI. ASSESSMENT FINDINGS

A. SITE INFORMATION

1. **PURPOSE:** This ESA was conducted for Zacks, Freeman & Patterson, PC, to evaluate the environmental condition and health risks associated with the subject property, should the subject property be redeveloped and/or otherwise converted to residential use.
2. **PROPERTY ADDRESS:** The subject property is referred to as Seawall Lot 330. It is located in the South of Market (SOMA) neighborhood in the City of San Francisco, San Francisco County, California. There is no address associated with the subject property parcels. However, the parking lot currently operating on the subject property is addressed as 1 Bryant St., therefore, this address was researched. The subject property location is shown on the attached figures and within the EDR report in Appendix A.
3. **ASSESSOR'S PARCEL NUMBER:** The subject property is identified with assessor's parcel numbers (APNs) 3770/002 and 3771/002. The San Francisco Property Information Map (SFPIM) noted that until March 2, 2004, parcel 3771/002 was known as parcel 3771/001.
4. **ZONING:** According to the SFPIM, the subject property is zoned SB-DTR, South Beach Downtown Residential.
5. **SITE DESCRIPTION:** The subject property is sited on two irregularly shaped lots, which together form a sawtooth shape. The two parcels are approximately 2.3 acres (101,000 square feet) in combined area. The property has approximately 600 feet of street frontage along The Embarcadero, which adjoins to the east. Beale St. adjoins to the southwest, with approximately 330 feet of street frontage. Bryant St. wraps around the subject property to the north and northwest, with approximately 320 feet of street frontage. The southern end of Main St., which extends toward the northwest, terminates at Bryant St. on the northwest side of the property.
6. **CURRENT USE OF PROPERTY BY TENANT(S):** The property is a paved parking lot operated by Impark. Other than a small parking attendant booth of wooden construction and a portable toilet, there are no structures on the subject property. Signs observed on the property during the site visit indicated the parking lot is unattended.

7. **CURRENT USE OF SURROUNDING PROPERTIES:** Surrounding land use includes residential and commercial properties. Sites neighboring the subject property include the following.

Northeast: The Embarcadero, followed by Pier 28 on the San Francisco Bay, occupied by Hi Dive Bar

East: The Embarcadero, followed by Pier 30/32 on the San Francisco Bay, occupied by Red's Java House and partially used as a surface parking lot and partially vacant

Southwest: Beale St., followed by Bayside Village Apartments with several addresses, including 500 & 570 Beale St.

West: Watermark condominiums at 501 Beale St.

Northwest: Bryant St., followed by Caltrans Maintenance facility at 434 Main St. and Bay Bridge Pump Station at 480 Main St. (per EDR report)

North: Bryant St., followed by Portside Condominiums at 38 Bryant St. and an office building at 2 Bryant St.

A diesel aboveground storage tank was observed on the Caltrans property adjoining northwest, across Bryant St.

8. **SITE RECONNAISSANCE:** Ms. Klaudia Barberi of AllWest visited the subject property unescorted on April 17, 2019. The property is undeveloped and used as a parking lot. Access during the site visit was unrestricted. Adjoining properties were observed from public right-of-ways. Site photographs are included with this report.
9. **INTERVIEWS WITH PRESENT PROPERTY OWNER(S):** Prior to AllWest's site inspection, we forwarded an environmental questionnaire to our client, to collect information on past uses and ownerships of the property and to identify potential conditions that may indicate the presence of releases or threatened releases of hazardous substances at the subject property. The questionnaire was not completed prior to the publication of this report.

Although the lack of a completed environmental questionnaire is considered a data gap, it does not impact our ability to evaluate conditions indicative of a release or threatened release of hazardous substances on the subject property.

10. PREVIOUS REPORTS: AllWest reviewed the following previous environmental reports prepared for the subject property, which were provided by the SFDPH. Copies of the reports are included in Appendix B.

- *Results of Hazardous Materials Investigation, Seawall Lot 329 and 330, Embarcadero, Bryant, and Beale Streets, San Francisco, California, Subsurface Consultants, Inc. (SCI), June 28, 2001.*

The report documented the results of a soil and groundwater quality investigation at the subject property. Its findings are discussed in detail in Section H.2.

- *Results of Soil Gas Testing for Methane, Seawall Lot Development, The Embarcadero, Bryant Street, and Beale Street, San Francisco, CA, Fugro West, Inc., March 3, 2003.*

The report documented the results of soil gas testing for methane at the subject property. Its findings are discussed in detail in Section H.2.

The client provided the following work plan for AllWest's review.

- Maher Investigation Work Plan, Seawall Lot 330 Project, San Francisco, California, TRC, April 12, 2019

The work plan documented the scope of work for a Maher site investigation on a portion of Seawall Lot 330 for a proposed Waterfront SAFE Navigation Center. The details are summarized in Section H.

B. HISTORICAL LAND USE: SITE AND VICINITY

1. HISTORICAL USE OF THE PROPERTY: Historical documents in the form of aerial photographs, Sanborn maps, topographic maps, city directories and municipal records were researched by AllWest, to evaluate past land use of the subject property. AllWest attempted to review historical documents as far back in time as the property contained structures or was used for agricultural, residential, commercial, industrial or governmental purposes, and used professional judgment to determine the extent of historical research.

Sanborn maps, aerial photographs, US Geological Survey topographic maps and city directories were reviewed for this study. The Sanborn maps were dated 1887, 1899, 1913,

1949, 1950, 1970, 1974, 1984, 1988, 1990 and 1999. The aerial photographs covered the years 1931, 1938, 1946, 1956, 1958, 1963, 1968, 1974, 1982, 1993, 1998, 2005, 2009, 2012 and 2016. The topographic maps were dated 1895, 1899, 1915, 1947, 1948, 1950, 1956, 1968, 1973, 1995, 1996, and 2012. City directories spanning from 1910 to 2014 also were reviewed. The historical sources were obtained from EDR of Shelton, Connecticut and are provided in Appendix A.

Permit and other records available from the City and County of San Francisco's Department of Public Health, Building and Fire Departments also were requested and reviewed, if available. A chain-of-title review was not conducted.

Sanborn Fire Insurance Maps

The Sanborn Map Company of New York produced maps for urbanized areas from the late 1800s to the late 1900s to underwrite potential fire hazards. The maps depict individual buildings and provide descriptive information on building construction materials, hazardous materials and the property's general use.

1887: The mid-section of the subject property was situated over the San Francisco Bay. Main St. Wharf crossed the northern portion of the property. Along the southern portion of the property were buildings and structures associated with Oregon Improvement Co's Coal Yard, which extended southwest off-site. The buildings and structures included part of a warehouse in the southwest corner and a freight storage shed. Other features included "stationary hoisting engine houses on trestle" and "movable hoisting engine on trestle" and four rows of "bunkers", "plates?" and runways from bunker", which extended off-site.

1899: The developments over the property remained the same, however, some labels map changed in the southern portion of the property. The two buildings in the southern portion, mentioned earlier, were labeled as coke sheds. The four rows of bunkers remained. There were two areas along the bay labeled "frame for Derrick tracks elevated 20'". Hoisting engines also were present, as were two platforms.

1913: The subject property was situated entirely on land that had been filled. Main St. crossed the northern portion of the property. Belt railroad tracks crossed the northern tip of the property, north of Main St. Water pipes crisscrossed the property, which was otherwise undeveloped.

1949: No significant changes were indicated on the subject property from the 1913 map.

1950: No significant changes were indicated on the subject property from the 1949 map.

1970: No significant changes were indicated on the subject property from the 1950 map.

1974: No significant changes were indicated on the subject property from the 1970 map.

1984: No significant changes were indicated on the subject property from the 1974 map.

1988: No significant changes were indicated on the subject property from the 1984 map.

1990: No significant changes were indicated on the subject property from the 1988 map.

1999: The southern portion was labeled as parking. Fewer railroad tracks were depicted across the northern portion.

Aerial Photographs

1931: Train tracks were visible across the northern portion of the property. The remainder of the property appeared used for railroad car storage/depot.

1938: The use of the subject property was unchanged from the 1931 photograph.

1946: Train tracks appeared no longer visible across the northern portion of the property. The remainder of the property was used for railroad car storage/depot.

1956: No significant changes were noted on the subject property from the 1946 photograph.

1958: No significant changes noted on the subject property from the 1956 photograph, although fewer railroad cars were visible.

1963: No significant changes were noted on the subject property from the 1958 photograph, although only a few railroad cars were visible.

1968: No significant changes were noted on the subject property from the 1963 photograph.

1974: Railroad cars were no longer stored on the subject property. No developments were noted.

1982: No significant changes were noted on the subject property from the 1974 photograph.

1993: The property appeared paved and occupied with densely parked cars. Main St. no longer extended across its northern portion.

1998: The property was mostly vacant, with a few cars visible.

2005: Cars were parked across the property.

2009: No changes were noted on the subject property from the 2005 photograph.

2012: No changes were noted on the subject property from the 2009 photograph.

2016: No changes were noted on the subject property from the 2012 photograph.

Topographic Maps

1895: The subject property was depicted at the shoreline of San Francisco Bay.

1899: The subject property was depicted at the shoreline of San Francisco Bay.

1915: The property was situated entirely on land that had been filled. Main St. extended across the northern portion. The property was otherwise vacant.

1947: The entire property was covered with railroad spurs.

1948: No development features were depicted on this map, only city blocks.

1950: The entire property was covered with railroad spurs.

1956: No changes were indicated on the subject property from the 1950 map.

1968: No changes were indicated on the subject property from the 1956 map.

1973: No changes were indicated on the subject property from the 1968 map.

1995: No development features were depicted on this map, only city blocks. Main St. no longer extended across the northern portion of the property.

1996: No changes were indicated on the subject property from the 1995 map.

2012: No changes were indicated on the subject property from the 1996 map.

City Directories

1 Bryant St., the address for the existing parking lot, was not listed in the city directories. No other addresses associated with the subject property have been identified.

SFDBI Permits

Ms. Barberi of AllWest visited the San Francisco Department of Building Inspection (SFDBI) office on April 17, 2019, to inquire about historical permit records. The SFDBI had no records on file for the subject property parcels or 1 Bryant St.

SFDPH Documents

Available documents filed by the SFDPH for the subject property and adjoining properties were provided by email for AllWest's review and are listed below. SFDPH is the Certified Unified Program Agency (CUPA) for the City of San Francisco. Information regarding hazardous substances, obtained from the documents, is discussed in detail in Section H. Copies of the documents are included in Appendix B.

Subject Property and Adjoining Property

June 2006: Results of Hazardous Materials Investigation, Seawall Lots 329-330, SCI

March 2004: Result of Soil Gas Testing for Methane, Seawall Lot Development, The Embarcadero, Bryant Street and Beale Street, Fugro

April 2019: Maher Ordinance Application, Embarcadero SAFE Navigation Center, Seawall Lot 330

Adjoining Properties

March 2004: Maher Compliance Confirmation from DPH for the construction of the adjoining building at 501 Beale St. (Watermark Condominiums)

November 2010: Soil Investigation Work Plan, Article 22A Compliance, Brannan Street Wharf Project, San Francisco California, an area south of the subject property, along The Embarcadero, between Pier 32 and Pier 38

August 2011: Planned Maher Project – No Further Action Required letter, Brannan Street Wharf Project, Wharf Area by Piers 30, 32, 36 and 38

Above-listed files for adjoining properties did not contain environmental information of concern to the subject property. However, they indicate that similar subsurface conditions exist, as a result of historical filling of the entire area.

SFFD Documents

The San Francisco Fire Department (SFFD) did not respond to AllWest's request for a file review prior to the publication of this report.

Online Research

The California Department of Toxic Substances Control (DTSC) EnviroStor and State Water Resources Control Board (SWRCB) GeoTracker databases were reviewed online. The subject property was not listed on the databases.

A historical photograph of the subject property and surrounding area, taken in February 1912, indicates that the subject property was filled by that time. The photograph is included in the photolog.

Summary of Historical Land Use

AllWest's land use history review for the subject property indicates it was partly located over the San Francisco Bay, in an industrial area used for cargo shipping and warehousing operations, specifically coal, as early as 1887. The area was filled by 1912 to accommodate construction of The Embarcadero and the associated Belt Railroad, later renamed to Beltline Railroad. The subject property was used as a railroad car depot/storage from at least 1931 until the early 1980s. By 1993, the subject property was paved over and used as a surface parking lot. Main St., which extended between the two parcels towards The Embarcadero, was no longer present on the property by 1993.

AllWest's assessment of the site's historical land use and tenant activities did not encounter significant data gaps that diminish our ability to provide an opinion on a release or potential release of hazardous substances at the subject property. The earliest available historical sources reviewed for this study dated back to 1887, after the initial development of the property. However, review of earlier sources would not likely provide additional useful information of environmental significance, based on the amount of time that has passed since initial development and filling of the area along the San Francisco Bay shoreline in the early 1900s.

2. **HISTORICAL USE OF SURROUNDING PROPERTIES:** AllWest reviewed the previously referenced Sanborn maps, aerial photographs, topographic maps and city directories to assess the historical land use in the immediate site area.

Sanborn Fire Insurance Maps

1887: Piers on the San Francisco Bay were present to the east. Oregon Improvement Co's Yard extended to the south and southwest. Lumber and coal yards were present to the west and northwest, across Bryant St.

1899: Pacific Coast Company's Coal Yard, Bunkers and Sheds were present extending to the south and southwest. Properties across Bryant St. included a box factory, a Humboldt warehouse and saloons to the northwest and north.

1913: The area had been filled to match the current shoreline. The Embarcadero was present to the east, followed by a pier under construction. The lot to the southwest was largely vacant, with a few small structures housing a saloon and a dwelling, a dilapidated coal bunker, and office, shed sheds and another saloon. Standard Box Co. was present to the west, across Bryant St. Humboldt warehouse was also still present. Beltline railroad tracks extended to the north-northwest.

1949: The pier previously under construction was occupied by Matson Navigation Co. The lot to the southwest was developed with a gas station at the corner of Beale and Brannan Sts., and buildings occupied by United Engineering Co., including two machine shops, tool shop, electrical shop, office, garage, sheet metal shop, joiner shop and storage. The Bay Bridge was depicted. Matson Navigation Co. occupied a building adjoining northwest. A warehouse of the railroad tracks was present to the north-northwest.

1950: There were no significant changes noted on the adjoining properties from the 1949 map.

1970: The gas station at the corner of Beale and Brannan was modified and a repair shop had been added. In place of United Engineering Co. a drug and sundries warehouse and US post office garage were present. Bay Bridge maintenance yard was present on the lot to the northwest. No other significant changes were noted from the 1950 map.

1974: Matson Navigation Co. appeared no longer present on the adjoining pier or the building to the

northwest. No other significant changes were noted from the 1970 map, although many labels were illegible.

1984: A note indicated that all buildings on piers 30 and 32 had been removed. No other significant changes were noted from the 1974 map.

1988: Bayside Village was present to the southwest. Delta Line Co. offices were present at the entrance to the pier adjoining east. A note indicated a railroad equipment storage yard in the area adjoining west. There were no other significant changes noted on the adjoining properties from the 1984 map.

1990: There were no significant changes in development noted on the adjoining properties from the 1988 map.

1999: Delta Line Co. was gone from the pier to the east. No other significant changes were noted from the 1990 map.

Aerial Photos

1931: The lot to the south was undeveloped. A train depot appeared present on the lot to the northwest. Other lots were developed with buildings. Piers were visible to the east, across The Embarcadero.

1938: Bay Bridge was present. Some of the buildings previously present appeared to have been removed to accommodate the bridge. The lot to the south was partly developed with a building. A building resembling a gas station depicted on the 1949 Sanborn map was present at the corner of Beale and Brannan. The lot to the northwest also was developed with a building on the south side of the bridge.

1946: Adjoining lots were further developed with buildings.

1956: No significant changes were noted in the area immediately surrounding the subject property from the 1946 photograph.

1958: The gas station building at the corner of Beale and Brannan appeared redeveloped, consistent with the 1970 Sanborn map depiction. No other significant changes were noted in the area immediately surrounding the subject property from the 1956 photograph.

1963: No significant changes were noted in the area immediately surrounding the subject property from the 1958 photograph.

1968: No significant changes were noted in the area immediately surrounding the subject property from the 1963 photograph.

1974: One of the buildings adjoining northwest of the property was gone. No significant changes were noted in the area immediately surrounding the subject property from the 1968 photograph.

1982: The photograph quality was too poor to discern many details. No significant changes were observed in the surrounding area from the 1974 photograph.

1993: Bayside Village replaced all previously existing buildings southwest of the property. The lot to the north also appeared redeveloped with current buildings.

1998: A roof was visible in the area of the current AST on the property adjoining northwest. A large white canopy or structure was visible on the pier to the east. No other significant changes were noted in the area immediately surrounding the subject property from the 1993 photograph.

2005: The Watermark condominium building, adjoining west, was present. Bay Bridge Pump Station appeared present northwest of the property. The white canopy over the pier was gone. No other significant changes were noted in the area immediately surrounding the subject property from the 1998 photograph.

2009: No significant changes were noted in the area immediately surrounding the subject property from the 2005 photograph.

2012: One of the piers on the bay, southeast of the property, was in the process of being removed. No other significant changes were noted in the area immediately surrounding the subject property from the 2009 photograph.

2016: The pier to the southeast was gone, with landscaping visible. No significant changes were noted in the area immediately surrounding the subject property from the 2016 photograph.

Topographic Maps

1895-1999: No development details were depicted on these maps, only city blocks.

1915-1973: The shoreline was filled to current day appearance. Railroad spurs extended onto the lot adjoining northwest. No other significant development details were depicted in the area immediately surrounding the subject property.

1995-2012: The railroad spurs were no longer depicted. No developments were depicted, only city streets.

City Directories

Previously referenced city directories were reviewed for vicinity facility listings indicative of potential environmental concern. Listings included a mix of residential, commercial and light industrial business going back further in time. Many listings included businesses noted on the Sanborn maps, including a gas station at the corner of Beale and Brannan Streets (590 Beale St.). No dry cleaners were listed at nearby properties.

Summary of Historical Vicinity Land Use

AllWest's land use history review of the subject property vicinity indicates it was partly located over the San Francisco Bay in an industrial area used for cargo shipping and warehousing operations, such as coal and lumber, as early as 1887. The area to the east was filled by 1912 to accommodate The Embarcadero and the associated Belt Railroad. The Bay Bridge was completed to the northwest in 1936. Until the 1980s the area was occupied by commercial and light industrial companies, including a gas station at the corner of Beale and Brannan Sts. to the southwest. By the 1980s, land use on the surrounding properties began transforming to commercial, retail and residential.

AllWest's assessment of the subject property's current and historical surrounding land use activities did not encounter data gaps that diminish our ability to provide an opinion on a release or potential release of hazardous substances at the subject property.

C. PHYSICAL CHARACTERISTICS

1. **TOPOGRAPHY**: According to the 1996 USGS topographic map of San Francisco, the topographic elevation of the subject property is approximately 5 feet above msl. The subject property and the vicinity slope gently to the east toward the San Francisco Bay.
2. **VEGETATION**: Vegetation includes trees and low-growing landscape plants across the property and around the perimeter. Landscaping appeared unkempt, with weed growth in many areas.

3. **SOILS:** Soils at the subject property are classified by the U.S. Department of Agriculture Soil Conservation Service as Urban land. The Urban land series consists of soils disturbed by development and fill. They are reported as clayey, with very slow infiltration rates.

Based on the 2001 soil and groundwater investigation, the subject property is underlain by approximately 12 to 24 feet of fill consisting of silty and clayey sand with gravel, brick and wood fragments in some areas. The materials are underlain by black and dark gray fat clay, known as Bay Mud.

4. **GEOLOGY:** Based on a review of the USGS Note 36 California Geomorphic Provinces map, the property is located in the Coast Ranges geomorphic province of California. The coastline is uplifted, terraced and wave-cut. The Coast Ranges are composed of thick Mesozoic and Cenozoic sedimentary strata. The northern and southern ranges are separated by a depression containing the San Francisco Bay.

The northern Coast Ranges are dominated by the irregular, knobby landslide-topography of the Franciscan Complex. The eastern border is characterized by strike-ridges and valleys in Upper Mesozoic strata. In several areas, Franciscan rocks are overlain by volcanic cones and flows of the Quien Sabe, Sonoma and Clear Lake volcanic fields. The Coast Ranges are subparallel to the active San Andreas Fault. The San Andreas is more than 600 miles long, extending from Point Arena to the Gulf of California. West of the San Andreas is the Salinian Block, a granitic core extending from the southern extremity of the Coast Ranges to north of the Farallon Islands. Geologically, the area of the subject property is underlain by Mesozoic era Eugeosynclinal Deposits.

5. **HYDROLOGY:** According to California's Groundwater Bulletin 118, the subject property is located in the San Francisco Bay Hydrologic Region and lies in the Downtown San Francisco Groundwater Basin (Basin No. 2-40). The Downtown San Francisco groundwater basin is located on the northeastern portion of the San Francisco Peninsula and is one of five basins in the eastern part of San Francisco, each separated from the other by bedrock ridges (Phillips, et al. 1993). The groundwater basin consists of shallow unconsolidated alluvium underlain by less permeable bedrock within the watershed located east and northeast of the Twin Peaks area including Nob and Telegraph Hills to the north and Potrero Point to the east, as well as most of the downtown area. Bedrock outcrops

along much of the ridge from the northeastern and southern basin boundaries.

Based on 2001 data collected at the subject property, groundwater is expected to be encountered at 7.5 to 9.5 feet bgs. Based on the topographic slope and location of the San Francisco Bay, the groundwater flow direction beneath the property and vicinity is expected generally to the east, with variations from northeast to southeast.

The nearest significant surface water to the subject property is San Francisco Bay, located approximately 180 feet to the east. There are no water supply wells, aboveground water tanks or water reservoirs at the subject property. The property does not fall under requirements of the National Pollutant Discharge Elimination System (NPDES) and storm water runoff is directed to drains along the adjacent streets which are connected to the municipal sewer.

D. NATURAL HAZARDS

1. **SEISMICITY:** The San Francisco Bay Area is considered seismically active, and earthquakes are an unavoidable geologic hazard in San Francisco City and County. Based on available geologic literature, no active fault traces traverse the property. The property is not located within an Alquist-Priolo Special Study Zone for fault rupture hazard according to the California Division of Mines and Geology maps; however, the site area is seismically active. The SFPIM website indicated the subject property is located within a seismic hazard zone for liquefaction.

The closest active faults to the site are the San Andreas Fault located approximately nine miles to the southwest and the Hayward fault located approximately ten miles to the northeast.

2. **RADON:** Out-gassing of radon has not been identified as a problem in San Francisco County. The U.S. EPA has prepared a map to assist national, state and local organizations to target their resources, and to implement radon-resistant building codes. The map divides the country into three Radon Zones, Zone 1 being those areas with the average predicted indoor radon concentration in residential dwellings exceeding the EPA Action limit of 4.0 picoCuries per Liter (pCi/L) and Zone 3 being those areas with the average predicted indoor radon concentration in residential dwellings less than 2 pCi/L.

It is important to note that the California Department of Health Services (DHS), in its California Statewide Radon Survey of 1990, has

found homes with elevated levels of radon in all three zones, and both EPA and DHS recommend property-specific testing in order to determine radon levels at a specific location. However, the DHS Radon Survey does give a valuable indication of the propensity of radon gas accumulation in structures. Review of the DHS Radon Survey places the property in Zone 2, Moderate Potential, where average predicted indoor radon levels are between 2 and 4 pCi/L.

According to the EDR report, 10 state radon tests were conducted in the site zip code of 94105; radon did not exceed 4 pCi/L in any of the tests. Results reported for 14 federal radon tests conducted in San Francisco County reported average radon concentrations well below 4 pCi/L.

Based on the radon zone classification, radon is not a significant environmental concern.

3. **SENSITIVE ECOLOGICAL AREAS:** Sensitive ecological areas include wetlands, rivers or creeks, marsh areas and land dedicated for open space. According to the U.S. Fish and Wildlife Service National Wetlands Inventory, the nearest sensitive ecological area to the subject property is the San Francisco Bay located approximately 180 feet to the east.
4. **FLOODING:** Flood maps prepared by the Federal Emergency Management Agency (FEMA) are not available for the City and County of San Francisco.

According to the 100-Year Storm Flood Risk Map adopted by the San Francisco Public Utilities Commission (SFPUC) on September 25, 2018, the subject property is outside of the 100-year flood zone.

Based on the SFPIM website, the subject property is located within a flood notification area within the City of San Francisco, within a block that has the potential to flood during storms.

5. **MASS WASTING:** No physical evidence of mass wasting, such as landslides, was observed at the property. No retaining walls were observed. Uneven ground surface was observed across the northern portion of the property, where Main St. and former railroad tracks/spurs extended.
6. **OIL AND GAS WELLS:** According to the California Department of Conservation, Department of Oil, Gas and Geothermal Resources map, no oil or natural gas production wells are located on or adjoining to the subject property.

E. SITE CHARACTERISTICS

1. **PARKING:** The subject property is used as a paved parking lot, with 310 designated stalls.
2. **ROADWAYS:** The property is bordered by The Embarcadero to the east, Beale St. to the southwest and Bryant St. to the north and northwest. The parking lot is accessible from Bryant St. There are no roads on the property, although Main St. extended toward The Embarcadero between the two subject property parcels until at least 1982.
3. **FENCES:** The subject property is not fenced.
4. **OUTSIDE STORAGE:** There is no outside storage on the subject property.
5. **BASEMENTS:** There are no basements on the subject property.
6. **WELLS:** No evidence of monitoring, domestic water, irrigation or injection wells was observed or documented on the subject property.
7. **SUMPS:** No sumps were observed.
8. **STORM DRAINS:** One storm water catch basin was observed on the property, although others may be present in areas which were obstructed by parked cars during the site visit. Storm water runoff is anticipated towards storm drains located on the property and in the adjoining streets.
9. **PONDS:** No ponds or other surface water bodies were observed on the subject property.
10. **SEWAGE SYSTEM:** There are no structures on the subject property connected to the municipal sanitary sewer system. Surrounding properties are serviced by the San Francisco Public Utilities Commission (SFPUC).
11. **POTABLE WATER SYSTEM:** There are no structures on the subject property connected to the municipal water system. Potable water is supplied to the residents of San Francisco by the SFPUC. The agency's most recent Annual Water Quality Report available online (2017), documented compliance with all applicable water quality standards. Although not a source of potable water, one fire hydrant was observed on the property.
12. **WASTEWATER SYSTEMS:** No wastewater treatment systems were observed at the subject property.

13. **POWER DISTRIBUTION SYSTEMS:** Electricity and natural gas are provided to the property by Pacific Gas & Electric Company (PG&E). Overhead power lines were observed across the property. One PG&E-owned pole-mounted transformer was observed along Bryant St. Transformers installed prior to 1979 may contain PCBs. As its owner, PG&E is responsible for the transformer maintenance and repairs. The transformer appeared in good condition.
14. **EASEMENTS:** No known easements are located on the subject property, except for utilities.

F. HAZARDOUS MATERIALS IN FACILITY AND OPERATIONAL SYSTEMS

1. **FACILITY DESCRIPTION:** Except for a wooden parking attendant booth, approximately four by six feet in area, and a portable toilet, the subject property was undeveloped at the time of this assessment. As no significant permanent structures were present, hazardous materials in facility and operational systems were not assessed.

G. HAZARDOUS AND NON-HAZARDOUS MATERIALS AND WASTES

1. **MANUFACTURE/USE:** The subject property was used as a surface parking lot during the site visit. No manufacturing has been documented on the subject property. Coal storage was documented on part of the property, prior to filling of the historical San Francisco Bay shoreline. The property was subsequently used as a railroad car depot/storage.
2. **STORAGE:** Hazardous materials storage was not observed during the site visit or documented in regulatory agency files.
3. **GENERATION AND DISPOSAL:** No on-site hazardous waste generation or disposal was observed during the site visit; none was documented.
4. **UNDERGROUND STORAGE TANKS (USTs):** No evidence of former or existing USTs was found or observed during the course of this ESA.
5. **ABOVEGROUND STORAGE TANKS (ASTs):** No evidence of former or existing ASTs was found or observed during the course of this ESA.

6. **SOLID WASTE:** Three trash bins were observed on the subject property.
7. **MEDICAL WASTE:** No evidence of current or historical medical waste disposal was found by AllWest.

H. POLLUTION SOURCES, CONTROLS AND TREATMENT

1. **AIR:** The subject property has no sources of air emissions.
2. **SOIL AND GROUNDWATER:**

Maier Area - The subject property is located in the Maier Zone (Article 22A, Maier Ordinance). Subsurface investigations completed with the oversight of state and local environmental regulatory agencies have documented the presence of lead, mercury and other toxic metals, and petroleum hydrocarbons such as oils and creosotes, in shallow soil, fill material and groundwater throughout the area. The sources of these contaminants are filling of the historical San Francisco Bay shoreline, past industrial use and the use of debris from the 1906 earthquake in fill materials. Any site redevelopment or renovation activities disturbing more than 50 cubic yards of soil will trigger a mandatory subsurface investigation at the subject property. Investigation results must be submitted for evaluation by the SFDPH LOP to determine the need for remediation and/or development of a Soils Management Plan (SMP).

We note that since the subject property is paved and utilized as a public parking lot, the potential presence of subsurface contamination related to location within the Maier Zone does not pose an exposure risk for the current subject property use/occupants.

2001 Soil and Groundwater Investigation - In 2001, SCI completed a soil and groundwater quality investigation on the property as part of the Maier ordinance application for the adjoining condominium development at 501 Beale St. Five borings were drilled, including four (E-1, E-2, E-3 and E-5) on the subject property. Analytical data from the four borings is discussed below.

The borings were drilled to depths ranging from 21.5 to 31.5 feet bgs. Two discrete soil samples were collected from each boring at depths of 1 foot bgs and 5.5 or 6 feet bgs. Composite soil samples were created by combining two or three samples of fill material collected from 10.5 to 21 feet bgs in the sample boring. Soil samples were analyzed for TPH as gasoline, TPH as diesel and

TPH as motor oil, VOC, SVOC, metals, chlorinated pesticides, PCBs and asbestos. Selected samples were also analyzed for soluble chromium, lead, and mercury. Chlorinated pesticides, PCBs and asbestos were not detected in soil.

Table 1 summarizes TPHs, VOCs and SVOCs detected in the soil samples.

Table 1. Soil Quality Data (mg/kg)

Boring ID	TPHg	TPHd	TPHmo	BTEX	N	P
E-1@1'	1.2	35	180	ND	<0.005	<40
E-1@5.5'	<1.0	<1.0	5.9	ND	<0.005	<4.0
E-1 comp	<1.0	2.2	6.7	NA	NA	<2.0
E-2@1'	3.0	32	160	B-<0.005 T-0.0073 E-<0.005 X-0.0076	<0.005	<40
E-2@6'	<1.0	1.5	<5.0	ND	<0.005	<2.0
E-2 comp	<1.0	16	36	NA	NA	<2.0
E-3@1'	<1.0	34	160	B-<0.005 T-<0.005 E-<0.005 X-0.0052	<0.005	<40
E-3@5.5'	<1.0	19	48	ND	0.24	13
E-3 comp	<1.0	2.0	16	NA	NA	<4.0
E-5@1'	6.7	150	340	ND	<0.005	<40
E-5@6'	1.2	130	450	ND	<0.005	<40
E-5 comp	2.1	99	520	NA	NA	<40
Residential ESL Cancer Risk (1)	NV	NV	NV	B-0.33 T-NV E-5.9 X-NV	3.8	NV
Residential ESL Non- Cancer Risk (2)	430	260	12,000	B-11 T-1,100 E-3,400 X-580	130	NV
Tier 1 ESL	100	260	100	B-0.025 T-3.2 E-0.43 X-2.1	0.042	7.8

N – Naphthalene; P – Phenanthrene; TPHg – TPH as gasoline; TPHd – TPH as diesel; TPHmo – TPH as motor oil; ND-not detected; NV-no value established; NA-not analyzed
(1) Direct Exposure Human Health Risk Levels, Residential: Shallow Soil Exposure, Cancer Risk
(2) Direct Exposure Human Health Risk Levels, Residential: Shallow Soil Exposure, Non-Cancer Risk
SFBWQSB ESL Table Jan 24, 2019 (Rev. 1)
Value in bold exceeds ESL

Overall, fill materials beneath the property contained elevated levels of TPH as motor oil (up to 520 mg/kg), exceeding the Tier 1 ESL of 100 mg/kg at all drilling locations. Phenanthrene, the only SVOC detected, exceeded the Tier 1 ESL in

one deeper soil sample (13 mg/kg). 1,3,5-Trimethylbenzene also was detected in one soil sample at 0.0069 mg/kg; however, ESLs have not been established for this constituent.

The soils also contained elevated levels of lead, which was detected in all soil samples at concentrations ranging from 23 to 400 mg/kg, exceeding the residential cancer risk ESL of 82 mg/kg in 10 out of 12 soil samples analyzed. One soil sample exceeded the arsenic residential cancer risk ESL of 0.067 mg/kg, at a concentration of 4.6 mg/kg.

Soluble metals analyses revealed that lead exceeded the STLC concentration of 5 mg/L in nine out of 14 soil samples analyzed. Measured lead concentrations ranged from 0.26 to 45 mg/L. Mercury and chromium did not exceed the total, STLC or TCLP values.

Grab groundwater samples also were collected from each boring. They were analyzed for TPH as gasoline, TPH as diesel, TPH as motor oil, VOCs and SVOCs. SVOCs were not detected in groundwater.

Table 2 below summarizes TPHs and VOCs detected in the groundwater samples.

Table 2. Groundwater Quality Data (ug/L)

Boring ID	TPHg	TPHd	TPHmo	Benzene	N
E-1	83	2,300	3,200	<1	<5
E-2	160	200,000	290,000	1.1	6.3
E-3	<50	36,000	99,000	<1	<5
E-5	<50	1,600	4,500	<1	<5
ESL	NV	NV	NV	0.42	4.6
Tier 1 ESL	100	100	100	0.42	0.17

N – Naphthalene; TPHg – TPH as gasoline; TPHd – TPH as diesel; TPHmo – TPH as motor oil; ND-not detected; NV-no value established; NA-not analyzed
ESL – Cancer Risk Vapor Intrusion Human Health Risk Levels, Residential Use
SFBWQSB ESL Table Jan 24, 2019 (Rev. 1)
Value in bold exceeds ESL

Groundwater samples were found to be impacted with TPH, namely TPH as diesel (up to 200,000 micrograms/liter [ug/L]) and TPH as motor oil (up to 290,000 ug/L), exceeding the Tier 1 ESL of 100 ug/L for both constituents. Benzene and naphthalene exceeded the cancer risk vapor intrusion ESL for residential use in one groundwater sample. We note, however, that the laboratory detection limits exceeded the current applicable ESLs in the remaining groundwater samples; therefore, the 2001 results cannot be assessed for these constituents. p-isopropyl toluene also was detected in one sample;

however, ESLs have not been established for this constituent.

Based on the analytical data, additional soil and groundwater quality investigation in the vicinity of boring E-2 was recommended, to further evaluate the source and extent of TPH, benzene and naphthalene found in groundwater at this location. No documentation of performance of additional assessment was identified.

Soil and groundwater contamination documented on the subject property in 2001 represents a REC.

2019 Work Plan - On April 12, 2019, TRC prepared a Maher site investigation work plan for a proposed Waterfront SAFE Navigation Center in the southern portion of the subject property, in coordination with the San Francisco Public Works Department. TRC proposed advancing four borings to 5 feet bgs with a hand auger. One soil sample was proposed from each boring and submitted for analysis of TPH as gasoline, TPH as diesel, TPH as motor oil, VOCs, polynuclear aromatic hydrocarbons, SVOCs, organochlorine pesticides, PCBs, metals, hexavalent chromium and asbestos. Soluble lead analysis also was proposed. Asphalt samples are also to be sampled for asbestos.

Additionally, four shallow soil vapor probes are to be installed within the proposed building footprint, to a depth of 5.5 feet bgs. Soil vapor samples were to be submitted for VOC and methane analysis.

The proposed work had not been completed as of the publication date of this ESA.

3. **VAPOR INTRUSION:** As part of our assessment AllWest evaluated the potential for vapor intrusion into property structures following the general methodology outlined in ASTM E-2600-15, utilizing professional judgment.

The Tier 1 screening assessment was employed to determine if a potential VIC exists at the site. The subject property, adjoining properties, and hydraulically up-gradient properties were assessed to determine known or suspect contaminated sites within approximate minimum search distances.

A Tier 1 screening assessment consists of a search distance test to identify if there are any known or suspected contaminated sites within the primary and secondary areas of concern; a chemicals of concern test to determine if chemicals of concern exist at the known or

suspected contaminates sites; and a plume test to determine whether or not chemicals of concern in the contaminated plume may be within the critical distance.

The critical distance is defined as the linear distance in any direction from the nearest edge of the plume to the site. If the distance from the site to the nearest edge of a petroleum hydrocarbon plume is less than 30 feet or less than 100 feet for non-petroleum chemicals of concern, then it is presumed that a potential vapor intrusion condition (pVIC) exists and additional screening may be necessary.

The potential for a VIC from current land use is considered low. Should the subject property be redeveloped for residential use, the potential for a VIC from historical land use activities is considered moderate due to benzene and naphthalene concentrations exceeding the cancer risk vapor intrusion human health risk level in a residential use scenario in at least one groundwater sample collected during the 2001 investigation.

The potential for a VIC from surrounding land use is considered low due to the absence of suspect contaminated sites within 30/100 linear feet of the subject property building.

METHANE

No known methane issues were reported for the property. There is no evidence the property is located within 1,000 feet of an active landfill, an active oil well or an abandoned/inactive oil well.

Three soil gas samples collected within the footprint of the building adjoining west of the subject property (501 Beale St.) in 2004 revealed methane concentrations of 0.010%, 0.015% and 0.012%, significantly lower than the regulatory guidance level of 1.25% established by the RWQCB at that time.

I. REGULATORY DATABASE SEARCH

To address on-site and off-site environmental concerns as provided by federal, tribal, state and local government records and recorded environmental clean-up liens, AllWest contracted the services of EDR. The purpose of the records search was to assess the potential presence of hazardous substance contamination at the subject property as a result of activities conducted on properties within the ASTM-designated search distances. A list of the state

and federal regulatory databases searched, summary of findings and detailed records are presented in Appendix A.

Regulatory-listed sites and high-risk historical facilities identified by EDR as being within their approximate minimum search distances from the subject property on the ASTM-required databases are listed in Table 3, and summarized in Appendix A and their respective locations identified by number in Appendix A's figures. The number of sites shown in Table 3 may not exactly reflect what is provided in the EDR report due to multiple (duplicate) listings, outdated (historical databases), and differing minimum search radii as specified in ASTM E 1527-13. Additionally, some map locations shown on the EDR figures refer to more than one site, some sites are listed multiple times in the EDR report and some map locations shown on the EDR figures were determined by AllWest to be incorrect.

The EDR report listed several orphan sites (sites which addresses are as inadequate or incomplete as to render locating the site on a map ineffective) that could be within the approximate minimum search distances on the ASTM-required databases. By using additional sources of information, AllWest determined that they are not associated with the subject or adjoining properties, nor are they a significant concern to the subject property.

When reviewing the EDR report AllWest was particularly interested in the regulatory status of sites within the search radius that were adjoining or hydraulically up-gradient to the subject site. In general, only up-gradient hazardous materials release sites represent a potential environmental impact to the subject property. Chemical release sites located hydraulically down-gradient or cross-gradient (perpendicular) are considered unlikely to impact the site. The groundwater flow direction beneath the property and vicinity is expected generally to be to the east, with variations to the northeast and southeast, making sites to the northwest to southwest up-gradient of the subject property.

The subject property was not listed in the regulatory database report. A summary of the on- and off-site database listings is included in Table 3.

Table 3. Regulatory Database Search Summary

Section	Regulatory List	Search Radius	Number of Listed Sites within Search Radius	Number of Listed Sites on Subject Property
I.1	NPL	1 mile	None	None
I.2	RESPONSE	1 mile	1	None
I.3	RCRA – CORRACTS	1 mile	1	None
I.4	SEMS	½ mile	None	None
I.5	SEMS-ARCHIVE	½ mile	3	None
I.6	RCRA – TSDF	½ mile	None	None
I.7	RCRA Generators	Site & Adjoining	1	None
I.8	ERNS	Site	None	None
I.9	EnviroStor	1 mile	15	None
I.10	Toxic Pits	1 mile	None	None
I.11	CPS-SLIC	½ mile	5	None
I.12	State Landfills (SWF/LF)	½ mile	None	None
I.13	LUST	½ mile	79	None
I.14	Registered UST	Site & Adjoining	3	None
I.15	Registered AST	Site & Adjoining	2	None
I.16	HAZNET	Site	None	None
I.17	EDR® Historical Auto Stations	1/8 mile	2	None
I.18	EDR® Historical Cleaners	1/8 mile	2	None
I.19	EDR® Manufactured Gas Plants	1 mile	5	None

1. U.S. Environmental Protection Agency (EPA): National Priority List (NPL)

The NPL is a U.S. EPA database listing of the United States' worst uncontrolled or abandoned hazardous waste sites. NPL sites are targeted for possible long-term remedial action under the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980. In addition, the NPL report includes information concerning cleanup

agreements between the U.S. EPA and potentially Responsible Parties (commonly called Records of Decision, or RODS), any liens filed against contaminated properties, as well as the past and current U.S. EPA budget expenditures tracked within the Superfund Consolidated Accomplishments Plan (SCAP). The search radius for NPL is one mile.

The subject property is not listed on the NPL. There are no NPL facilities within one mile of the subject property.

2. DTSC: Equivalent National Priority List (RESPONSE)

The RESPONSE database is a DTSC database listing of the State of California's NPL-equivalent sites. These confirmed release sites are generally high-priority and have a high potential risk. They are those where the DTSC is involved in remediation of the site. The search radius for RESPONSE is one mile.

The subject property is not listed on RESPONSE.

There is one RESPONSE facility within one mile of the subject property. Site K (Seawall Lot 333) at 1-59 & ½ Townsend St. is located 0.25 mile south and cross-gradient of the subject property. This a Certified O&M – Land Use Restrictions Only site. Soil is the reported medium affected. Based on the site's location and status, this listing is not of significant environmental concern to the subject property.

3. U.S. EPA: RCRA Information System Corrective Action (CORRACTS) Facilities

The RCRA-CORRACTS database contains information pertaining to hazardous waste treatment, storage, and disposal facilities (RCRA TSDFs) which have conducted, or are currently conducting, a corrective action(s) as regulated under the Resource Conservation and Recovery Act. The search radius for CORRACTS is one mile. The following information is included within the CORRACTS database:

- Information pertaining to the status of facilities tracked by the RCRA Administrative Action Tracking System (RAATS);
- Inspections and evaluations conducted by Federal and State agencies;
- All reported facility violations, the environmental statute(s) violated, and any proposed and actual penalties; and
- Information pertaining to corrective actions undertaken by the facility or U.S. EPA.

The subject property is not listed on CORRACTS.

There is one CORRACTS facility listed within one mile of the subject property. H&H Ship Service Co. Inc., at 220 China Basin St., is located more than ½ south and cross-gradient of the subject property. Based on its location this site is not of significant environmental concern to the subject property.

4. U.S. EPA: Superfund Enterprise Management System (SEMS)

The SEMS database, formerly known as CERCLIS, is a comprehensive listing of known or suspected uncontrolled or abandoned hazardous waste sites. These sites have either been investigated, or are currently under investigation, by the U.S. EPA for the release or threatened release of hazardous substances. Once a site is placed in the SEMS, it may be subjected to several levels of review and evaluation, and ultimately placed on the NPL. The search radius for SEMS is ½ mile.

The subject property is not listed on SEMS. There are no SEMS facilities within ½ mile of the subject property.

5. U.S. EPA: SEMS-ARCHIVE Sites

The SEMS-ARCHIVE database, formerly known as CERCLIS-NFRAP, contains information pertaining to sites, which have been removed from the U.S. EPA's SEMS database. Sites listed in the SEMS-ARCHIVE may be sites where, following an initial investigation, either no contamination was found, contamination was removed quickly without need for the site to be placed on the NPL, or the contamination was not serious enough to require federal Superfund action or NPL consideration. The search radius for the SEMS-ARCHIVE is ½ mile.

The subject property is not listed on SEMS-ARCHIVE.

There are three SEMS-ARCHIVE facilities within ½ mile of the subject property. Electric Smelting Co., at 91 Federal St., is located 0.29 mile to the southwest and cross- to up-gradient of the subject property. Finn, John, Metal Works, at 384 2nds St., is located 0.37 mile to the southwest and cross- to up-gradient of the subject property. Both sites are reported on the Lead Smelters List as well. Neither of the SEMS-ARCHIVE listings contained significant information. Based on their archive status, distance of approximately 1/3 mile and relative immobility of lead, these listings are not expected to represent an environmental concern.

PG&E Gas Plant San Francisco 502 1B, at King and 2nd Streets, is located 0.37 mile south and cross-gradient of the subject property. Based on its archive status, relative immobility of contaminants found at former gas plants, cross-gradient location and distance of more than 1/3 mile, this site is not of environmental concern to the subject property.

6. U.S. EPA: RCRA - Treatment, Storage and Disposal Facilities (TSDF)

The RCRA-TSDF is a U.S. EPA listing of facilities that were permitted under RCRA to perform on-site treatment, storage or disposal of hazardous wastes. The search radius for RCRA-TSDF is ½ mile. The sites listed in RCRA-TSDF do not necessarily pose an environmental threat to the surrounding properties, because the TSDF permit imposes stringent monitoring and reporting requirements. The following information is also included in the RCRA-TSDF database:

- Information pertaining to the status of facilities tracked by the RCRA-RAATS;
- Inspections and evaluations conducted by federal and state agencies; and
- All reported facility violations, the environmental statute(s) violated, and any proposed and actual penalties.

The subject property is not listed as an RCRA-TSDF. There are no RCRA-TSDFs within ½ mile of the subject property.

7. U.S. EPA: RCRA Generators List

The RCRA Generators list is a U.S. EPA listing of facilities that generate hazardous wastes or meet other applicable waste generating requirements under RCRA. The facilities listed on the RCRA Generators list have not necessarily released hazardous waste into the environment or pose an environmental threat to the surrounding properties. These listed sites are required to properly contain the wastes generated and remove their wastes from the site within 90 days. Furthermore, the facilities that report waste generation activities are more inclined to perform the required monitoring. The search radius for RCRA Generators list is the subject property and adjoining properties.

The subject property is not listed in the RCRA generators database.

There is one RCRA waste generator adjoining the subject property. Caltrans at 434 Main St. is a small quantity generator, with no violations found. The listing in itself is not of environmental concern and indicates compliance.

8. U.S. EPA: Emergency Response Notification System (ERNS) List

The ERNS list is a U.S. EPA maintained list of reported incidents that concerning the sudden and/or accidental release of hazardous substances, including

petroleum, into the environment. The search radius for ERNS is the subject property.

The subject property is not listed on the ERNS list.

9. DTSC: EnviroStor Sites

The EnviroStor database is a DTSC listing of sites under investigation, that could be actually or potentially contaminated and that may present a possible threat to human health and the environment. The search radius for EnviroStor is one mile.

The subject property is not on the EnviroStor list.

There are 15 EnviroStor sites listed within one mile of the subject property. Four EnviroStor listings are located within ½ mile cross- to up-gradient of the subject property. They are tabulated below.

Facility Name and Address	355 Bryant St.
Distance	0.25 mile southwest
Groundwater Gradient	Cross- to up-gradient
Status	DTSC determined the potential risk posed by polyaromatic hydrocarbons, the chemicals of concern at the site, did not pose an unacceptable level of risk to public health or the environment under current site conditions. Based on these findings, the site is not of significant concern to the subject property.
Facility Name and Address	415 Bryant St.
Distance	0.35 mile southwest
Groundwater Gradient	Cross- to up-gradient
Status	Soil was found to be impacted with lead. Removal was to be overseen by the County. Based on the nature of contamination this listing is not of environmental concern to the subject property.
Facility Name and Address	Electrical Shop 528 Folsom St.
Distance	0.36 mile west
Groundwater Gradient	Up-gradient
Status	This is a historical listing. This address was not listed in any other databases. Notes on the EnviroStor website indicate facility was identified on a drive by; oil patch and

	discolored soil was noted (9/14/1981). More information reportedly was needed as of 6/12/1987. Based on the available notes and the lack of further regulatory action, this listing is unlikely to be of environmental concern to the subject property.
Facility Name and Address	199 Fremont St. Property
Distance	0.39 mile northwest
Groundwater Gradient	Cross- to up-gradient
Status	This is Voluntary Cleanup site, which was referred to another agency as of 12/28/1998. Based on aerial photography, it appears the site has since been redeveloped and/or is in the process. The potential medium affected was listed as soil. Based on the site status and distance of nearly 0.4 mile, this listing is unlikely to be of environmental concern.

Other EnviroStor sites are located cross-gradient and/or more than ½ mile of the subject property. The listings are not of environmental concern based on their location.

10. DTSC: Toxic Pits Cleanup Act Sites (Toxic Pits; TPCA)

The TPCA is a DTSC listing of hazardous waste cleanup sites regulated pursuant to the California Toxic Pits Cleanup Act (Toxic Pits). It identifies sites suspected of containing hazardous substances where cleanup has not yet been completed. We note, this database has not been updated since July 1995. The search radius for the TPCA list is one mile.

The subject property is not listed on the TPCA site list. There are no TPCA sites located within one mile of the subject property.

11. Regional Water Quality Control Board (RWQCB): Cleanup Program Sites (CPS)-Spills, Leaks, Investigations, and Cleanup (SLIC)

The CPS-SLIC is a California RWQCB listing of sites that have reported spills, leaks, investigative activities, and/or cleanup actions. The search radius for the CPS-SLIC list is ½ mile.

The subject property is not listed on the CPS-SLIC list.

There are five CPS-SLIC listings within ½ mile of the subject property. One CPS-SLIC listing, Continental Construction at 301 Howard St., is located 0.35 mile to the northwest and cross- to up-gradient of the

subject property. The site soil and groundwater were found to be contaminated with an oily material whose primary constituents included volatile organic hydrocarbons and polynuclear aromatic hydrocarbons, consistent with unrefined petroleum material. This site has open case status, but is inactive. The groundwater flow direction was not documented at this site, however, two sites nearby reported it is to the northeast, and north and west, indicating that this listing is not located directly up-gradient of the subject property. Based on its distance, and variations in hydraulic gradient, this listing is not of significant environmental concern.

The other four listings are located 0.25 to 0.5 mile cross-gradient of the subject property. Based on their location, these listings are not of environmental concern to the subject property.

12. California Integrated Waste Management Board: Solid Waste Information System (SWF/LF) Facilities

The SWF/LF is a California Integrated Waste Management Board (CIWMB) listing of all permitted active, inactive or closed landfills. The search radius for SWF/LF is ½ mile.

The subject property is not listed on the SWF/LF list. There are no SWF/LF sites within ½ mile of the subject property.

13. SWRCB: Leaking Underground Storage Tanks (LUST)

The LUST list is a RWQCB listing of sites that have reported leaking USTs. A site may be listed on LUST by reporting the tank system(s) failed tank testing, that routine monitoring of tank system(s) showed evidence of leakage, or that verification sampling during tank removal showed subsurface contamination.

Fuel leak case research conducted at the Lawrence Livermore National Laboratory indicates that attenuation and degradation play major roles in reducing hydrocarbons in groundwater to non-detectable levels within several hundred feet of the contaminant source. Research findings indicate that in over 90 percent of the petroleum hydrocarbon cases, groundwater contaminant plumes do not extend more than 250 feet from the source. The mobility of a gasoline additive called Methyl Tertiary Butyl Ether (MTBE) is currently being researched. Preliminary findings indicate that MTBE is highly soluble in water and moves easily through soil particles and into groundwater where it may spread over a distance greater than 250 feet. MTBE will transfer to groundwater from gasoline leaking from USTs, pipelines, car emissions into the atmosphere and other components of gasoline vapor distribution. MTBE has

been an additive to gasoline since approximately 1985, but banned in California since 2004.

The subject property is not listed as an LUST site.

There are 79 LUST listings, including duplicates, within ½ mile of the subject property. Eight listings were reported within 1/8 mile, with two listings mapped incorrectly. Zelinsky & Sons at 955-975 Bryant St. was located more than a mile away, and therefore, is not of environmental concern based on distance. Caltrans at 120 Rickard St. (reported as Richard St.) is located in a distant part of San Francisco, and therefore, also not of environmental concern.

The six LUST listings confirmed within 1/8 mile are tabulated below. Additionally, all of the LUST sites within ¼ mile also have a regulatory status of case closed. Based on the locations and regulatory status of all LUST sites, they are unlikely to be of significant concern to the subject property.

Facility Name and Address	Bayside Village 2 Brannan St.
Distance	Adjoining south
Groundwater Gradient	Cross to up-gradient
Status	Completed-case closed as of July 1995. Impacted soil removed. Contaminants not detected following remediation. Not of environmental concern.
Facility Name and Address	Caltrans (2 listings) 434 Main St.
Distance	Adjoining northwest
Groundwater Gradient	Up-gradient
Status	Both listings have a completed-case closed status as of May 2000. Soil impacts only. Case Closure Summary stated minimal residual soil contamination noted. Not of environmental concern.
Facility Name and Address	Caltrans 435 Beale St.
Distance	0.085 mile northwest
Groundwater Gradient	Up-gradient
Status	Completed-case closed as of December 1996. Soil impact only. Not of environmental concern.
Facility Name and Address	Brannan & Embarcadero

Distance	35 & 101 Brannan St. 0.087 mile south
Groundwater Gradient	Cross-gradient
Status	Completed-case closed as of August 1996. No Closure Letter available on GeoTracker. Not of environmental concern based on cross-gradient location and case closed.
Facility Name and Address	US Marine Corps 160 Harrison St.
Distance	0.12 mile northwest
Groundwater Gradient	Cross- to up-gradient
Status	Completed-case closed as of August 2000. Soil impacts only. Not of environmental concern.

There are no open LUST sites within ½ mile of the subject property. None of the remaining LUST sites are of environmental concern based on distance and or regulatory status.

14. SWRCB: Registered Underground Storage Tank (RUST) List

The RWQCB Underground Storage Tank Program maintains a list of registered USTs in the site area. The sites listed on the RUST list have not necessarily released hazardous substances into the environment or pose an environmental threat to the surrounding properties. Since Federal and California UST regulations require periodic monitoring for UST leakage and the immediate reporting of evidence of UST leakage, only those sites listed on the LUST list have the potential of environmental impact. The search radius for the RUSTs is ¼ mile.

The subject property was not listed on the RUST list.

There are three adjoining registered UST facilities. There is one 1,000-gallon UST at the Bay Bridge Pump Station as 480 Main St. The double-walled tank was installed in 2000 in secondary containment. It is equipped with continuous interstitial monitoring. Based on the construction of the UST, and its relatively recent installation in 2000, it is not of environmental to the subject property.

There is one UST listing for the Caltrans facility at 434 Main St. The listing indicates two USTs were present and removed from the facility in 1990 and 1996. The facility was not listed as a LUST. The former presence of the USTs is not of environmental concern to the subject property.

2 Brannan St. also was listed as having a UST. The UST was removed in 1986. The address also was listed as a LUST, discussed in Section I.13, which received closure from the local oversight agency. The area has since been redeveloped with an apartment building and commercial space. This listing is not of environmental concern.

15. California EPA: Registered Aboveground Storage Tank (RAST) List

The RWQCB Aboveground Storage Tank Program maintains a list of registered aboveground storage tanks (ASTs) in the site area. The sites listed on the RAST list have not necessarily released hazardous substances into the environment or pose an environmental threat to the surrounding properties. The search radius for the RAST list is ¼ mile.

The subject property is not listed on the RAST list.

There are two RAST listings, both at the adjoining Caltrans facility at 434 Main St. According to one of the listings, a 6,000-gallon AST is present at this address. No other information was provided in the listing. The other listing indicated the presence of an AST up to 3,000 gallons in volume. This listing indicated a CERS ID #10055791. The Hazardous Materials Unified Program Agency date was April 1, 2018, indicated the AST is permitted.

During the site visit AllWest observed one diesel AST at 434 Main St. The AST was located behind a locked gate under a roofed area. Current information suggests the AST is maintained as required. The listings are of significant environmental concern to the subject property at this time.

16. DTSC: Hazardous Waste Information System (HAZNET) List

The data on the HAZNET list is extracted from the copies of hazardous waste manifests received each year by the DTSC. The volume of manifests is typically 700,000 to 1,000,000 annually, representing approximately 350,000 to 500,000 shipments. Data from the manifests is submitted without correction, and therefore many contain some invalid values for data elements such as generator ID, TSD ID, waste category and disposal method. The search radius for HAZNET is the subject property.

The subject property was not listed on the HAZNET database.

17. EDR® Historical Auto Stations

EDR maintains a proprietary list of possible historical automotive repair shops and gasoline stations derived from city directories, telephone directories and other historical sources.

The subject property is not listed as a historical auto station.

There are two historical auto station listings reported within 1/8 mile of the subject property. The listed addresses, which adjoined the subject property to the south, were associated with one parcel. The 590 Beale St. listing dates back to 1940. The 2 Brannan St. listing is dated between 1953 and 2003. 2 Brannan St. was listed as a LUST, as discussed in Section I.13. It received case closure from the local oversight agency. The area has since been redeveloped with an apartment building and commercial space. The listings are not of environmental concern.

18. EDR® Historical Cleaners

EDR® maintains a proprietary list of possible historical dry cleaner businesses derived from city directories, telephone directories and other historical sources.

The subject property is not listed as a historical dry cleaner.

There are two historical dry cleaners reported within 1/8 mile of the subject property, but neither is at an adjoining property.

SCV Holdings Corp., listed between 1994 and 2012, was located at 140 Brannan St. and 0.11 mile to the south and cross-gradient. It is not listed in any other databases. Based on its cross-gradient location, it is unlikely to be of environmental concern to the subject property. S&H Inc. was listed once in 1997 at 274 Bryant Street 0.21 mile away and cross- to up-gradient. Its brief presence at this location, indicates this former dry cleaner is unlikely to be of environmental concern.

19. EDR® Historical Manufactured Gas Plants

EDR maintains a proprietary list of coal gas plants (manufactured gas plants) derived from city directories, telephone directories and other historical sources.

The subject property is not listed as an historical manufactured gas plant.

There are five historical manufactured gas plants located within 0.4 to 1 mile of the subject property. Based on relative immobility of contaminants found at former gas plants and a distance of 0.4 mile or greater, these former sites are not of significant environmental concern to the subject property.

Summary

The subject property was not listed in any environmental databases.

The agency database search found no surrounding or adjoining sites that appear likely to have significantly

impacted the soil or groundwater underlying the subject property.

Our search for recorded environmental clean-up liens and reviews of federal, tribal, state and local government records did not encounter data gaps that diminish our ability to provide an opinion on a release or potential release of hazardous substances at the subject property.

VII. INFORMATION SOURCES

A. HISTORICAL SOURCES

Aerial Photographs

EDR[®] Aerial Photo Decade Package, April 10, 2019, Environmental Data Resources, Inc., Shelton, Connecticut.

Sanborn[®] Fire Insurance Maps

EDR[®] Certified Sanborn[®] Map Report, April 10, 2019, Environmental Data Resources, Inc., Shelton, Connecticut

Topographic Maps

EDR[®] Historical Topo Map Report, April 10, 2019, Environmental Data Resources, Inc., Shelton, Connecticut.

City Directories

EDR[®] City Directory Abstract, April 16, 2019, Environmental Data Resources, Inc., Shelton, Connecticut.

B. AGENCY DATABASES

The EDR[®] Radius Map[™] Report, April 10, 2019 Environmental Data Resources, Inc.

C. ENVIRONMENTAL STUDIES

Alquist-Priolo Special Studies Zones Act, Special Publication No. 42, 1997, California Division of Mines and Geology

California Statewide Radon Survey, 1990, California Department of Health Services

California's Groundwater, Bulletin 118, 2006, California Department of Water Resources

Geology of Northern California, Bulletin No. 190, 1966, California Division of Mines and Geology

Interim Guidance for Sampling Agricultural Soils, State of California Department of Toxic Substances Control (DTSC), June 2000

Geologic of California, Norris and Webb, 1990, John M. Wiley & Sons

California Department of Conservation, Department of Oil, Gas and Geothermal Resources maps, http://www.consrv.ca.gov/DOG/maps/Pages/index_map.aspx

D. PLANNING, BUILDING AND ASSESSOR

San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103. Contact: 415-558-6378

San Francisco Department of Building Inspection, 1660 Mission Street, San Francisco, CA 94103. Contact: 415-558-6088

San Francisco Assessor-Recorder's Office, 1 Dr. Carlton B. Goodlett Place, City Hall, Room 190, San Francisco, CA 94102. Contact: 415-554-5596

E. FIRE AND ENVIRONMENTAL HEALTH

San Francisco Department of Public Health, Environmental Health Division, 1390 Market Street, Suite 210, San Francisco, CA 94102. Contact: 415-252-3800

San Francisco Department of Public Health, Environmental Health Management, Local Oversight Program, 1390 Market Street, Suite 210, San Francisco, CA 94102. Contact: 415-252-3900

San Francisco Fire Department, 698 Second Street, San Francisco, CA 94107. Contact: 415-558-3384

State Water Resources Control Board (SWRCB) GeoTracker database website: <http://www.geotracker.swrcb.ca.gov/>

Department of Toxic Substances Control (DTSC) EnviroStor database website: <http://www.envirostor.dtsc.ca.gov/public/>

F. WATER QUALITY

San Francisco Department of Public Works, 1 Dr. Carlton B. Goodlett Place, City Hall, Room 348, San Francisco, CA 94102. Contact: 415-554-6920

San Francisco Public Utilities Commission, 1155 Market Street, 11TH Floor, San Francisco, CA 94103. Contact: 415-554-3155

Regional Water Quality Control Board, San Francisco Bay Region (Region 2), 1515 Clay Street, Suite No. 1400, Oakland, CA 94612. Contact: 510-622-2300

G. AIR QUALITY

Bay Area Air Quality Management District, 375 Beale Street, San Francisco, CA 94105
Contact: 415-749-4900

H. PREVIOUS / OTHER REPORTS

Results of Hazardous Materials Investigation, Seawall Lot 329 and 330, Embarcadero, Bryant, and Beale Streets, San Francisco, California, Subsurface Consultants, Inc. (SCI), June 28, 2001.

Results of Soil Gas Testing for Methane, Seawall Lot Development, The Embarcadero, Bryant Street, and Beale Street, San Francisco, CA, Fugro West, Inc., March 3, 2004.

Maher Investigation Work Plan, Seawall Lot 330 Project, San Francisco, California, TRC, April 12, 2019.

Wong, Jocelyn (BOS)

From: Peter Prows <pprows@briscoelaw.net>
Sent: Thursday, June 20, 2019 9:50 PM
To: Wong, Jocelyn (BOS)
Cc: smw@stevewilliamsllaw.com; hestor@earthlink.net; GIVNER, JON (CAT); STACY, KATE (CAT); JENSEN, KRISTEN (CAT); Rahaim, John (CPC); Teague, Corey (CPC); Sanchez, Scott (CPC); Gibson, Lisa (CPC); Jain, Devyani (CPC); Navarrete, Joy (CPC); Lynch, Laura (CPC); Rodgers, AnMarie (CPC); Sider, Dan (CPC); Starr, Aaron (CPC); Forbes, Elaine (PRT); Quezada, Randolph (PRT); Quesada, Amy (PRT); Kositsky, Jeff (HOM); Schneider, Dylan (HOM); Stewart-Kahn, Abigail (HOM); Rosenberg, Julie (BOA); Cantara, Gary (BOA); Longaway, Alec (BOA); BOS-Supervisors; BOS-Legislative Aides; Calvillo, Angela (BOS); Somera, Alisa (BOS); BOS Legislation, (BOS)
Subject: Re: PLANNING DEPARTMENT RESPONSE MEMO: Appeal of CEQA Exemption Determination - Proposed Seawall Lot 330 Project - Appeal Hearing on June 25, 2019

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Attachments available until 20 Jul 2019

Thank you.

On behalf of Safe Embarcadero For All, I have additional comments and information for the Board.

First, the appeal submitted by Safe Embarcadero For All is referred to as the "Prows Appeal Letter". That was not the personal Prows Appeal. It is the Safe Embarcadero For All appeal. Please refer to this appeal appropriately.

Second, the response states that no evidence is provided about endangered species habitat. San Francisco is on constructive, if not actual, notice of all critical habitat designations by virtue of their publication in the Federal Register. (Fed. Crop Ins. Corp. v. Merrill, 332 U.S. 380, 384-85 (1947)); 44 U.S.C. 1507.) San Francisco Bay is designated critical habitat for Central Coast

Steelhead. (<https://www.westcoast.fisheries.noaa.gov/publications/frn/2005/70fr52488.pdf>) Seawall Lot 330, as part of historic San Francisco Bay and as being waterward of the legal ordinary high water mark, has potential habitat value for listed species.

Third, please consider this a Public Record Act Request for the Burton Act transfer agreement of January 1969 (referenced in SB 815 and elsewhere), and all its amendments, and please include those documents in the administrative record.

Fourth, the Port claims it drafted AB 2797 (see page 6 of <https://sfport.com/sites/default/files/Commission/Documents/Commission%20Meeting%20Staff%20Reports/2016%20Commission%20Meeting%20Items/SEP27/Item%2010C%20Legislation%20Strategy%20Staff%20Report%20Final.pdf>). I submitted a Public Records Act Request to the Port for all documents relating to AB 2797, which is cited by both sides in this matter. Please include those documents in the administrative record in this matter.

Fifth, please include the following Board resolution (264-18) in the administrative record (<https://sfbos.org/sites/default/files/r0264-18.pdf>), which potentially relates to the administrative interpretation of AB 2797 and other relevant legislation.

Sixth, please include volumes 8 and 9 of the incident reports, attached, in the administrative record.

Seventh, please include the two additional documents, attached to this email, on homeless counts, which undermine the Planning Department's claim that this project will not add to the homeless population in the immediate area, in the administrative record.

Eighth, the Planning Commission response refers to monthly parking rents received for Seawall Lot 330, and compares those to average monthly parking rents received in prior years. One of the attached documents confirms that monthly rents for the early part of the year, before baseball season is in full swing, are much lower than monthly rents in later parts of the year, and that parking revenues are already higher this year than at similar times in prior years. (Another attached document, an Excel spreadsheet, summarizes the data we have on year-over-year monthly parking revenues.) Please consider this a Public Records Act request for data on monthly parking revenues for Seawall Lot 330 for each month for the past 5 years, and please incorporate those records in the administrative record in this matter.

Ninth, please include the additional two documents attached to this email in the administrative record in this matter as relevant to the development potential of Seawall Lot 330. The document attached as the 11 June 2019 Port Commission agenda refers to a "Presentation on a potential Request for Proposals for Piers 30-32 and Seawall Lot 330"; please consider this a Public Records Act request for all documents related to that presentation and to any potential requests for proposals for Seawall Lot 330, and please include all responsive documents in the administrative record.

Thank you.

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Responsive CIRs Volume 9.pdf
3.3 MB

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Responsive CIRs Volume 8.pdf
4.5 MB

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Item 9B - final with attachments.pdf
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6-20-19 Supplemental Production 2.pdf
5.8 MB

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Parking Schedule ACP-WP prepared for counsel.xlsx
14 KB

On 17 Jun 2019, at 2:41 PM, Wong, Jocelyn (BOS) <jocelyn.wong@sfgov.org> wrote:

Good afternoon,

Please find linked below a response memo received by the Office of the Clerk of the Board from the Planning Department regarding the appeal of the determination of categorical exemption from environmental review under CEQA for the proposed project at Seawall Lot 330.

[Planning Department Memo - June 17, 2019](#)

The hearing for this matter is scheduled for 3:00 p.m. special order before the Board on June 25, 2019.

I invite you to review the entire matter on our [Legislative Research Center](#) by following the links below:

[Board of Supervisors File No. 190611](#)

Best regards,

Jocelyn Wong

San Francisco Board of Supervisors

1 Dr. Carlton B. Goodlett Place, Room 244

San Francisco, CA 94102

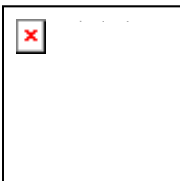
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<image001.png> Click [here](#) to complete a Board of Supervisors Customer Service Satisfaction form

The [Legislative Research Center](#) provides 24-hour access to Board of Supervisors legislation, and archived matters since August 1998.

Disclosures: Personal information that is provided in communications to the Board of Supervisors is subject to disclosure under the California Public Records Act and the San Francisco Sunshine Ordinance. Personal information provided will not be redacted. Members of the public are not required to provide personal identifying information when they communicate with the Board of Supervisors and its committees. All written or oral communications that members of the public submit to the Clerk's Office regarding pending legislation or hearings will be made available to all members of the public for inspection and copying. The Clerk's Office does not redact any information from these submissions. This means that personal information—including names, phone numbers, addresses and similar information that a member of the public elects to submit to the Board and its committees—may appear on the Board of Supervisors' website or in other public documents that members of the public may inspect or copy.



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Federal Register

Friday,
September 2, 2005

Part II

Department of Commerce

National Oceanic and Atmospheric
Administration

50 CFR Part 226
Endangered and Threatened Species;
Designation of Critical Habitat for Seven
Evolutionarily Significant Units of Pacific
Salmon and Steelhead in California; Final
Rule

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

50 CFR Part 226

[Docket No. 041123329-5202-02; I.D. No.110904F]

RIN 0648-AO04

Endangered and Threatened Species; Designation of Critical Habitat for Seven Evolutionarily Significant Units of Pacific Salmon and Steelhead in California

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration, Commerce.

ACTION: Final rule.

SUMMARY: We, the National Marine Fisheries Service (NMFS), are issuing a final rule designating critical habitat for two Evolutionarily Significant Units (ESUs) of chinook salmon (*Oncorhynchus tshawytscha*) and five ESUs of steelhead (*O. mykiss*) listed as of the date of this designation under the Endangered Species Act of 1973, as amended (ESA). The specific areas designated in the rule text set out below include approximately 8,935 net mi (14,269 km) of riverine habitat and 470 mi² (1,212 km²) of estuarine habitat (primarily in San Francisco-San Pablo-Suisun Bays) in California. Some of the areas designated are occupied by two or more ESUs. The annual net economic impacts of changes to Federal activities as a result of the critical habitat designations (regardless of whether those activities would also change as a result of the ESA's jeopardy requirement) are estimated to be approximately \$81,647,439. We solicited information and comments from the public in an Advanced Notice of Proposed Rulemaking and on all aspects of the proposed rule. This rule is being issued to meet the timeline established in litigation between NMFS and Pacific Coast Federation of Fishermen's Associations (*PCFFA et. al v. NMFS* (Civ.No. 03-1883)). In the proposed rule, we identified a number of potential exclusions we were considering including exclusions for federal lands subject to the Pacific Northwest Forest Plan, PACFISH and INFISH. We are continuing to analyze whether exclusion of those federal lands is appropriate.

DATES: This rule becomes effective January 2, 2006.

ADDRESSES: Comments and materials received, as well as supporting

documentation used in the preparation of this final rule, are available for public inspection by appointment, during normal business hours, at the National Marine Fisheries Service, NMFS, Protected Resources Division, 501 W. Ocean Blvd., Suite 4200, Long Beach, CA 90802-4213. The final rule, maps, and other materials relating to these designations can be found on our Web site at <http://swr.nmfs.noaa.gov>.

FOR FURTHER INFORMATION CONTACT:

Craig Wingert at the above address, at 562/980-4021, or Marta Nammack at 301/713-1401 ext. 180.

SUPPLEMENTARY INFORMATION:**Organization of the Final Rule**

This **Federal Register** notice describes the final critical habitat designations for seven ESUs of West Coast salmon and steelhead listed under the ESA. The pages that follow summarize the comments and information received in response to proposed designations published on December 10, 2004 (69 FR 71880), describe any changes from the proposed designations, and detail the final designations for seven ESUs. To assist the reader, the content of this notice is organized as follows:

- I. Background and Previous Federal Action
- II. Summary of Comments and Recommendations
 - Notification and General Comments*
 - Identification of Critical Habitat Areas*
 - Economics Methodology*
 - Weighing the Benefits of Designation vs. Exclusion*
 - Effects of Designating Critical Habitat*
 - ESU-specific Issues*
- III. Summary of Revisions
- IV. Methods and Criteria Used to Identify Critical Habitat
 - Salmon Life History*
 - Identifying the Geographical Area Occupied by the Species and Specific Areas within the Geographical Area*
 - Primary Constituent Elements*
 - Special Management Considerations or Protections*
 - Unoccupied Areas*
 - Lateral Extent of Critical Habitat*
 - Military Lands*
 - Critical Habitat Analytical Review Teams*
- V. Application of ESA Section 4(b)(2)
 - Exclusions Based on "Other Relevant Impacts"*
 - Impacts to Tribes*
 - Impacts to Landowners with Contractual Commitments to Conservation*
 - Exclusions Based on National Security Impacts*
 - Exclusions Based on Economic Impacts*
- VI. Critical Habitat Designation
- VII. Effects of Critical Habitat Designation
 - Section 7 Consultation*
 - Activities Affected by Critical Habitat Designation*
- VIII. Required Determinations
- IX. References Cited

I. Background and Previous Federal Action

We are responsible for determining whether species, subspecies, or distinct population segments of Pacific salmon and steelhead (*Oncorhynchus* spp.) are threatened or endangered, and for designating critical habitat for them under the ESA (16 U.S.C. 1531 *et seq.*). To qualify as a distinct population segment, a Pacific salmon or steelhead population must be substantially reproductively isolated from other conspecific populations and represent an important component in the evolutionary legacy of the biological species. According to agency policy, a population meeting these criteria is considered to be an Evolutionarily Significant Unit (ESU) (56 FR 58612, November 20, 1991).

We are also responsible for designating critical habitat for species listed under our jurisdiction. Section 3 of the ESA defines critical habitat as (1) specific areas within the geographical area occupied by the species at the time of listing, on which are found those physical or biological features that are essential to the conservation of the listed species and that may require special management considerations or protection, and (2) specific areas outside the geographical area occupied by the species at the time of listing that are essential for the conservation of a listed species. Our regulations direct us to focus on "primary constituent elements," or PCEs, in identifying these physical or biological features. Section 7(a)(2) of the ESA requires that each Federal agency shall, in consultation with and with the assistance of NMFS, ensure that any action authorized, funded or carried out by such agency is not likely to jeopardize the continued existence of an endangered or threatened salmon or steelhead ESU or result in the destruction or adverse modification of critical habitat. Section 4 of the ESA requires us to consider the economic impacts, impacts on national security, and other relevant impacts of specifying any particular area as critical habitat.

The timeline for completing the critical habitat designations described in this **Federal Register** notice was established pursuant to litigation between NMFS and the Pacific Coast Federation of Fishermen's Associations, Institute for Fisheries Resources, the Center for Biological Diversity, the Oregon Natural Resources Council, the Pacific Rivers Council, and the Environmental Protection Information Center (PCFFA, *et al.*) and is subject to a Consent Decree and Stipulated Order

of Dismissal (Consent Decree) approved by the D.C. District Court. A complete summary of previous court action regarding these designations can be found in the proposed rule (69 FR 71880; December 10, 2004).

In keeping with the Consent Decree, on December 10, 2004 (69 FR 71880), we published proposed critical habitat designations for two ESUs of Chinook salmon and five ESUs of *O. mykiss*. (For the latter ESUs we used the species' scientific name rather than "steelhead" because at the time they were being proposed for revision to include both anadromous (steelhead) and resident (rainbow/redband) forms of the species—see 69 FR 33101, June 14, 2004). The seven ESUs addressed in the proposed rule were: (1) California Coastal Chinook salmon; (2) Northern California *O. mykiss*; (3) Central California Coast *O. mykiss*; (4) South-Central Coast *O. mykiss*; (5) Southern California *O. mykiss*; (6) Central Valley spring run Chinook salmon; and (7) Central Valley *O. mykiss*. The comment period for the proposed critical habitat designations was originally opened until February 8, 2005. On February 7, 2005 (70 FR 6394), we announced a court-approved Amendment to the Consent Decree which revised the schedule for completing the designations and extended the comment period until March 14, 2005, and the date to submit final rules to the **Federal Register** as August 15, 2005.

In the critical habitat proposed rule we stated that "the final critical habitat designations will be based on the final listing decisions for these seven ESUs due by June 2005 and thus will reflect occupancy "at the time of listing" as the ESA requires." All of these ESUs had been listed as threatened or endangered between 1997–2000, but in 2002 we announced that we would reassess the listing status of these and other ESUs (67 FR 6215; February 11, 2002). We recently published final listing decisions for the two Chinook salmon, but not for the five ESUs of *O. mykiss* (70 FR 37160; June 28, 2005). Final listing determinations for these five ESUs are expected by December 2005 (70 FR 37219; June 28, 2005). However, the Consent Decree governing the schedule for our final critical habitat designations requires that we complete final designations for those of the seven ESUs identified above that are listed as of August 15, 2005. Because anadromous forms (*i.e.*, "steelhead") of the five *O. mykiss* ESUs have been listed since 1997–2000 (*see* summary in June 14, 2004 **Federal Register** notice, 69 FR 33103), we are now issuing final critical habitat designations for them in this

notice in accordance with the Consent Decree. We are able to do so because in developing critical habitat designations for this species we have focused on the co-occurring range of both the anadromous and resident forms. Therefore, both the proposed and final designations were restricted to the species' anadromous range, although we did consider and propose to designate some areas occupied solely by resident fish in upper Alameda Creek in the San Francisco Bay area. We focused on the co-occurring range due to uncertainties about: (1) The distribution of resident fish outside the range of co-occurrence, (2) the location of natural barriers impassable to steelhead and upstream of habitat areas proposed for designation, and (3) the final listing status of the resident form. Section 4(a)(3)(B) of the ESA provides for the revision of critical habitat designations as appropriate, and we will do so (if necessary) after making final listing determinations for these five *O. mykiss* ESUs. Moreover, we intend to actively revise critical habitat as needed for all seven ESUs to keep them as up-to-date as possible.

In an Advance Notice of Proposed Rulemaking (ANPR) (68 FR 55926; September 29, 2003), we noted that the ESA and its supporting regulations require the agency to address a number of issues before designating critical habitat: "What areas were occupied by the species at the time of listing? What physical and biological features are essential to the species' conservation? Are those essential features ones that may require special management considerations or protection? Are areas outside those currently occupied 'essential for conservation'? What are the benefits to the species of critical habitat designation? What economic and other relevant impacts would result from a critical habitat designation, even if coextensive with other causes such as listing? What is the appropriate geographic scale for weighing the benefits of exclusion and benefits of designation? What is the best way to determine if the failure to designate an area as critical habitat will result in the extinction of the species concerned?" We recognized that "[a]nswering these questions involves a variety of biological and economic considerations" and therefore were seeking public input before issuing a proposed rule. As we stated in the proposed rule that followed: "We received numerous comments in response to the ANPR and considered them during development of this proposed rulemaking. Where applicable, we have referenced these comments in

this **Federal Register** notice as well as in other documents supporting this proposed rule." In the proposed rule, we described the methods and criteria we applied to address these questions, relying upon the unique life history traits and habitat requirements of salmon and steelhead.

In issuing the final rule, we considered the comments we received to determine whether a change in our proposed approach to designating critical habitat for salmon and steelhead was warranted. In some instances, we concluded based on comments received that a change was warranted. For example, in this final rule we have revised our approach to allow us to consider excluding areas covered by habitat conservation plans in those cases where the benefits of exclusion outweigh the benefits of designation.

In other instances, we believe the approach taken is supported by the best available scientific information, and that given the time and additional analyses required, changes to the methods and criteria we applied in the proposed rule were not feasible. We recognize there are other equally valid approaches to designating critical habitat and for answering the myriad questions described above. Nevertheless, issuance of the final rule for designating critical habitat for these ESUs is subject to a Court Order that requires us to submit the final regulation to the **Federal Register** no later than August 15, 2005, less than 5 months after the close of the public comment period. Taking alternative approaches to designating critical habitat would have required a retooling of multiple interrelated analyses and undertaking additional new analyses in support of the final rule, and was not possible given the time available to us. We will continue to study alternative methods and criteria and may apply them in future rulemakings designating critical habitat for these or other species.

II. Summary of Comments and Recommendations

As described in agency regulations at 50 CFR 424.16(c)(1), in the critical habitat proposed rule we requested that all interested parties submit written comments on the proposals. We also contacted the appropriate Federal, state, and local agencies, scientific organizations, and other interested parties and invited them to comment on the proposed rule. To facilitate public participation we made the proposed rule available via the internet as soon as it was signed (approximately 2 weeks prior to actual publication) and accepted comments by standard mail

and fax as well as via e-mail and the internet (e.g., www.regulations.gov). In addition, we held four public hearings between January 13, 2005, and February 1, 2005, in the following locations: Arcata, Rohnert Park, Sacramento, and Santa Barbara, CA. We received 3,762 written comments (3,627 of which were form letters or in the form of e-mails with nearly identical verbiage) during the comment period on the proposed rule.

In December 2004, the Office of Management and Budget (OMB) issued a Final Information Quality Bulletin for Peer Review establishing minimum peer review standards, a transparent process for public disclosure, and opportunities for public input (70 FR 2664; January 14, 2005). The OMB Peer Review Bulletin, implemented under the Information Quality Act (Pub. L. 106–554), is intended to provide public oversight on the quality of agency information, analyses, and regulatory activities, and applies to information disseminated on or after June 16, 2005. Prior to publishing the proposed rule we submitted the initial biological assessments of our Critical Habitat Analytical Review Teams (hereafter referred to as CHART) to state co-managers and asked them to review those findings. These co-manager reviews resulted in some changes to the CHARTs' preliminary assessments (e.g., revised fish distribution as well as conservation value ratings) and helped to ensure that the CHARTs' revised findings (NMFS, 2004b) incorporated the best available scientific data. We later solicited technical review of the entire critical habitat proposal (biological, economic, and policy bases) from several independent experts selected from the academic and scientific community, Native American tribal groups, Federal and state agencies, and the private sector. We also solicited opinions from three individuals with economics expertise to review the draft economics analysis supporting the proposed rule. All three of the economics reviewers and one of the biological reviewers submitted written opinions on our proposal. We have determined that the independent expert review and comments received regarding the science involved in this rulemaking constitute adequate prior review under section II.2 of the OMB Peer Review Bulletin (NMFS, 2005b).

We reviewed all comments received from the peer reviewers and the public for substantive issues and new information regarding critical habitat for the various ESUs, and we address them in the following summary. Peer reviewer comments were sufficiently

similar to public comments that we have responded to them through our general responses below. For readers' convenience we have assigned comments to major issue categories and where possible have combined similar comments into single comments and responses.

Notification and General Comments

Comment 1: Some commenters raised concerns or complained about the adequacy of public notification and time to comment.

Response: We made all reasonable attempts to communicate our rulemaking process and the critical habitat proposal to the affected public. Prior to the proposed rule we published an ANPR in which we identified issues for consideration and evaluation, and solicited comments regarding these issues and information regarding the areas and species under consideration (68 FR 55926; September 29, 2003). We considered comments on the ANPR during our development of the proposed rule. As soon as the proposed rule was signed on November 29, 2004 (2 weeks before actual publication in the **Federal Register**), we posted it and supporting information on the agency's internet site to facilitate public review, and we have provided periodic updates to that site (see **ADDRESSES**). In response to numerous requests—in particular from plaintiffs as well as private citizens, counties, farm bureaus, and state legislators in Washington—the original 60-day public comment period was extended by 30 days (70 FR 6394; February 7, 2005) to allow additional time for the public to submit comments on the critical habitat proposals.

Additionally, we realize that the statute provides a short time frame for designating critical habitat. Congress amended the ESA in 1982 to establish the current time frame for designation. In doing so, Congress struck a balance between the recognition that critical habitat designations are based upon information that may not be determinable at the time of listing and the desire to ensure that designations occur in a timely fashion. Additionally, the ESA and supporting regulations provide that designations may be revised as new data become available to the Secretary. We recognize that where the designation covers a large geographic area, as is the case here, the short statutory time frame requires a short period for the public to consider a great deal of factual information. We also recognize that this designation takes a new approach by considering relative conservation value of different areas and applying a cost-effectiveness

framework. In this notice we are announcing our intention to consider revising the designations as new habitat conservation plans and other management plans are developed, and as other new information becomes available. Through that process we anticipate continuing to engage the interested public and affected landowners in an ongoing dialogue regarding critical habitat designations.

Comment 2: Some commenters disagreed with our decision to vacate the February 2000 critical habitat designations for these ESUs.

Response: We believe that the issues identified in a legal challenge to our February 2000 designations warranted withdrawing that rule. Developing a cost-effectiveness approach, designed to achieve the greatest conservation at the least cost, is in keeping with long-standing Executive direction on rulemaking and is a responsible and conservation-oriented approach to implementing section 4(b)(2) of the ESA. In addition, we had new and better information in 2004 than we had in 2000, such as the information of fish distribution and habitat use that was generated by agency fishery biologists. The ESA requires that we use the best available information, and the distribution data is the best information currently available. Finally, the litigation challenging our 2000 designation also challenged the lack of specificity in our designation of the riparian area, leading us to consider whether there was a better approach that was more consistent with our regulations and with the best available information.

Comment 3: Some commenters stated that we should wait to publish final critical habitat designations until after final listing determinations have been made and the final hatchery listing policy is published.

Response: The ESA states that the Secretary *shall* designate critical habitat, defined as areas within or outside the geographical area occupied by the species *at the time of listing* and using the best *available* information (emphasis added). These designations follow that statutory mandate and have been completed on a schedule established under a Consent Decree. Also, the final hatchery listing policy and final listing determinations for several salmon ESUs were published on June 28, 2005 (70 FR 37160 and 37204) in advance of the completion of this final critical habitat designation. For reasons described above in the "Background and Previous Federal Action" section, we are now making final designations for those listed salmon and steelhead ESUs in the

Southwest Region that are subject to the Consent Decree and listed as of the date of this designation.

Identification of Critical Habitat Areas

Comment 4: Several commenters contended that we can only designate areas that are essential for species conservation.

Response: Section 3(5)(A) of the ESA has a two-pronged definition of critical habitat: “(i) the specific areas *within the geographical area occupied by the species*, at the time it is listed * * * on which are found those physical or biological features (I) essential to the conservation of the species and (II) which may require special management considerations or protection; and (ii) *specific areas outside the geographical area occupied by the species*, at the time it is listed * * * upon a determination by the Secretary that such areas are essential for the conservation of the species” (emphasis added). As described in this rule and documented in the reports supporting it, we have strictly applied this definition and made the requisite findings. We requested and received comments on various aspects of our identification of areas meeting this definition and address those here. Only those areas meeting the definition were considered in the designation process. Comments regarding the section 4(b)(2) process, in which we considered the impacts of designation and whether areas should be excluded, are addressed in a subsequent section.

Comment 5: In the proposed rule we considered occupied streams within a CALWATER Hydrologic Subarea (HSA) as the “specific area” in which the physical or biological features essential to conservation of the ESUs were found. We also used these watershed delineations as the “particular areas”—the analytical unit—for purposes of the section 4(b)(2) analysis. In the proposed rule we requested public comment on whether considering exclusions on a stream-by-stream approach would be more appropriate. Some commenters believed that the watershed scale was too broad for making critical habitat designations and suggested that a smaller watershed or a stream-by-stream approach was more appropriate. Some commenters believed that we should conduct a reach-by-reach assessment in their watersheds.

Response: Our ESA section 4(b)(2) report (NMFS, 2005c) acknowledges that the delineation of both specific areas and particular areas should be as small as practicable, to ensure our designations are not unnecessarily broad and to carry out congressional intent that we fully consider the impacts

of designation. For reasons described in the section below on “Methods and Criteria Used to Identify Critical Habitat,” we continue to believe that the specific facts of salmon biology and life history make CALWATER HSA watersheds in California an appropriate scale to use in delineating the “specific” areas in which physical or biological features are found. We also believe consideration of the impacts of designation on an HSA watershed scale results in a meaningful section 4(b)(2) balancing process. Moreover, congressional direction requires that designations be completed in a very short time frame by a specified deadline, “based on such data as may be available at that time.” Given that short time frame and the geographic extent of salmon critical habitat, the HSA watershed was the smallest practicable area we were able to analyze.

Comment 6: Some commenters believed we applied the definition of “specific areas within the geographical area occupied by the species at the time it is listed” too narrowly. In their views, this led to two errors—failure to designate all “accessible” stream reaches and failure to designate riparian and upstream areas. Commenters felt that the “best scientific data available” support a conclusion that salmon and steelhead will occupy all accessible streams in a watershed during a period of time that can be reasonably construed as “at the time it is listed.” One commenter stated that “[w]hether a particular stream reach is occupied cannot be determined with certainty based on “occupation” data alone, especially for fragmented, declining, or depressed populations of fish.” The commenter pointed to the rationale provided in our 2000 rule for identifying occupied areas as all areas accessible within a subbasin (a 4th field watershed, using U.S. Geological Survey (USGS) terminology): “NMFS believes that adopting a more inclusive, watershed based description of critical habitat is appropriate because it (1) recognizes the species’ use of diverse habitats and underscores the need to account for all of the habitat types supporting the species’ freshwater and estuarine life stages, from small headwater streams to migration corridors and estuarine rearing areas; (2) takes into account the natural variability in habitat use that makes precise mapping problematic (e.g., some streams may have fish present only in years with abundant rainfall) (65 FR 7764; February 16, 2000).”

Some commenters believe that in delineating “specific areas within the geographical area occupied by the

species,” we need not confine ourselves to areas that are literally “occupiable” by the species in that we should designate riparian and upstream areas. If there are physical or biological features essential to conservation to be found within a broadly defined “geographical area occupied by the species,” we have the duty to delineate specific areas in a way that encompasses them. Some argued that limiting the designation to the stream channel fails to recognize the biological and hydrological connections between streams and riparian areas and would lead to further degradation of the latter. Some commenters suggested that we use a fixed distance (e.g., 300 feet (91.4 m) if a functional description is not used. Some requested that we adopt the “functional zone” description for lateral extent used in the 2000 designations (65 FR 7764; February 16, 2000), while other commenters felt that our reference to habitat linkages with upslope and upstream areas was vague and wondered whether we were actually using the old approach anyway. Other commenters believed that using the line of ordinary high water or bankfull width was appropriate and noted that this would remove prior ambiguities about which areas were designated. Other commenters supported the approach taken in this designation, to identify specific areas occupied by the species and not broadly designate “all areas accessible,” some commenting that this was a more rigorous assessment and more in keeping with the ESA.

Response: The approach we took in the proposed designation is different from the approach we took in the vacated 2000 designation for a variety of reasons. The ESA directs that we will use the best scientific data available in designating critical habitat. Our regulations also provide direction: “[e]ach critical habitat will be defined by specific limits using reference points and lines as found on standard topographic maps of the area * * * Ephemeral reference points (e.g., trees, sand bars) shall not be used in defining critical habitat.” (50 CFR 424.12(c)). With respect to our approach for identifying “the geographical area occupied by the species,” we recognize that the available fish and habitat use distribution data are limited to areas that have been surveyed or where professional judgment has been applied to infer distribution, and that large areas of watersheds containing fish may not have been observed or considered. We also recognize there have been many instances in which previously unobserved areas are found to be

occupied once they are surveyed. Nevertheless, we believe the extensive data compiled by agency biologists, which was not available when we completed the 2000 designations, represents the best scientific information currently available regarding the geographical area occupied by the species. Moreover, the CHARTs had an opportunity to interact with the state fish biologists with the California Department of Fish and Game (CDFG) to confirm the accuracy of the data. We also believe the approach we have taken in this designation better conforms to the regulatory direction to use "specific limits" for the designation. The approach we used in 2000 used subbasin boundaries to delineate "specific areas," which arguably met the requirement to use "specific limits," but we believe using latitude-longitude endpoints in stream reaches, as we have done here, better adheres to the letter and spirit of our regulations.

With respect to our approach of limiting the designation to the occupied stream itself, not extending the designation into the riparian zone or upstream areas, we acknowledge that our regulations contemplate situations in which areas that are not literally occupiable may nevertheless be designated. Paragraph (d) of 50 CFR 424.12 gives as an example a situation in which areas upland of a pond or lake may be designated if it is determined that "the upland areas were essential to the conservation of an aquatic species located in the ponds and lakes." For this designation, however, given the vast amount of habitat under consideration and the short statutory time frames in which to complete the designation, we could not determine "specific limits" that would allow us to map with accuracy what part of the riparian zone or upstream area could be considered to contain PCEs. As an alternative, we considered the approach we used in 2000, which was to designate riparian areas that provide function, but concluded that approach may not have been entirely consistent with the regulatory requirement to use "specific limits." We believe limiting the designation to streams will not compromise the ability of an ESA section 7 consultation to provide for conservation of the species. Section 7 requires Federal agencies to ensure their actions are not likely to destroy or adversely modify critical habitat. Actions occurring in the riparian zone, upstream areas, or upland areas all have the potential to destroy or adversely modify the critical habitat in the stream. Although these areas are not themselves

designated, Federal agencies must nevertheless meet their section 7 obligations if they are taking actions in these areas that "may affect" the designated critical habitat in the stream. Even though these designations are restricted to the stream itself, we will continue to be concerned about the same activities we have addressed in past consultations.

Comment 7: Several commenters believed we incorrectly applied the definition of "specific areas outside the geographical area occupied by the species." In the view of some, we failed our duty under the ESA by not making a determination that we had identified as critical habitat enough areas (occupied and unoccupied) to support conservation. In the view of others, it was this failure that led to one of the errors described in the previous comment—the failure to designate all "accessible stream reaches." Many commenters expressed concern about statements made in the press that the change from "all areas accessible" to areas documented as occupied led to a 90-percent reduction in critical habitat. Other commenters supported the approach taken in this designation, to identify specific areas occupied by the species and not broadly designate "all areas accessible," some commenting that this was a more rigorous assessment and more in keeping with the ESA.

Response: Section 3(5)(A)(I) of the ESA requires us to identify specific areas within the geographical area occupied by the species that contain physical or biological features that may require special management considerations or protection. Section 3(5)(A)(ii) requires that specific areas outside the geographical area occupied by the species only fall within the definition of critical habitat if the Secretary determines that the area is essential for conservation. Our regulations further provide that we will designate unoccupied areas "only when a designation limited to [the species'] present range would be inadequate to ensure the conservation of the species (50 CFR 424.12(e))." The ESA requires the Secretary to designate critical habitat at the time of listing. If critical habitat is not then determinable, the Secretary may extend the period by 1 year, "but not later than the close of such additional year the Secretary must publish a final regulation, based on such data as may be available at that time, designating, to the maximum extent prudent, such habitat."

At the present time, we do not have information allowing us to determine that the specific areas within the geographical area occupied by the

species are inadequate for conservation, such that unoccupied areas are essential for conservation. We anticipate revising our critical habitat designations in the future as additional information becomes available through recovery planning processes.

Comment 8: Some commenters questioned the adequacy of our identification of PCEs, in particular the lack of specificity.

Response: To determine the physical or biological features essential to conservation of these ESUs, we first considered their complex life cycle. As described in the ANPR and proposed rule, "[t]his complex life cycle gives rise to complex habitat needs, particularly during the freshwater phase (see review by Spence *et al.*, 1996)." We considered these habitat needs in light of our regulations regarding criteria for designating critical habitat. Those criteria state that the requirements essential to species' conservation include such things as "space * * * [f]lood, water, air, light, minerals, or other nutritional or physiological requirements * * * cover or shelter." They further state that we are to focus on the "primary constituent elements" such as "spawning sites, feeding sites, * * * water quality or quantity," etc. In the ANPR and proposed rule we identified the features of the habitat that are essential for the species to complete each life stage and are therefore essential to its conservation. We described the features in terms of sites (spawning, rearing, migration) that contain certain elements.

Comment 9: In the proposed rule we requested comments on the extent to which specific areas may require special management considerations or protection in light of existing management plans. Several commenters stated that lands covered by habitat conservation plans or other management or regulatory schemes do not require special management considerations or protection. Others commented that even where management plans are present, there still may be "methods or procedures useful" for protecting the habitat features.

Response: The statutory definition and our regulations (50 CFR 424.02 and 424.12) require that specific areas within the geographical area occupied by the species must contain "physical or biological features" that are "essential to the conservation of the species," and that "may require special management considerations or protection." As described in the proposed rule, and documented in the reports supporting it, we first identified the physical or biological features essential to

conservation (described in our regulations at 50 CFR 424.12(b)(5) as “primary constituent elements” or PCEs). We next determined the “specific areas” in which those PCEs are found based on the occupied stream reaches within a CALWATER HSA watershed. We used this watershed-scale approach to delineating specific areas because it is relevant to the spatial distribution of salmon and steelhead, whose innate homing behavior brings them back to spawn in the watersheds where they were born (Washington Department of Fisheries *et al.*, 1992; Kostow, 1995; McElhany *et al.*, 2000). We then considered whether the PCEs in each specific area (watershed) “may require special management considerations or protection.”

We recognize there are many ways in which “specific areas” may be delineated, depending upon the biology of the species, the features of its habitat and other considerations. In addressing these comments, we considered whether to change the approach described in our proposed rule and instead delineate specific areas based on ownership. The myriad ownerships and state and local regulatory regimes present in any watershed, as well as the timing issues discussed previously, made such an approach impractical for this rulemaking, as noted in section I, “Background and Previous Federal Action,” above. While there are other equally valid methods for identifying areas as critical habitat, we believe that the watershed scale is an appropriate scale for identifying specific areas for salmon and steelhead, and for then determining whether the PCEs in these areas may require special management considerations or protections. We will continue to study this issue and alternative approaches in future rulemakings designating critical habitat.

Comment 10: One commenter stated that we could not designate any unoccupied areas if we had excluded any occupied areas, relying on the regulatory provision cited in a previous comment and response.

Response: The comment assumes that all habitat areas are equivalent and exchangeable, which they are not. An area may be essential for conservation because it was historically the most productive spawning area for an ESU and unless access to it is restored, the ESU will not fully recover to the point that the protections of the ESA are no longer necessary. This area will be essential regardless of whether some other specific area has been excluded.

Comment 11: Several commenters supported the designation of unoccupied areas above dams and some

believed that by not designating these areas we will make it more difficult to achieve fish passage in the future. They further noted that excluding these presently blocked areas now may promote habitat degradation that will hinder conservation efforts should passage be provided in the future. Several commenters identified areas above specified dams as being essential for conservation.

Response: At the present time, we do not have information allowing us to determine that the specific areas within the geographical area occupied by the species are inadequate for conservation nor that currently unoccupied areas above dams are essential for conservation. The Southwest Region is actively involved in a multi-year, large-scale recovery planning effort in California that involves scientific teams (called technical recovery teams or TRTs) which are in the process of identifying ESU population structure, population viability criteria, and ESU level biological viability or recovery goals. These recovery planning efforts are developing information which will inform our decisions about whether unoccupied habitat will be needed to facilitate conservation beyond what is currently occupied by the ESUs addressed in this rulemaking. Until these efforts are more fully developed, we cannot make the specific determinations required under the ESA to designate critical habitat in “unoccupied” areas. We use our authorities under the ESA and other statutes to advocate for salmon passage above impassible dams where there is evidence such passage would promote conservation. This is not the same, however, as making the determinations required by the statute and our regulations to support designation.

Comment 12: In the proposed rule we requested comments regarding the use of professional judgment as a basis for identifying areas occupied by the species. Some commenters indicated that it was appropriate to accept the professional judgment of fish biologists who are most familiar with fish habitat within a watershed. Others believed that limiting the definition of occupied stream reaches to only those where fish presence has been observed and documented is overly narrow and fails to consider a number of conditions that affect species distribution, including natural population fluctuations and habitat alterations that affect accessibility or condition (e.g., de-watering stream reaches). These commenters also argued that defining occupied reaches should be based on a broad time scale that takes into account

metapopulation processes such as local extinction and recolonization, adding along with other commenters that many streams have not been adequately surveyed and species may frequent stream reaches but not actually be observed by a biologist at the time that critical habitat is being assessed.

Response: We relied on distribution and habitat use information developed by our agency fishery biologists from a wide range of sources, including the CDFG, to determine which specific stream reaches were occupied by each ESU. The data sets we developed defined occupancy based on field observations from stream surveys, and, in some cases, professional judgment based on the expert opinion of area biologists. In all cases the exercise of professional judgment included the consideration of habitat suitability for the particular species. We received several comments on our proposed rule regarding the accuracy of the distribution data in specific locations, and, where we could confirm that the information provided by the commenter was accurate, we accepted it as the best available information and adjusted our designation. We view designation of critical habitat as an ongoing process and expect to adjust the designations as necessary as new information or improved methods become available.

Comment 13: Some commenters addressed the CHART process although few recommended changes to the CHARTs’ ratings of watershed conservation values. Some supported the process used, in particular the recognition that not all habitats have the same conservation value for an ESU and that this in turn allows for a more meaningful exclusion assessment under section 4(b)(2) of the ESA. One commenter contended that the CHART assessments were compromised by restricting them to consider only the stream channel rather than upslope areas as well.

Response: The CHART process was an important part of our analytical framework in that it allowed us to improve our analysis of the best available scientific data and to provide watershed-specific conservation ratings useful for the Secretary’s exercise of discretion in balancing whether the benefits of exclusion outweigh the benefits of designation under section 4(b)(2) of the ESA. We do not believe that designating only the stream channel compromised the CHARTs’ ability to assess watershed conservation values. As noted in the CHART report, the CHARTs employed a scoring system to assess (among other area characteristics) the quality, quantity, and distribution of

PCEs within a watershed. The PCEs we have defined for these ESUs are found within occupied stream channels, and therefore, it is appropriate to focus our assessment on those areas. The CHART scoring did include a factor related to the potential improvement of existing PCEs and thereby allowed the CHARTs to consider the ability of a watershed to contribute PCEs via natural processes such as recruitment of large wood and substrate, flow regulation, floodplain connectivity, *etc.* We recognize that salmon habitat is dynamic and that our present understanding of areas important for conservation will likely change as recovery planning sheds light on areas that can and should be protected and restored. We intend to actively update these designations as needed so that they reflect the best available scientific data and understanding.

Comment 14: Some commenters questioned whether the CHARTs considered the work of the various Technical Recovery Teams (TRTs) and suggested that the CHART assessments should be reviewed by the TRTs.

Response: Where information had been developed by the TRTs, the CHARTs did consider that information in their assessments. The CHARTs also solicited input and comments from the TRTs on their distribution and habitat use information as well as their watershed conservation assessments. We believe, therefore, that we have been able to integrate much of the TRT findings to date into our final critical habitat designations. Given their priorities (*i.e.*, providing crucial recovery planning criteria and guidance) and the time constraints under which we needed to complete the critical habitat assessments, TRT members could not participate on the CHARTs directly. We recognize that recovery planning is an ongoing process and that new information from the TRTs and recovery planning stakeholders may result in changes to our critical habitat assessments in the future.

Economics Methodology

Comment 15: Several commenters stated that the economic analysis overestimated the actual costs of critical habitat designation by including costs that should be attributed to the baseline. For example, commenters asserted that costs associated with listing and application of the jeopardy requirement should not be included in the analysis. Commenters also asserted that costs that would have occurred under Pacific Fisheries (PACFISH) or the Northwest Forest Plan should be excluded from the analysis. One commenter also stated

that costs associated with existing critical habitat designations for salmon or other endangered species should be considered baseline impacts.

Response: Regarding costs associated with listing and application of ESA section 7's jeopardy requirement, the economic analysis follows the direction of the *New Mexico Cattlegrowers* decision, in which the Court of Appeals for the Tenth Circuit called for "a full analysis of all of the economic impacts of a critical habitat designation, regardless of whether those impacts are attributable coextensively to other causes (*New Mexico Cattle Growers' Association v. U.S. Fish and Wildlife Service*, 248 F.3d 1277, 10th Cir. 2001). Consistent with this decision, the economic analysis includes incremental impacts, those that are solely attributable to critical habitat designation and would not occur without the designation, as well as coextensive impacts, or those that are associated with habitat-modifying actions covered by both the jeopardy and adverse modification standards under section 7 of the ESA. We do not think this overestimate of costs creates a bias in our 4(b)(2) balancing, however, for two reasons. On the "benefit of designation" side of the balance, we consider the benefit of designation to be the entire benefit that results from application of section 7's requirements regarding adverse modification of critical habitat, regardless of whether application of the jeopardy requirement would result in the same impact. Moreover, the cost-effectiveness approach we have adopted allows us to consider relative benefits of designation or exclusion and prioritize for exclusion areas with a relatively low conservation value and a relatively high economic cost. With such an approach it is most important that we are confident our analysis has accurately captured the relative economic impacts, and we believe it has.

In many cases, the protections afforded by PACFISH, the Northwest Forest Plan and other regulations are intertwined with those of ESA section 7. In cases where the specific regulation or initiative driving the salmon and steelhead conservation efforts is uncertain, we considered it as an ESA section 7 impact and examined the record of consultations with the affected agencies and based our analysis on the habitat protection measures routinely incorporated into the consultations. The economic analysis therefore assumes that the impacts of these types of habitat protection measures are attributable to the implementation of section 7. In these instances, to the extent that

conservation burdens on economic activity are not, in fact, resulting from section 7 consultation, the economic analysis may overstate costs of the designation. We took this possibility into account in conducting the 4(b)(2) balancing of benefits. Conservation efforts clearly engendered by other regulations are included in the regulatory baseline. For example, Federal lands management activities in the Northwest Forest Plan planning area are affected by PACFISH. As a result, some projects that would have affected salmon habitat will not be proposed, and therefore will not be subject to section 7 consultation. These changes in projects are considered baseline and are not included as a cost of section 7 in the economic analysis.

Commenters correctly note that there are designations currently in place protecting critical habitat for salmon (*e.g.*, Sacramento River winter run chinook salmon, Central California Coastal coho salmon). We acknowledged this in our proposed rule, but also noted that the presence of those existing designations weighs equally on both sides of the 4(b)(2) balance—that is, the existing designations also could be considered as part of the baseline for determining the benefit of designation for the ESUs addressed in the present rule. This concern is also addressed by the cost-effectiveness approach we have adopted since it relies on relative benefits of designation and exclusion rather than absolute benefits.

Comment 16: One commenter and one peer reviewer noted that the economic analysis assigns costs to all activities within the geographic boundary of the HSA watersheds, though not all activities in this area will lead to an ESA section 7 consultation or are equally likely to have economic impacts. By doing this, the agency assumed that if the stream reaches currently occupied by salmon were designated as critical habitat, then activities throughout the watershed would be affected, whether or not they are adjacent to critical habitat stream reaches.

Response: It is possible for activities not directly adjacent to the proposed stream reaches to affect salmon and steelhead or their habitat (for example, by increasing risk of erosion or decreased water quality), and, therefore, such activities may be subject to consultation and modification. Thus, we believe the HSA watersheds represent a reasonable proxy for the potential boundary of consultation activities. In some cases the revised economic analysis applies costs less broadly by refining the geographic scale for certain

activities. For example, the analysis of pesticide impacts has been refined and are now calculated based on occupied stream mile estimates within a watershed.

Comment 17: One commenter asserted that the draft report inflates its cost estimates by repeatedly choosing the high-end of a range of costs, while a peer reviewer suggested using the mid-range as a representative cost estimate was problematic.

Response: In determining likely costs associated with modifications to activities that would benefit salmon and steelhead, the economic analysis identifies a range of costs using available data from, for example, agency budgets, documented conversations with stakeholders, and published literature. The full range of costs of these activities is presented in the economic analysis, and individual watersheds are generally ranked in terms of cost impact by the midpoint of the cost range, as opposed to the high end. While we recognize that a formal sample of projects costs based on the consultation record or other sources is a better approach in theory, available data did not allow such an approach. In gathering the cost information that was available, we avoided using outliers and sought to construct a typical range of costs.

Comment 18: Some commenters asserted that the economic analysis fails to account for regional economic interactions between watersheds. One commenter stated that this would result in an overstatement of the costs, while other commenters state that this would underestimate the costs. One peer reviewer suggested using regional economic models to address these interactions.

Response: We acknowledge that modifications to economic activities within one watershed may affect economic activities in other watersheds. The economic analysis discusses the potential for regional economic impacts associated with each of the potentially affected activities. Impacts are assigned to particular areas (watersheds) based on where they are generated as opposed to felt. That is, if the designation of a watershed causes impacts in multiple nearby watersheds, and exclusion of the impact-causing watershed would remove those economic impacts from the region, the economic analysis appropriately assigns the total cost impact to the impact-causing watershed. This method of assigning impacts is most useful to us in deciding the relative cost-effectiveness of excluding particular areas from critical habitat designation. As we acknowledge in

NMFS (NMFS 2005b), the economic analysis does not explicitly analyze the potential for these regional interactions to introduce cumulative economic impacts. Data are not available to support such an effort, nor would the results necessarily be applicable at the level of a particular watershed. If these impacts in fact exist, our results are likely to be biased downward, in that we have likely underestimated the costs of critical habitat designation at the level of the ESU. At the level of a watershed, however, the potential error is smaller. For this reason, we do not believe the lack of a regional modeling framework introduces a significant bias into the results for particular watersheds.

Comment 19: Several commenters stated that the economic analysis underestimates the actual costs of the rule by excluding several categories of costs from the estimates. One commenter stated that the *New Mexico Cattlegrowers* decision specifically requires a full analysis of all impacts, including those resulting from the species' listing. One comment argued that assessment of impacts stemming from activities occurring outside the designated area should be included, including indirect and regional impacts. Another commenter stated that the analysis should consider direct, indirect, and induced economic impacts including: changes in property values, property takings, water rights impacts, business activity and potential economic growth, commercial values, county and state tax base, public works project impacts, disproportionate economic burdens on society sections, impacts to custom and culture, impacts to other endangered species, environmental impacts to other types of wildlife, and any other relevant impact.

Response: As noted in a previous response, the Court in the *New Mexico Cattlegrowers* decision called for "a full analysis of all of the economic impacts of a critical habitat designation, regardless of whether those impacts are attributable coextensively to other causes." (emphasis added) The economic analysis conducted for this rule evaluated direct costs associated with the designation of critical habitat and includes: (1) Direct coextensive impacts, or those that are associated with habitat-modifying actions covered by both the jeopardy (listing) and adverse modification (critical habitat) standards; and (2) direct incremental impacts, or those that are solely attributable to critical habitat designation.

We acknowledge that designation of critical habitat may also trigger

economic impacts outside of the direct effects of ESA section 7 or outside of the watersheds subject to the economic analysis. For example, state or local environmental laws may contain provisions that are triggered if a state- or locally regulated activity occurs in Federally-designated critical habitat. Another possibility is that critical habitat designation could have "stigma" effects, or impacts on the economic value of private land not attributable to any direct restrictions on the use of the land. Our economic analysis did not reveal significant economic impacts from stigma effects for the designation of salmon and steelhead. Further, significant impacts of critical habitat on an industry may lead to broader regional economic impacts. All of these types of impacts are considered in the analysis, although it was not possible to estimate quantitative impacts in every case. We took these considerations into account in balancing benefits under section 4(b)(2).

We acknowledge that designation of critical habitat may also trigger impacts on customs, culture, or other wildlife species. We concluded that data were not presently available that would allow us to quantify these impacts, at the scale of this designation, for the economic analysis. Our analysis was further circumscribed by the short time frames available, and our primary focus on conservation benefits to the listed species that are the subject of this designation. We took this limitation into account in the balancing of benefits under section 4(b)(2).

Comment 20: Several commenters indicated that the economic analysis should include a discussion of the impact of changes in flow regimes on water users, specifically in the timing of water flow through dams and water withdrawal or diversion constraints. Among potentially affected water users are crop irrigators and other agricultural water users, regulators and consumers of public water supply in the region, and in particular, water users of the Central Valley Project and State Water Project, among others. Similarly, several commenters stated that the analysis should include an analysis of impacts of changes to operations that result in increased spill at hydropower dams on the cost of power in the region. These commenters are concerned that excluding these costs underestimates total economic impact. One commenter pointed out that low flow years and drought years are not considered in the economic impacts, and consideration of varying water year types is especially relevant to estimating impacts of instream flow augmentation. Another

commenter pointed out that existing, economically feasible alternate sources of water may not be available to water users, and thus economic costs could be large. One commenter estimated the potential loss of agricultural income that would result from a reduction in water availability to a specific region. One commenter stated that if requisite minimum instream flows are developed that correspond to the proposed critical habitat designation, they could be analyzed using the CALVIN model developed by the University of California.

Response: While economic impacts would clearly result from future changes to water supply availability, the amount of water within particular areas that may be diverted from activities such as irrigation, flood control, municipal water supply, and hydropower, for the purposes of Pacific salmon and steelhead conservation, and thus the requisite timing and volume of minimum instream flows, has not been determined for most facilities. Many biological and hydrologic factors are considered in determining flow requirements through dams for Pacific salmon and steelhead, and the impacts of altering flow regimes to meet these requirements are highly site-specific. For example, the impact of increasing spill at a hydropower project depends on the level and timing of the spill, and on the method by which any lost power generation is replaced. Similarly, at a water supply facility, the impact of increasing spill depends on the size and timing of the spill, but also depends on the specific water rights held at the facility and by downstream users, including the priority, volume, timing, and particular use of those water rights.

The extent to which any future changes in flow may be attributable to the designation of critical habitat, as opposed to the listing or other wildlife-related regulations, is also unclear. The interrelated nature of dam and diversion projects with hydrology across river systems makes it very difficult to attribute flow-related impacts for salmon and steelhead conservation to specific watersheds. As a result, a comprehensive prospective analysis of the economic impacts of potential restrictions on water use by these activities would be highly speculative. We acknowledge this limitation of the economic analysis. However, the revised economic analysis does include an expanded discussion of what is known about the potential impacts of changes in flow regimes on hydropower production and prices and water diversions on irrigation based on historical examples.

Comment 21: Some commenters expressed concern that the economic analysis does not address cumulative costs of multiple layers of regulation on economic activities.

Response: Our economic analysis estimates costs associated with conducting ESA section 7 consultation to ensure Federal agency actions are not likely to destroy or adversely modify critical habitat. We did not have information available at the scale of this designation to determine the marginal cost or benefit of such a consultation, in addition to any state or local review that may occur, nor did the commenters provide data that would allow us to make such a determination.

Comment 22: One commenter stated that the economic analysis fails to factor in subsidies given to industries such as livestock grazing, hydropower operations, and irrigation activities, which minimizes true costs to the public. Another commenter further stated that the analysis does not distinguish between several countervailing cost elements, including "socialized costs" (costs Congress has decided that the public should bear, such as costs to Federal activities), actual costs to private entities, incentive costs, subsidies, and offsetting costs. As a result, for Federal programs, the analysis miscategorizes activities that benefit a small but favored sector of society, but that cause costs to the larger society. The analysis assumes that costs to these activities are costs to society in general.

Response: The analysis attempts to measure true social costs associated with implementing the final critical habitat rule. To accomplish this, the analysis uses the measurement of the direct costs associated with meeting the regulatory burden imposed by the rule as the best available proxy for the measurement of true social costs. We agree that it is relevant to consider appropriate countervailing or net cost impacts, where possible, in determining the benefit of exclusion. Where data are available, our analysis attempts to capture the net economic impact (*i.e.*, the increased regulatory burden less any discernable offsetting market gains), of ESA section 7 efforts imposed on regulated entities and the regional economy. For example, in the economic analysis, the revised impact estimates for pesticide use restrictions explicitly net out agriculture subsidy payments in the estimation of lost agricultural profits.

Comment 23: Several commenters indicated that the designation of critical habitat will impose an administrative burden on affected parties, including

private, Federal, state and local entities. One commenter stated that the increase in paperwork as a result of re-initiating consultation on potential impacts to critical habitat for projects that have already been through ESA section 7 consultation is a major concern.

Response: We do consider that all activities may be subject to future consultation, regardless of whether past consultation occurred on these activities. Designation of critical habitat may result in reinitiating consultation on activities that were subject to previous consultation to ensure that the adverse modification requirement is addressed in addition to the jeopardy requirement. The economic analysis estimates the level of administrative effort associated with ESA section 7 consultations, whether those consultations concern a new activity or readdress the impacts of a previously reviewed activity. The revised economic analysis includes a refined estimate of administrative costs associated with consultations on West Coast salmon and steelhead.

Comment 24: Some commenters stated that the economic analysis estimates impacts using a constant per-capita income basis and that doing so is likely to underestimate the impacts on rural communities.

Response: Per-capita income is not explicitly factored into the watershed specific quantitative impact estimates in the economic analysis. The commenter is highlighting that equal costs in any given watersheds will not likely result in the same relative economic burden to residents of those watersheds. This is because the ratio of costs of the designation to income may vary across watersheds. In lower income areas, the cost of implementing modifications to projects for the benefit of salmon and steelhead may be more burdensome relative to higher income areas. We did consider the extent to which costs of designation within a watershed are likely to be borne locally. In addition, information on distribution of wealth across the designation is provided contextually in the economic analysis and this information is weighed in considering the benefits of exclusion of particular areas.

Comment 25: One commenter stated that the analysis does not attempt to explain or quantify with any level of precision what additional costs are required by ESA section 7 consultation for design and/or operational modifications or mitigation measures.

Response: The economic analysis focused on the impacts of section 7 consultation on economic activities by first identifying the types of activities

occurring that may be subject to section 7 consultation. The analysis then estimated the regulatory burden placed upon these activities as a result of section 7 consultation. The burden estimate is based upon a review of past modifications to those activities undertaken for the benefit of salmon and steelhead, interviews with NMFS' consulting biologists, affected parties, and available documents and literature. This research on the potential costs of these modifications then determined a typical range of costs for potential project modifications that may be associated with section 7 consultation in the future.

Comment 26: One commenter stated that the economic analysis relied extensively on the agency's consultation history for economic impact estimates. Similarly, another commenter asserted that past costs are not good indicators of future costs due to streamlining of the consultation process (for example, for fire management) on Federal lands. One commenter stated that the economic analysis assumes that the population growth and economy of the impact areas are stagnant. The analysis should evaluate population and economic growth on a regional, State, and county basis, and evaluate the degree to which the listing of salmon and steelhead may have contributed to any population and economic decline.

Response: The economic analysis does not solely rely on the consultation history to estimate economic impacts. The analysis includes estimated costs associated with compliance with salmon conservation activities produced by regulated entities, including private, state, and Federal agencies, as well as published literature, where information was available. The economic analysis does not uniformly assume that all activities and associated consultations will occur at the same rate in future years as in past years. Instead, the economic analysis projects the most likely level of future activity using a broad spectrum of planning documents, geographical data, and interviews with planners and other stakeholders. Further, the economic analysis does not quantify retrospective impacts of salmon and steelhead conservation because the focus of the analysis is on future impacts associated with the critical habitat areas identified in this rulemaking. It should also be noted that consultations conducted by NMFS do not include cost estimates of implementing recommended actions. The analysis also presents detailed information on the current estimated population and population density

within each of the particular areas in the proposed critical habitat designation.

Comment 27: One comment letter questioned whether there exists an acceptable or unacceptable level of negative economic impact to communities, landowners, or local governments and whether the government must consider the impacts that their decisions will have on local economies.

Response: The economic analysis provides information regarding the impact to potentially affected economic activities of the proposed critical habitat designation. This information was used to identify the particular areas according to their relative cost burden. We then weighed this information against the relative conservation value of the particular areas considering the economic and any other relevant impact of designating critical habitat. Further, concurrent with the economic analysis, we prepared an analysis of potential impacts to small entities, including small businesses and government. This analysis identified the number of small businesses and governments likely impacted by the proposed critical habitat using county-specific data on the ratio of small businesses to total businesses in each potentially affected economic sector.

Comment 28: Some commenters stated that the economic analysis used data that are overly broad or made assumptions across geographic areas that are too far reaching. For example, one commenter stated that the economic analysis assumes that the necessity and scope of modifications will be constant across ESUs for most activities, when in reality, these are likely to vary substantially.

Response: For each activity, the economic analysis examines the probability of consultation and the likelihood of modification. A variety of activity-specific information sources were used to forecast the frequency and geographic distribution of potentially affected activities. That is, frequency of consultation was not always assumed to be uniform across ESUs. The economic analysis does not, however, assume that costs increase in areas of overlapping ESUs. In other words, the presence of critical habitat for multiple ESUs is not expected to generate a greater impact than if the particular area is critical habitat for only a single ESU. Examination of the consultation history did not reveal differences in requests for modification to projects (reasonable and prudent alternatives) among the ESUs. We recognize, however, that the broad scope and scale of the analysis required us to make simplifying assumptions in

order to complete the designations in a timely fashion.

Comment 29: Several commenters and a peer reviewer expressed concern that the economic analysis failed to consider the full range of economic benefits of salmon habitat conservation, and therefore, provided a distorted picture of the economic consequences of designating versus excluding habitat areas. Similarly, commenters expressed concerns that the economic impact of not designating particular areas to fishers and investors in recovery efforts should be considered in the economic analysis. Commenters specifically cited the lack of consideration in the economic analysis of the potential benefits of critical habitat designation on: (1) Decreased risk of extinction; (2) benefits to other aquatic and riparian species; (3) water quality; (4) flood control values; (5) recreation; (6) commercial fishing; (7) fish harvest for tribal uses; and (8) increased public education.

Response: As described in the economic analysis and ESA section 4(b)(2) report, we did not have information available at the scale of this designation that would allow us to quantify the benefits of designation in terms of increased fisheries. Such an estimate would have required us to determine the additional number of fish likely to be produced as a result of the designation, and would have required us to determine how to allocate the economic benefit from those additional fish to a particular watershed. Instead, we considered the "benefits of designation" in terms of conservation value ratings for each particular area (see "Methods and Criteria Used to Designate Critical Habitat" section). We also lacked information to quantify and include in the economic analysis the economic benefit that might result from such things as improved water quality or flood control, or improved condition of other species.

Moreover, we did not have information at the scale of this designation that would allow us to consider the relative ranking of these types of benefits on the "benefits of designation" side of the 4(b)(2) balance. Our primary focus was to determine, consider, and balance the benefits of designating these areas to conservation of the listed species. Given the uncertainties involved in quantifying or even ranking these ancillary types of benefits, we were concerned that their consideration would interject an element of uncertainty into our primary task.

Comment 30: One commenter asserted that the economic analysis did

not consider the importance of agriculture in California and how many communities rely upon the agriculture industry to survive. A number of commenters further stated that the analysis should address impacts on agriculture of a judicially imposed moratorium on pesticide use near salmon-bearing streams. The inability to use pesticides on farmland could result directly in decreases in crop yields. More specifically, the commenters believed that the economic analysis underestimates the impacts of the Washington Toxics litigation (*Washington Toxics Coalition, et al. v. EPA*, No. 04–35138) limiting pesticide use around salmon-supporting waters and suggests that the economic analysis should analyze the impact of this injunction.

Response: Regarding impacts to agricultural communities, we considered impacts to small businesses in our Regulatory Flexibility Act analysis. We did not otherwise separately consider economic impacts to various economically or culturally defined communities in the economic analysis or in the ESA section 4(b)(2) balancing process. For example, we also did not separately consider impacts of designation or exclusion on coastal fishing communities. As with the consideration of ancillary unquantifiable benefits of designation described above, we were concerned that including a consideration of these ancillary benefits of exclusion would inject an unacceptable level of uncertainty into our analysis.

We agree that the draft economic analysis did not adequately consider the impact of pesticide restrictions on the agricultural industry. The revised economic analysis therefore includes refined estimates of potential lost profits associated with reduced crop yields as a result of implementing pesticide restrictions across the critical habitat designation. The analysis assumes that the agricultural net revenue generated by land within certain distances of salmon-supporting waters would be completely lost. That is, the analysis assumes that no changes in behavior are undertaken to mitigate the impact of pesticide restrictions. This assumption may lead to overestimated impacts of restricting pesticide use. On the other hand, the analysis may underestimate the impact of pesticide restrictions by assuming that farmers outside the designated areas (*e.g.*, upstream) will not be restricted in their activities.

Comment 31: Several commenters stated that impacts associated with changes in the operations of the hydropower projects should be

included, including impacts from projects such as Englebright Dam, Oroville Dam, and Santa Felicia Dam.

Response: The historical record shows evidence that modifications to hydropower projects in consideration of listed salmon and steelhead can affect the level of hydropower generation and generating capacity, thus affecting power prices. Flow regimes for purposes of salmon and steelhead conservation have been implemented at various projects associated with a number of regulations, including the listing of salmon and steelhead. As mentioned previously, however, the level of increased flow or spill over the dams within particular areas that may be requested associated with critical habitat for all hydropower projects is uncertain at this time, and a prospective analysis of the impacts of such efforts would be highly speculative. Many biological and hydrologic factors are considered in determining flow requirements through dams for salmon and steelhead, and the impacts of altering flow regimes to meet these requirements are highly site-specific. For example, the impact of increasing spill at a hydropower project depends on the level and timing of the spill, and on the method by which any lost power generation is replaced.

The extent to which any future changes in flow may be attributable to the designation of critical habitat, as opposed to the listing or other wildlife-related regulations, is also unclear. The interrelated nature of dam and diversion projects with hydrology across river systems makes it very difficult to attribute flow-related impacts from salmon and steelhead conservation to specific watersheds. We acknowledge this limitation of the economic analysis. The revised economic analysis includes an expanded discussion of the potential impacts of changes in flow regimes on hydropower operations.

Comment 32: One commenter stated that the Initial Regulatory Flexibility Analysis needs more citations regarding the applied sources of information.

Response: We have provided appropriate citations in the Final Regulatory Flexibility Analysis.

Comment 33: One commenter stated that the Small Business Regulatory Enforcement Fairness Act (SBREFA) analysis assumes that most compliance costs would be borne by third parties when, in fact, a significant portion of all ESA section 7 related costs are not borne by those entities, but rather are borne by the Bureau of Reclamation (BOR).

Response: In many cases it is uncertain who will bear the costs of

modification. The potentially burdened parties associated with modifications to activities are identified in the economic analysis. The BOR may, in fact, bear the cost of modifications to BOR dams, Federal land management activities, and so forth. Where information is not available on a per-project basis regarding the potentially affected party, the analysis takes a conservative approach, assuming that impacts may be borne by private entities, a portion of which may be small entities.

Weighing the Benefits of Designation Versus Exclusion

Comment 34: Several commenters supported the use of a cost-effectiveness framework, one commenter explicitly objected to it, and some commenters had concerns with the way we applied it. One commenter asserted that the economic analysis “would have been very different” if we had evaluated the absolute conservation value of an area “with or without [section] 7 requirements,” rather than relative conservation values. One commenter asserted that “[w]ithout any target level of conservation for designation, the framework does not guarantee that areas necessary for conservation will be designated.” Another commenter asserted that weighing quantitative economic costs against qualitative habitat ratings prejudiced the ESA section 4(b)(2) analysis in favor of excluding areas lacking a high conservation value. Several commenters suggested that the 4(b)(2) process could benefit from more explanation regarding how the process was applied.

Response: We believe the comparison of benefits provides the Secretary useful information as to the benefits of any particular inclusion or exclusion. The Secretary has discretion in balancing the statutory factors, including what weight to give those factors. The ESA provides the Secretary with the discretion to exclude areas based on the economic impact, or any other relevant impact, so long as a determination is made that the benefits of exclusion outweigh the benefits of designation, and so long as the exclusion will not result in extinction of the species concerned.

Subsequent to publication of this rule, we will undertake a review of the methods and criteria applied in this rule. If the Secretary determines the critical habitat designations should be modified as a result of that review, we will propose a revised designation with appropriate opportunity for notice and comment.

Comment 35: In the proposed rule we identified a number of potential exclusions that we were considering but

were not at that time proposing, including Federal lands subject to the Northwest Forest Plan and PACFISH. Many commenters opposed these potential exclusions. Some disagreed that designation of critical habitat is unnecessary or of diminished importance in light of existing management constraints, contending that such a position is contrary to the ESA's conservation purpose and our implementing regulations and citing recent court decisions bearing on this issue. Several commenters indicated that because these ESUs are still listed, existing regulatory and voluntary mechanisms are inadequate and also noted that we concluded as such in our 2000 designations. Some commenters believed that the assumptions underlying such exclusions were unjustifiable and potentially disastrous for salmon recovery. Some commenters noted that the lack of specificity regarding which areas might be excluded as well as the lack of clear exclusion standards seriously hindered the public's ability to comment on the proposed exclusions. In contrast, several commenters supported the potential exclusions mentioned in the proposed rule. Some commenters contended that designating critical habitat on these Federal lands was duplicative with existing ESA section 7 consultation processes, inefficient (*e.g.*, citing costs of re-initiating consultation), and offers no additional conservation benefit to the listed ESUs. One commenter believed that excluding Federal lands would be consistent with our exclusion of lands subject to Integrated Natural Resource Management Plans (INRMPs) since existing land management plans provide similar protections. This commenter also cited the USFWS' exclusion of Federal lands for bull trout (69 FR 59996; October 6, 2004) and provided information supporting the belief that we should make the same determination for salmon and steelhead ESUs.

Response: Section 4(b)(2) provides the Secretary with discretion to exclude areas from the designation of critical habitat if the Secretary determines that the benefits of exclusion outweigh the benefits of designation, and the Secretary finds that exclusion of the area will not result in extinction of the species. In the proposed rule, and the reports supporting it, we explained the policies that guided us and provided supporting analysis for a number of proposed exclusions. We also noted a number of additional potential exclusions, explaining that we were considering them because the Secretary of the Interior had recently made similar

exclusions in designating critical habitat for the bull trout: "On October 6, 2004, the FWS issued a final rule designating critical habitat for the bull trout * * *. The Secretary of the Interior found that a number of conservation measures designed to protect salmon and steelhead on Federal, state, tribal and private lands would also have significant beneficial impacts to bull trout. Therefore, the Secretary of the Interior determined that the benefits of excluding those areas exceeded the benefits of including those areas as critical habitat. The Secretary of Commerce has reviewed the bull trout rule and has recognized the merits of the approach taken by the Secretary of the Interior to these emerging issues." We acknowledged, in the proposed rule, however, that we lacked the analysis to propose these potential exclusions for West Coast salmon and steelhead: At this time, the Secretary of Commerce still "has not had an opportunity to fully evaluate all of the potential exclusions, the geographical extent of such exclusions, or compare the benefits of these exclusions to the benefits of inclusion." Our regulations require that our proposed and final rules provide the data upon which the rule is based (50 CFR 424.16; 50 CFR 424.18).

Recently, in response to the Department of Interior's request, a District Court has remanded the bull trout rule to the Department of Interior for further rulemaking. *Alliance for the Wild Rockies and Friends of the Wild Swan v. David Allen and United States Fish and Wildlife* (CV 04-1812). In seeking the remand the Department of Interior noted that it intends to reconsider the 4(b)(2) exclusions in the proposed rule and that it recently issued a **Federal Register** notice seeking comment on those exclusions (70 FR 29998; May 25, 2005). In response, we received extensive comment from those supporting and opposing these potential exclusions. Based on our review of the information received and the short time between the close of the comment period and the court-ordered deadline for completing this rulemaking, we are unable to conclude at this time that the benefits of excluding these areas outweigh the benefits of designation, with the exception of areas covered by two habitat conservation plans, discussed below.

Nevertheless, we will continue to study this issue and alternative approaches in future rulemakings designating critical habitat. In particular, we intend to analyze the planning and management framework for each of the ownership categories proposed for consideration for

exclusion. In each case, we envision that the planning and management framework would be evaluated against a set of criteria, which could include at least some or all of the following:

1. Whether the land manager has specific written policies that create a commitment to protection or appropriate management of the physical or biological features essential to long-term conservation of ESA-listed salmon and steelhead.

2. Whether the land manager has geographically specific goals for protection or appropriate management of the physical or biological features essential to long-term conservation of ESA-listed salmon and steelhead.

3. Whether the land manager has guidance for land management activities designed to achieve goals for protection or appropriate management of the physical or biological features essential to long-term conservation of ESA-listed salmon and steelhead.

4. Whether the land manager has an effective monitoring system to evaluate progress toward goals for protection or appropriate management of the physical or biological features essential to long-term conservation of ESA-listed salmon and steelhead.

5. Whether the land manager has a management framework that will adjust ongoing management to respond to monitoring results and/or external review and validation of progress toward goals for protection or appropriate management of the physical or biological features essential to long-term conservation of ESA-listed salmon and steelhead.

6. Whether the land manager has effective arrangements in place for periodic and timely communications with NOAA on the effectiveness of the planning and management framework in reaching mutually agreed goals for protection or appropriate management of the physical or biological features essential to long-term conservation of ESA-listed salmon and steelhead.

Comment 36: In the proposed rule we requested comments on the potential exclusion of lands subject to conservation commitments by state and private landowners reflected in habitat conservation plans (HCPs) approved by NMFS. Some commenters (none however with NMFS-approved HCPs) concurred with the potential exclusion of lands covered by an HCP, believing that we would not likely secure additional conservation benefits by designating these areas as critical habitat. Some commenters acknowledged the potential educational benefits of designation but asserted that designating HCP lands could have an

unintended consequence of damaging existing and future cooperative relationships. These commenters additionally noted that HCPs have already undergone extensive environmental review and ESA section 7 consultation and been found to not likely jeopardize the species.

Several commenters disagreed with the potential exclusion of lands covered by HCPs, believing it would be contrary to the ESA, and some cited recent litigation bearing on this issue (e.g., *Center for Biological Diversity v. Norton*, 240 F. Supp. 2d 1090 (D. Ariz. 2003); *Gifford Pinchot Task Force v. FWS*, 378 F. 3d 1059 (9th Cir. 2004)). One commenter did not support such exclusions because of the belief that there are no guarantees the plans will remain in place when, for example, ownership changes or landowners change their minds. Some commenters believed that we failed to adequately describe the benefits of designation as they pertain to these potential exclusions.

Response: The analysis required for these types of exclusions, as with all others, first requires careful consideration of the benefits of designation versus the benefits of exclusion to determine whether benefits of exclusion outweigh benefits of designation. The benefit of designating critical habitat on non-Federal areas covered by an approved HCP or another type of conservation agreement depends upon the type and extent of Federal activities expected to occur in that area in the future. Activities may be initiated by the landowner, such as when the landowner seeks a permit for bank stabilization, water withdrawal, or dredging. Where the area is covered by an HCP, the activity for which a permit is sought may or may not be covered by the HCP. For example, an HCP covering forestry activities may include provisions governing construction of roads, but may not include provisions governing bank stabilization or pesticide application. The activity may be initiated by the Federal agency without any landowner involvement, such as when a Federal agency is involved in building a road or bridge, dredging a navigation channel, or applying a pesticide on Federal land upstream of the HCP-covered area. In analyzing the benefits of designation for these HCP-covered areas, we must consider which Federal activities are covered by the HCP and which are not. Where activities are covered by the HCP, we must consider whether an ESA section 7 consultation on that particular activity would result in beneficial changes to the proposed action over and above what is

achieved under the HCP. Designation may also benefit the species by notifying the landowner and the public of the importance of an area to species' conservation.

On the other side of the balance are the benefits of exclusion. We believe the primary benefits of exclusion are related to the conservation benefits to the species that come from conservation agreements on non-Federal land. If a landowner considers exclusion from critical habitat as a benefit, exclusion may enhance the partnership between NMFS and the landowner and thus enhance the implementation of the HCP or other agreement. If other landowners also consider exclusion from critical habitat as a benefit, our willingness to exclude such areas may provide an incentive for them to seek conservation agreements with us. Improved implementation of existing partnerships, and the creation of new conservation partnerships, would ultimately benefit conservation of the species.

Conservation agreements with non-Federal landowners enhance species conservation by extending species' protections beyond those available through other ESA provisions. ESA section 7 applies only to Federal agency actions. Section 7 consultation requirements protect listed salmon and steelhead on Federal lands and whenever a Federal permit or funding is involved in non-Federal actions, but its reach is limited. The vast majority of activities occurring in riparian and upland areas on non-Federal lands do not require a Federal permit or funding and are not addressed by section 7. In contrast, instream activities generally do require a Federal permit, and therefore, are subject to the requirements of section 7. The ability of the ESA to induce landowners to adopt conservation measures lies instead in the take prohibitions of sections 9(a) and 4(d). Many landowners have chosen to put conservation plans in place to avoid any uncertainty regarding whether their actions constitute 'take'.

Beginning in 1994, when we released our draft HCP Handbook for public review and comment, we have pursued policies that provide incentives for non-Federal landowners to enter into cooperative partnerships, based on a view that we can achieve greater species' conservation on non-Federal land through HCPs than we can through coercive methods (61 FR 63854; December 2, 1996). Before we approve an HCP and grant an incidental take permit, we must conduct a rigorous analysis under ESA section 10. The HCP must specify the impact likely to result

from take, what steps the applicant will take to minimize and mitigate such impacts, and the funding available to implement such steps. The applicant must have considered alternative actions and explained why other alternatives are not being pursued, and we may require additional actions necessary or appropriate for the purposes of the plan. Before an HCP can be finalized, we must conclude that any take associated with implementing the plan will be incidental, that the impact of such take will be minimized and mitigated, that the plan is adequately funded, and that the take will not appreciably reduce the likelihood of the survival and recovery of the species in the wild. The HCP undergoes environmental analysis under the National Environmental Policy Act (NEPA), and we conduct a section 7 consultation with ourselves to ensure granting the permit is not likely to jeopardize the continued existence of the species or destroy or adversely modify designated critical habitat.

Based on comments received, we could not conclude that all landowners view designation of critical habitat as imposing a burden on the land, and exclusion from designation as removing that burden and thereby strengthening the ongoing relationship. Where an HCP partner affirmatively requests designation, exclusion is likely to harm rather than benefit the relationship. We anticipate further rulemaking in the near future to refine these designations, for example, in response to developments in recovery planning. In order to aide in future revisions, we will affirmatively request information from those with approved HCPs regarding the effect of designation on our ongoing partnership. We did not consider pending HCPs for exclusion, both because we do not want to prejudge the outcome of the ongoing HCP process, and because we expect to have future opportunities to refine the designation and consider whether exclusion will outweigh the benefit of designation in a particular case.

Comment 37: We received a request from the Sonoma County Grape Growers Association and the United Winegrowers for Sonoma County to consider a determination to exclude all occupied areas in Sonoma County from critical habitat for California coastal chinook and central California coast *O. mykiss* based on the conservation value of a suite of cooperative and voluntary conservation efforts being implemented and developed by local government and the private sector, primarily the viticultural industry, in Sonoma County.

Response: These efforts may currently provide a significant conservation benefit to the listed species, and offer the promise of even greater benefits in the future. The measures include the Vineyard Erosion and Sedimentation Control Ordinance adopted by the Sonoma County Board of Supervisors; the Fish Friendly Farming Program; the North Sonoma County Agricultural Reuse Project; the planned Russian River Property Owners Association Fisheries Management Plan; the Integrated Pest Management/Organic Grape Production initiatives; and the Code of Sustainable Winegrowing Practices. The submission can be found electronically at <http://swr.nmfs.noaa.gov/>.

The request suggests the benefits of excluding the area covered by these measures from critical habitat may outweigh the benefits of including it as critical habitat because it provides conservation measures on private land in an area dominated by private ownership, which is generally beyond the reach of ESA section 7, and may therefore provide a greater benefit for the species than a critical habitat designation. Private landowners would be encouraged to participate in these voluntary programs if their lands were excluded from critical habitat.

We received this request on July 21, 2005, so we did not have time to evaluate this request as part of this rulemaking process, and could not defer the rule to accommodate a review because we are under court order to submit this final rule to the **Federal Register** by August 15, 2005. However, we are committed to working with local governments and private landowners in cooperative conservation efforts under Executive Order (E.O.) 13352 (August 26, 2004). As stated above, we anticipate further rulemaking in the near future to refine these designations. Accordingly, we expect to complete an evaluation of the conservation benefits of the measures described by the Sonoma County Grape Growers Association and the United Wine growers for Sonoma County by the end of 2005. If we find that in light of the conservation value of these measures, the benefit of excluding these private lands outweighs the benefits of including them as critical habitat, we will act promptly to propose a revision to this designation.

Comment 38: Some commenters addressed the exclusion of Indian Lands. All of the commenting Tribes and the Bureau of Indian Affairs (BIA) reiterated their support for the exclusions.

Response: This final rule maintains the exclusion of Indian lands for the

reasons described in the “Exclusions Based on Impacts to Tribes” section below.

Comment 39: A few commenters addressed our assessment of INRMPs and the exclusion of Department of Defense (DOD) areas due to impacts on national security. DOD agencies supported the exclusion of military lands based on both the development of INRMPs as well as national security impacts, while other commenters did not support such exclusions. One commenter argued that we should not use the general “national security” language in ESA section 4(b)(2) to remove our obligation to comply with the demand for adequate INRMPs.

Response: Pursuant to section 4(a)(3)(B)(i) of the ESA (16 U.S.C. 1533(a)(3)(B)(i)), we contacted the DOD, and, after evaluating the relevant INRMPs, we concluded that, as implemented, they provide conservation benefits greater than or equal to what would be expected to result from an ESA section 7 consultation. We also determined that two of these INRMP sites (Camp Pendleton and Vandenberg Air Force Base) should be excluded from designation due to potential impacts on national security. See the “Military Lands” and the “Exclusions Based on National Security Impacts” sections below.

Effects of Designating Critical Habitat

Comment 40: Some commenters noted that the success of watershed management and restoration efforts is dependent on critical habitat protections, noting that designations assist local recovery planning efforts and provide leverage in obtaining funding and cooperation. Several commenters expressed concern that excluding areas from designation, particularly areas identified in existing recovery efforts as important for salmon, would undermine ongoing regional and local recovery planning efforts by signaling that these areas are not important for recovery.

Response: We acknowledge that critical habitat designations can serve an important educational role and that they can assist local recovery planning and implementation efforts. The ESA requires that we use the best available scientific data to evaluate which areas warrant designation and that we balance the benefits of designation against the benefits of excluding particular areas. In so doing, it is possible that some areas subject to ongoing restoration activities may have been excluded from designation. However, such exclusions do not indicate that the areas are unimportant to salmon or steelhead, but

instead reflects the practical result of following the ESA’s balancing of benefits as required under section 4(b)(2). We are hopeful that the information gathered and the analyses conducted to support these final designations (such as species distribution, watershed conservation value, and economic impacts from section 7 consultations) will be viewed as valuable resources for local recovery planners. As recovery planning proceeds and we determine that additional or different areas warrant designation or exclusion, we can and will make needed revisions using the same rulemaking process.

Comment 41: Several commenters asked for clarification regarding how we will make adverse modification determinations in ESA consultations. One commenter also suggested that a finding of adverse modification would need to be contingent on the habitat conditions existing at the time of designation. They noted that, where such conditions are the result of past and present management actions, and where those existing conditions would not be altered through proposed future actions, it is their belief that consultation on such future actions would result in a “no adverse modification” determination.

Response: In *Gifford Pinchot Task Force v. United States Fish and Wildlife Service*, 378 F. 3d 1059 (9th Cir. 2004), the Court of Appeals for the Ninth Circuit ruled that the USFWS’ regulatory definition of “destruction or adverse modification” of critical habitat, which is also NMFS’ regulatory definition (50 CFR 402.02), is contrary to law. Pending issuance of a new regulatory definition, we are relying on the statutory standard, which relates critical habitat to conservation of the species. The related point raised by one commenter regarding the relevance of habitat conditions at the time of listing when making an adverse modification determination cannot be answered in a generic way and would depend on the facts associated with a specific consultation.

Comment 42: Some commenters objected to the potential land use regulations that critical habitat designation would prompt, citing specific cases where local agencies have imposed buffers and/or other restrictions to protect ESA-listed fish.

Response: The ESA requires that we designate critical habitat and these designations follow that statutory mandate and have been completed on a schedule established under a Consent Decree. Whether and if local jurisdictions will implement their

authorities to issue land use regulations is a separate matter and is not under our control.

Comment 43: Several commenters believed that we fail to (or inadequately) address required determinations related to a number of laws, regulations, and executive orders, including the NEPA, Regulatory Flexibility Act, and Data Quality Act.

Response: Our response to each of these issues are described below, and we also direct the reader to the "Required Determinations" section to review our response to each of the determinations relevant to this rulemaking.

(a) *NEPA*—We believe that in *Douglas County v. Babbitt*, 48 F.3d 1495 (9th Cir. 1995), cert. denied, 116 S. Ct. 698 (1996) the court correctly interpreted the relationship between NEPA and critical habitat designation under the ESA. The Court of Appeals for the Ninth Circuit rejected the suggestion that irreconcilable statutory conflict or duplicative statutory procedures are the only exceptions to application of NEPA to Federal actions. The court held that the legislative history of the ESA demonstrated that Congress intended to displace NEPA procedures with carefully crafted procedures specific to critical habitat designation. Further, the Douglas County Court held that the critical habitat mandate of the ESA conflicts with NEPA in that, although the Secretary may exclude areas from critical habitat designation if such exclusion would be more beneficial than harmful, the Secretary has no discretion to exclude areas from designation if such exclusion would result in extinction. The court noted that the ESA also conflicts with NEPA's demand for impact analysis, in that the ESA dictates that the Secretary "shall" designate critical habitat for listed species based upon an evaluation of economic and other "relevant" impacts, which the court interpreted as narrower than NEPA's directive. Finally, the court, based upon a review of precedent from several circuits including the Fifth Circuit, held that an environmental impact statement is not required for actions that do not change the physical environment.

(b) *Regulatory Flexibility Act*—We have prepared a final regulatory flexibility analysis that estimates the number of regulated small entities potentially affected by this rulemaking and the estimated coextensive costs of section 7 consultation incurred by small entities. As described in the analysis, we considered various alternatives for designating critical habitat for these seven ESUs. After considering these

alternatives in the context of the ESA section 4(b)(2) process of weighing the benefits of exclusion against the benefits of designation, we determined that our current approach to designation provides an appropriate balance of conservation and economic mitigation and that excluding the areas identified in this rulemaking would not result in extinction of the ESUs. Our final regulatory flexibility analysis estimates how much small entities will save in compliance costs due to the exclusions made in these final designations.

(c) *Data Quality Act*—One commenter asked if we had complied with the Data Quality Act. We have reviewed this rule for compliance with that Act and found that it complies with NOAA and OMB guidance.

(d) *Negotiated Rulemaking Act* (5 U.S.C. 561 *et seq.*)—One commenter asserted that we should have engaged in negotiated rulemaking to issue this final critical habitat designation. This is an interesting idea and could be pursued in future critical habitat rulemaking. However, because a court approved consent decree governs the time frame for completion of this final rule, we do not feel that there was ample time to comply with the numerous processes defined in the Negotiated Rulemaking Act for this rulemaking. For example, the Negotiated Rulemaking Act provides that if the agency decides to use this tool it must follow Federal Advisory Committee Act procedures for selection of a committee, conduct of committee activities, as well as specific documentation processes (See *Negotiated Rulemaking Source Book*, 1990).

(e) *Intergovernmental Cooperation Act*—One commenter asserted that we did not properly and fully coordinate with local governments and did not comply with the Intergovernmental Cooperation Act. First, the commenter did not provide a statutory citation for the Intergovernmental Cooperation Act. Although we are reluctant to speculate on that Act, we believe the comment is in reference to the Intergovernmental Cooperative Act, Public Law 90-577, 82 Stat. 1098 (1968) as amended by Public Law 97-258 (1982) (codified at 31 U.S.C. 6501-08 and 40 U.S.C. 531-35 (1988)). This Act addresses Federal grants and development assistance. Accordingly, we do not find it relevant to the mandatory designation of critical habitat under the ESA. To the extent that the commenter's concern is assuring that state, local and regional viewpoints be solicited during the designation process, the ESA and our implementing regulations provides for public outreach (16 U.S.C. 1533

(b)(3)(A); 50 CFR 424.16). As noted in response to Comment 1, we actively sought input from all sectors beginning with an ANPR (68 FR 55926; September 29, 2003) and culminating in four public hearings to facilitate comment from the interested public in response to the proposed rule. In addition we met with several local governments and made ourselves available to meet with others.

(f) *National Historic Preservation Act (NHPA)*—One commenter asserted that we failed to comply with the NHPA (16 U.S.C. 470-470x-6). The NHPA does not apply to this designation. The NHPA applies to "undertakings." "Undertakings" are defined under the implementing regulations as "a project, activity or program funded in whole or in part under the direct or indirect jurisdiction of a Federal agency, including those carried out by or on behalf of a Federal agency; those carried out with Federal financial assistance; those requiring a Federal permit, license or approval; and those subject to State or local regulation administered pursuant to a delegation or approval by a Federal agency." (emphasis added) (36 CFR 800.16). The mandatory designation of specific areas pursuant to the criteria defined in the ESA does not constitute an "undertaking" under the NHPA.

(g) *Farmland Protection Policy Act (FPPA)*—One commenter asserted that we failed to comply with FPPA (7 U.S.C. 4201). The FPPA does not apply to this designation. The FPPA applies to Federal programs. Federal programs under the Act are defined as "those activities or responsibilities of a department, agency, independent commission, or other unit of the Federal Government that involve: (A) Undertaking, financing, or assisting construction or improvement projects; or (B) acquiring, managing or disposing of Federal lands and facilities. The designation of critical habitat does not constitute a "Federal program" under the FPPA.

(h) *Unfunded Mandates Reform Act*—One commenter asserted that we failed to properly conduct and provide an unfunded mandates analysis because, the commenter contended, we based our decision solely on public awareness of the salmon listings. This is not the case. In the proposed rule, we found that the designation of critical habitat is not subject to the Unfunded Mandates Reform Act (2 U.S.C. 1501 *et seq.*) and explained in detail why this is the case.

(i) *Federalism*—One commenter asserted that we failed to properly comply with E.O. 13132. In the proposed rule, we found that the designation of critical habitat does not

have significant Federalism effects as defined under that order, and, therefore, a Federalism assessment is not required. We find nothing in the commenter's assertions to warrant changing our original determination.

(j) *Takings*—One commenter disputed our conclusion in the proposed rule that the designations would not result in a taking. The commenter offered no information or analysis that would provide a basis for a different conclusion.

(k) *Civil Justice Reform*—One commenter asserted that we failed to properly conduct and provide a Civil Justice Reform analysis pursuant to E.O. 12988, the Department of Commerce has determined that this final rule does not unduly burden the judicial system and meets the requirements of sections 3(a) and 3(b)(2) of the E.O. We are designating critical habitat in accordance with the provisions of the ESA. This final rule uses standard property descriptions and identifies the PCEs within the designated areas to assist the public in understanding the habitat needs of the 12 salmon and steelhead ESUs.

ESU-Specific Issues

ESU Specific Comments—California Coastal Chinook Salmon

Comment 44: One private timberland owner commented that the freshwater distribution of Chinook salmon that we developed and used for their land ownership had errors in occupancy and/or upstream distribution limits. The landowner provided us with distribution information they had developed for their ownership so that the distribution information and resulting final critical habitat designation for this ESU would be more accurate.

Response: Following a review of this new information by the CHART, we incorporated it into our database and made changes in the mapped distribution of this ESU for the commenter's land ownership. The new information changed the distribution of Chinook in the following streams and Calwater HSAs: Maple Creek (110810), Little River (110820), and the Mad River (110920 and 110930). Overall, these changes in distribution were minor and increased the total occupied stream miles for this ESU by only 0.6 mi (1.0 km). Based on a reassessment by the CHART, these changes in distribution did not change the occupancy status (i.e. occupied to unoccupied or vice versa) or conservation value of any of the affected HSAs, and therefore, the

economic analysis did not require revision.

Comment 45: A few commenters questioned why there was no proposed critical habitat connecting those portions of the mainstem Eel River in HSA 111142 with the high value habitat areas in the upper tributaries of the middle Fork Eel River in HSA 111172.

Response: In the proposed rule, HSA watershed 111171 was proposed for exclusion based on high economic cost (high benefit of exclusion) and relatively low benefit of designation. However, because the upper tributaries of the middle Fork Eel in HSA 111172 were rated as having high conservation value, the mainstem middle Fork Eel in HSA 111171 should have been designated as a migratory corridor to provide connectivity between critical habitat farther downstream in the mainstem Eel River and the high value tributaries that were proposed for designation. This was an error that has been corrected in the final rule. The final designation excludes HSA 111171 as was the case in the proposed rule, but designates the mainstem of the middle Fork Eel River, which serves as a migratory corridor for the high value upstream tributaries, as critical habitat.

Comment 46: A commenter questioned the conservation ratings and proposed designations for five of the seven occupied HSAs comprising the Mendocino Coast Subbasin (HU 1113). The commenter specifically questioned the historic and current presence of Chinook in these watersheds and thought any Chinook that did occur in these watersheds were likely strays from other watersheds.

Response: The CHART considered these comments and reviewed its original assessments. It concluded that its original conservation value ratings were appropriate based on the ranking criteria that were used and the information that was available, and that these areas met the definition of critical habitat under the ESA. Accordingly, the conservation value ratings for these HSA watersheds were not changed. Based on the ESA section 4(b)(2) analysis conducted for the final rule, however, HSA watershed 111350 (Navarro River) in this Subbasin was excluded from the final designation for this ESU.

Comment 47: One commenter questioned the proposed designation of critical habitat for this ESU in the Austin Creek HSA (111412) and Mark West HSA (111423), based on the view that neither watershed supported a historically self sustaining run and that Chinook in both streams were most likely strays from other watersheds.

Response: The CHART considered this comment and reviewed its original assessments. It concluded that its original conservation value ratings were appropriate based on the ranking criteria that were used and the information that was available, and that these areas met the definition of critical habitat under the ESA. Accordingly, the conservation value ratings for these HSA watersheds were not changed. Based on the ESA section 4(b)(2) analysis conducted for the final rule, however, HSA 111423 (Mark West Creek) in this Subbasin was excluded from the final designation for this ESU.

Comment 48: A property owners' association on the Russian River that controls land adjacent to portions of the Russian River in HSAs 111425 and 111424 requested that its lands be excluded from the final designations for California Coastal Chinook (and Central California Coast steelhead) because it has developed a Watershed Management Plan to manage its lands and because the benefits of excluding its lands outweigh the benefits of including them in the designation.

Response: We are very supportive of the development and implementation of this plan and have in fact participated in its development. However, we do not think this plan qualifies as the basis for excluding these lands from the final designation for either ESU at present, since it is not completed. Once the plan is completed, we will evaluate it to determine whether the benefits of excluding the habitat areas in question will outweigh the benefits of designation. In making this assessment we will evaluate the plan in the same manner as we would evaluate an approved habitat conservation plan (see *Impacts to Landowners with Contractual Commitments to Conservation* section). If we determine that the benefits of exclusion outweigh the benefits of designation, then we will initiate the appropriate rulemaking to refine the critical habitat designations.

ESU Specific Comments—Northern California Steelhead

Comment 49: Two private timberland owners commented that the freshwater distribution of steelhead that we developed and used for their land ownership had errors in occupancy and/or upstream distribution limits. Both landowners provided us with distribution information they had developed for their ownership so that the fish distribution information we used for the final critical habitat designation for this ESU would be more accurate.

Response: Following a review of this new information by the CHART, we incorporated it into our database and made changes in the mapped distribution of this ESU for the commenters' land ownership. The new information from one of the landowners changed the distribution of steelhead in the following streams and Calwater HSAs: Maple Creek (110810), Redwood Creek (110720), Little River (110820), Mad River (110920 and 110930), and several small streams including Rocky Gulch, Washington Gulch, Jacoby Creek, Freshwater Creek, and Salmon Creek (111000). Overall, these changes in distribution were minor and increased the total occupied stream miles for this ESU by only 1.1 mi (1.8 km). The changes in distribution did not affect the occupancy or conservation value rating for any of these HSAs. The new information from the other landowner changed the distribution of steelhead in the following streams and HSAs: SF Eel (111132, 111133), Usal Creek (111311), Wages Creek (111312), Ten Mile River (111313), Mill Creek, Pudding Creek and the Noyo River (111320), Big River (111330) and Salmon Creek (111340). Overall, this new information decreased the occupied stream miles for the ESU by approximately 17 miles and affected 8 HSAs. Based on a re-assessment by the CHART, these changes in distribution did not change the occupancy status (i.e. occupied to unoccupied or vice versa) or conservation value of any of the affected HSAs, and therefore, the economic analysis did not require revision.

ESU Specific Comments—Central California Coast Steelhead

Comment 50: One commenter requested that San Francisquito Creek and Los Trancos Creek in HSA 220550 be excluded from the critical habitat designation for this ESU because of the economic impact of designation and because neither creek requires special management considerations. A second commenter requested that San Francisquito Creek not be designated because of the regulatory burden and because the economic impacts on water supply were not included in the economic analysis. The second commenter also identified a labeling error concerning West Union Creek.

Response: We disagree with the first commenter and believe that these streams do require special management considerations. Both streams have extensive zones of healthy riparian vegetation and habitat and support significant steelhead populations in the San Francisco Bay area. These relatively healthy habitats and populations are

unique to the San Francisco Bay area, and therefore, the CHART believes they require special management considerations. The commenter has many programs in place that benefit both creeks, but there are also many unresolved habitat issues that remain to be addressed. For example, on Los Trancos Creek a poorly designed fish ladder needs to be replaced, and several other fish passage issues remain. In addition, NMFS and CDFG have discussed the inadequate bypass flows on Los Trancos Creek below the commenter's water diversion for the past several years, but have yet to resolve the issue. Special management considerations are also necessary to address ongoing and expanding impacts of urbanization on the San Francisco Peninsula. We considered the impacts of designating the HSA watershed containing these creeks in the proposed rule and again using a revised procedure for the final rule. Based on the ESA section 4(b)(2) analysis used for the final rule, we concluded that the benefits of including this HSA watershed in the designation (medium conservation value to the ESU) outweighed the benefits of excluding it from the designation. On the basis of this analysis, therefore, we do not think there will be an unwarranted regulatory burden placed on these commenters or any other entities that may need to obtain Federal permits and consult with NMFS in this HSA watershed. We acknowledge the comment that water supply impacts were not considered in the proposed rule or in the revised 4(b)(2) process for the final rule, but we have addressed water supply impacts as a general issue in greater detail in the final economic analysis for this rule.

Comment 51: One commenter argued that Suisun and Wooden Valley Creeks in HSA 220722 do not provide suitable habitat for steelhead and that designation is not justified because surrounding HSAs were not proposed for designation.

Response: We disagree with the commenter and believe that Suisun and Wooden Valley Creeks currently support a population of steelhead and do provide suitable habitat for rearing, spawning and migration (and thus, the PCEs that support these habitat uses). The reports cited by the commenter include a discussion of limiting factors in Suisun Creek, but also include several favorable findings regarding steelhead habitat conditions in the watershed. These findings suggest that there is suitable habitat for steelhead in the watershed and that steelhead spawned in Suisun Creek in 2000–2001. Based on the information available,

therefore, we believe that the medium conservation rating originally made by the CHART for this HSA watershed is appropriate. The revised ESA section 4(b)(2) exclusion analysis conducted for the final rule, however, considered section 7 opportunities within HSA watersheds and adjusted the benefits of inclusion in critical habitat accordingly. In the case of this HSA, this re-consideration resulted in a reduced assessment of the benefits of designating this watershed. Based on this revised benefit of designation in the final 4(b)(2) analysis, we have concluded that the benefits of excluding this HSA from the designation outweigh the benefits of designating it. Accordingly, this HSA watershed and the streams in question have been excluded from the final critical habitat designation.

Comment 52: Several commenters raised issues concerning our proposal to include the upper Alameda Creek watershed (which supports resident *O. mykiss* considered to be part of this ESU; see 69 FR 33101; June 14, 2004) in the critical habitat designation for this ESU. Comments ranged from support for designation of this watershed to requests that it not be designated. Issues were raised about the adequacy of the economic analysis supporting the ESA section 4(b)(2) analysis, the mapped distribution of proposed critical habitat in the watershed, the suitability of the habitat in upper Alameda Creek for steelhead, and the lack of access for steelhead.

Response: We recognize that the upper Alameda Creek watershed (HSA 220430) is not accessible to anadromous steelhead; however, the CHART treated this watershed as occupied in the analysis supporting the proposed rule because there are resident *O. mykiss* populations in the upper watershed that we had previously proposed for inclusion in this ESU (69 FR 33101). In its original analysis, the CHART concluded that this watershed had high conservation value to the ESU, contained the requisite PCEs to support the ESU, and that special management considerations were required to protect these PCEs. Based on this assessment and the original 4(b)(2) analysis which considered the benefits of including this watershed against the benefits of excluding it, we proposed to include it in the designation, as well as a migratory corridor to San Francisco Bay through a portion of the adjacent watershed (HSA 220420) that was proposed for exclusion. We recently invoked a statutory 6-month extension on our final listing determination for this ESU (70 FR 37219) based on concerns raised by the USFWS, and,

therefore, at the time of publication of this final critical habitat rule, these resident populations of *O. mykiss* will not be included in this ESU and listed. Because our original proposal was premised on the upper Alameda Creek watershed being occupied by resident fish that were part of this ESU and a final listing determination concerning these populations will not be made before December 2005, we have not included this watershed in the final critical habitat designation for this ESU. A decision about whether to designate this watershed as critical habitat for this ESU will be made concurrently with the final listing determination for this ESU in December 2005.

Comment 53: One commenter opposed inclusion of the Guadalupe River/Los Gatos Creek watershed in the proposed critical habitat designation for this ESU.

Response: The watershed (HSA 220540) containing the upper portion of Guadalupe River and Los Gatos Creek was not included in the proposed designation. Occupied habitat in this watershed was excluded from the proposed rule based on the ESA section 4(b)(2) analysis which concluded that the economic benefits of exclusion outweighed the biological benefits of inclusion. The watershed unit (HSA 220550) which contains the lower portion of the Guadalupe River, however, was included in the proposed designation. It is also included in the final critical habitat designation for this ESU because the biological benefits of including the occupied stream habitat in this watershed outweigh the economic benefits of its exclusion.

Comment 54: One commenter argued that Arroyo Corte Madera del Presidio Stream in HSA watershed 220320 should be designated as critical habitat for this ESU because it is occupied by this ESU. The same commenter also questioned the exclusion of HSA 220330 from the proposed designation.

Response: Exclusion of this stream from proposed critical habitat in HSA 220320 was the result of a technical mapping error in the proposed rule. The CHART evaluated this stream for the proposed rule and concluded it was occupied and met the definition of critical habitat. Accordingly, it has been included in the final designation for this ESU. Occupied habitat in HSA 220330 was excluded from the proposed rule and in this final rule based on the results of the 4(b)(2) analysis, which indicated the economic benefits of exclusion outweighed the biological benefits of including these stream reaches in the designation for this ESU.

Comment 55: One commenter argued that occupied habitat in HSA 220330 in the east Bay of San Francisco should be designated as critical habitat for this ESU.

Response: Occupied habitat (Codornices Creek) in this HSA was excluded from the proposed designation because the conservation value of this habitat was judged by the CHART to be low (low habitat quantity and quality, low restoration potential, no unique attributes, and small population size), and the economic benefits of excluding this habitat outweighed the biological benefits of designation. The CHART did not receive any new information to change its previous determination, and, therefore, reaffirmed that it has low conservation value and that its exclusion would not impede the conservation of this ESU.

Comment 56: One commenter recommended that several additional, but small, stream reaches in the San Francisco watershed, as well as an unoccupied habitat above an impassable dam (Searsville Dam), be designated as critical habitat for this ESU.

Response: Based on a review of the information provided by the commenter, the CHART concluded that some additional stream reaches in this watershed should be considered occupied, meet the definition of critical habitat, and should be designated as critical habitat. Because this watershed was not excluded from the designation as a result of the final ESA 4(b)(2) analysis, additional stream reaches qualifying as critical habitat have been added to the final designation. These include: a short reach of Corte Madera Creek to the base of Searsville Dam, approximately 2.5 mi (4 km) of West Union Creek above the confluence with Bear Creek, a short reach of Bear Gulch Creek up to the California Water Service Upper Diversion Dam, a small portion of Squealer Gulch above the confluence with West Union Creek, and a small portion of McGarvey Gulch above the confluence with West Union Creek.

Comment 57: One commenter requested the exclusion of several streams in Hydrologic Unit 3304 from the critical habitat designation, including Laguna Creek, Liddell Creek, Majors Creek, Arana Gulch, San Lorenzo River, Branciforte Creek, Newell Creek, and Zayante Creek because the commenter believes the benefits of excluding these areas outweigh the benefits of designating them. The rationale is that: (1) The commenter is developing an HCP that will address these streams and a designation could hinder its completion; and (2) a designation would increase the

regulatory costs and burdens on the city beyond those already in place. The commenter also raised concerns about the regulatory uncertainty associated with critical habitat because of the 2004 Gifford Pinchot case.

Response: We disagree with the commenter and continue to believe that the benefits of including these streams in the critical habitat designation outweigh the benefits of excluding them. For the proposed critical habitat designation, the CHART evaluated the HSA watersheds containing the streams identified by the commenter (HSAs 330411 and 330412) and concluded that the occupied streams in both HSAs had high conservation value for this ESU and that there was a need for special management consideration or protections. Based on this assessment and the results of the ESA section 4(b)(2) analysis conducted for the proposed designation, including the consideration of potential economic impacts, we concluded that the benefits of designating the occupied streams in both watersheds were higher than the benefits of excluding them. The commenter did not provide any new scientific information to change our assessment of the benefits of designating these streams, and thus we continue to believe they have a high biological value to the ESU. As part of the 4(b)(2) analysis conducted for the final rule, however, we did reduce our assessment of the benefit of designating occupied habitat in these two HSA watersheds because they both met a "low section 7 leverage" profile, which we believed reduced the benefits of section 7 consultation (see discussion in *Critical Habitat Analytical Review Teams* section).

We continue to be supportive of the commenter's efforts to develop an HCP and believe completion of an HCP that meets the requirements of section 10 of the ESA will provide substantial benefits to steelhead and its habitat in these streams. However, negotiations are still ongoing, and an HCP has not been completed. Until an HCP is completed and an incidental take permit is issued, the potential conservation benefits to steelhead and its habitat are uncertain. For this reason, we believe it is premature to consider the potential benefits of such a conservation plan in the 4(b)(2) analysis for this final designation. Whether or not the commenter would experience an increased regulatory burden or higher costs with a critical habitat designation in place is uncertain. Even without critical habitat in place, the commenter is likely to incur costs associated with ESA section 7 consultations,

development of an HCP, and/or efforts to avoid take. We did consider the economic impacts of critical habitat designation in both the proposed and final rules and in doing so analyzed the full costs of section 7 implementation, not just the costs associated with critical habitat implementation. In approaching the economic analysis this way, we believe that we have likely overstated the economic impacts of critical habitat designation. The final 4(b)(2) analysis for this designation considered both the reduced benefit of including HSA watersheds 330411 and 330412 and the final economic impacts for these watersheds. Based on our consideration of this information, we concluded that the benefits of designating the occupied stream reaches in HSAs 330411 and 330412, including the streams of concern to the commenter, outweighed the benefits of excluding them from the final designation.

ESU Specific Comments—South-Central Coast Steelhead

Comment 58: One commenter questioned the conservation value of the San Benito watershed (HSA 330550) and also argued that unoccupied habitat areas above Uvas Creek Dam were not essential for the conservation of this ESU.

Response: The San Benito watershed unit (HSA 330550) was rated as having medium conservation value to this ESU by the CHART based on factors used to conduct the conservation value rating and ranking effort. For the proposed critical habitat ESA section 4(b)(2) analysis, therefore, we attributed a medium benefit of designation to this watershed unit. For the final designation, we conducted a revised 4(b)(2) analysis that modified the biologically based conservation value scores if they met a “low section 7 leverage” profile which we believe reduce the benefits of section 7 consultation (see discussion in *Critical Habitat Analytical Review Teams* section). In the case of HSA 330550, we determined that there was relatively low section 7 leverage which reduced the benefits of section 7 consultation, and therefore, reduced the benefit of inclusion from medium to low. Based on this low benefit level and comparatively high economic costs associated with section 7 consultations in this watershed unit, this watershed was considered for possible exclusion. However, the CHART reviewed the available biological and other information for this watershed unit and concluded that its exclusion would impede the conservation of this ESU. This determination was based on the

size of the San Benito River and its contribution of habitat to the Pajaro River Basin, the level of section 7 activity occurring in the watershed, and the San Benito River’s potential contribution to the recovery of this ESU. Accordingly, we have included the San Benito watershed unit HSA 330550 in the final critical habitat designation.

In the proposed critical habitat designation, the CHART did conclude that the unoccupied habitat above the Uvas Creek Dam “may” be essential for conservation of this ESU. We recognize, however, that there are several issues related to providing fish passage over this dam and also believe it is premature to include this unoccupied habitat area in the critical habitat designation until ongoing recovery planning efforts have progressed to the point where they support a determination that these areas are essential to the conservation of this ESU.

Comment 59: One commenter questioned whether the apparent exclusion of a portion of the drainage into Morro Bay was based on a consideration of land ownership.

Response: The identification and conservation rating of occupied habitat that was eligible for designation used only biological and ecological criteria, including information regarding presence of steelhead and habitat condition. Land ownership was not a consideration in the conservation rating process nor in the section 4(b)(2) analysis that identified areas for exclusion based on a balancing of the benefits of designation against the economic costs of designation. In reviewing the proposed critical habitat designation maps in response to this comment, however, we discovered a technical mapping error in Los Osos Creek. An upstream portion of Los Osos Creek was proposed for designation in HSA 331023, but the lower portion of the creek which enters into Morro Bay was inadvertently excluded from the designation. We have corrected this error in the final designation.

Comment 60: One commenter recommended exclusion of San Luis Obispo Creek from the designation for this ESU based on the management plans and existing agreements already in place which provide protection for the creek and steelhead. The commenter also raised questions about the validity of the economic impact analysis used for the proposed critical habitat designation process in light of costs incurred as a result of ESA section 7 consultation on a water reuse project.

Response: The commenter and other local agencies have undertaken numerous efforts to conserve and

improve existing habitats within the San Luis Obispo Creek watershed, though some efforts were a result of regulatory requirements to compensate for the adverse effects of proposed actions. However, these conservation efforts have been confined to localized areas and provide no reliable ability to effectively protect existing suitable habitat for steelhead and improve currently degraded habitats. We have not conducted a review to determine whether the existing local conservation and management efforts (e.g., conservation easements, creek set-back ordinance, sewer ordinance) contain measures that would be expected to protect existing suitable habitat for steelhead, and, therefore, the possible benefits that existing management plans may have for the conservation of steelhead and their habitat is unknown. We have, however, reviewed the draft Creeks and Waterway Management Plan (i.e., the Environmental Impact Statement), which describes management and protection of streams within the San Luis Obispo Creek watershed, and concluded that many of the “management” activities (e.g., use of rock riprap, removal of woody debris, creation or modification of channels, and in-channel detention enhancements) in the plan would create conditions unfavorable for long-term survival and reproduction of steelhead within the San Luis Obispo Creek watershed and, in turn, the entire ESU. Based on these considerations and other information regarding activities potentially affecting steelhead habitat in the San Luis Obispo Creek watershed, we disagree with the commenter and continue to believe there is a need for special management considerations or protections of occupied stream habitat in the San Luis Obispo Creek watershed. Accordingly, the final designation for this ESU includes all occupied stream reaches in HSA 331024, including San Luis Obispo Creek.

We acknowledge that the economic analysis used in the ESA section 4(b)(2) analysis for the proposed designation did not address water supply and flow modification related projects adequately. The final economic analysis prepared for this designation addresses these issues more completely, though it does not specifically address the water reuse project. Rather than understate the costs of critical habitat designation, we believe that the economic analyses prepared for the proposed and final designations actually overestimate the incremental economic costs associated with critical habitat designation. In our economic analyses, we estimated the

total cost of ESA section 7 consultation for specific project types anticipated to occur in the foreseeable future based on information from Federal agencies and other sources. We believe that much of the estimated costs can be attributable to the presence of listed fish and the jeopardy analysis in section 7 consultation. Indeed, the costs cited by the commenter for its water reuse project were associated with a section 7 consultation that addressed the presence of listed steelhead in the watershed, not critical habitat. Although consideration of critical habitat adverse modification in the consultation on the water reuse project may have resulted in additional project changes, we do not think they are likely to be significant.

Comment 61: Several commenters were confused about whether West Corral de Piedra Creek, an upstream tributary to Pismo Creek (HSA 331026), was included in the proposed designation, and whether areas above a local dam (the Righetti Dam) on this creek were included in the designation. Some commenters also argued that habitat above the Righetti Dam was of high quality for steelhead and should be included in the critical habitat designation. One commenter also requested that an unnamed tributary of West Corral de Piedra Creek be designated, while a second commenter requested that it not be designated.

Response: West Corral de Piedra Creek was included in the proposed designation and has also been included in the final designation for this ESU. The maps used to depict occupied stream habitat and the proposed critical habitat, however, did not properly label West Corral de Piedra Creek, hence the confusion of the commenters. We have corrected this problem in the maps depicting the final designation. The designated critical habitat in West Corral de Piedra Creek, however, does not include habitat above the Righetti Dam. Although the habitat appears to be of high quality and would likely support steelhead spawning, we are uncertain whether adult fish can pass over the dam. Accordingly, we treated the area above the Righetti Dam as unoccupied habitat and, since a determination that it is essential to the conservation of the ESU had not been made, we have not included it in the final designation for this ESU. In evaluating the areas of occupancy, habitat conditions, and conservation value of this HSA watershed, the CHART reviewed the available information about the unnamed tributary to West Corral de Piedra Creek. The CHART concluded it was unoccupied and had poor habitat conditions, and, since, a determination

that it is essential to the conservation of the ESU has not been made, it has likewise not been included in the final designation.

Comment 62: Another commenter argued that West Corral de Piedra Creek is likely unoccupied by steelhead because of an impassable barrier on Pismo Creek downstream of West Corral de Piedra Creek (and the Righetti Dam), and, therefore, should not be designated as critical habitat. The commenter also criticized the economic analysis for not addressing impacts on irrigation and instream flow resulting from critical habitat designation. Lastly, the commenter argued that habitat area above the Righetti Dam should not be designated.

Response: The potential barrier in question is an existing fish ladder on Pismo Creek downstream of West Corral de Piedra Creek. The extent to which the ladder precludes adult steelhead is unclear, but we do not think it is a complete barrier. There is existing information indicating the presence of juvenile steelhead in West Corral de Piedra Creek downstream of Righetti Dam and above the Pismo Creek ladder which suggests steelhead can pass the existing fish ladder. In addition, direct observations of the fish ladder suggest it is capable of passing adult steelhead even though the design is not ideal and ladder operation may become impaired by inorganic and organic debris. Based on the available information, therefore, the CHART considered West Corral de Piedra to be occupied habitat for steelhead up to, but not above, the Righetti Dam. Accordingly, this reach of West Corral de Piedra is included in the final critical habitat designation for this ESU. We acknowledge that the economic analysis prepared for the proposed critical habitat designation did not adequately address economic impacts related to changes in instream flow or agricultural flows. The final economic analysis made additional efforts to address this issue, though potential flow changes at the Righetti Dam was not a part of that analysis. As noted in the previous response, the habitat area above the Righetti Dam is not considered occupied by steelhead though habitat conditions are considered favorable for steelhead spawning. For this reason, the habitat area above Righetti Dam is not included in the final designation of this ESU.

Comment 63: One commenter argued that Arroyo Grande Creek should not be included in the designation because it is not essential for conservation, numerous dams on the creek have altered habitat conditions for steelhead, existing protections are in place and thus there

is no need for special management considerations, and previous determinations by Federal and State agencies have concluded that activities at Oceano SVRA do not adversely impact steelhead or their habitat. The commenter cited the final draft HCP for Arroyo Grande Creek as an existing mechanism for managing the creek, and suggested designation of critical habitat was unnecessary because it would cause confusion among stakeholders and agencies regarding the management of the area for steelhead. Another commenter argued that designation of the mouth of Arroyo Grande Creek may impact recreational uses in that area, and thereby result in significant economic impacts to local governments and businesses.

Response: The CHART determined that Arroyo Grande Creek met the definition of critical habitat, and was therefore eligible for designation, based on an extensive review of information, including observations and information obtained from site visits and field studies. This information allowed the CHART to identify the geographic areas occupied by steelhead and confirm that the creek contains physical and biological features essential to conservation. A draft HCP prepared by the San Luis Obispo County Flood Control and Water Conservation District Zone 3 (District) provides information regarding the quality and quantity of habitats in Arroyo Grande Creek for steelhead and discusses the abundance of steelhead. Although this ESU has a broad geographic distribution, there are relatively few representative streams in the southern portion of the ESU where steelhead actively spawn and rear. Arroyo Grande Creek is one of the few streams at the southern portion of the subject ESU where age-0 and older juvenile steelhead occur during summer and fall, and sexually ripe adults occur in winter and early spring. There are numerous streams in San Luis Obispo County, but a disproportionate number in the southern portion of the subject ESU currently do not appear suitable for steelhead owing in part to improper land-use activities. Arroyo Grande Creek is one of the notable exceptions. On the basis of this information, the CHART determined that the HSA watershed containing Arroyo Grande Creek had medium conservation value and that it was essential for the conservation of the ESU.

Based on information available to us, the only dam which is a full barrier to steelhead in Arroyo Grande Creek is Lopez Dam. Its presence and operation have certainly contributed to declines in the quality and quantity of habitat for

steelhead, but evidence indicates that steelhead still use Arroyo Grande Creek for spawning and rearing. More importantly, the effects of Lopez Dam on steelhead and its habitat in Arroyo Grande Creek underscore the need for special management considerations or protections in this watershed.

The purpose of the HCP in question is essentially to address the "take" of steelhead and other federally listed species associated with operation of Lopez Dam, not to manage the Arroyo Grande Creek as a whole. More importantly, the current draft HCP does not ensure that essential habitat functions necessary for long-term species survival would be attained through the proposed conservation program. For instance, the flow regime proposed in the draft HCP is conditioned upon reservoir-operation constraints, and, therefore, is not ecologically meaningful. The HCP requires considerable revision before being suitable for adoption in the application phase, and years may pass before it is ultimately approved and an incidental take permit issued.

The commenter is correct that we have determined through informal ESA section 7 consultations with the U.S. Army Corps of Engineers (COE) that off-road vehicle crossings of the creek at the mouth (a sandy tidally influenced area) are not likely to adversely affect steelhead. However, the decision to include Arroyo Grande Creek in the designation was not predicated on whether previous activities, such as off-road vehicle use, did or did not adversely affect the species. Rather, NMFS performed an extensive review and analysis to identify those habitats that are essential for conservation of the species and determined that Arroyo Grande Creek (including the creek mouth) is one such habitat area for this ESU. Inclusion of the creek mouth in the critical habitat designation is necessary because the mouth is an essential migratory habitat linking upstream spawning and rearing areas with the ocean.

Based on our past consultation experience in this area, we do not think that designation of the Arroyo Grande Creek, including the creek mouth, is likely to result in restricted recreational crossings of the creek mouth or cause significant economic impacts to local governments and businesses. Although not definitive on the outcome of future consultations, previous consultations involving such crossings have determined that steelhead were not likely to be adversely affected and that the value of the creek mouth as a

migration corridor for steelhead was not likely to be diminished.

Comment 64: One commenter (CDFG) recommended that the conservation value of the HSA watersheds containing Arroyo de la Cruz (HSA 331012) and San Carpofo (HSA 331011) creeks should be high because of the quality and quantity of steelhead habitat and the potential risks to these resources in the future.

Response: We agree with CDFG that the quality of steelhead habitat is high for both of these streams. However, the CHART considered a range of factors in assessing the conservation value of the HSA watersheds containing these streams, and on the basis of that analysis, concluded that a medium conservation value was appropriate for both watersheds. Based on the available information, we continue to believe that these two HSA watersheds have a medium conservation value to this ESU relative to other HSA occupied watersheds in the range of the ESU. Both HSA watersheds had a relatively low economic benefit of exclusion, and therefore, all occupied habitat in both watersheds, including the two streams in question, are included in the final critical habitat designation for this ESU.

ESU Specific Comments—Southern California Steelhead

Comment 65: Several commenters raised questions about whether or not the Sisquoc River and some of its tributaries are occupied by steelhead, and whether there are PCEs to support steelhead in this watershed. At least one commenter argued that any *O. mykiss* in this watershed were hatchery plants. One commenter criticized the economic analysis for the HSA containing the Sisquoc River watershed, and another was concerned that recreational fishing in one tributary would be adversely affected by a critical habitat designation.

Response: The CHART reconsidered whether the Sisquoc River and its tributaries should be considered occupied based on the issues raised by these commenters. Based on a reassessment of the available information (primarily the Stoecker and Stoecker 2003 barrier assessment for the Sisquoc River), the CHART concluded that the Sisquoc River and its tributaries (HSA 331220) should be considered occupied, and that this watershed contains PCEs supporting migration, spawning and rearing habitat. We recognize that flows in the Santa Maria River watershed are constrained by the operation of Twitchell Dam and that migration opportunities into the Sisquoc River are limited. For this reason, steelhead access to this watershed is not

available in all years, and occupancy of the watershed will be on a more infrequent, rather than annual, basis. Nevertheless, migration opportunities do occur in wet years when high flows breach the sand bar at the mouth of the Santa Maria River, and steelhead can and do migrate into the middle and upper reaches of the Sisquoc River watershed where over-summering/rearing habitat and spawning habitat occurs. Although rainbow trout may well have been planted in some areas historically, we are not aware of any current planting of fish except in Manzana Creek. Accordingly, we do not believe the vast majority of steelhead in the watershed are of hatchery origin. A revised economic impact analysis was prepared for the final critical habitat designation. Although it may not address all site specific potential economic impacts within each HSA watershed, we believe this analysis does consider the vast majority of projected activities which are subject to ESA section 7 consultation in each watershed and that it provides a reasonable basis for conducting an ESA section 4(b)(2) analysis. More detailed responses to comments on the economic analysis were presented earlier in this final rule. Lastly, the designation of critical habitat for this ESU is not expected to affect recreational fishing activities in this watershed because such activities are not subject to section 7 of the ESA and are unlikely to affect critical habitat. Nevertheless, such activities do need to ensure that they do not result in the "take" of listed steelhead.

Comment 66: One commenter questioned whether specific streams (Santa Agueda and Alamo Pintado, both tributaries to the lower Santa Ynez River in HSA 331440, and Santa Monica Creek in HSA 331534) should be designated as critical habitat.

Response: We have re-examined the available information supporting the inclusion of these tributaries in the proposed designation and concluded that although these streams may occasionally support steelhead, there is not sufficient information to consider them occupied for the purposes of this designation process. Accordingly, these tributaries were not considered occupied in the final critical habitat designation and a determination that they were essential to the conservation of the ESU was not made, so they have been removed from the final critical habitat designation and associated maps.

Comment 67: Many commenters responded to our request for comments regarding the designation of unoccupied

habitat above Bradbury, Matilija, Casitas, Santa Felicia and Rindge Dams. Several commenters recommended that these areas be designated because they are essential for the conservation of this ESU, while several other commenters were opposed to designating these unoccupied habitats. Some commenters were confused or misunderstood that we were only requesting information and thought we had proposed to designate these areas as critical habitat.

Response: As part of the proposed rule development process, the CHART was asked to identify unoccupied areas above dams within the range of this ESU that “may” be essential for its conservation. Based on its assessment, the CHART identified the unoccupied habitat found above the five dams listed above. The proposed rule did not include these unoccupied areas in the proposed designation for this ESU, but rather solicited public comment on our determination that these unoccupied areas “may” be essential for conservation of this ESU. As stated elsewhere in this rule, we believe that it is premature to designate such areas at this time, and that any designation of unoccupied areas above dams or in other areas must await the completion of technical recovery planning efforts that are currently underway. Our expectation is that the technical recovery planning process will provide the scientific foundation to support the inclusion of unoccupied habitat areas in any critical habitat designation. Once the technical recovery planning is completed, we intend to revisit the designation of unoccupied habitat and will use information provided by commenters to inform any subsequent proposal.

Comment 68: A large number of commenters were opposed to the inclusion of any portion of Rincon Creek in the critical habitat designation. They argued that steelhead did not occupy the stream, the habitat was unsuitable, and the economic impacts of designation would be significant. Some commenters were confused and thought that Rincon Creek upstream from the Highway 101 culvert had been proposed.

Response: The proposed designation of Rincon Creek only included that portion of the creek that is seaward of the Highway 101 culvert. The culvert is considered a complete barrier to steelhead migration, and therefore, areas upstream of the culvert are considered unoccupied. We continue to believe that the lagoon and that portion of Rincon Creek seaward of the culvert is periodically occupied and meets the definition of critical habitat.

Accordingly, this habitat reach was considered in the final ESA section 4(b)(2) analysis and has been retained in the final critical habitat designation for this ESU. Efforts are underway to improve fish passage at this culvert, and the designation of critical habitat downstream may support those efforts. If fish passage is successfully implemented at this location and steelhead reoccupy Rincon Creek upstream from the Highway 101 culvert, we will reconsider the possibility of designating critical habitat in the newly occupied habitat area.

Comment 69: Camp Pendleton Marine Corps Base and Vandenberg Air Force Base both provided supplementary comments and information to support the exclusion of their facilities from the final critical habitat designation for this ESU, based on the conservation benefits provided by their respective INRMPs. Both DOD facilities also provided information supporting the national security related impacts of a critical habitat designation on their activities and operations.

Response: As discussed elsewhere in this final rule, we have concluded that the INRMPs for both of these facilities provide conservation benefits to this steelhead ESU, and, therefore, the areas subject to these INRMPs are not eligible for designation pursuant to section 4(a)(3)(B)(i) of the ESA. Information provided by both DOD facilities concerning the impacts of critical habitat designation on their activities and operations support the view that designation of habitat will likely reduce the readiness capability of both the Marine Corps and Air Force, both of which are actively engaged in training, maintaining, and deploying forces in the current war on terrorism. On this basis, we also concluded that the benefits of excluding these facilities from the critical habitat designation for this ESU outweighed the benefits of designation.

Comment 70: Several commenters raised questions about steelhead access to, and occupancy in, upper San Antonio Creek (a tributary to the Ventura River) and its tributaries (*e.g.*, Reeves, Thatcher, Gridley, Ladera, and Senior Canyon Creeks). These commenters argued that a migration impediment at the Soule Park golf course blocks steelhead access upstream and that the only occupied habitat in the San Antonio Creek watershed is downstream from that location.

Response: We agree with the commenters that steelhead access to some portions of upper San Antonio Creek watershed are in fact blocked and should not be considered occupied habitat for the purposes of this critical

habitat designation. For example, most of Thatcher Creek and Reeves Creek are presently inaccessible because of a passage impediment at Boardman Road on Thatcher Creek, and, therefore, these habitat reaches are clearly unoccupied by steelhead at present. Similarly, steelhead access into Gridley Canyon Creek, Senior Canyon Creek, and the lower portion of Thatcher Creek was blocked until this past winter when storms washed out a passage impediment at the Soule Park golf course. Although the passage impediment at the Soule Park golf course is no longer present, we have no information at present indicating that steelhead occur in the habitat reaches upstream of the former impediment to migration. Based on this information, we concluded it is appropriate to consider all stream reaches in the upper San Antonio Creek watershed above the Soule Park golf course to be unoccupied for the purposes of this critical habitat designation. We have revised our fish distribution maps accordingly and also removed these areas from the final critical habitat designation. It should be noted, however, that steelhead may now begin to occupy areas above the Soule Park golf course, and that efforts are underway to provide fish passage for steelhead at the Boardman Road location. If steelhead do access these currently unoccupied habitat areas, we will reconsider the exclusion of these areas from critical habitat for this ESU.

Comment 71: Some commenters questioned the distribution of occupied habitat and the proposed designation of occupied habitat in Hydrologic Unit 4901, particularly with regard to the upstream endpoints in San Juan Creek, Trabuco Creek (a tributary of San Juan Creek), and Devil's Canyon (a tributary of San Mateo Creek). Other commenters supported the proposed designation of habitat in the San Juan Creek and Trabuco Creek watersheds.

Response: We have reviewed the information provided by the commenters, re-evaluated the information used in developing the proposed designation, and also consulted with CDFG regarding the upstream limit of the distribution of steelhead in San Juan Creek and Trabuco Creek. After considering this information, we have substantially modified the upstream distribution limits of steelhead occupancy in Trabuco and San Juan Creeks. According to CDFG, the Trabuco Creek crossing under I-5 in San Juan Capistrano is a complete barrier to steelhead. Therefore, the occupied habitat reach in Trabuco Creek is now considered to end at the I-5 crossing

which is in HSA 490127. As a result of this distributional change, three HSA watershed units in upper Trabuco Creek that were previously considered occupied and proposed for designation (HSAs 490121, 490123, and 490122) are no longer considered occupied. Because these watersheds are not occupied and a determination that they are essential to the conservation of the species had not been made, they are not included in the final critical habitat designation. The I-5 does not serve as a barrier to steelhead migration in San Juan Creek. However, the upstream distributional limit of steelhead according to CDFG is basically at the I-5 bridge based on the available anecdotal information. As a result of this distributional change, three HSA watersheds upstream from this location that were previously considered occupied and proposed for designation (HSAs 491028, 490126, and 490125) are no longer considered occupied; and, because a determination that they are essential to the conservation of the ESU has not been made, they are not included in the final designation for this ESU. Those portions of Trabuco and San Juan Creeks that are occupied and occur in HSA 490127 as described above were considered eligible for designation and were considered in the final ESA section 4(b)(2) analysis. Based on this analysis, we concluded that the benefits of including the occupied habitat reaches in HSA 490127 outweighed the benefits of their exclusion, and, therefore, we have included these habitat areas in the final designation.

Comment 72: One commenter questioned why Pole Creek, a tributary to the Santa Clara River, was included in the proposed critical habitat designation when the habitat conditions were poor and there was little information indicating it was occupied.

Response: Based on information from the commenter and observations by agency biologists, we have reassessed the appropriateness of including Pole Creek in the final designation. We recognize that habitat conditions in Pole Creek are poor and upstream passage through the existing concrete channel in the lower portion of the creek is highly unlikely. Accordingly, we have concluded that Pole Creek should be considered unoccupied. Because it is considered unoccupied and we have not made a determination that it is essential for conservation, it is not included in the final critical habitat designation.

Comment 73: One commenter questioned why critical habitat was not proposed in the Santa Clara River upstream from its confluence with Piru Creek.

Response: The CHART did not consider that portion of the Santa Clara to be occupied, and we did not make a determination that it was essential for the conservation of the ESU; thus it was not considered further in the critical habitat analysis.

ESU Specific Comments—Central Valley Spring Run Chinook

Comment 74: Two commenters provided information regarding the distribution of occupied spring run Chinook habitat and habitat use, and recommended that additional critical habitat be designated in the upper Sacramento River Basin for this ESU. One commenter indicated that we should designate several west-side tributaries to the upper Sacramento River in the vicinity of Redding (HSA 550810) as critical habitat because these streams provide significant non-natal rearing and refugia habitat, especially since Shasta and Keswick Dams block access to hundreds of miles of historic rearing and refugia habitat. Another commenter recommended that small intermittent tributaries used for natal rearing in the Sacramento River, as well as lower Butte Creek, should be designated as critical habitat.

Response: The CHART reviewed the information provided by these commenters for the upper Sacramento River tributaries and concluded that it did not change the previously determined distribution of occupied habitat for this ESU. The CHART reassessed the conservation value of occupied habitat in HSA 550810 based on the new information and concluded that the conservation value of some reach specific tributaries was less than previously thought to be the case, but that the overall conservation value for the HSA remained high. All occupied spring run Chinook habitat in HSA 550810 was proposed for designation, and, as a result of the final ESA section 4(b)(2) analysis, this habitat has been included in the final designation for this ESU. The CHART agreed with the commenter that intermittent tributaries to the Sacramento River are used for non-natal rearing and that lower Butte Creek is important for the conservation of this ESU. In fact, the CHART previously analyzed these occupied habitat areas and rated them as having high conservation value. These areas were proposed for designation and are also included in the final designation for this ESU.

Comment 75: One commenter recommended that the lower American River from the outfall of the Natomas Main Drainage Canal downstream to the confluence with the Sacramento River

be designated because it is used for non-natal rearing (HSA 551921). The argument was that this habitat provides spawning, rearing and migration values for spring run Chinook that may require special management considerations.

Response: The HSA watershed (551921) containing the lower American River was originally rated by the CHART as having medium conservation value and was excluded from the proposed designation because of relatively high economic costs. In response to these comments, the CHART reassessed the conservation value of this HSA and determined that it should be rated as having a high conservation value to the ESU. Information provided by the commenter demonstrated the importance of the lower American River for non-natal rearing and the high improvement potential of the habitat conditions from ongoing restoration projects. In addition, the lower American River may be used during high winter flows for rearing and refugia by multiple populations of spring Chinook in the central valley (e.g., Feather and Yuba Rivers). Additionally, the commenter suggested that special management considerations may be required to maintain and improve habitat conditions and the conservation value of this HSA for spring run Chinook. In particular, special management considerations may be necessary to address flood control, residential and commercial development, agricultural management, and habitat restoration. Based on the change in conservation value and the final ESA section 4(b)(2) analysis, we concluded that all occupied habitat in HSA 551921, including the lower American River, should be designated as critical habitat for this ESU.

Comment 76: A commenter also recommended that the lower Bear River (HSA 551510) from the mouth of Dry Creek downstream to its confluence with the Feather River be designated as critical habitat because it is used for non-natal rearing and will require special management to maintain habitat value for this ESU.

Response: The HSA watershed (551510) containing the lower Bear River was originally considered unoccupied by the CHART, and its conservation value was not rated. Based on the information provided by the commenter, the CHART has reclassified the lower Bear River as occupied habitat for spring run Chinook. Information provided by the commenter indicates that the lower Bear River is used for non-natal rearing and that habitat values are likely to increase in the near future

as a result of planned restoration projects that will improve the condition of several PCEs. The CHART applied the PCE factor ranking criteria and rated the lower Bear River as having high conservation value to this ESU, primarily because: (1) the habitat area is likely to be used by at least two populations (*i.e.*, Feather and Yuba River); (2) non-natal rearing represents a unique life-history strategy that is essential for the conservation of the species (contributing to improved growth conditions); (3) the habitat serves as a refugia from high water conditions and catastrophic events; and (4) there is high improvement potential for this habitat from ongoing restoration efforts. Based on information from the commenter, the lower Bear River will require special management efforts to protect and maintain habitat values for this ESU. Special management considerations are likely to include flood control, residential and commercial development, agricultural management, and habitat restoration. Because this HSA is now considered occupied, contains the necessary PCEs, and has a need for special management considerations, it was considered eligible for designation in the final ESA section 4(b)(2) analysis conducted for this designation. Based on the results of the final 4(b)(2) analysis, we concluded that the benefits of including this area in the designation outweighed the benefits of its exclusion. Accordingly, occupied habitat in HSA 551510 is now included in the final critical habitat designation for this ESU.

Comment 77: Several commenters recommended that portions of the San Joaquin River and its major tributaries below impassable mainstem dams be designated as critical habitat for this ESU either because of future efforts to restore habitat or because of unpublished information from CDFG indicating specific habitat areas were occasionally occupied by spring run Chinook. These areas include the San Joaquin River from its confluence with the Merced River upstream to Friant Dam, the Tuolumne River downstream of La Grange Dam, the Merced River downstream of Crocker Huffman Dam, and the Stanislaus River downstream of Goodwin Dam.

Response: The recommendation to designate the San Joaquin River above the confluence with the Merced River confluence was primarily based on the historical occupancy of this habitat reach by spring Chinook and the expectation that future efforts will be undertaken to restore habitat in this reach. We recognize that this habitat in the San Joaquin River was historically

used by spring Chinook; however, it has been unoccupied for more than half a century. Moreover, plans to restore flows and habitat conditions downstream of Friant Dam are uncertain, and significant passage impediments and flow alterations in the San Joaquin above the Merced River confluence present potentially significant obstacles to future restoration success. Because this habitat is currently unoccupied and no determination has been made that it is essential for the conservation of this ESU, we have not included it in the final critical habitat designation.

The CHART reviewed information provided by the commenters regarding occupancy of the Tuolumne, Merced, and Stanislaus Rivers by spring Chinook and concluded there was insufficient data to consider them occupied. Although the CHART did evaluate these as unoccupied areas for the proposed critical habitat designation and concluded that they "may" be essential for the conservation of spring run Chinook ESU, we believe it is premature to include these unoccupied areas in the critical habitat designation for this ESU until ongoing recovery planning efforts provide information sufficient to make a determination that these areas are essential to the conservation of this ESU. Because these tributary rivers to the San Joaquin River are currently unoccupied and recovery planning efforts do not yet support a determination that these areas are essential for the conservation of this ESU, we have not included them in the final critical habitat designation.

Comment 78: One commenter argued that the lower Feather River below Oroville Dam should not be designated because of the introgression of fall run Chinook and spring run Chinook by the Feather River hatchery.

Response: We disagree with the commenter and believe that the lower Feather River below Oroville Dam should be designated as critical habitat. The extant Feather River population of spring-run Chinook salmon represents a legacy population of the fish that historically used the upper Feather River prior to construction of Oroville Dam, and it is an important population to conserve and protect because of its potential contribution to ESU recovery. This habitat area was proposed for critical habitat because the CHART considered it occupied by spring run Chinook, it contains PCEs, and it requires special management considerations for activities such as flood control, flow and temperature management, residential and commercial development, agricultural

management, and habitat restoration. HSA 551540, which contains much of the lower Feather River below Oroville Dam, was rated as having high conservation value by the CHART for the proposed designation, and that determination was not changed as a result of these comments. Based on the results the final ESA section 4(b)(2) analysis, occupied habitat in HSA 551540, including the lower Feather River below Oroville Dam, is included in the final critical habitat designation for this ESU.

Comment 79: Some commenters contended that NMFS should not designate any critical habitat for spring run Chinook in the Sacramento River, its major tributaries (*i.e.* Feather River), the Sacramento-San Joaquin Delta, or the Suisun-San Francisco Bay complex because existing protective efforts and mechanisms are sufficient to protect the ESU.

Response: We disagree with these commenters. These habitat areas comprise the entire freshwater and estuarine range of this ESU, contain one or more PCEs that are essential to the conservation of the ESU, including migration, holding, spawning, rearing, and refugia habitat, and require special management considerations or protections beyond those protective efforts that are already in place or available. For these reasons, they were considered for designation through this rulemaking process. In the course of the analysis supporting this rulemaking, we evaluated the quantity, quality and diversity of PCEs within the occupied portions of these waterbodies by watershed unit, assessed the benefits of designating these watershed units, and finally weighed the benefits of designation against the benefits of exclusion by watershed unit. The resultant critical habitat designation in this final rule, therefore, meets the definition of critical habitat and also represents that habitat which contains PCEs that we believe are essential for the conservation of this ESU.

Comment 80: One commenter recommended that several areas proposed for designation in the Sacramento River basin below impassable barriers not be designated in the final rule. These areas include: (1) the South Fork Cow Creek watershed because it is not occupied; (2) specific streams in the Tehama Hydrologic Unit (5504) including HSAs 550410 and 550420 because they do not support populations of spring run Chinook and also lack cool, deep pools for summer holding habitat; (3) specific streams in the Whitmore Hydrologic Unit (5507) including HSAs 550711 and 550722

because they do not support populations of spring run Chinook and also lack cool, deep pools for summer holding habitat; and (4) specific streams in the Redding Hydrologic Unit (5508) and HSA 550810 because they do not support a population of spring run Chinook and lack cool, deep pools for summer holding habitat.

Response: The CHART re-evaluated the South Fork Cow Creek based on these comments and agreed that it is unoccupied and therefore reclassified its occupancy status accordingly. Because the HSA containing South Fork Cow Creek (HSA 550731) is now considered unoccupied and we have not made a determination that it is essential to the conservation of the ESU, it was excluded from further consideration in the analysis and has not been included as critical habitat in the final designation for this ESU.

The CHART, however, disagreed with the commenter's recommendation to exclude the identified streams and HSAs in the Tehama (5504), Whitmore (5507), and Redding (5508) Hydrologic Units. The recommendation was based on the lack of cool, deep pools for summer holding habitat that is essential for adult holding, spawning, and summer rearing. The CHART's previous assessment of the conservation value of these streams and watershed units, however, was based on their use during winter and early-spring months for non-natal rearing by juvenile spring-run Chinook. Though current use is likely low, it is expected to increase in the near future as a result of habitat restoration and range expansion in Battle and Clear Creeks. The CHART concluded these streams provide several PCEs that are important for juvenile non-natal rearing, which represents a unique life-history strategy that is essential for the conservation of this ESU because of its contribution to improved growth conditions and refugia from high water and catastrophic events. In addition, the CHART concluded that these streams will require special management efforts for flood control, residential and commercial development, agricultural management, and habitat restoration to protect and maintain the conservation value of these habitats for spring-run Chinook. Based on these factors, the CHART rated most of the occupied HSAs in these three Hydrologic Units as having high conservation value to the ESU. After consideration of these comments, the CHART concluded there was no reason to change its previous assessment of spring Chinook distribution, habitat use, or conservation value for these streams and Hydrologic

Units. Accordingly, the occupied streams in these Hydrologic Units and associated HSAs were considered in the final 4(b)(2) analysis for this final designation.

Comment 81: Two commenters questioned the historical and current habitat use and occupancy of Putah, Alamo, and Ulati Creeks by spring run Chinook and thus whether they should be designated as critical habitat.

Response: The proposed critical habitat designation for spring run Chinook did not include any of these three creeks, because the CHART considered all of them to be unoccupied in its original assessment and we had not made a determination that they were essential to the conservation of the ESU. The commenters likely were confused because these creeks all occur in the Valley Putah-Cache Hydrologic Unit (HSAs 551100 and 551120), and some portions of this Hydrologic unit were included in the proposed designation because they are occupied, have the requisite PCEs, may need special management considerations, and were not excluded as a result of the original ESA section 4(b)(2) exclusion process that led to the proposed rule. The CHART did not receive any new information indicating these creeks are occupied, so they were not reconsidered and are not included in the final critical habitat designation for this ESU.

Comment 82: Several commenters indicated that habitat above major impassable rim dams on tributaries to the San Joaquin River (Stanislaus, Tuolumne, and Merced Rivers) do not contain habitat that would support spring run Chinook and/or that the feasibility of providing fish passage for spring run Chinook has not been adequately evaluated.

Response: Although the CHART did evaluate these as unoccupied areas for the proposed critical habitat designation and concluded that some of the reaches above the rim dams "may" be essential for the conservation of spring run Chinook, we believe it is premature to include these unoccupied areas in the critical habitat designation for this ESU until ongoing recovery planning efforts provide technical information supporting a determination that one or more of these areas are essential to its conservation and recovery. Because these tributary rivers to the San Joaquin River are currently unoccupied and recovery planning efforts do not yet support a determination that these areas are essential for the conservation of this ESU, we have not included them in the final critical habitat designation.

ESU-Specific Comments—Central Valley Steelhead

Comment 83: One commenter recommended that we designate several west-side tributaries to the Sacramento River in the vicinity of Redding (HSA 550810) as critical habitat for this ESU because they are used as spawning and/or rearing habitat.

Response: The CHART reviewed the new information provided by the commenter and concluded that several of these streams are seasonally occupied and most likely used by steelhead as non-natal rearing habitat with occasional use as spawning habitat, and that they contain PCEs supporting non-natal habitat use. The CHART considered these additional occupied habitat areas important for steelhead because they are likely to be used by several populations (e.g., upper Sacramento River, Clear Creek, and Cow Creek), and because non-natal rearing represents a unique life-history strategy that is essential for the conservation since it contributes to improved growth conditions and serves as a refugia from high water and catastrophic events. The CHART concluded that these streams may require special management considerations to address activities such as flood control, residential and commercial development, agricultural management, and habitat restoration, and, therefore, evaluated the conservation value of these occupied habitat stream reaches and the overall HSA. This reassessment concluded that the conservation value of the additional occupied stream reaches ranged from low to high, but that the overall conservation value of HSA watershed 550810 remained high to the ESU. Based on the results of the final ESA section 4(b)(2) analysis, all occupied habitat in HSA 550810, including several stream reaches recommended by the commenter, is designated as critical habitat in the final rule.

Comment 84: One commenter recommended that we should designate upper little Dry Creek, a tributary to Butte Creek, as critical habitat for this ESU.

Response: The CHART originally evaluated the conservation value of upper Dry Creek (HSA 552110) as being low, and it was proposed for exclusion in the proposed rule based on the results of the ESA section 4(b)(2) analysis. In response to these comments, the CHART re-assessed the conservation value of this HSA and concluded it should be changed from low to medium. The original low rating was strongly influenced by the low number of stream miles in the HSA. The remainder of

little Dry Creek is located downstream in HSA 552040, which was rated as having a high conservation value by the CHART because of the number of occupied stream miles, its high restoration potential, and its use by multiple populations of steelhead. In its reassessment of the conservation value of HSA 552110, the CHART placed more emphasis on the restoration potential of this reach of upper little Dry Creek and the potential for the stream reach to support life history stages of high importance (i.e., spawning adults and over summering juveniles) for this ESU. Based on the increased conservation value of this HSA 552110 (increased from low to medium) and the results of the final ESA section 4(b)(2) analysis, the upper little Dry Creek has been included in the final critical habitat designation for this ESU.

Comment 85: One commenter recommended that we designate the lower Bear River as critical habitat for Central Valley steelhead from its confluence with Dry Creek downstream to its confluence with the Feather River because it is used for non-natal rearing and will require special management considerations to maintain habitat value for the ESU.

Response: The CHART originally evaluated the conservation value of HSA 551510, which contains the lower Bear River, as being low, and it was proposed for exclusion in the proposed critical habitat rule based on the results of the ESA section 4(b)(2) analysis conducted for that rulemaking. In response to the information provided by the commenter, the CHART re-assessed the conservation value and concluded that the overall conservation value for this HSA is medium rather than low. As a result of the revised 4(b)(2) analysis conducted for the final rule, however, this HSA watershed was considered to have a medium benefit of designation and a relatively high benefit of exclusion (i.e., high cost relative to benefit), making it potentially subject to exclusion from the final designation. However, the CHART felt the lower portion of the Bear River within this HSA was important because the habitat is likely to be used for non-natal rearing by several populations (i.e., Feather and Yuba River populations) and because non-natal rearing represents a unique life-history strategy that is essential for conservation since it contributes to improved growth conditions and serves as a refugia from high water and catastrophic events. Therefore the CHART concluded the benefit of including this area outweighed the benefit of excluding this area and we have included HSA 551510, which

includes the lower Bear River, in the final critical habitat designation for this ESU.

Comment 86: One commenter recommended that the Cosumnes River should be designated as critical habitat for this ESU based on unpublished documentation of steelhead presence.

Response: The original analysis conducted by the CHART for the proposed rule considered the Cosumnes River to be occupied, but its assessment concluded that the HSA watersheds (553111, 553221, 553223 and 553224) containing this river system were of low conservation value. Based on this assessment and the results of the ESA section 4(b)(2) analysis conducted for the proposed rule, the Cosumnes River and all other occupied habitat in these four watersheds were excluded from the proposed designation. The commenter did not provide any new information warranting a change in our proposed rule, and, therefore, the Cosumnes River and these four watersheds have been excluded from the final designation for this ESU.

Comment 87: Several commenters recommended that we designate the San Joaquin River from its confluence with the Merced River to Friant Dam as critical habitat for this ESU.

Response: The recommendations to designate the San Joaquin River above the confluence with the Merced River were primarily based on the historical occupancy of this habitat reach by steelhead and the expectation that future efforts will be undertaken to restore habitat in this reach. We recognize that this habitat in the San Joaquin River was historically used by steelhead, but we consider it presently unoccupied. Moreover, plans to restore flows and habitat conditions downstream of Friant Dam are uncertain, and significant passage impediments and flow alterations in the San Joaquin River above the Merced confluence present significant obstacles to future restoration success. Because this habitat is currently unoccupied, and ongoing recovery planning efforts have not identified areas in this reach of the San Joaquin River as being essential for the conservation of this ESU, we have not included it in the final critical habitat designation.

Comment 88: Two commenters recommended that we designate Dry Creek, a tributary to the Yuba River, as critical habitat for Central Valley steelhead.

Response: The commenters incorrectly interpreted the proposed designation. Dry Creek, a tributary to the Yuba River, occurs in two HSA watersheds (551712 and 551713).

However, the vast majority of this creek occurs within HSA 551712. The CHART originally concluded that watershed 551712 had a high conservation value and that watershed 551713 had a low conservation value. Based on this assessment and the original ESA section 4(b)(2) analysis, the proposed designation for this ESU included all occupied habitat in HSA 55172, including Dry Creek, but did exclude a small portion of Dry Creek occurring in HSA 551713 because of high economic costs. We did not receive any new information warranting a change in the proposed critical habitat with respect to Dry Creek, and, therefore, the final critical habitat designation for this ESU only includes that portion of Dry Creek contained in HSA 551712.

Comment 89: Some commenters contended that we should not designate any critical habitat for steelhead in the Sacramento River, San Joaquin River or its major tributaries, the Sacramento-San Joaquin Delta, or the Suisun-San Francisco Bay complex because existing protective efforts and mechanisms are sufficient to protect the ESU.

Response: We disagree with these commenters. These waterbodies comprise the entire freshwater and estuarine range of this ESU, contain one or more PCEs that are essential to the conservation of the ESU, including migration, holding, spawning, rearing, and refugia habitat, and may require special management beyond those protective efforts that are already in place or available. For these reasons, they were considered for designation through this rulemaking process. In the course of this rulemaking, we evaluated the quantity, quality, and diversity of PCEs within the occupied portions of these waterbodies by watershed unit, assessed the benefits of designating these watershed units, and finally weighed the benefits of designation against the benefits of exclusion by watershed unit. The resultant critical habitat designation in this final rule, therefore, meets the definition of critical habitat and also contains PCEs that we believe are essential for the conservation of this ESU.

Comment 90: One commenter recommended that we should not designate several streams in the upper Sacramento River (Red Bluff [550420 and Spring Creek [550440] HSAs) as critical habitat for Central Valley steelhead because they are low elevation streams without sufficient flow duration or suitable habitat to support the species.

Response: We disagree with the commenter's recommendation to exclude specific streams in these two

HSAs. The CHART has evaluated these streams and recognizes that they have limited flow duration. However, the team also concluded the streams in question support important winter and early spring non-natal rearing habitat for steelhead and thus contain PCEs that are important for juvenile rearing. The CHART previously rated both HSAs as having an overall high conservation value for this ESU and does not believe the comments warrant a revision in any of its previous conclusions regarding these two HSAs. Based on the CHART's previous conclusions and the results of the final ESA section 4(b)(2) analysis conducted for this rule, all occupied habitat in these two HSAs is included in the final designation for this ESU.

Comment 91: Some commenters argued that there was no basis for proposing to designate critical habitat for Central Valley steelhead in the Calaveras, Stanislaus, Tuolumne, or Merced Rivers.

Response: We disagree with the commenters. The CHART concluded that the HSA watersheds containing these rivers were occupied by steelhead, contained PCEs supporting the species for spawning, rearing and/or migration, and that there may be a need for special management considerations. On this basis, these rivers met the definition of occupied critical habitat, and, therefore, were eligible for designation. We weighed the benefits of including these areas in the designation against the benefits of their exclusion in the original ESA section 4(b)(2) analysis for the proposed rule, and again in a revised analysis for the final rule. In both instances, the benefits of designating the HSA watersheds containing these rivers outweighed the benefits of their exclusion. Accordingly, the HSA watershed containing these rivers were included in the proposed critical habitat designation and are also included in the final designation for this ESU.

Comment 92: One commenter argued that the Old River and Paradise Cut channels in the San Joaquin Delta Subbasin or Hydrologic Unit (5544) do not meet the definition of critical habitat for Central Valley steelhead.

Response: We disagree with the commenter. The CHART concluded that all of the estuarine habitat in this Hydrologic Unit, including the Old River and Paradise Cut channels, is used by steelhead smolts for rearing and migration from upstream freshwater rivers. On this basis the CHART considered the entire Hydrologic Unit to be occupied and to contain PCEs for rearing and migration that are essential to the conservation of this ESU. The

CHART also concluded that agricultural water and municipal water withdrawals, entrainment associated with water diversions, invasive/non-invasive species management, and point and non-point source water pollution could affect these PCEs and that there was a need for special management considerations. Based on all of the available information, the CHART rated this Hydrologic Unit as having high conservation value for the ESU. Based on the CHART's assessment and the original ESA section 4(b)(2) analysis conducted for the proposed rule, this Hydrologic Unit was proposed for designation. We have received no new information warranting a change in this proposal, and, therefore, all occupied habitat in this Hydrologic Unit including the Old River and Paradise Cut channels are included in the final critical habitat designation for this ESU.

Comment 93: One commenter recommended designating critical habitat above major dams in the central valley to ensure these habitats were protected and to encourage implementation of fish passage above these dams.

Response: As part of the proposed critical habitat designation process, the CHART did evaluate many unoccupied areas above dams in the central valley as potential critical habitat, and concluded that some of the reaches above the rim dams "may" be essential for the conservation of steelhead. Although the CHART believes these areas may be essential for conservation, and we recognize the historical importance of many of these areas to steelhead, we believe it is premature to include these unoccupied areas in the final designation for this ESU until ongoing recovery planning efforts provide technical information to support a determination that any such areas are essential to its conservation and recovery. Because these above-dam habitat areas are currently unoccupied and recovery planning efforts do not yet support a determination that any specific areas are essential for the conservation of this ESU, we have not included them in the final critical habitat designation. As recovery planning efforts mature and sufficient information is available to make a determination about whether any of these areas are essential for conservation of this ESU, we will conduct additional rulemaking as appropriate.

Comment 94: Two commenters addressed the issue of designating critical habitat above the Solano Irrigation District Dam on Putah Creek. One commenter argued that habitat between the Solano Irrigation Dam and

Monticello Dam on Putah Creek should be designated as critical habitat for steelhead even though it is unoccupied because: Suitable spawning and rearing habitat exists for steelhead above the dam; providing fish passage is likely to be economically and logistically feasible; and Central Valley steelhead populations are constrained by the lack of accessible habitat. The other commenter argued that this habitat should not be designated because of problems associated with providing passage.

Response: The CHART considered the information provided by these commenters and concluded that the unoccupied area above Solano Irrigation Dam may contain PCEs that would support steelhead and that providing passage would likely be feasible. However, the CHART did not make a determination about whether this above dam area may be essential for the conservation of this ESU. As noted previously, we believe it is premature to include any unoccupied areas above dams in the final critical habitat designation for this ESU until ongoing recovery planning efforts identify those specific unoccupied areas that are essential to its conservation and recovery. Because the habitat above the Solano Irrigation Dam is currently unoccupied and recovery planning efforts do not yet support a determination that this area is essential for the conservation of this ESU, we have not included this area in the final critical habitat designation.

ESU-Specific Comments—Central Valley Spring Run Chinook and Central Valley Steelhead

Comment 95: One commenter argued that west-side tributaries in Glenn County, and in particular Stony Creek, should not be designated as critical habitat for either spring-run Chinook salmon or steelhead because these habitats are unoccupied and water temperatures are too warm to support salmonids.

Response: We disagree with the commenter. The CHART has evaluated the available information, particularly with regard to Stony Creek (HSA 550410), and concluded that this stream is occupied by both spring run Chinook and steelhead. Juvenile spring run Chinook have been consistently documented using Stony Creek as rearing habitat since 2001 (Corwin and Grant, 2004), as well as in previous years (Maslin and McKinney, 1994). Similarly, juvenile steelhead have been periodically documented rearing in Stony Creek (Corwin and Grant, 2004; Maslin and McKinney, 1994). The

CHART also concluded that Stony Creek has PCEs that support both species. Water temperature monitoring from 2001 through 2004 has shown that temperatures in Stony Creek under current operations are generally suitable for adult and juvenile salmonids (below 65 °F) from mid-October through late May. Water temperatures have been found to be suitable for salmonid spawning and incubation (below 56 °F) from mid-November through early May (Corwin and Grant, 2004). Though successful steelhead spawning has not been documented recently in Stony Creek, habitat conditions under current operations are considered marginally suitable to support steelhead reproduction. Because of ongoing restoration actions and ESA section 7 consultations, progress is being made toward improving these habitat conditions, and we expect conditions to continue to improve into the future.

Comment 96: Numerous commenters raised issues concerning the designation of unoccupied and inaccessible habitat in the Yuba River. Several commenters recommended we designate unoccupied stream reaches above major impassable barriers in the Middle, North, and South Fork Yuba Rivers as critical habitat for both ESUs. In contrast, several other commenters recommended we delay any decision to designate unoccupied and inaccessible habitat for both ESUs in the Yuba River above Englebright Dam until the Upper Yuba River Studies Program is completed.

Response: The CHART reviewed information regarding unoccupied habitat above Englebright Dam for the proposed rule and concluded that unoccupied and inaccessible areas above the dam “may” be essential for the conservation of these ESUs. However, we have not made a final determination that these areas are essential to conservation. As noted previously for other unoccupied and inaccessible areas, we believe that it is premature to designate unoccupied areas in the Yuba River above Englebright Dam as critical habitat until ongoing recovery planning efforts identify those specific unoccupied habitat areas in the central valley that are essential to the conservation and recovery of these ESUs. The Upper Yuba River Studies Program is expected to provide relevant information for the recovery planning process of both ESUs, and we intend to await the findings of this program as well as recovery planning efforts before making a determination about whether or not the unoccupied habitat areas in question are essential to the conservation of either ESU. If such a determination is made,

we will undertake the appropriate rulemaking to propose the designation of these areas as critical habitat.

Comment 97: One commenter recommended designating the entire Butte Creek watershed, upstream from the Centerville Diversion Dam, as critical habitat for both the spring run Chinook and steelhead ESUs. Conversely, another commenter argued that we should not designate this unoccupied habitat in Butte Creek because there is no historical information that suggests this habitat was historically occupied by anadromous salmonids, and recent CDFG barrier assessments have concluded that barrier modifications are not desirable because of the high stream gradient and the presence of multiple natural barriers immediately above the Dam.

Response: The CHART reviewed information regarding unoccupied habitat above the Centerville Diversion Dam on Butte Creek for the proposed rule and concluded that this unoccupied and inaccessible habitat “may” be essential for the conservation of both the spring run Chinook and steelhead ESUs. As noted previously for other unoccupied and inaccessible areas above dams, however, we believe that it is premature to designate unoccupied areas in Butte Creek above the Centerville Diversion Dam as critical habitat until ongoing recovery planning efforts identify those specific unoccupied habitat areas in the central valley that are essential to the conservation and recovery of these ESUs. Because the habitat areas above the Centerville Diversion Dam are unoccupied and no final determination has been made that they are essential for conservation of the ESU, they are not included in the final critical habitat designation for these ESUs. If the agency makes such a determination in the future, we will undertake the appropriate rulemaking to designate these areas as critical habitat.

Comment 98: One commenter (CDFG) argued that it is premature to designate unoccupied habitat above Oroville Dam in the upper Feather River as critical habitat for either spring run Chinook or steelhead.

Response: As discussed in other responses, we agree with CDFG. Although the CHART concluded as part of the proposed critical habitat rule that specific unoccupied areas above Oroville Dam “may” be essential for the conservation of spring run Chinook and steelhead, we believe it is premature to make such a determination until ongoing recovery planning efforts in the central valley identify above-dam

unoccupied areas that are essential for conservation of these ESUs. For this reason, unoccupied areas above Oroville Dam are not included in the final designation.

Comment 99: Some commenters indicated that habitat above rim dams on tributaries (Tuolumne, Stanislaus, and Merced) to the San Joaquin River did not contain suitable habitat for either ESU and that the feasibility of passage had not been adequately studied.

Response: The CHART evaluated specific unoccupied and inaccessible stream reaches above rim dams on these San Joaquin River tributaries and concluded that they “may” be essential for the conservation of spring run Chinook and steelhead. However, as discussed previously, we believe it is premature to make such a determination until ongoing recovery planning efforts in the central valley identify above-dam unoccupied areas that are essential for conservation of these ESUs. For this reason, unoccupied areas above these rim dams on the San Joaquin River tributaries are not included in the final designation.

III. Summary of Revisions

We evaluated the comments and new information received on the proposed rule to ensure that they represented the best scientific data available and made a number of general types of changes to the critical habitat designations, including:

(1) We revised distribution maps and related biological assessments based on a final CHART assessment (NMFS, 2005a) of information provided by commenters, peer reviewers, and agency biologists. We also evaluated watersheds that may be low leverage (*i.e.*, unlikely to have an ESA section 7 consultation or where a section 7 consultation, if it did occur, would yield few conservation benefits) and identified several for possible exclusion in the final ESA section 4(b)(2) analysis.

(2) We revised our economic analysis based on information provided by commenters and peer reviewers as well as our own efforts as referenced in the proposed rule. Major changes included assessing new impacts associated with pesticide consultations, revising Federal land consultation costs to take into account wilderness areas, and modifying grazing impacts to more accurately reflect likely project modifications.

(3) We conducted a new ESA section 4(b)(2) analysis based on economic impacts to take into account the above revisions. This resulted in the final exclusion of many of the same

watersheds proposed for exclusion. It also resulted in some areas originally proposed for exclusion not being excluded and some areas proposed for designation now being excluded. The analysis is described further in the 4(b)(2) report (NMFS, 2005c).

(4) We did not conduct an ESA section 4(b)(2) analysis of lands covered by approved HCPs because existing HCP holders did not request exclusion from the critical habitat designation. We did not have sufficient information to conduct this analysis for the vast areas covered by Federal land management plans, but may do so in the future.

The following sections summarize the ESU-specific changes to the proposed

critical habitat rule. These changes are also reflected in final agency reports pertaining to the biological, economic, and policy assessments supporting these designations (NMFS, 2005a; NMFS, 2005b; NMFS, 2005c). We conclude that these changes are warranted based on new information and analyses that constitute the best scientific data available.

ESU Specific Changes—California Coastal Chinook Salmon

The CHART did not change conservation value ratings for any watershed within the geographical area occupied by this ESU. However, based on public comments and new

information reviewed by the CHART, we have identified minor changes to the extent of occupied habitat areas in some watersheds. Also, based on public comments we have added a migratory corridor in one watershed (HSA 111171) that was proposed to be fully excluded in order to provide connectivity between the ocean and an upstream watershed of high conservation value. Additionally, as a result of revised economic data for this ESU and our final ESA section 4(b)(2) analysis, we are excluding all occupied habitat in two watersheds that were previously proposed for designation (HSAs 111350 and 111423). Table 1 summarizes the specific changes made for this ESU.

TABLE 1.—ESU SPECIFIC CHANGES—CALIFORNIA COASTAL CHINOOK SALMON

Hydrologic unit	HSA watershed code	HSA watershed name	Changes from proposed rule
Trinidad	110810	Big Lagoon	Removed 0.7 mi (1.1 km) of occupied habitat area.
Trinidad	110820	Little River—Albion—Big Salmon	Added 1.2 miles (1.9 km) of occupied habitat area.
Mad River	110920	NF Mad River	Removed 0.8 miles (1.3 km) of occupied habitat area.
Mad River	110930	Butler Valley	Added 1.0 mile (1.6 km) of occupied habitat area.
Eel River	111171	Eden Valley	Excluded tributaries from final designation and retained migratory corridor.
Mendocino Coast	111350	Navarro River	Excluded all occupied habitat from final designation
Russian River	111423	Mark West	Excluded all occupied habitat from final designation.

ESU Specific Changes—Northern California Steelhead

The CHART did not change conservation value ratings for any watershed within the geographical area occupied by this ESU. However, based

on public comments and new information reviewed by the CHART, we have identified changes to the extent of occupied habitat areas in 13 watersheds. As a result of revised economic data for this ESU and our final ESA section 4(b)(2) analysis, we

did not make any changes to the areas that were previously proposed for designation or identify any new areas for exclusion in the final designation. Table 2 summarizes the specific changes made for this ESU.

TABLE 2.—ESU SPECIFIC CHANGES—NORTHERN CALIFORNIA STEELHEAD

Hydrologic unit	HSA watershed code	HSA watershed name	Changes from proposed rule
Redwood Creek	110720	Beaver	Removed 0.7 mi (1.1 km) of occupied habitat area.
Trinidad	110810	Big Lagoon	Added 0.3 mi (0.5 km) of occupied habitat area.
Trinidad	110820	Little River	Added 2.9 mi (4.7 km) of occupied habitat areas.
Mad River	110930	Butler Valley	Removed 0.4 mi (0.6 km) of occupied habitat area.
Eureka Plain	111000	Eureka Plain	Removed 0.8 mi (1.3 km) of occupied habitat area.
Eel River	111132	Benbow	Removed 0.7 mi (1.1 km) of occupied habitat area.
Eel River	111133	Laytonville	Removed 0.8 mi (1.3 km) of occupied habitat area.
Mendocino Coast	111311	Usal Creek	Removed 5.6 mi (9.0 km) of Coast occupied habitat areas.
Mendocino Coast	111312	Wages Creek	Removed 0.5 mi (0.8 km) of occupied habitat area.
Mendocino Coast	111313	Ten Mile Creek	Removed 7.6 mi (12.2 km) of occupied habitat area.
Mendocino Coast	111320	Noyo River	Removed 0.9 mi (1.4 km) of occupied habitat area.
Mendocino Coast	111330	Big River	Removed 0.3 mi (0.5 km) of occupied habitat area.
Mendocino Coast	111340	Albion River	Removed 1.2 mi (1.9 km) of occupied habitat area.

ESU Specific Changes—Central California Coast Steelhead

The CHART did not change the conservation value of any occupied watersheds within the geographical area occupied by this ESU. Occupied habitat

was added to one watershed (220320) because of a mapping error in the proposed rule and to another watershed (220550) based on public comments and new information received by the CHART. The Upper Alameda Creek

watershed (220430) was removed from the final designation because it is occupied only by resident *O. mykiss*, and a final listing determination for this life form will not be made until December 2005 (70 FR 37219; June 28,

2005). As a result of this change, portions of the migratory corridor to upper Alameda Creek were also removed from two watersheds (220420 and 220520) in the final designation. As

a result of revised economic data for this ESU and our final ESA section 4(b)(2) analysis, we are excluding all occupied habitat areas in two watersheds that were not previously proposed for

designation (111421 and 220722). Table 3 summarizes the specific changes made for this ESU.

TABLE 3.—ESU SPECIFIC CHANGES—CENTRAL CALIFORNIA COAST STEELHEAD

Hydrologic unit	HSA watershed code	HSA watershed name	Changes from proposed rule
Russian River	111421	Laguna De Santa Rosa	Excluded all occupied habitat from final designation.
Bay Bridges	220320	San Rafael	Added 6.4 mi (10.3 km) of occupied habitat area (Arroyo Core Madera del Presidio).
South Bay	220420	Eastbay Cities	Removed 8.6 mi (13.8 km) migratory corridor to Upper Alameda Creek watershed (220430).
South Bay	220430	Upper Alameda Creek	Removed all occupied habitat (99.0 mi, or 159 km) from final designation.
Santa Clara	220520	Fremont Bayside	Removed portion of migratory corridor (1.0 mi, or 1.6 km) to Upper Alameda Creek watershed (220430).
Santa Clara	220550	Palo Alto	Added 1.9 mi (3.0 km) of occupied habitat area (San Francisquito Creek tributaries).
Suisun	220722	Suisun Creek	Excluded all occupied habitat area from final designation.

ESU Specific Changes—South-Central California Steelhead

The CHART did not change the conservation value rating for any watershed within the geographical area occupied by this ESU, nor were there any changes to the extent of occupied habitat areas. As a result of revised economic data for this ESU and our final ESA section 4(b)(2) analysis, we did not make any changes to the areas that were previously proposed for designation or identify any new areas for exclusion.

ESU Specific Changes—Southern California Steelhead

The CHART did not change the conservation value ratings for any of the occupied watersheds within the geographical area occupied by this ESU. However, based on information from the public comments and agency biologists and reviewed by the CHART, several watershed units (490121, 490122, 490125, 490126, and 490128) were determined to be unoccupied and, because we had not made a determination that they were essential to the conservation of the ESU, were not considered eligible for designation or considered in the final ESA section

4(b)(2) analysis for this final designation. These watershed units were located in the San Juan Creek/ Trabuco Creek watershed in the southern portion of the range of the ESU. Also, based on public comments and other information reviewed by the CHART, we have identified several changes to the extent of occupied habitat in a number of watersheds. Based on the revised economic data for this ESU and our final ESA section 4(b)(2) analysis, we did not make any changes to the watershed areas that were previously proposed for designation. Table 4 summarizes the specific changes made for this ESU.

TABLE 4.—ESU SPECIFIC CHANGES—SOUTHERN CALIFORNIA STEELHEAD

Hydrologic unit	HSA watershed code	HSA watershed/area name	Changes from proposed rule
Santa Ynez	331440	Santa Ynez to Bradbury	Removed 24.0 mi (38.6 km) of occupied tributary habitat area to the Santa Ynez River (Alamo Pintado and Santa Aguedo Creeks).
South Coast	331534	Carpenteria	Removed 0.8 mi (1.3 km) of occupied habitat (Santa Monica estuary).
Ventura River	440232	Thatcher	Removed 20.9 mi (33.6 km) of occupied tributary habitat area (San Antonio Creek and tributaries).
Santa Clara—Calleguas	440331	Sespe—Santa Clara	Removed 5.4 mi (8.7 km) of occupied habitat area (Pole Creek).
San Juan	490121	Trabuco	Changed to unoccupied. Removed small amount of occupied habitat area (Trabuco Creek).
San Juan	490122	Upper Trabuco	Changed to unoccupied. Removed 7.7 mi (12.4 km) of occupied habitat area (Trabuco Creek).
San Juan	490123	Middle Trabuco	Removed 12.4 mi (20.0 km) of occupied habitat area (Trabuco Creek).
San Juan	490125	Upper San Juan	Changed to unoccupied. Removed 12.5 mi (20.1 km) of occupied habitat area (San Juan Creek).
San Juan	490126	Mid upper San Juan	Changed to unoccupied. Removed 3.8 mi (6.1 km) of occupied habitat area (San Juan Creek).
San Juan	490128	Middle San Juan	Changed to unoccupied. Removed 3.4 mi (5.5 km) of occupied habitat area (San Juan Creek).

TABLE 4.—ESU SPECIFIC CHANGES—SOUTHERN CALIFORNIA STEELHEAD—Continued

Hydrologic unit	HSA watershed code	HSA watershed/area name	Changes from proposed rule
San Juan	490140	San Mateo	Removed 4.9 mi (7.9 km) of occupied habitat (Devil Creek).

ESU Specific Changes—Central Valley Spring Run Chinook Salmon

Based on information provided in the public comments and new information reviewed by the CHART, one watershed was changed from occupied to unoccupied (550731), one was changed from unoccupied to occupied and rated as having a high conservation value to

the ESU (551510), and one watershed was changed from a medium to a high conservation value (551921). Also, based on public comments and new information reviewed by the CHART, we have identified relatively minor changes to the extent of occupied habitat in some watersheds. Based on the results of the revised economic data for this ESU and our final ESA section

4(b)(2) analysis, we are excluding all occupied habitat areas in one watershed (551720) that were previously proposed for designation, and designating all occupied habitat areas in a second watershed (551921) that were previously proposed for exclusion. Table 5 summarizes the specific changes made for this ESU.

TABLE 5.—ESU SPECIFIC CHANGES—CENTRAL VALLEY SPRING RUN CHINOOK

Hydrologic unit	HSA watershed code	HSA Watershed name	Changes from proposed rule
Whitmore	550731	South Cow Creek	Changed from occupied to unoccupied. Removed 10.3 mi (16.6 km) of occupied habitat area.
Redding	550810	Enterprise Flat	Minor changes in distribution. No net change in occupied mi of habitat area.
Marysville	551510	Lower Bear River	Changed from unoccupied to occupied. Added 5.1 mi (8.2 km) of occupied habitat area. Rated as high in conservation value and included all occupied habitat in the final designation.
Yuba River	551720	Nevada City	Excluded all occupied habitat from final designation.
Valley-American	551921	Lower American	Changed conservation value from medium to high and included all occupied habitat in the final designation.

ESU Specific Changes—Central Valley Steelhead

Based on information provided in the public comments and new information reviewed by the CHART, the conservation value of two watersheds (551510 and 552110) within the geographical range of this ESU was

changed from low to medium. Additionally, based on public comments and new information reviewed by the CHART, we have identified changes to the extent of occupied habitat areas in two watersheds. As a result of the revised economic data for this ESU and our final ESA section 4(b)(2) analysis, we

are excluding all occupied habitat areas in two watersheds (550964 and 552435) proposed for designation and designating all occupied areas in two other watersheds (551510 and 552110) that were previously proposed for exclusion. Table 6 summarizes the specific changes made for this ESU.

TABLE 6.—ESU SPECIFIC CHANGES—CENTRAL VALLEY STEELHEAD

Hydrologic unit	HSA watershed code	HSA Watershed name	Changes from proposed rule
Redding	550810	Enterprise Flat	Added 5.7 mi (9.2 km) of occupied habitat area (several tributaries).
Eastern Tehama	550964	Paynes Creek	Excluded all occupied habitat Tehama from the final designation.
Marysville	551510	Lower Bear River	Changed conservation value from low to medium. Included all occupied habitat in the final designation.
Butte Creek	552110	Upper Dry Creek	Changed conservation value from low to medium. Included all occupied habitat in the final designation.
Shasta Bally	552435	Ono	Excluded all occupied habitat from the final designation.
Shasta Bally	552440	Spring Creek	Removed 3.1 mi (5.0 km) of occupied habitat area.

IV. Methods and Criteria Used To Designate Critical Habitat

The following sections describe the relevant definitions and guidance found in the ESA and our implementing regulations, and the key methods and criteria we used to make these final critical habitat designations after incorporating, as appropriate, comments and information received on the proposed rule. Section 4 of the ESA (16 U.S.C. 1533(b)(2)) and our regulations at 50 CFR 424.12(a) require that we designate critical habitat, and make revisions thereto, "on the basis of the best scientific data available."

Section 3 of the ESA (16 U.S.C. 1532(5)) defines critical habitat as "(i) the specific areas within the geographical area occupied by the species, at the time it is listed * * * on which are found those physical or biological features (I) essential to the conservation of the species and (II) which may require special management considerations or protection; and (ii) specific areas outside the geographical area occupied by the species at the time it is listed upon a determination by the Secretary that such areas are essential for the conservation of the species." Section 3 of the ESA (16 U.S.C. 1532(3)) also defines the terms "conserve," "conserving," and "conservation" to mean "to use, and the use of, all methods and procedures which are necessary to bring any endangered species or threatened species to the point at which the measures provided pursuant to this chapter are no longer necessary."

Pursuant to our regulations, when designating critical habitat we consider the following requirements of the species: (1) Space for individual and population growth, and for normal behavior; (2) food, water, air, light, minerals, or other nutritional or physiological requirements; (3) cover or shelter; (4) sites for breeding, reproduction, or rearing of offspring; and, generally, (5) habitats that are protected from disturbance or are representative of the historical geographical and ecological distributions of the species (see 50 CFR 424.12(b)). In addition to these factors, we also focus on the known physical and biological features (primary constituent elements or PCEs) within the occupied areas that are essential to the conservation of the species and that may require special management considerations or protection. Both the ESA and our regulations, in recognition of the divergent biological needs of species, establish criteria that are fact specific rather than "one size fits all."

Our regulations state that, "The Secretary shall designate as critical habitat areas outside the geographic area presently occupied by the species only when a designation limited to its present range would be inadequate to ensure the conservation of the species" (50 CFR 424.12(e)). Accordingly, when the best available scientific and commercial data do not demonstrate that the conservation needs of the species so require, we will not designate critical habitat in areas outside the geographic area occupied by the species.

Section 4 of the ESA requires that before designating critical habitat we must consider the economic impacts, impacts on national security, and other relevant impacts of specifying any particular area as critical habitat, and the Secretary may exclude any area from critical habitat if the benefits of exclusion outweigh the benefits of inclusion, unless excluding an area from critical habitat will result in the extinction of the species concerned. Once critical habitat for a salmon or steelhead ESU is designated, section 7(a)(2) of the ESA requires that each Federal agency shall, in consultation with and with the assistance of NMFS, ensure that any action authorized, funded or carried out by such agency is not likely to result in the destruction or adverse modification of critical habitat.

Salmon Life History

Pacific salmon are anadromous fish, meaning adults migrate from the ocean to spawn in freshwater lakes and streams where their offspring hatch and rear prior to migrating back to the ocean to forage until maturity. The migration and spawning times vary considerably across and within species and populations (Groot and Margolis, 1991). At spawning, adults pair to lay and fertilize thousands of eggs in freshwater gravel nests or "redds" excavated by females. Depending on lake/stream temperatures, eggs incubate for several weeks to months before hatching as "alevins" (a larval life stage dependent on food stored in a yolk sac). Following yolk sac absorption, alevins emerge from the gravel as young juveniles called "fry" and begin actively feeding. Depending on the species and location, juveniles may spend from a few hours to several years in freshwater areas before migrating to the ocean. The physiological and behavioral changes required for the transition to salt water result in a distinct "smolt" stage in most species. On their journey juveniles must migrate downstream through every riverine and estuarine corridor between their natal lake or stream and the ocean. For example, smolts from Idaho will

travel as far as 900 miles (1,448 km) from the inland spawning grounds. En route to the ocean the juveniles may spend from a few days to several weeks in the estuary, depending on the species. The highly productive estuarine environment is an important feeding and acclimation area for juveniles preparing to enter marine waters.

Juveniles and subadults typically spend from 1 to 5 years foraging over thousands of miles in the North Pacific Ocean before returning to spawn. Some species, such as coho and Chinook salmon, have precocious life history types (primarily male fish known as "jacks") that mature and spawn after only several months in the ocean. Spawning migrations known as "runs" occur throughout the year, varying by species and location. Most adult fish return or "home" with great fidelity to spawn in their natal stream, although some do stray to non-natal streams. Salmon species die after spawning, except anadromous *O. mykiss* (steelhead), which may return to the ocean and make one or more repeat spawning migrations. This complex life cycle gives rise to complex habitat needs, particularly during the freshwater phase (see review by Spence *et al.*, 1996). Spawning gravels must be of a certain size and free of sediment to allow successful incubation of the eggs. Eggs also require cool, clean, and well-oxygenated waters for proper development. Juveniles need abundant food sources, including insects, crustaceans, and other small fish. They need places to hide from predators (mostly birds and bigger fish), such as under logs, root wads and boulders in the stream, and beneath overhanging vegetation. They also need places to seek refuge from periodic high flows (side channels and off channel areas) and from warm summer water temperatures (coldwater springs and deep pools). Returning adults generally do not feed in fresh water but instead rely on limited energy stores to migrate, mature, and spawn. Like juveniles, they also require cool water and places to rest and hide from predators. During all life stages salmon require cool water that is free of contaminants. They also require rearing and migration corridors with adequate passage conditions (water quality and quantity available at specific times) to allow access to the various habitats required to complete their life cycle.

The homing fidelity of salmon has created a metapopulation structure with distinct populations distributed among watersheds (McElhany *et al.*, 2000). Low levels of straying result in regular genetic exchange among populations,

creating genetic similarities among populations in adjacent watersheds. Maintenance of the metapopulation structure requires a distribution of populations among watersheds where environmental risks (e.g., from landslides or floods) are likely to vary. It also requires migratory connections among the watersheds to allow for periodic genetic exchange and alternate spawning sites in the case that natal streams are inaccessible due to natural events such as a drought or landslide. More detailed information describing habitat and life history characteristics of the ESUs is contained in the proposed rule (69 FR 71880; December 10, 2004), agency status reviews for each ESU, technical recovery team products, and in a biological report supporting these designations (NMFS, 2005a).

Identifying the Geographical Area Occupied by the Species and Specific Areas Within the Geographical Area

In past critical habitat designations, we had concluded that the limited availability of species distribution data prevented mapping salmonid critical habitat at a scale finer than occupied river basins (65 FR 7764; February 16, 2000). Therefore, the 2000 designations defined the "geographical area occupied by the species, at the time of listing" as all accessible river reaches within the current range of the listed species.

In the proposed rule we described in greater detail that since the previous designations in 2000, we can now be somewhat more precise about the "geographical area occupied by the species" because of efforts by agency biologists, in coordination with Federal and state co-managers, to compile information and map actual species distribution at the level of stream reaches. Moreover, much of the available data can now be accessed and analyzed using geographic information systems (GIS) to produce consistent and fine-scale maps. The current mapping effort for these ESUs documents fish presence and identifies occupied stream reaches where the species has been observed. It also identifies stream reaches where the species is presumed to occur based on the professional judgment of biologists familiar with the watershed. We made use of these finer-scale data for the current critical habitat designations, and we now believe that they enable a more accurate delineation of the "geographical area occupied by the species" referred to in the ESA definition of critical habitat.

We are now also able to identify "specific areas" (ESA section 3(5)(a)) and "particular areas" (ESA section 4(b)(2)) at a finer scale than in 2000. As

described in the proposed rule, we have used the State of California's CALWATER watershed classification system, which is similar to the USGS watershed classification system that was used for salmonid critical habitat designations in the Northwest. This information is now generally available via the internet, and we have expanded our GIS resources to use these data. We used the CALWATER Hydrologic Subarea (HSA) unit (which is generally similar in size to USGS HUC5s) to organize critical habitat information systematically and at a scale that, while somewhat broad geographically, is applicable to the spatial distribution of salmon. Organizing information at this scale is especially relevant to salmonids, since their innate homing ability allows them to return to the watersheds where they were born. Such site fidelity results in spatial aggregations of salmonid populations that generally correspond to the area encompassed by HSA watersheds or aggregations of these watersheds.

The CALWATER system maps watershed units as polygons, bounding a drainage area from ridge-top to ridge-top, encompassing streams, riparian areas and uplands. Within the boundaries of any HSA watershed, there are stream reaches not occupied by the species. Land areas within the CALWATER HSA boundaries are also generally not "occupied" by the species (though certain areas such as flood plains or side channels may be occupied at some times of some years). We used the watershed boundaries as a basis for aggregating occupied stream reaches, for purposes of delineating "specific" areas at a scale that often corresponds well to salmonid population structure and ecological processes. This designation refers to the occupied stream reaches within the watershed boundary as the "habitat area" to distinguish it from the entire area encompassed by the watershed boundary. Each habitat area was reviewed by the CHARTs to verify occupation, PCEs, and special management considerations (see "Critical Habitat Analytical Review Teams" section below).

The watershed-scale aggregation of stream reaches also allowed us to analyze the impacts of designating a "particular area," as required by ESA section 4(b)(2). As a result of watershed processes, many activities occurring in riparian or upland areas and in non-fish-bearing streams may affect the physical or biological features essential to conservation in the occupied stream reaches. The watershed boundary thus describes an area in which Federal activities have the potential to affect

critical habitat (Spence *et al.*, 1996). Using watershed boundaries for the economic analysis ensured that all potential economic impacts were considered. Section 3(5) defines critical habitat in terms of "specific areas," and section 4(b)(2) requires the agency to consider certain factors before designating "particular areas." In the case of Pacific salmonids, the biology of the species, the characteristics of its habitat, the nature of the impacts and the limited information currently available at finer geographic scales made it appropriate to consider "specific areas" and "particular areas" as the same unit.

Occupied estuarine areas were also considered in the context of defining "specific areas." In our proposed rule we noted that estuarine areas are crucial for juvenile salmonids, given their multiple functions as areas for rearing/feeding, freshwater-saltwater acclimation, and migration (Simenstad *et al.*, 1982; Marriott *et al.*, 2002). The San Francisco Bay estuary complex consists of five CALWATER HSA watershed units that are separate from upstream freshwater habitats that drain into the estuarine complex, and these units were analyzed separately. Some other small estuaries did not correspond to HSA watershed units nor were they part of defined HSA watershed units, and so we defined specific polygons which were analyzed separately. In all occupied estuarine areas we were able to identify physical or biological features essential to the conservation of the species, and that may require special management considerations or protection. For those estuarine areas designated as critical habitat we are again delineating them in similar terms to our past designations, as being defined by a line connecting the furthest land points at the estuary mouth.

In previous designations of salmonid critical habitat we did not designate offshore marine areas. In the Pacific Ocean, we concluded that there may be essential habitat features, but we could not identify any special management considerations or protection associated with them as required under section 3(5)(A)(i) of the ESA (65 FR 7776; February 16, 2000). Since that time we have carefully considered the best available scientific information, and related agency actions, such as the designation of Essential Fish Habitat under the Magnuson-Stevens Fishery Conservation and Management Act. In contrast to estuarine areas, we conclude that it is not possible to identify "specific areas" in the Pacific Ocean that contain essential features for salmonids. Also, links between human

activity, habitat conditions and impacts to listed salmonids are less direct in offshore marine areas. Perhaps the closest linkage exists for salmon prey species that are harvested commercially (e.g., Pacific herring) and, therefore, may require special management considerations or protection. However, because salmonids are opportunistic feeders we could not identify "specific areas" where these or other essential features are found within this vast geographic area occupied by salmon and steelhead. Moreover, prey species move or drift great distances throughout the ocean and would be difficult to link to any "specific" areas. Therefore, we are not designating critical habitat in offshore marine areas. We requested comment on this issue in our proposed rule but did not receive comments or information that would change our conclusion.

Primary Constituent Elements

In determining what areas are critical habitat, agency regulations at 50 CFR 424.12(b) require that we must "consider those physical or biological features that are essential to the conservation of a given species * * *, including space for individual and population growth and for normal behavior; food, water, air, light, minerals, or other nutritional or physiological requirements; cover or shelter; sites for breeding, reproduction, and rearing of offspring; and habitats that are protected from disturbance or are representative of the historical geographical and ecological distribution of a species." The regulations further direct us to "focus on the principal biological or physical constituent elements * * * that are essential to the conservation of the species," and specify that the "known primary constituent elements shall be listed with the critical habitat description." The regulations identify primary constituent elements (PCEs) as including, but not limited to: "roost sites, nesting grounds, spawning sites, feeding sites, seasonal wetland or dryland, water quality or quantity, host species or plant pollinator, geological formation, vegetation type, tide, and specific soil types."

NMFS biologists developed a list of PCEs that are essential to the species' conservation and based on the unique life history of salmon and steelhead and their biological needs (Hart, 1973; Beauchamp *et al.*, 1983; Laufle *et al.*, 1986; Pauley *et al.*, 1986, 1988, and 1989; Groot and Margolis, 1991; Spence *et al.*, 1996). Guiding the identification of PCEs was a decision matrix we developed for use in ESA section 7

consultations (NMFS, 1996) which describes general parameters and characteristics of most of the essential features under consideration in this critical habitat designation. We identified these PCEs and requested comment on them in the ANPR (68 FR 55931; September 29, 2003) and proposed rule (69 FR 74636; December 14, 2005) but did not receive information to support changing them. The ESUs addressed in this final rule share many of the same rivers and estuaries and have similar life history characteristics and, therefore, many of the same PCEs. These PCEs include sites essential to support one or more life stages of the ESU (sites for spawning, rearing, migration and foraging). These sites in turn contain physical or biological features essential to the conservation of the ESU (for example, spawning gravels, water quality and quantity, side channels, forage species). The specific PCEs include:

1. Freshwater spawning sites with water quantity and quality conditions and substrate supporting spawning, incubation and larval development. These features are essential to conservation because without them the species cannot successfully spawn and produce offspring.
2. Freshwater rearing sites with water quantity and floodplain connectivity to form and maintain physical habitat conditions and support juvenile growth and mobility; water quality and forage supporting juvenile development; and natural cover such as shade, submerged and overhanging large wood, log jams and beaver dams, aquatic vegetation, large rocks and boulders, side channels, and undercut banks. These features are essential to conservation because without them juveniles cannot access and use the areas needed to forage, grow, and develop behaviors (e.g., predator avoidance, competition) that help ensure their survival.
3. Freshwater migration corridors free of obstruction with water quantity and quality conditions and natural cover such as submerged and overhanging large wood, aquatic vegetation, large rocks and boulders, side channels, and undercut banks supporting juvenile and adult mobility and survival. These features are essential to conservation because without them juveniles cannot use the variety of habitats that allow them to avoid high flows, avoid predators, successfully compete, begin the behavioral and physiological changes needed for life in the ocean, and reach the ocean in a timely manner. Similarly, these features are essential for adults because they allow fish in a non-feeding condition to successfully swim

upstream, avoid predators, and reach spawning areas on limited energy stores.

4. Estuarine areas free of obstruction with water quality, water quantity, and salinity conditions supporting juvenile and adult physiological transitions between fresh- and saltwater; natural cover such as submerged and overhanging large wood, aquatic vegetation, large rocks and boulders, and side channels; and juvenile and adult forage, including aquatic invertebrates and fishes, supporting growth and maturation. These features are essential to conservation because without them juveniles cannot reach the ocean in a timely manner and use the variety of habitats that allow them to avoid predators, compete successfully, and complete the behavioral and physiological changes needed for life in the ocean. Similarly, these features are essential to the conservation of adults because they provide a final source of abundant forage that will provide the energy stores needed to make the physiological transition to fresh water, migrate upstream, avoid predators, and develop to maturity upon reaching spawning areas.

5. Nearshore marine areas free of obstruction with water quality and quantity conditions and forage, including aquatic invertebrates and fishes, supporting growth and maturation; and natural cover such as submerged and overhanging large wood, aquatic vegetation, large rocks and boulders, and side channels. As in the case with freshwater migration corridors and estuarine areas, nearshore marine features are essential to conservation because without them juveniles cannot successfully transition from natal streams to offshore marine areas.

6. Offshore marine areas with water quality conditions and forage, including aquatic invertebrates and fishes, supporting growth and maturation. These features are essential for conservation because without them juveniles cannot forage and grow to adulthood. However, for the reasons stated previously in this document, it is difficult to identify specific areas containing this PCE as well as human activities that may affect the PCE condition in those areas. Therefore, we have not designated any specific areas based on this PCE but instead have identified it because it is essential to the species' conservation and specific offshore areas may be identified in the future (in which case any designation would be subject to separate rulemaking).

The occupied habitat areas designated in this final rule contain PCEs required to support the biological processes for

which the species use the habitat. The CHARTs verified this for each watershed/nearshore zone by relying on the best available scientific data (including species distribution maps, watershed analyses, and habitat surveys) during their review of occupied areas and resultant assessment of area conservation values (NMFS, 2005a). The contribution of the PCEs varies by site and biological function such that the quality of the elements may vary within a range of acceptable conditions. The CHARTs took this variation into account when they assessed the conservation value of an area.

Special Management Considerations or Protections

An occupied area cannot be designated as critical habitat unless it contains physical and biological features that “may require special management considerations or protection.” Agency regulations at 424.02(j) define “special management considerations or protection” to mean “any methods or procedures useful in protecting physical and biological features of the environment for the conservation of listed species.”

As part of the biological assessment described below under “Critical Habitat Analytical Review Teams,” teams of biologists examined each habitat area to determine whether the physical or biological features may require special management consideration. These determinations are identified for each area in the CHART report (NMFS, 2005a). In the case of salmon and steelhead, the CHARTs identified a variety of activities that threaten the physical and biological features essential to listed salmon and steelhead (see review by Spence *et al.*, 1996), including: (1) Forestry; (2) grazing and other associated rangeland activities; (3) agriculture; (4) road building/maintenance; (5) channel modifications/diking/stream bank stabilization; (6) urbanization; (7) sand and gravel mining; (8) mineral mining; (9) dams; (10) irrigation impoundments and withdrawals; (11) wetland loss/removal; (12) exotic/invasive species introductions; and (13) impediments to migration. In addition to these, the harvest of salmonid prey species (*e.g.*, forage fishes such as herring, anchovy, and sardines) may present another potential habitat-related management activity (Pacific Fishery Management Council, 1999).

Unoccupied Areas

ESA section 3(5)(A)(ii) defines critical habitat to include “specific areas outside the geographical area occupied”

if the areas are determined by the Secretary to be “essential for the conservation of the species.” NMFS regulations at 50 CFR 424.12(e) emphasize that we “shall designate as critical habitat areas outside the geographical area presently occupied by a species only when a designation limited to its present range would be inadequate to ensure the conservation of the species.” The CHARTs did identify several unoccupied areas above dams that may be essential for the conservation of specific ESUs, primarily within the historical range of the Central Valley spring run Chinook, Central Valley steelhead, and Southern California steelhead ESUs (see proposed rule; 69 FR 71880; December 10, 2004); however, we are not designating unoccupied areas at this time. Though it is not possible to conclude at this time that any of these historically occupied areas warrant designation, we believe it is useful to signal to the public that these specific areas may be considered for possible designation in the future. However, any designation of unoccupied areas would be based on the required determination that such area is essential for the conservation of an ESU and would be subject to separate rulemaking with the opportunity for notice and comment.

Lateral Extent of Critical Habitat

In past designations we have described the lateral extent of critical habitat in various ways ranging from fixed distances to “functional” zones defined by important riparian functions (65 FR 7764; February 16, 2000). Both approaches presented difficulties, and this was highlighted in several comments (most of which requested that we focus on aquatic areas only) received in response to the ANPR (68 FR 55926; September 29, 2003). Designating a set riparian zone width will (in some places) accurately reflect the distance from the stream on which PCEs might be found, but in other cases may over- or understate the distance. Designating a functional buffer avoids that problem, but makes it difficult for Federal agencies to know in advance what areas are critical habitat. To address these issues we are proposing to define the lateral extent of designated critical habitat as the width of the stream channel defined by the ordinary high-water line as defined by the COE in 33 CFR 329.11. This approach is consistent with the specific mapping requirements described in agency regulations at 50 CFR 424.12(c). In areas for which ordinary high-water has not been defined pursuant to 33 CFR 329.11, the width of the stream channel shall be

defined by its bankfull elevation. Bankfull elevation is the level at which water begins to leave the channel and move into the floodplain (Rosgen, 1996) and is reached at a discharge which generally has a recurrence interval of 1 to 2 years on the annual flood series (Leopold *et al.*, 1992). Such an interval is commensurate with nearly all of the juvenile freshwater life phases of most salmon and steelhead ESUs. Therefore, it is reasonable to assert that for an occupied stream reach this lateral extent is regularly “occupied”. Moreover, the bankfull elevation can be readily discerned for a variety of stream reaches and stream types using recognizable water lines (*e.g.*, marks on rocks) or vegetation boundaries (Rosgen, 1996).

As underscored in previous critical habitat designations, the quality of aquatic habitat within stream channels is intrinsically related to the adjacent riparian zones and floodplain, to surrounding wetlands and uplands, and to non-fish-bearing streams above occupied stream reaches. Human activities that occur outside the stream can modify or destroy physical and biological features of the stream. In addition, human activities that occur within and adjacent to reaches upstream (*e.g.*, road failures) or downstream (*e.g.*, dams) of designated stream reaches can also have demonstrable effects on physical and biological features of designated reaches.

In estuarine areas we believe that extreme high water is the best descriptor of lateral extent. We are designating the area inundated by extreme high tide because it encompasses habitat areas typically inundated and regularly occupied during the spring and summer when juvenile salmon are migrating in the nearshore zone and relying heavily on forage, cover, and refuge qualities provided by these occupied habitats. As noted above for stream habitat areas, human activities that occur outside the area inundated by extreme or ordinary high water can modify or destroy physical and biological features of the nearshore habitat areas, and Federal agencies must be aware of these important habitat linkages as well.

Military Lands

The Sikes Act of 1997 (Sikes Act) (16 U.S.C. 670a) required each military installation that includes land and water suitable for the conservation and management of natural resources to complete, by November 17, 2001, an INRMP. An INRMP integrates implementation of the military mission of the installation with stewardship of the natural resources found there. Each INRMP includes: an assessment of the

ecological needs on the installation, including the need to provide for the conservation of listed species; a statement of goals and priorities; a detailed description of management actions to be implemented to provide for these ecological needs; and a monitoring and adaptive management plan. Among other things, each INRMP must, to the extent appropriate and applicable, provide for fish and wildlife management, fish and wildlife habitat enhancement or modification, wetland protection, enhancement, and restoration where necessary to support fish and wildlife and enforcement of applicable natural resource laws.

The National Defense Authorization Act for Fiscal Year 2004 (Pub. L. No. 108-136) amended the ESA to address designation of military lands as critical habitat. Specifically, section 4(a)(3)(B)(i) of the ESA (16 U.S.C. 1533(a)(3)(B)(i)) now provides: "The Secretary shall not designate as critical habitat any lands or other geographical areas owned or controlled by the Department of Defense, or designated for its use, that are subject to an integrated natural resources management plan prepared under section 101 of the Sikes Act (16 U.S.C. 670a), if the Secretary determines in writing that such plan provides a benefit to the species for which critical habitat is proposed for designation."

To address this new provision we contacted the DOD and requested information on all INRMPs that might benefit Pacific salmon. In response to the ANPR (68 FR 55926; September 29, 2003) we had already received a letter from the U.S. Marine Corps regarding this and other issues associated with a possible critical habitat designation on its facilities in the range of the Southern California Steelhead ESU. In response to our request, the military services identified 25 installations in California with INRMPs in place or under development. Based on information provided by the military, as well as GIS analysis of fish distributional information compiled by NMFS' Southwest Region (NMFS, 2004b; NMFS, 2005a) and land use data, we determined that the following facilities with INRMPs overlap with habitat areas under consideration for critical habitat designation in California: (1) Camp Pendleton Marine Corps Base; (2) Vandenberg Air Force Base; (3) Camp San Luis Obispo; (4) Camp Roberts; and (5) Mare Island Army Reserve Center. Two additional facilities are adjacent to, but do not overlap with, habitat areas under consideration for critical habitat in California: (1) Naval Weapons Station, Seal Beach/Concord Detachment; and (2) Point Mugu Naval

Air Station. None of the remaining facilities with INRMPs in place overlapped with or were adjacent to habitat under consideration for critical habitat based on the information available to us. All of these INRMPs are final except for the Vandenberg Air Force Base INRMP, which is expected to be finalized in the near term.

We identified habitat of value to listed salmonids in each INRMP and reviewed these plans, as well as other information available regarding the management of these military lands. Our review indicates that each of these INRMPs addresses habitat for salmonids, and all contain measures that provide benefits to ESA-listed salmon and steelhead. Examples of the types of benefits include actions that control erosion, protect riparian zones, minimize stormwater and construction impacts, reduce contaminants, and monitor listed species and their habitats. As a result of our review, we have determined that the final INRMPs and the draft INRMP for Vandenberg Air Force Base provide a benefit to the species for which critical habitat is proposed for designation, and, therefore, we are not designating critical habitat in those areas. Also, we have received information from the Vandenberg Air Force Base and Camp Pendleton Marine Corps Base identifying national security impacts to their operations from critical habitat designation. Our consideration of such impacts is separate from our assessment of INRMPs, but serves as an independent and sufficient basis for our determination not to designate those areas as critical habitat.

Critical Habitat Analytical Review Teams

To assist in the designation of critical habitat, we convened several CHARTs organized by major geographic domains that roughly correspond to salmon recovery planning domains in California. The CHARTs consisted of NMFS fishery biologists from the Southwest Region with demonstrated expertise regarding salmonid habitat and related protective efforts within the domain. The CHARTs were tasked with compiling and assessing biological information pertaining to areas under consideration for designation as critical habitat. Each CHART worked closely with GIS specialists to develop maps depicting the spatial distribution of habitat occupied by each ESU and the use of occupied habitat on stream hydrography at a scale of 1:100,000. The CHARTs also reconvened to review the public comments and any new information regarding the ESUs and habitat in their domain.

The CHARTs examined each habitat area within the watershed to determine whether the stream reaches or lakes occupied by the species contain the physical or biological features essential to conservation. As noted previously, the CHARTs also relied on their experience conducting ESA section 7 consultations and existing management plans and protective measures to determine whether these features may require special management considerations or protection.

In addition to occupied areas, the definition of critical habitat also includes unoccupied areas if we determine that area is essential for conservation of a species. Accordingly the CHARTs were also asked whether there were any unoccupied areas within the historical range of the ESUs that may be essential for conservation. For the seven ESUs addressed in this rulemaking, the CHARTs did not have sufficient information that would allow them to conclude that specific unoccupied areas were essential for conservation; however, in many cases they were able to identify areas they believed may be determined essential through future recovery planning efforts. These were described in the proposed critical habitat designation rule (69 FR 71880).

The CHARTs were next asked to determine the relative conservation value of each occupied HSA watershed area for each ESU. The CHARTs scored each habitat area based on several factors related to the quantity and quality of the physical and biological features. They next considered each area in relation to other areas and with respect to the population occupying that area. Based on a consideration of the raw scores for each area, and a consideration of that area's contribution in relation to other areas and in relation to the overall population structure of the ESU, the CHARTs rated each habitat area as having a "high," "medium," or "low" conservation value. The preliminary CHART ratings were reviewed by several state and tribal co-managers in advance of the proposed rule and the CHARTs made needed changes prior to that rule. State co-managers also evaluated our proposed rule and provided comments and new information which were also reviewed and incorporated as needed by the CHARTs in the preparation of the final designations.

The rating of habitat areas as having a high, medium, or low conservation value provided information useful to inform the Secretary's exercise of discretion in balancing whether the benefits of exclusion outweigh the

benefits of designation in ESA section 4(b)(2). The higher the conservation value for an area, the greater may be the likely benefit of the ESA section 7 protections. We recognized that the “benefit of designation” would also depend on the likelihood of a consultation occurring and the improvements in species’ conservation that may result from changes to proposed Federal actions. To address this concern, we developed a profile for a “low leverage” watershed—that is, a watershed where it was unlikely there would be a section 7 consultation, or where a section 7 consultation, if it did occur, would yield few conservation benefits. For watersheds not meeting the “low leverage” profile, we considered their conservation rating to be a fair assessment of the benefit of designation, for purposes of our cost-effectiveness framework (NMFS 2005c). For watersheds meeting the “low leverage” profile, we considered the benefit of designation to be an increment lower than the conservation rating. For example, therefore, a watershed with a “high” conservation value but “low leverage” was considered to have a “medium” benefit of designation, and so forth. We then applied the dollar thresholds for exclusion appropriate to the adjusted “benefit of designation.”

As discussed earlier, the scale chosen for the “specific area” referred to in section 3(5)(a) was an HSA watershed as delineated by the CALWATER watershed classification system. This delineation required us to adapt the approach for some areas. For example, a large stream or river might serve as a rearing and migration corridor to and from many watersheds, yet be embedded itself in a watershed. In any given watershed through which it passes, the stream may have a few or several tributaries. For rearing/migration corridors embedded in a watershed, the CHARTs were asked to rate the conservation value of the watershed based on the tributary habitat. We assigned the rearing/migration corridor the rating of the highest-rated watershed for which it served as a rearing/migration corridor. The reason for this treatment of migration corridors is the role they play in the salmon’s life cycle. Salmon are anadromous—born in fresh water, migrating to salt water to feed and grow, and returning to fresh water to spawn. Without a rearing/migration corridor to and from the sea, salmon cannot complete their life cycle. It would be illogical to consider a spawning and rearing area as having a particular conservation value and not consider the associated rearing/

migration corridor as having a similar conservation value.

V. Application of ESA Section 4(b)(2)

The foregoing discussion describes those areas that are eligible for designation as critical habitat—the specific areas that fall within the ESA section 3(5)(A) definition of critical habitat, minus those lands owned or controlled by the DOD, or designated for its use, that are covered by an INRMP that we have determined provides a benefit to the species.

Specific areas eligible for designation are not automatically designated as critical habitat. Section 4(b)(2) of the ESA requires that the Secretary first considers the economic impact, impact on national security, and any other relevant impact. The Secretary has the discretion to exclude an area from designation if he determines the benefits of exclusion (that is, avoiding the impact that would result from designation) outweigh the benefits of designation. The Secretary may not exclude an area from designation if exclusion will result in the extinction of the species. Because the authority to exclude is discretionary, exclusion is not required for any areas. In this rulemaking, the Secretary has applied his statutory discretion to exclude areas from critical habitat for several different reasons.

In this exercise of discretion, the first issue we must address is the scope of impacts relevant to the 4(b)(2) evaluation. As discussed in the Background and Previous Federal Action section, we are re-designating critical habitat for these seven ESUs because the previous designations were vacated (*National Association of Homebuilders v. Evans*, 2002 WL 1205743 No. 00–CV–2799 (D.D.C.) (NAHB)). The NAHB court had agreed with the reasoning of the Court of Appeals for the Tenth Circuit in *New Mexico Cattle Growers Association v. U.S. Fish and Wildlife Service*, 248 F.3d 1277 (10th Cir. 2001). In that decision, the Tenth Circuit stated “[t]he statutory language is plain in requiring some kind of consideration of economic impact in the critical habitat designation phase.” The Tenth Circuit concluded that, given the USFWS’ failure to distinguish between “adverse modification” and “jeopardy” in its 4(b)(2) analysis, the USFWS must analyze the full impacts of critical habitat designation, regardless of whether those impacts are coextensive with other impacts (such as the impact of the jeopardy requirement).

In re-designating critical habitat for these salmon ESUs, we have followed the Tenth Circuit Court’s directive

regarding the statutory requirement to consider the economic impact of designation. Areas designated as critical habitat are subject to ESA section 7 requirements, which provide that Federal agencies ensure that their actions are not likely to destroy or adversely modify critical habitat. To evaluate the economic impact of critical habitat we first examined our voluminous section 7 consultation record for these as well as other ESUs of salmon. (For thoroughness, we examined the consultation record for other ESUs to see if it shed light on the issues.) That record includes consultations on habitat-modifying Federal actions both where critical habitat has been designated and where it has not. We could not discern a distinction between the impacts of applying the jeopardy provision versus the adverse modification provision in occupied critical habitat. Given our inability to detect a measurable difference between the impacts of applying these two provisions, the only reasonable alternative seemed to be to follow the recommendation of the Tenth Circuit, approved by the NAHB court—to measure the coextensive impacts; that is, measure the entire impact of applying the adverse modification provision of section 7, regardless of whether the jeopardy provision alone would result in the identical impact.

The Tenth Circuit’s opinion only addressed ESA section 4(b)(2)’s requirement that economic impacts be considered. The court did not address how “other relevant impacts” were to be considered, nor did it address the benefits of designation. Because section 4(b)(2) requires a consideration of other relevant impacts of designation, and the benefits of designation, and because our record did not support a distinction between impacts resulting from application of the adverse modification provision versus the jeopardy provision, we are uniformly considering coextensive impacts and coextensive benefits, without attempting to distinguish the benefit of a critical habitat consultation from the benefit that would otherwise result from a jeopardy consultation that would occur even if critical habitat were not designated. To do otherwise would distort the balancing test contemplated by section 4(b)(2).

The principal benefit of designating critical habitat is that Federal activities that may affect such habitat are subject to consultation pursuant to section 7 of the ESA. Such consultation requires every Federal agency to ensure that any action it authorizes, funds or carries out is not likely to result in the destruction

or adverse modification of critical habitat. This complements the section 7 provision that Federal agencies ensure that their actions are not likely to jeopardize the continued existence of a listed species. Another benefit is that the designation of critical habitat can serve to educate the public regarding the potential conservation value of an area and thereby focus and contribute to conservation efforts by clearly delineating areas of high conservation value for certain species. It is unknown to what extent this process actually occurs, and what the actual benefit is, as there are also concerns, noted above, that a critical habitat designation may discourage such conservation efforts.

The balancing test in ESA section 4(b)(2) contemplates weighing benefits that are not directly comparable—the benefit associated with species conservation balanced against the economic benefit, benefit to national security, or other relevant benefit that results if an area is excluded from designation. Section 4(b)(2) does not specify a method for the weighing process. Agencies are frequently required to balance benefits of regulations against impacts; E.O. 12866 established this requirement for Federal agency regulation. Ideally such a balancing would involve first translating the benefits and impacts into a common metric. Executive branch guidance from the OMB suggests that benefits should first be monetized (*i.e.*, converted into dollars). Benefits that cannot be monetized should be quantified (for example, numbers of fish saved). Where benefits can neither be monetized nor quantified, agencies are to describe the expected benefits (OMB, 2003).

It may be possible to monetize benefits of critical habitat designation for a threatened or endangered species in terms of willingness-to-pay (OMB, 2003). However, we are not aware of any available data that would support such an analysis for salmon. In addition, ESA section 4(b)(2) requires analysis of impacts other than economic impacts that are equally difficult to monetize, such as benefits to national security of excluding areas from critical habitat. In the case of salmon designations, impacts to Northwest tribes are an “other relevant impact” that also may be difficult to monetize.

An alternative approach, approved by OMB (OMB, 2003), is to conduct a cost-effectiveness analysis. A cost-effectiveness analysis ideally first involves quantifying benefits, for example, percent reduction in extinction risk, percent increase in productivity, or increase in numbers of fish. Given the state of the science, it

would be difficult to quantify reliably the benefits of including particular areas in the critical habitat designation. Although it is difficult to monetize or quantify benefits of critical habitat designation, it is possible to differentiate among habitat areas based on their relative contribution to conservation. For example, habitat areas can be rated as having a high, medium, or low conservation value. The qualitative ordinal evaluations can then be combined with estimates of the economic costs of critical habitat designation in a framework that essentially adopts that of cost-effectiveness. Individual habitat areas can then be assessed using both their biological evaluation and economic cost, so that areas with high conservation value and lower economic cost might be considered to have a higher priority for designation, while areas with a low conservation value and higher economic cost might have a higher priority for exclusion. While this approach can provide useful information to the decision-maker, there is no rigid formula through which this information translates into exclusion decisions. Every geographical area containing habitat eligible for designation is different, with a unique set of “relevant impacts” that may be considered in the exclusion process. Regardless of the analytical approach, section 4(b)(2) makes clear that what weight the agency gives various impacts and benefits, and whether the agency excludes areas from the designation, is discretionary.

Exclusions Based on Impacts to Tribes

The principal benefit of designating critical habitat is that Federal activities that may affect such habitat are subject to consultation pursuant to section 7 of the ESA. We believe there is very little benefit to designating critical habitat on Indian lands for these seven ESUs. Although there are potentially a number of activities on Indian lands that may trigger section 7 consultation, Indian lands comprise only a very minor portion (substantially less than 1 percent) of the total habitat under consideration for these seven California ESUs. Specifically, occupied stream reaches on Indian lands only occur within the range of the California Coastal Chinook, Northern California steelhead, and Central California Coast steelhead ESUs, and these areas represent less than 0.1 percent of the total occupied habitat under consideration for these three ESUs. Based on our analysis, the remaining four ESUs did not contain any Indian lands that overlapped with occupied

stream habitat. These percentages are likely overestimates as they include all habitat area within reservation boundaries.

There are several benefits to excluding Indian lands. The longstanding and distinctive relationship between the Federal and tribal governments is defined by treaties, statutes, executive orders, judicial decisions, and agreements, which differentiate tribal governments from the other entities that deal with, or are affected by, the Federal government. This relationship has given rise to a special Federal trust responsibility involving the legal responsibilities and obligations of the United States toward Indian Tribes and the application of fiduciary standards of due care with respect to Indian lands, tribal trust resources, and the exercise of tribal rights. Pursuant to these authorities lands have been retained by Indian Tribes or have been set aside for tribal use. These lands are managed by Indian Tribes in accordance with tribal goals and objectives within the framework of applicable treaties and laws.

In addition to the distinctive trust relationship for Pacific salmon and steelhead in California and in the Northwest, there is a unique partnership between the Federal government and Indian tribes regarding salmon management. Indian tribes in California and the Northwest are regarded as “co-managers” of the salmon resource, along with Federal and State managers. This co-management relationship evolved as a result of numerous court decisions clarifying the tribes’ treaty right to take fish in their usual and accustomed places.

The benefits of excluding Indian lands from designation include: (1) The furtherance of established national policies, our Federal trust obligations and our deference to the tribes in management of natural resources on their lands; (2) the maintenance of effective long-term working relationships to promote the conservation of salmonids on an ecosystem-wide basis; (3) the allowance for continued meaningful collaboration and cooperation in scientific work to learn more about the conservation needs of the species on an ecosystem-wide basis; and (4) continued respect for tribal sovereignty over management of natural resources on Indian lands through established tribal natural resource programs.

We believe that the current co-manager process addressing activities on an ecosystem-wide basis across the State is currently beneficial for the conservation of the salmonids. Because

the co-manager process provides for coordinated ongoing focused action through a variety of forums, we find the benefits of this process to be greater than the benefits of applying ESA section 7 to Federal activities on Indian lands, which comprise much less than one percent of the total area under consideration for these ESUs.

Additionally, we have determined that the exclusion of tribal lands will not result in the extinction of the species concerned. We also believe that maintenance of our current co-manager relationship consistent with existing policies is an important benefit to continuance of our tribal trust responsibilities and relationship. Based upon our consultation with the Round Valley Indian Tribes and the BIA, we believe that designation of Indian lands as critical habitat would adversely impact our working relationship and the benefits resulting from this relationship.

Based upon these considerations, we have decided to exercise agency discretion under ESA section 4(b)(2) and exclude Indian lands from the critical habitat designation for these ESUs of salmonids. The Indian lands specifically excluded from critical habitat are those defined in the Secretarial Order, including: (1) Lands held in trust by the United States for the benefit of any Indian tribe; (2) land held in trust by the United States for any Indian Tribe or individual subject to restrictions by the United States against alienation; (3) fee lands, either within or outside the reservation boundaries, owned by the tribal government; and (4) fee lands within the reservation boundaries owned by individual Indians. The Indian tribes for which these exclusions apply in California include: Big Lagoon Reservation, Blue Lake Rancheria, Round Valley Indian Tribes, Laytonville Rancheria, Redwood Valley Rancheria, Coyote Valley Reservation, and Manchester-Point Arena Rancheria. We have determined that these exclusions, together with the other exclusions described in this rule, will not result in the extinction of any of the seven ESUs in this designation.

Impacts to Landowners With Contractual Commitments to Conservation

Conservation agreements with non-Federal landowners (e.g., HCPs) enhance species conservation by extending species' protections beyond those available through section 7 consultations. In the past decade we have encouraged non-Federal landowners to enter into conservation agreements, based on a view that we can achieve greater species' conservation on

non-Federal land through such partnerships than we can through coercive methods (61 FR 63854; December 2, 1996).

Section 10(a)(1)(B) of the ESA authorizes us to issue to non-Federal entities a permit for the incidental take of endangered and threatened species. This permit allows a non-Federal landowner to proceed with an activity that is legal in all other respects, but that results in the incidental taking of a listed species (i.e., take that is incidental to, and not the purpose of, the carrying out of an otherwise lawful activity). The ESA specifies that an application for an incidental take permit must be accompanied by a conservation plan, and specifies the content of such a plan. The purpose of such an HCP is to describe and ensure that the effects of the permitted action on covered species are adequately minimized and mitigated, and that the action does not appreciably reduce the survival and recovery of the species.

To date we have not excluded critical habitat on lands covered by an HCP, but we acknowledged in our proposed rule that this was an emerging issue and that the benefits of such exclusions may outweigh the benefits of designation (69 FR 74623; December 14, 2004). As described in greater detail above (see Comment 42) and in our assessment of HCPs associated with this final rulemaking (NMFS, 2005e), the analysis required for these types of exclusions requires careful consideration of the benefits of designation versus the benefits of exclusion to determine whether benefits of exclusion outweigh benefits of designation. The benefits of designation typically arise from additional section 7 protections as well as enhanced public awareness once specific areas are identified as critical habitat. The benefits of exclusion generally relate to relieving regulatory burdens on existing conservation partners, maintaining good working relationships with them, and encouraging the development of new partnerships.

Based on comments received on our proposed rule, we could not conclude that all landowners view designation of critical habitat as imposing a burden, and exclusion from designation as removing that burden and thereby strengthening the ongoing relationship. Where an HCP partner affirmatively requests designation, exclusion is likely to harm rather than benefit the relationship. Where an HCP partner has remained silent on the benefit of exclusion of its land, we do not believe the record supports a presumption that exclusion will enhance the relationship.

Similarly, we do not believe it provides an incentive to other landowners to seek an HCP if our exclusions are not in response to an expressed landowner preference. We anticipate further rulemaking in the near future to refine these designations, for example, in response to developments in recovery planning. As part of future revisions, we will consider information we receive from those with approved HCPs regarding the effect of designation on our ongoing partnership. We did not consider pending HCPs for exclusion, both because we do not want to prejudice the outcome of the ongoing HCP process, and because we expect to have future opportunities to refine the designation and consider whether exclusion will outweigh the benefit of designation in a particular case.

Exclusions Based on National Security Impacts

As previously noted (see *Military Lands* section), we evaluated several DOD sites with draft or final INRMPs and determined that each INRMP provides a benefit to the listed salmon or steelhead ESUs under consideration at the site. Therefore, we conclude that those areas subject to final INRMPs are not eligible for designation pursuant to section 4(a)(3)(B)(I) of the ESA (16 U.S.C. 1533(A)(3)). At the request of the DOD (and in the case that an INRMP might not provide a benefit to the species), we also assessed the impacts on national security that may result from designating these and other DOD sites as critical habitat.

The U.S. Marine Corps provided comments in response to the ANPR (68 FR 55926; September 29, 2003) regarding its INRMP for Camp Pendleton Marine Corps Base and potential impacts to national security for this facility, which is within the range of the Southern California *O. mykiss* ESU. By letter, NMFS subsequently provided the DOD with information about the areas we were considering to designate as critical habitat for the seven ESUs in California (as well as the 13 ESUs in the Pacific Northwest), and, in addition to a request for information about DOD's INRMPs, requested information about potential impacts to national security as a result of any critical habitat designation. In response to that request and also in comments on the proposed critical habitat designation (69 FR 71880), the Camp Pendleton Marine Corps Base and Vandenberg Air Force Base provided detailed information on such impacts to their operations. Both military agencies concluded that critical habitat designation at either of these sites

would likely impact national security by diminishing military readiness, with possible impacts including: (1) The prevention, restriction, or delay in training or testing exercises or access to such sites; (2) the restriction or delay in activities associated with space launches; (3) a delay in response times for troop deployments and overall operations; and (4) the creation of uncertainties regarding ESA consultation (*e.g.*, reinitiation requirements) or imposition of compliance conditions that would divert military resources. Also, both military agencies cited their ongoing and positive consultation history with NMFS and underscored cases where they are implementing best management practices to reduce impacts on listed salmonids. The occupied fish habitat occurring on Camp Pendleton and Vandenberg AFB have important conservation value, but they are primarily migratory corridors and represent only a small percentage of the total occupied habitat area for the Southern California steelhead ESU. Designating habitat on these two installations will likely reduce the readiness capability of the Marine Corps and the Air Force, both of which are actively engaged in training, maintaining, and deploying forces in the current war on terrorism. Therefore, we conclude that the benefits of exclusion outweigh the benefits of designation, and we are not proposing to designate these DOD sites as critical habitat.

Exclusions Based on Economic Impacts

Our assessment of economic impact generated considerable interest from commenters on the ANPR (68 FR 55926; September 29, 2003) and the proposed rule (69 FR 71880; December 10, 2004). Based on new information and comments received on the proposed rule, we have updated the economics report wherein we document our conclusions regarding the economic impacts of designating each of the particular areas found to meet the definition of critical habitat (NMFS, 2005b). This report is available from NMFS (see **ADDRESSES**).

The first step in the overall economic analysis was to identify existing legal and regulatory constraints on economic activity that are independent of critical habitat designation, such as Clean Water Act (CWA) requirements. Coextensive impacts of the ESA section 7 requirement to avoid jeopardy were not considered part of the baseline. Also, we have stated our intention to revisit the existing critical habitat designations for Sacramento River winter run Chinook salmon and two California coastal coho

salmon ESUs, if appropriate, following completion of related rulemaking (67 FR 6215; February 11, 2002). Given the uncertainty that these designations will remain in place in their current configuration, we decided not to consider them as part of the baseline for the ESA section 4(b)(2) analysis.

From the consultation record, we identified Federal activities that might affect habitat and that might result in an ESA section 7 consultation. (We did not consider Federal actions, such as the approval of a fishery, that might affect the species directly but not affect its habitat.) We identified ten types of activities including: Hydropower dams; non-hydropower dams and other water supply structures; federal lands management, including grazing (considered separately); transportation projects; utility line projects; instream activities, including dredging (considered separately); activities permitted under EPA's National Pollution Discharge Elimination System; sand & gravel mining; residential and commercial development; and agricultural pesticide applications. Based on our consultation record and other available information, we determined the modifications each type of activity was likely to undergo as a result of section 7 consultation (regardless of whether the modification might be required by the jeopardy or the adverse modification provision). We developed an expected direct cost for each type of action and projected the likely occurrence of each type of project in each watershed, using existing spatial databases (*e.g.*, the COE 404(d) permit database). Finally, we aggregated the costs from the various types of actions and estimated an annual impact, taking into account the probability of consultation occurring and the likely rate of occurrence of that project type.

This analysis allowed us to estimate the coextensive economic impact of designating each "particular area" (that is, each habitat area, or aggregated occupied stream reaches in an HSA watershed). Expected economic impacts ranged from zero to in excess of 1 million dollars per habitat area. Where a watershed included both tributaries and a migration corridor that served other watersheds, we attempted to estimate the separate impacts of designating the tributaries and the migration corridor. We did this by identifying those categories of activities most likely to affect tributaries and those most likely to affect larger migration corridors.

Because of the methods we selected and the data limitations, portions of our analysis both under- and over-estimate

the coextensive economic impact of ESA section 7 requirements. For example, we lacked data on the likely impact on flows at non-Federal hydropower projects, which would increase economic impacts. In addition, we did not have information about potential changes in irrigation flows associated with section 7 consultation which would likely increase the estimate of coextensive costs. On the other hand, we estimated an impact on all activities occurring within the geographic boundaries of a watershed, even though in some cases activities would be far removed from occupied stream reaches and so might not require modification. In addition, we were unable to document significant costs of critical habitat designation that occur outside the section 7 consultation process, including costs resulting from state or local regulatory burdens imposed on developers and landowners as a result of a Federal critical habitat designation.

In determining whether the economic benefit of excluding a habitat area might outweigh the benefit of designation to the species, we took into consideration the many data limitations described above. The ESA requires that we make critical habitat designations within a short time frame "with such data as may be available" at the time. Moreover the cost-effectiveness approach we adopted accommodated many of these data limitations by considering the relative benefits of designation and exclusion, giving priority to excluding habitat areas with a relatively lower benefit of designation and a relatively higher economic impact.

The circumstances of most of the listed ESUs can make a cost-effectiveness approach useful. Pacific salmon are wide-ranging species and occupy numerous habitat areas with thousands of stream miles. Not all occupied areas, however, are of equal importance to conserving an ESU. Within the currently occupied range there are areas that support highly productive populations, areas that support less productive populations, and areas that support production in only some years. Some populations within an ESU may be more important to long-term conservation of the ESU than other populations. Therefore, in many cases it may be possible to construct different scenarios for achieving conservation. Scenarios might have more or less certainty of achieving conservation, and more or less economic impact.

Our first step in constructing an exclusion scenario was to identify all watershed areas we would consider for

an economic exclusion based on dollar thresholds. The next step was to examine those areas potentially eligible for exclusion based on dollar thresholds to determine whether or not any of them would make an important contribution to conservation for the ESU. Based on the rating process used by the CHARTs, we judged that all of the high conservation value habitat areas make an important contribution to conservation, and therefore, we did not consider them for exclusion.

In developing criteria for the first step, we chose dollar thresholds that we anticipated would lead most directly to a cost effective scenario. We considered for exclusion, low value habitat areas with an economic impact greater than \$70,000–85,000, and medium value areas with an economic impact greater than \$300,000.

The criteria we selected for identifying habitat areas eligible for exclusion do not represent an objective judgment that, for example, a low value habitat area is worth a certain dollar amount and no more. The ESA directs us to balance dissimilar values with a limited amount of time and therefore information. It emphasizes the discretionary nature of the balancing task. Moreover, while our approach

follows the Tenth Circuit's direction to consider coextensive economic impacts, we nevertheless must acknowledge that not all of the costs will be avoided by exclusion from designation. Finally, the cost estimates developed by our economic analysis do not have obvious break points that would lead to a logical division between high, medium and low costs.

Given these factors, a judgment that any particular dollar threshold is objectively correct would be neither necessary or possible. Rather, what economic impact is high, and therefore, might outweigh the benefit of designating a medium or low value habitat area is a matter of discretion and depends on the policy context. The policy context in which we carry out this task led us to select dollar thresholds that would likely lead to a cost effective designation in a limited amount of time with a relatively simple process.

In the second step of the process, we asked the CHARTs whether any of the habitat areas (*i.e.*, watersheds) eligible for exclusion make an important contribution to conservation of the ESU in question. The CHARTs considered this question in the context of all of the areas eligible for exclusion as well as

the information they had developed in providing the initial conservation ratings. The following section describes the results of applying the two-step process to each ESU. The results are discussed in more detail in a separate report that is available for public review (NMFS, 2005c). We have determined that these exclusions, together with the other exclusions described in this rule, will not result in the extinction of any of the seven ESUs.

VI. Critical Habitat Designation

We are designating approximately 8,935 net mi (14,296 km) of riverine habitat and 470 mi² (1,212 km²) of estuarine habitat in California within the geographical areas presently occupied by the seven ESUs. This designation excludes approximately 771 net mi (1,233 km) of occupied riverine habitat as a result of economic considerations, 32 mi (51 km) of occupied riverine habitat on Tribal lands, and 44 mi (70 km) of occupied riverine habitat on DOD lands. Some of these areas in the final designation overlap substantially for two ESUs. The net economic impacts (coextensive with ESA section 7) associated with the areas designated for all ESUs are estimated to be approximately \$81,647,439.

TABLE 7.—APPROXIMATE QUANTITY OF HABITAT* AND OWNERSHIP WITHIN WATERSHEDS CONTAINING HABITAT AREAS DESIGNATED AS CRITICAL HABITAT.

ESU	Streams (mi) (km)	Estuary Habitat (Sq mi) (Sq km)	Ownership (percent)			
			Federal	Tribal	State	Private
California Coastal Chinook Salmon	1,475	25	16.4	0.4	3.4	79.8
	2,360	65				
Northern California Steelhead	3,028	25	18.8	0.5	3.7	77.1
	4,844	65				
Central California Coast Steelhead	1,465	386	4.5	0.0	7.2	88.3
	2,344	996				
South-Central California Coast Steelhead	1,249	3	16.3	0.0	2.2	81.6
	2,000	8				
Southern California Steelhead	708	25.0	1.0	2.4	71.6
	1,132				
Central Valley Spring Run Chinook Salmon	1,158	254	12.1	0.0	3.3	84.5
	1,853	655				
Central Valley Steelhead	2,308	254	8.6	0.0	3.1	88.3
	3,693	655				

* These estimates are the total amount for each ESU. They do not account for overlapping areas designated for multiple ESUs.

These areas designated, summarized below by ESU, are considered occupied and contain physical and biological features essential to the conservation of the species and that may require special management considerations or protection.

California Coastal Chinook Salmon

There are 45 occupied HSA watersheds within the freshwater and

estuarine range of this ESU. Eight watersheds received a low rating, 10 received a medium rating, and 27 received a high rating of conservation value to the ESU (NMFS, 2005a). Two estuarine habitat areas used for rearing and migration (Humboldt Bay and the Eel River Estuary) also received a high conservation value rating.

HSA watershed habitat areas for this ESU include approximately 1,634 mi

(2,614 km) of stream habitat and approximately 25 mi² (65 km²) of estuarine habitat (principally Humboldt Bay). Of these, 10.3 stream miles (16.5 km) are being excluded because they overlap with Indian lands (see *Government-to-Government Relationship With Tribes*). No lands controlled by the DOD or covered by HCPs are being excluded from the final designation. As a result of the balancing

process for economic impacts described above, the Secretary is excluding from the designation the habitat areas shown in Table 8. Of the habitat areas eligible for designation, approximately 158

stream miles (253 km) are being excluded because the economic benefits of exclusion outweigh the benefits of designation. The total potential estimated economic impact, with no

exclusions, would be \$10,993,337. The exclusions identified in Table 8 would reduce the total estimated economic impact by 33 percent to \$7,333,751.

TABLE 8.—HSA WATERSHEDS WITHIN THE GEOGRAPHICAL RANGE OF THE CALIFORNIA COASTAL CHINOOK SALMON ESU AND EXCLUDED FROM CRITICAL HABITAT

Watershed code	Watershed name	Area excluded
111122	Bridgeville	Entire watershed.
111142	Spy Rock	Indian lands.
111150	North Fork Eel River	Indian lands.
111171	Eden Valley	Tributaries only; Indian lands.
111172	Round Valley	Indian lands.
111173	Black Butte River	Entire watershed.
111174	Wilderness	Entire watershed.
111350	Navarro River	Entire watershed.
111422	Santa Rosa	Entire watershed.
111423	Mark West	Entire watershed.

Northern California Steelhead

There are 50 occupied HSA watersheds within the freshwater and estuarine range of this ESU. Nine watersheds received a low rating, 14 received a medium rating, and 27 received a high rating of conservation value to the ESU (NMFS, 2005a). Two estuarine habitat areas used for rearing and migration (Humboldt Bay and the Eel River Estuary) also received a high conservation value rating.

HSA watershed habitat areas for this ESU include approximately 3,148 mi (5,037 km) of stream habitat and approximately 25 mi² (65 km²) of estuarine habitat (principally Humboldt Bay). Of these, approximately 21 stream miles (33.5 km) are being excluded because they overlap with Indian lands (see *Government-to-Government Relationship With Tribes*). No lands controlled by the DOD or covered by HCPs are being excluded from the final designation. As a result of the balancing process for economic impacts described

above, the Secretary is excluding from the designation the habitat areas shown in Table 9. Of the habitat areas eligible for designation, approximately 120 stream miles (192 km) are being excluded because the economic benefits of exclusion outweigh the benefits of designation. Total potential estimated economic impact, with no exclusions, would be \$8,773,432. The exclusions identified in Table 9 would reduce the total estimated economic impact by 31 percent to \$6,063,568.

TABLE 9.—HSA WATERSHEDS WITHIN THE GEOGRAPHICAL RANGE OF THE NORTHERN CALIFORNIA STEELHEAD ESU AND EXCLUDED FROM CRITICAL HABITAT

Watershed code	Watershed name	Area excluded
110940	Ruth	Entire watershed.
111142	Spy Rock	Tribal land.
111150	North Fork Eel	Entire watershed; Indian lands.
111163	Lake Pillsbury	Entire watershed.
111171	Eden Valley	Indian lands.
111172	Round Valley	Indian lands.

Central California Coast Steelhead

There are 46 occupied HSA watersheds within the freshwater and estuarine range of this ESU. Fourteen watersheds received a low rating, 13 received a medium rating, and 19 received a high rating of conservation value to the ESU (NMFS, 2005a). Five of these HSA watersheds comprise portions of the San Francisco-San Pablo-Suisun Bay estuarine complex which provides rearing and migratory habitat for this ESU.

HSA watershed habitat areas for this ESU include approximately 1,832 mi (2,931 km) of stream habitat and approximately 442 mi² (1,140 km²) of estuarine habitat (principally San Francisco Bay-San Pablo Bay). Of these, approximately 0.6 stream miles (1.0 km) are being excluded because they overlap with Indian lands (Coyote Valley and Redwood Valley Rancherías) (see *Government-to-Government Relationship With Tribes*). No lands controlled by the DOD are excluded.

As a result of the balancing process for economic impacts described above,

the Secretary is excluding from the designation the habitat areas shown in Table 10. Of the habitat areas eligible for designation, approximately 367 stream miles (587 km) and 56 mi² of estuarine habitat are being excluded because the economic benefits of exclusion outweigh the benefits of designation. Total potential estimated economic impact, with no exclusions, would be \$18,577,246. The exclusions identified in Table 10 would reduce the total estimated economic impact by 31 percent to \$12,917,247.

TABLE 10.—HSA WATERSHEDS WITHIN THE GEOGRAPHICAL RANGE OF THE CENTRAL CALIFORNIA COASTAL STEELHEAD ESU AND EXCLUDED FROM CRITICAL HABITAT

Watershed code	Watershed name	Area excluded
111421	Laguna de Santa Rosa	Entire watershed.
111422	Santa Rosa	Entire watershed.
111431	Ukiah	Tributaries only.
111433	Forsythe Creek	Indian lands.
220330	Berkeley	Entire watershed.
220440	San Mateo Bayside	Entire watershed.
220420	Eastbay Cities	Entire watershed.
220540	Guadalupe River	Entire watershed.
220620	Novato	Entire watershed.
220660	Pinole	Entire watershed.
220710	Suisun Bay	Entire unit.
220722	Suisun Creek	Entire watershed.
220721	Benecia	Entire watershed.
220731	Pittsburg	Entire watershed.
220733	Martinez	Entire watershed.

South-Central California Coast Steelhead

There are 30 occupied HSA watersheds within the freshwater and estuarine range of this ESU. Six watersheds received a low rating, 11 received a medium rating, and 13 received a high rating of conservation value to the ESU (NMFS, 2005a). One of these occupied watershed units is Morro Bay, which is used as rearing and migratory habitat for steelhead populations that spawn and rear in tributaries to the Bay.

HSA watershed habitat areas for this ESU include approximately 1,251 mi (2,000 km) of stream habitat and approximately 3 mi² (8 km²) of estuarine habitat (e.g., Morro Bay). Approximately 22 stream miles (35 km) are not eligible for designation because they are within lands controlled by the DOD (Camp San Luis Obispo and Camp Roberts) that have qualifying INRMPs (Table 11). The reduction in economic impacts resulting from these exclusions could not be estimated.

As a result of the balancing process for economic impacts described above, the Secretary is excluding from the

designation the habitat areas shown in Table 11. Of the habitat eligible for designation, approximately 2 stream miles (3.2 km) are being excluded because the economic benefits of exclusion outweigh the benefits of designation. The total potential estimated economic impact, with no exclusions, would be \$16,857,365. It was not possible to estimate the reduced economic impacts associated with the habitat exclusions in Table 11, therefore, the total potential economic impact is the same as if there were no exclusions.

TABLE 11.—HSA WATERSHEDS WITHIN THE GEOGRAPHICAL RANGE OF THE SOUTH-CENTRAL CALIFORNIA COAST STEELHEAD ESU AND EXCLUDED FROM CRITICAL HABITAT

Watershed code	Watershed name	Area excluded
330911	Neponset	Tributaries only.
330930	Soledad	Tributaries only.
330940	Upper Salinas Valley	Tributaries only.
330981	Paso Robles	DOD lands.
331022	Chorro	DOD lands.

Southern California Steelhead ESU

There are 32 occupied HSA watersheds within the freshwater and estuarine range of this ESU. Five watersheds received a low rating, 6 received a medium rating, and 21 received a high rating of conservation value to the ESU (NMFS, 2005a).

HSA watershed habitat areas for this ESU include approximately 741 mi (1,186 km) of stream habitat. Of these, approximately 22 mi (35 km) of

occupied stream miles are excluded because they are within lands controlled by the DOD (Vandenberg AFB and Camp Pendleton Marine Corps Base) that have qualifying INRMPs and for which the benefits of exclusion outweigh the benefits of designation. The reduction in economic impacts resulting from these exclusions could not be estimated.

As a result of the balancing process for economic impacts described above, the Secretary is excluding from the

designation the habitat areas shown in Table 12. Of the habitat areas eligible for designation, approximately 33 stream miles (53 km) are being excluded because the economic benefits of exclusion outweigh the benefits of designation. Total potential estimated economic impact, with no exclusions, would be \$19,443,413. The exclusions identified in Table 12 would reduce the total estimated economic impact by 40 percent to \$11,586,752.

TABLE 12.—HSA WATERSHEDS WITHIN THE GEOGRAPHICAL RANGE OF THE SOUTHERN CALIFORNIA STEELHEAD ESU AND EXCLUDED FROM CRITICAL HABITAT

Watershed code	Watershed name	Area excluded
331210	Guadalupe	Tributaries only.
331230	Cuyama Valley	Entire watershed.
331410	Lompoc	DOD lands.
331430	Buelton	Tributaries only.
331451	Santa Cruz Creek	Entire watershed.
440811	East of Oxnard	Entire watershed.
490140	San Mateo Canyon	DOD lands.

Central Valley Spring Run Chinook Salmon ESU

There are 37 occupied HSA watersheds within the freshwater and estuarine range of this ESU. Seven watersheds received a low rating, 3 received a medium rating, and 27 received a high rating of conservation value to the ESU (NMFS, 2005a). Four of these HSA watersheds comprise portions of the San Francisco-San Pablo-Suisun Bay estuarine complex which

provides rearing and migratory habitat for this ESU.

HSA watershed habitat areas for this ESU include approximately 1,373 mi (2,197 km) of occupied stream habitat and approximately 427 mi² (1,102 km²) of estuarine habitat in the San Francisco-San Pablo-Suisun Bay complex. There are no DOD, tribal or HCP managed lands excluded from the designation. As a result of the balancing process for economic impacts described above, the Secretary is excluding from

the designation the habitat areas shown in Table 13. Of the habitat areas eligible for designation, approximately 215 stream miles (344 km) and 173 mi² of estuarine habitat are being excluded because the economic benefits of exclusion outweigh the benefits of designation. The total potential estimated economic impact, with no exclusions, would be \$29,223,186. The exclusions identified in Table 13 would reduce the total estimated economic impact by 25 percent to \$22,066,974.

TABLE 13.—HSA WATERSHEDS WITHIN THE GEOGRAPHICAL RANGE OF THE CENTRAL VALLEY SPRING RUN CHINOOK SALMON ESU AND EXCLUDED FROM CRITICAL HABITAT

Watershed code	Watershed name	Area excluded
551000	Sacramento Delta	Deep Water Ship Channel.
551713	Mildred Lake	Entire watershed.
551720	Nevada City	Entire watershed.
552310	Thomes Creek	Entire watershed.
552433	South Fork	Entire watershed.
554300	No. Diablo Range	Entire watershed.
554400	San Joaquin Delta	Entire watershed.
220410	South SF Bay	Entire unit.

Central Valley Steelhead ESU

There are 67 occupied HSA watersheds within the freshwater and estuarine range of this ESU. Twelve watersheds received a low rating, 18 received a medium rating, and 37 received a high rating of conservation value to the ESU (NMFS, 2005a). Four of these HSA watersheds comprise portions of the San Francisco-San Pablo-Suisun Bay estuarine complex which

provides rearing and migratory habitat for this ESU.

HSA watershed habitat areas for this ESU include approximately 2,604 mi (4,168 km) of stream habitat and approximately 427 mi² (1,102 km²) of estuarine habitat. There are no DOD, tribal or HCP managed lands excluded from the designation. As a result of the balancing process for economic impacts described above, the Secretary is excluding from the designation the

habitat areas shown in Table 14. Of the habitat areas eligible for designation, approximately 296 stream miles (473 km) and 173 mi² of estuarine habitat are being excluded because the economic benefits of exclusion outweigh the benefits of designation. Total potential estimated economic impact, with no exclusions, would be \$38,235,233. The exclusions identified in Table 14 would reduce the total estimated economic impact by 11 percent to \$34,389,278.

TABLE 14.—HSA WATERSHEDS WITHIN THE GEOGRAPHICAL RANGE OF THE CENTRAL VALLEY STEELHEAD ESU AND EXCLUDED FROM CRITICAL HABITAT

Watershed code	Watershed name	Area excluded
550964	Paynes Creek	Entire watershed.
551000	Sacramento Delta	Deep Water Ship Channel.
551110	Elmira	Entire watershed.
551713	Mildred Lake	Entire watershed.
551720	Nevada City	Entire watershed.
552435	Ono	Entire watershed.
553111	Herald	Entire watershed.
553120	Lower Mokelumne	Partial watershed.
553221	Big Canyon Creek	Entire watershed.
553223	NF Cosumnes	Entire watershed.

TABLE 14.—HSA WATERSHEDS WITHIN THE GEOGRAPHICAL RANGE OF THE CENTRAL VALLEY STEELHEAD ESU AND EXCLUDED FROM CRITICAL HABITAT—Continued

Watershed code	Watershed name	Area excluded
553224	Omo Ranch	Entire watershed.
553240	Sutter Creek	Entire watershed.
554300	No. Diablo Range	Entire watershed.
220410	So. SF Bay	Entire unit.

VII. Effects of Critical Habitat Designation

Section 7 Consultation

Section 7(a) of the ESA requires Federal agencies, including NMFS, to evaluate their actions with respect to any species that is proposed or listed as endangered or threatened and with respect to its critical habitat, if any is proposed or designated. Regulations implementing this provision of the ESA are codified at 50 CFR 402. Section 7(a)(4) of the ESA requires Federal agencies to confer with us on any action that is likely to jeopardize the continued existence of a proposed species or result in the destruction or adverse modification of proposed critical habitat. Conference reports provide conservation recommendations to assist the agency in eliminating conflicts that may be caused by the proposed action. The conservation recommendations in a conference report are advisory.

We may issue a formal conference report if requested by a Federal agency. Formal conference reports include an opinion that is prepared according to 50 CFR 402.14, as if the species were listed or critical habitat designated. We may adopt the formal conference report as the biological opinion when the species is listed or critical habitat designated, if no substantial new information or changes in the action alter the content of the opinion (see 50 CFR 402.10(d)).

If a species is listed or critical habitat is designated, ESA section 7(a)(2) requires Federal agencies to ensure that activities they authorize, fund, or carry out are not likely to jeopardize the continued existence of such a species or to destroy or adversely modify its critical habitat. If a Federal action may affect a listed species or its critical habitat, the responsible Federal agency (action agency) must enter into consultation with us. Through this consultation, we would review actions to determine if they would destroy or adversely modify critical habitat.

If we issue a biological opinion concluding that a project is likely to result in the destruction or adverse modification of critical habitat, we will also provide reasonable and prudent alternatives to the project, if any are

identifiable. Reasonable and prudent alternatives are defined at 50 CFR 402.02 as alternative actions identified during consultation that can be implemented in a manner consistent with the intended purpose of the action, that are consistent with the scope of the Federal agency's legal authority and jurisdiction, that are economically and technologically feasible, and that we believe would avoid destruction or adverse modification of critical habitat. Reasonable and prudent alternatives can vary from slight project modifications to extensive redesign or relocation of the project. Costs associated with implementing a reasonable and prudent alternative are similarly variable.

Regulations at 50 CFR 402.16 require Federal agencies to reinitiate consultation on previously reviewed actions in instances where critical habitat is subsequently designated and the Federal agency has retained discretionary involvement or control over the action or such discretionary involvement or control is authorized by law. Consequently, some Federal agencies may request reinitiation of consultation or conference with us on actions for which formal consultation has been completed, if those actions may affect designated critical habitat or adversely modify or destroy proposed critical habitat.

Activities on Federal lands that may affect these ESUs or their critical habitat will require ESA section 7 consultation. Activities on private or state lands requiring a permit from a Federal agency, such as a permit from the COE under section 404 of the CWA, a section 10(a)(1)(B) permit from NMFS, or some other Federal action, including funding (e.g., Federal Highway Administration (FHA) or Federal Emergency Management Agency (FEMA) funding), will also be subject to the section 7 consultation process. Federal actions not affecting listed species or critical habitat and actions on non-Federal and private lands that are not Federally funded, authorized, or permitted do not require section 7 consultation.

Activities Affected by Critical Habitat Designation

Section 4(b)(8) of the ESA requires that we evaluate briefly and describe, in any proposed or final regulation that designates critical habitat, those activities (whether public or private) that may adversely modify such habitat or that may be affected by such designation. A wide variety of activities may affect critical habitat and, when carried out, funded, or authorized by a Federal agency, require that an ESA section 7 consultation be conducted. Generally these include water and land management actions of Federal agencies (e.g., USFS, Bureau of Land Management (BLM), COE, BOR, the FHA, NRCS, National Park Service (NPS), BIA, and the Federal Energy Regulatory Commission (FERC)) and related or similar actions of other Federally regulated projects and lands, including livestock grazing allotments by the USFS and BLM; hydropower sites licensed by the FERC; dams built or operated by the COE or BOR; timber sales and other vegetation management activities conducted by the USFS, BLM, and BIA; irrigation diversions authorized by the USFS and BLM; and road building and maintenance activities authorized by the FHA, USFS, BLM, NPS, and BIA. Other actions of concern include dredge and fill, mining, diking, and bank stabilization activities authorized or conducted by the COE, habitat modifications authorized by the FEMA, and approval of water quality standards and pesticide labeling and use restrictions administered by the EPA.

The Federal agencies that will most likely be affected by this critical habitat designation include the USFS, BLM, BOR, COE, FHA, NRCS, NPS, BIA, FEMA, EPA, and the FERC. This designation will provide these agencies, private entities, and the public with clear notification of critical habitat designated for listed salmonids and the boundaries of the habitat. This designation will also assist these agencies and others in evaluating the potential effects of their activities on listed salmon and their critical habitat and in determining if section 7 consultation with NMFS is needed.

As noted above, numerous private entities also may be affected by this critical habitat designation because of the direct and indirect linkages to an array of Federal actions, including Federal projects, permits, and funding. For example, private entities may harvest timber or graze livestock on Federal land or have special use permits to convey water or build access roads across Federal land; they may require Federal permits to armor stream banks, construct irrigation withdrawal facilities, or build or repair docks; they may obtain water from Federally funded and operated irrigation projects; or they may apply pesticides that are only available with Federal agency approval. These activities will need to be analyzed with respect to their potential to destroy or adversely modify critical habitat. In some cases, proposed activities may require modifications that may result in decreases in activities such as timber harvest and livestock and crop production. The transportation and utilities sectors may need to modify the placement of culverts, bridges, and utility conveyances (e.g., water, sewer and power lines) to avoid barriers to fish migration. Developments occurring in or near salmon streams (e.g., marinas, residential, or industrial facilities) that require Federal authorization or funding may need to be altered or built in a manner that ensures that critical habitat is not destroyed or adversely modified as a result of the construction, or subsequent operation, of the facility. These are just a few examples of potential impacts, but it is clear that the effects will encompass numerous sectors of private and public activities. If you have questions regarding whether specific activities will constitute destruction or adverse modification of critical habitat, contact NMFS (see **ADDRESSES** and **FOR FURTHER INFORMATION CONTACT**).

VIII. Required Determinations

Administrative Procedure Act

This rulemaking covers over 8,900 miles of streams and 470 square miles of estuarine habitat. Unlike the previous critical habitat designations it contains over a thousand geographic points identifying the extent of the designations. The proposed rule generated substantial public interest. In addition to comments received during four public hearings we received a total of 3,762 written comments (3,627 of these in the form of email with nearly identical language). Many commenters expressed concerns about how the rule would be implemented. Additionally, our experience in implementing the

2000 critical habitat designations suggests that the Administrative Procedure Act's (APA) and critical habitat regulations' minimum 30-day delay in effective date nor the 60-day delay required by the Congressional Review Act for a "major rule" such as this are sufficient for this rule. In view of the geographic scope of this rule, our prior experience with a rule of this scope, the current level of public interest in this rule, and in order to provide for efficient administration of the rule once effective, we are providing a 120-day delay in effective date. As a result this rule will be effective on January 2, 2006. This will allow us the necessary time to provide for outreach to and interaction with the public, to minimize confusion and educate the public about activities that may be affected by the rule, and to work with Federal agencies and applicants to provide for an orderly transition in implementing the rule.

Regulatory Planning and Review

In accordance with E.O. 12866, this document is a significant rule and has been reviewed by OMB. As noted above, we have prepared several reports to support the exclusion process under section 4(b)(2) of the ESA. The economic costs of the critical habitat designations are described in our economic report (NMFS, 2005b). The benefits of the designations are described in the CHART report (NMFS, 2005a) and the 4(b)(2) report (NMFS, 2005c). The CHART report uses a biologically-based ranking system for gauging the benefits of applying section 7 of the ESA to particular watersheds. Because data are not available to express these benefits in monetary terms, we have adopted a cost-effectiveness framework, as outlined in a 4(b)(2) report (NMFS, 2005c). This approach is in accord with OMB's guidance on regulatory analysis (U.S. Office of Management and Budget. Circular A-4, Regulatory Analysis, September 17, 2003). By taking this approach, we seek to designate sufficient critical habitat to meet the biological goal of the ESA while imposing the least burden on society, as called for by E.O. 12866.

In assessing the overall cost of critical habitat designation for the 7 Pacific salmon and steelhead ESUs addressed in this final rule, the annual total impact figures given in the draft economic analysis (NMFS, 2005b) cannot be added together to obtain an aggregate annual impact. Because some watersheds are included in more than one ESU, a simple summation would entail duplication, resulting in an overestimate. Accounting for this

duplication, the aggregate annual economic impact of the 7 critical habitat designations is \$81,647,439. These amounts include impacts that are coextensive with the implementation of the jeopardy standard of section 7 (NMFS, 2005b).

Within the State of California, hydropower projects currently provide approximately 15 percent of the total electricity produced. This is small compared to the Pacific Northwest where hydropower generates up to 70 percent of the total electricity produced, with approximately 60 percent of this hydroelectric power generated through the Federal Columbia River Power System. Because hydropower is a more pervasive power source in the Pacific Northwest than in California, the impacts to the energy industry in California from environmental mitigation associated with protecting listed salmon and steelhead and their critical habitat are likely to be much less than in the Northwest. There are approximately 90 hydropower projects within the area covered by the potential critical habitat for the 7 ESUs in California. Based on the economic analysis conducted for this rulemaking (NMFS 2005b), the estimated annualized capital and programmatic costs of section 7 for hydropower projects ranges from \$11,000 to \$9.8 million per ESU, with the estimated annualized cost for all ESUs totaling \$18.8 million. The aggregate economic costs of capital modifications within the range of these 7 ESUs is approximately 10 percent of the total aggregate costs for all categories of activities evaluated in the economic analysis. This cost estimate, however, does not include costs associated with operational modifications of hydropower projects such as changes to the flow regime (level or timing) which can result in foregone power generation, require supplementary power purchases, or have other economic effects. The necessary data to estimate operational modification costs in California are not available, but they are expected to be highly variable and project-specific. The estimated impacts of operational changes at hydropower projects in the Pacific Northwest (unknown for several projects to \$31 million in forgone power revenues for Baker River Dam), however, demonstrate the potential magnitude and variability of impacts on a per project basis in California. For these projects in the Northwest, the proportion of costs attributable to section 7 implementation is unknown, but the share of incremental costs associated with critical habitat

designation alone is unlikely to be significant.

Regulatory Flexibility Act (5 U.S.C. 601 et seq.)

Under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*, as amended by the Small Business Regulatory Enforcement Fairness Act (SBREFA) of 1996), whenever an agency is required to publish a notice of rulemaking for any proposed or final rule, it must prepare and make available for public comment a regulatory flexibility analysis that describes the effects of the rule on small entities (*i.e.*, small businesses, small organizations, and small government jurisdictions). We have prepared a final regulatory flexibility analysis and this document is available upon request (see **ADDRESSES**). This analysis estimates that the number of regulated small entities potentially affected by this rulemaking ranges from 444 to 4,893 depending on the ESU. The estimated coextensive costs of section 7 consultation incurred by small entities is estimated to range from \$1.6 million to \$26.5 million depending on the ESU. As described in the analysis, we considered various alternatives for designating critical habitat for these seven ESUs. We rejected the alternative of not designating critical habitat for any of the ESUs because such an approach did not meet the legal requirements of the ESA. We also examined and rejected an alternative in which all the potential critical habitat of the seven Pacific salmon and steelhead ESUs is designated (*i.e.*, no areas are excluded) because many of the areas considered to have a low conservation value also had relatively high economic impacts that might be mitigated by excluding those areas from designation. A third alternative we examined and rejected would exclude all habitat areas with a low or medium conservation value. While this alternative furthers the goal of reducing economic impacts, we could not make a determination that the benefits of excluding all habitat areas with low and medium conservation value outweighed the benefits of designation. Moreover, for some habitat areas the incremental economic benefit from excluding that area is relatively small. Therefore, after considering these alternatives in the context of the section 4(b)(2) process of weighing benefits of exclusion against benefits of designation, we determined that the current approach to designation (*i.e.*, designating some but not all areas with low or medium conservation value) provides an appropriate balance of conservation and economic mitigation and that excluding the areas identified

in this rulemaking would not result in extinction of the ESUs. It is estimated that small entities will save from \$39.9 thousand to \$5.5 million in compliance costs, depending on the ESU, due to the exclusions made in these final designations.

As noted above, we will continue to study alternative approaches in future rulemakings designating critical habitat. As part of that assessment, we will examine alternative methods for analyzing the economic impacts of designation on small business entities, which will inform our Regulatory Flexibility Analysis as well as our analysis under section 4(b)(2) of the ESA.

E.O. 13211

On May 18, 2001, the President issued an Executive Order on regulations that significantly affect energy supply, distribution, and use. E.O. 13211 requires agencies to prepare Statements of Energy Effects when undertaking certain actions. This rule may be a significant regulatory action under E.O. 12866. We have determined, however, that the energy effects of the regulatory action are unlikely to exceed the energy impact thresholds identified in E.O. 13211.

As discussed elsewhere in this final rule, there are approximately 90 hydropower projects within the range of the potential critical habitat for these 7 ESUs. The annualized capital and programmatic costs of section 7 for these projects ranges from \$11,000 to \$9.8 million per ESU, with the estimated annualized cost for all ESUs totaling \$18.8 million. Despite these costs and operational costs which we do not have the data available to estimate, we believe the proper focus under E.O. 13211 is on the incremental impacts of critical habitat designation. The available data do not allow us to separate precisely these incremental impacts from the impacts of all conservation measures on energy production and costs. There is evidence from the California Energy Commission (California Energy Commission 2003), however, that the implementation of environmental mitigation measures associated with relicensing and selective decommissioning of hydropower projects in California has not impacted the ability of the State's electricity system to meet demand. This conclusion was based on a consideration of implementing all mitigation measures, not just those for salmon and steelhead, thus it is likely that the impact of implementing mitigations associated with salmon and steelhead protection directly or even

more specifically salmon and steelhead critical habitat protection would be a subset of the impacts determined by the Commission. In addition, there is historical evidence from the Pacific Northwest, that the ESA jeopardy standard alone is capable of imposing all of the costs affecting hydropower projects and energy supply. While this information is indirect, it is sufficient to draw the conclusion that the designation of critical habitat for the 7 salmon and steelhead ESUs in California does not significantly affect energy supply, distribution, or use.

Unfunded Mandates Reform Act (2 U.S.C. 1501 et seq.)

In accordance with the Unfunded Mandates Reform Act, we make the following findings:

(a) This final rule will not produce a Federal mandate. In general, a Federal mandate is a provision in legislation, statute or regulation that would impose an enforceable duty upon State, local, tribal governments, or the private sector and includes both "Federal intergovernmental mandates" and "Federal private sector mandates." These terms are defined in 2 U.S.C. 658(5)–(7). "Federal intergovernmental mandate" includes a regulation that "would impose an enforceable duty upon State, local, or tribal governments" with two exceptions. It excludes "a condition of Federal assistance." It also excludes "a duty arising from participation in a voluntary Federal program," unless the regulation "relates to a then-existing Federal program under which \$500,000,000 or more is provided annually to State, local, and tribal governments under entitlement authority," if the provision would "increase the stringency of conditions of assistance" or "place caps upon, or otherwise decrease, the Federal Government's responsibility to provide funding" and the State, local, or tribal governments "lack authority" to adjust accordingly. (At the time of enactment, these entitlement programs were: Medicaid; AFDC work programs; Child Nutrition; Food Stamps; Social Services Block Grants; Vocational Rehabilitation State Grants; Foster Care, Adoption Assistance, and Independent Living; Family Support Welfare Services; and Child Support Enforcement.) "Federal private sector mandate" includes a regulation that "would impose an enforceable duty upon the private sector, except (i) a condition of Federal assistance; or (ii) a duty arising from participation in a voluntary Federal program." The designation of critical habitat does not impose a legally binding duty on non-Federal

government entities or private parties. Under the ESA, the only regulatory effect is that Federal agencies must ensure that their actions do not destroy or adversely modify critical habitat under section 7. While non-Federal entities who receive Federal funding, assistance, permits or otherwise require approval or authorization from a Federal agency for an action may be indirectly impacted by the designation of critical habitat, the legally binding duty to avoid destruction or adverse modification of critical habitat rests squarely on the Federal agency. Furthermore, to the extent that non-Federal entities are indirectly impacted because they receive Federal assistance or participate in a voluntary Federal aid program, the Unfunded Mandates Reform Act would not apply; nor would critical habitat shift the costs of the large entitlement programs listed above to State governments.

(b) Due to current public knowledge of salmon protection and the prohibition against take of these species both within and outside of the designated areas, we do not anticipate that this final rule will significantly or uniquely affect small governments. As such, a Small Government Agency Plan is not required.

Takings

In accordance with E.O. 12630, this final rule does not have significant takings implications. A takings implication assessment is not required. The designation of critical habitat affects only Federal agency actions. This final rule will not increase or decrease the current restrictions on private property concerning take of salmon. As noted above, due to widespread public knowledge of salmon protection and the prohibition against take of the species both within and outside of the designated areas, we do not anticipate that property values will be affected by these critical habitat designations. While real estate market values may temporarily decline following designation, due to the perception that critical habitat designation may impose additional regulatory burdens on land use, we expect any such impacts to be short term (NMFS, 2005b). Additionally, critical habitat designation does not preclude development of HCPs and issuance of incidental take permits. Owners of areas that are included in the designated critical habitat will continue to have the opportunity to use their property in ways consistent with the survival of listed salmon.

Federalism

In accordance with E.O. 13132, this final rule does not have significant Federalism effects. A Federalism assessment is not required. In keeping with Department of Commerce policies, we requested information from, and coordinated development of, this critical habitat designation with appropriate state resource agencies in California. These designations may have some benefit to the states and local resource agencies in that the areas essential to the conservation of the species are more clearly defined, and the primary constituent elements of the habitat necessary to the survival of the species are specifically identified. While making this definition and identification does not alter where and what Federally sponsored activities may occur, it may assist local governments in long-range planning rather than waiting for case-by-case section 7 consultations to occur.

Civil Justice Reform

In accordance with E.O. 12988, the Department of the Commerce has determined that this final rule does not unduly burden the judicial system and meets the requirements of sections 3(a) and 3(b)(2) of the E.O. We are designating critical habitat in accordance with the provisions of the ESA. This final rule uses standard property descriptions and identifies the primary constituent elements within the designated areas to assist the public in understanding the habitat needs of the seven salmon and steelhead ESUs.

Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.)

This final rule does not contain new or revised information collection for which OMB approval is required under the Paperwork Reduction Act. This final rule will not impose record keeping or reporting requirements on State or local governments, individuals, businesses, or organizations. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

National Environmental Policy Act

We have determined that we need not prepare environmental analyses as provided for under the National Environmental Policy Act of 1969 for critical habitat designations made pursuant to the ESA. See *Douglas County v. Babbitt*, 48 F.3d 1495 (9th Cir. 1995), cert. denied, 116 S.Ct. 698 (1996).

Government-to-Government Relationship With Tribes

The longstanding and distinctive relationship between the Federal and tribal Governments is defined by treaties, statutes, executive orders, judicial decisions, and agreements, which differentiate tribal governments from the other entities that deal with, or are affected by, the Federal Government. This relationship has given rise to a special Federal trust responsibility involving the legal responsibilities and obligations of the United States toward Indian Tribes and the application of fiduciary standards of due care with respect to Indian lands, tribal trust resources, and the exercise of tribal rights. Pursuant to these authorities lands have been retained by Indian Tribes or have been set aside for tribal use. These lands are managed by Indian Tribes in accordance with tribal goals and objectives within the framework of applicable treaties and laws.

Administration policy contained in the Secretarial Order: "American Indian Tribal Rights, Federal-Tribal Trust Responsibilities, and the Endangered Species Act" (June 5, 1997) ("Secretarial Order"); the President's Memorandum of April 29, 1994, "Government-to-Government Relations with Native American Tribal Governments" (50 FR 2291); E.O. 13175; and Department of Commerce-American Indian and Alaska Native Policy (March 30, 1995) reflects and defines this unique relationship.

These policies also recognize the unique status of Indian lands. The Presidential Memorandum of April 29, 1994, provides that, to the maximum extent possible, tribes should be the governmental entities to manage their lands and tribal trust resources. The Secretarial Order provides that, "Indian lands are not Federal public lands or part of the public domain, and are not subject to Federal public lands laws."

In implementing these policies the Secretarial Order specifically seeks to harmonize this unique working relationship with the Federal Government's duties pursuant to the ESA. The order clarifies our responsibilities when carrying out authorities under the ESA and requires that we consult with and seek participation of, the affected Indian Tribes to the maximum extent practicable in the designation of critical habitat. Accordingly, we recognize that we must carry out our responsibilities under the ESA in a manner that harmonizes these duties with the Federal trust responsibility to the tribes and tribal sovereignty while striving to ensure that Indian Tribes do not bear a

disproportionate burden for the conservation of species. Any decision to designate Indian land as critical habitat must be informed by the Federal laws and policies establishing our responsibility concerning Indian lands, treaties and trust resources, and by Department of Commerce policy establishing our responsibility for dealing with tribes when we implement the ESA.

For West Coast salmon in California, our approach is also guided by the unique partnership between the Federal Government and Indian tribes regarding salmon management. In California, Indian tribes are regarded as "co-managers" of the salmon resource, along with Federal and state managers. This co-management relationship evolved as a result of numerous court decisions establishing the tribes' treaty right to take fish in their usual and accustomed places.

Pursuant to the Secretarial Order we consulted with the affected Indian Tribes when considering the designation of critical habitat in an area that may impact tribal trust resources, tribally owned fee lands or the exercise of tribal rights. Additionally some tribes and the BIA provided written comments that are a part of the administrative record for this rulemaking.

We understand from the tribes that there is general agreement that Indian lands should not be designated critical habitat. The Secretarial Order defines Indian lands as "any lands title to which is either: (1) Held in trust by the United States for the benefit of any Indian tribe or (2) held by an Indian Tribe or individual subject to restrictions by the United States against alienation." In clarifying this definition with the tribes, we agree that (1) fee lands within the reservation boundaries and owned by the Tribe or individual Indian, and (2) fee lands outside the reservation boundaries and owned by the Tribe would be considered Indian lands for the purposes of this rule. (Fee lands outside the reservation owned by individual Indians are not included within the definition of Indian lands for the purposes of this rule.)

In evaluating Indian lands for designation as critical habitat we look to

section 4(b)(2) of the ESA. Section 4(b)(2) requires us to base critical habitat designations on the best scientific and commercial data available, after taking into consideration the economic impact, the impact on national security and any other relevant impact of specifying any particular area as critical habitat. The Secretary may exclude areas from a critical habitat designation when the benefits of exclusion outweigh the benefits of designation, provided the exclusion will not result in the extinction of the species. We find that a relevant impact for consideration is the degree to which the Federal designation of Indian lands would impact the longstanding unique relationship between the tribes and the Federal Government and the corresponding effect on West Coast salmon protection and management. This is consistent with recent case law addressing the designation of critical habitat on tribal lands. "It is certainly reasonable to consider a positive working relationship relevant, particularly when the relationship results in the implementation of beneficial natural resource programs, including species preservation." *Center for Biological Diversity et al. v. Norton*, 240 F. Supp. 2d 1090, 1105; *Douglas County v. Babbitt*, 48 F.3d 1495, 1507 (1995) (defining "relevant" as impacts consistent with the purposes of the ESA).

As noted above, NMFS and the tribal governments in California currently have cooperative working relationships that have enabled us to implement natural resource programs of mutual interest for the benefit of threatened and endangered salmonids. The tribes have existing natural resource programs that assist us on a regular basis in providing information relevant to salmonid protection. The tribes indicate that they view the designation of Indian lands as an unwanted intrusion into tribal self-governance, compromising the government-to-government relationship that is essential to achieving our mutual goal of conserving threatened and endangered salmonids. At this time, for the general reasons described above, we conclude that the ESA 4(b)(2) analysis

leads us to exclude all Indian lands containing occupied habitat otherwise eligible for designation in our final designation for these 7 ESUs of salmon and steelhead.

IX. References Cited

A complete list of all references cited in this rulemaking can be found on our Web site at <http://swr.nmfs.noaa.gov> and is available upon request from the NMFS office in Long Beach, CA (see ADDRESSES section).

List of Subjects in 50 CFR Part 226

Endangered and threatened species.

Dated: August 12, 2005.

William T. Hogarth,

*Assistant Administrator for Fisheries,
National Marine Fisheries Service.*

■ For the reasons set out in the preamble, we amend part 226, title 50 of the Code of Regulations as set forth below:

PART 226—[AMENDED]

■ 1. The authority citation of part 226 continues to read as follows:

Authority: 16 U.S.C. 1533.

■ 2. Add § 226.211 to read as follows:

§ 226.211 Critical habitat for Seven Evolutionarily Significant Units (ESUs) of Salmon (*Oncorhynchus spp.*) in California.

Critical habitat is designated in the following California counties for the following ESUs as described in paragraph (a) of this section, and as further described in paragraphs (b) through (e) of this section. The textual descriptions of critical habitat for each ESU are included in paragraphs (f) through (l) of this section, and these descriptions are the definitive source for determining the critical habitat boundaries. General location maps are provided at the end of each ESU description (paragraphs (f) through (l) of this section) and are provided for general guidance purposes only, and not as a definitive source for determining critical habitat boundaries.

(a) Critical habitat is designated for the following ESUs in the following California counties:

ESU	State—counties
(1) California Coastal Chinook	CA—Humboldt, Trinity, Mendocino, Sonoma, Lake, Napa, Glenn, Colusa, and Tehama.
(2) Northern California Steelhead	CA—Humboldt, Trinity, Mendocino, Sonoma, Lake, Glenn, Colusa, and Tehama.
(3) Central California Coast Steelhead	CA—Lake, Mendocino, Sonoma, Napa, Marin, San Francisco, San Mateo, Santa Clara, Santa Cruz, Alameda, Contra Costa, and San Joaquin.
(4) South-Central Coast Steelhead	CA—Monterey, San Benito, Santa Clara, Santa Cruz, San Luis Obispo.

ESU	State—counties
(5) Southern California Steelhead	CA—San Luis Obispo, Santa Barbara, Ventura, Los Angeles, Orange and San Diego.
(6) Central Valley spring-run Chinook	CA—Tehama, Butte, Glenn, Shasta, Yolo, Sacramento, Solano, Colusa, Yuba, Sutter, Trinity, Alameda, San Joaquin, and Contra Costa.
(7) Central Valley Steelhead	CA—Tehama, Butte, Glenn, Shasta, Yolo, Sacramento, Solana, Yuba, Sutter, Placer, Calaveras, San Joaquin, Stanislaus, Tuolumne, Merced, Alameda, Contra Costa.

(b) *Critical habitat boundaries.*

Critical habitat includes the stream channels within the designated stream reaches, and includes a lateral extent as defined by the ordinary high-water line (33 CFR 329.11). In areas where the ordinary high-water line has not been defined, the lateral extent will be defined by the bankfull elevation. Bankfull elevation is the level at which water begins to leave the channel and move into the floodplain and is reached at a discharge which generally has a recurrence interval of 1 to 2 years on the annual flood series. Critical habitat in estuaries (e.g. San Francisco-San Pablo-Suisun Bay, Humboldt Bay, and Morro Bay) is defined by the perimeter of the water body as displayed on standard 1:24,000 scale topographic maps or the elevation of extreme high water, whichever is greater.

(c) *Primary constituent elements.*

Within these areas, the primary constituent elements essential for the conservation of these ESUs are those sites and habitat components that support one or more life stages, including:

(1) Freshwater spawning sites with water quantity and quality conditions and substrate supporting spawning, incubation and larval development;

(2) Freshwater rearing sites with:

(i) Water quantity and floodplain connectivity to form and maintain physical habitat conditions and support juvenile growth and mobility;

(ii) Water quality and forage supporting juvenile development; and

(iii) Natural cover such as shade, submerged and overhanging large wood, log jams and beaver dams, aquatic vegetation, large rocks and boulders, side channels, and undercut banks.

(3) Freshwater migration corridors free of obstruction and excessive predation with water quantity and quality conditions and natural cover such as submerged and overhanging large wood, aquatic vegetation, large rocks and boulders, side channels, and undercut banks supporting juvenile and adult mobility and survival.

(4) Estuarine areas free of obstruction and excessive predation with:

(i) Water quality, water quantity, and salinity conditions supporting juvenile and adult physiological transitions between fresh- and saltwater;

(ii) Natural cover such as submerged and overhanging large wood, aquatic vegetation, large rocks and boulders, side channels; and

(iii) Juvenile and adult forage, including aquatic invertebrates and fishes, supporting growth and maturation.

(d) *Exclusion of Indian lands.* Critical habitat does not include occupied habitat areas on Indian lands. The Indian lands specifically excluded from critical habitat are those defined in the Secretarial Order, including:

(1) Lands held in trust by the United States for the benefit of any Indian tribe;

(2) Land held in trust by the United States for any Indian Tribe or individual subject to restrictions by the United States against alienation;

(3) Fee lands, either within or outside the reservation boundaries, owned by the tribal government; and

(4) Fee lands within the reservation boundaries owned by individual Indians.

(e) *Land owned or controlled by the Department of Defense.* Additionally, critical habitat does not include the following areas owned or controlled by the Department of Defense, or designated for its use, that are subject to an integrated natural resources management plan prepared under section 101 of the Sikes Act (16 U.S.C. 670a):

(1) Camp Pendleton Marine Corps Base;

(2) Vandenberg Air Force Base;

(3) Camp San Luis Obispo;

(4) Camp Roberts; and

(5) Mare Island Army Reserve Center.

(f) *California Coastal Chinook Salmon (*Oncorhynchus tshawytscha*).* Critical habitat is designated to include the areas defined in the following CALWATER Hydrologic units:

(1) Redwood Creek Hydrologic Unit 1107—(i) *Orick Hydrologic Sub-area 110710.* Outlet(s) = Redwood Creek (Lat -41.2923, Long -124.0917) upstream to endpoint(s) in: Boyes Creek (41.3639, -123.9845); Bridge Creek (41.137,

-124.0012); Brown Creek (41.3986, -124.0012); Emerald (Harry Weir) (41.2142, -123.9812); Godwood Creek (41.3889, -124.0312); Larry Dam Creek (41.3359, -124.003); Little Lost Man Creek (41.2944, -124.0014); Lost Man Creek (41.3133, -123.9854); May Creek (41.3547, -123.999); McArthur Creek (41.2705, -124.041); North Fork Lost Man Creek (41.3374, -123.9935); Prairie Creek (41.4239, -124.0367); Tom McDonald (41.1628, -124.0419).

(ii) *Beaver Hydrologic Sub-area 110720.* Outlet(s) = Redwood Creek (Lat 41.1367, Long -123.9309) upstream to endpoint(s): Lacks Creek (41.0334, -123.8124); Minor Creek (40.9706, -123.7899).

(iii) *Lake Prairie Hydrologic Sub-area 110730.* Outlet(s) = Redwood Creek (Lat 40.9070, Long -123.8170) upstream to endpoint(s) in: Redwood Creek (40.7432, -123.7206).

(2) Trinidad Hydrologic Unit 1108—(i) *Big Lagoon Hydrologic Sub-area 110810.* Outlet(s) = Maple Creek (Lat 41.1555, Long -124.1380) upstream to endpoint(s) in: North Fork Maple Creek (41.1317, -124.0824); Maple Creek (41.1239, -124.1041).

(ii) *Little River Hydrologic Sub-area 110820.* Outlet(s) = Little River (41.0277, -124.1112) upstream to endpoint(s) in: South Fork Little River (40.9908, -124.0412); Little River (41.0529, -123.9727); Railroad Creek (41.0464, -124.0475); Lower South Fork Little River (41.0077, -124.0078); Upper South Fork Little River (41.0131, -123.9853).

(3) Mad River Hydrologic Unit 1109—(i) *Blue Lake Hydrologic Sub-area 110910.* Outlet(s) = Mad River (Lat 40.9139, Long -124.0642) upstream to endpoint(s) in: Lindsay Creek (40.983, -124.0326); Mill Creek (40.9008, -124.0086); North Fork Mad River (40.8687, -123.9649); Squaw Creek (40.9426, -124.0202); Warren Creek (40.8901, -124.0402).

(ii) *North Fork Mad River 110920.* Outlet(s) = North Fork Mad River (Lat 40.8687, Long -123.9649) upstream to endpoint(s) in: Sullivan Gulch (40.8646, -123.9553); North Fork Mad River (40.8837, -123.9436).

(iii) *Butler Valley 110930*. Outlet(s) = Mad River (Lat 40.8449, Long -123.9807) upstream to endpoint(s) in: Black Creek (40.7547, -123.9016); Black Dog Creek (40.8334, -123.9805); Canon Creek (40.8362, -123.9028); Dry Creek (40.8218, -123.9751); Mad River (40.7007, -123.8642); Maple Creek (40.7928, -123.8742); Unnamed (40.8186, -123.9769).

(4) *Eureka Plain Hydrologic Unit 1110*—(i) *Eureka Plain Hydrologic Sub-area 111000*. Outlet(s) = Mad River (Lat 40.9560, Long -124.1278); Jacoby Creek (40.8436, -124.0834); Freshwater Creek (40.8088, -124.1442); Elk River (40.7568, -124.1948); Salmon Creek (40.6868, -124.2194) upstream to endpoint(s) in: Bridge Creek (40.6958, -124.0795); Dunlap Gulch (40.7101, -124.1155); Freshwater Creek (40.7389, -123.9944); Gannon Slough (40.8628, -124.0818); Jacoby Creek (40.7944, -124.0093); Little Freshwater Creek (40.7485, -124.0652); North Branch of the North Fork Elk River (40.6878, -124.0131); North Fork Elk River (40.6756, -124.0153); Ryan Creek (40.7835, -124.1198); Salmon Creek (40.6438, -124.1319); South Branch of the North Fork Elk River (40.6691, -124.0244); South Fork Elk River (40.6626, -124.061); South Fork Freshwater Creek (40.7097, -124.0277).

(ii) [Reserved]

(5) *Eel River Hydrologic Unit 1111*—(i) *Ferndale Hydrologic Sub-area 111111*. Outlet(s) = Eel River (Lat 40.6282, Long -124.2838) upstream to endpoint(s) in: Atwell Creek (40.472, -124.1449); Howe Creek (40.4748, -124.1827); Price Creek (40.5028, -124.2035); Strongs Creek (40.5986, -124.1222); Van Duzen River (40.5337, -124.1262).

(ii) *Scotia Hydrologic Sub-area 111112*. Outlet(s) = Eel River (Lat 40.4918, Long -124.0998) upstream to endpoint(s) in: Bear Creek (40.391, -124.0156); Chadd Creek (40.3921, -123.9542); Jordan Creek (40.4324, -124.0428); Monument Creek (40.4676, -124.1133).

(iii) *Larabee Creek Hydrologic Sub-area 111113*. Outlet(s) = Larabee Creek (40.4090, Long -123.9334) upstream to endpoint(s) in: Carson Creek (40.4189, -123.8881); Larabee Creek (40.3950, -123.8138).

(iv) *Hydesville Hydrologic Sub-area 111121*. Outlet(s) = Van Duzen River (Lat 40.5337, Long -124.1262) upstream to endpoint(s) in: Cummings Creek (40.5258, -123.9896); Fielder Creek (40.5289, -124.0201); Hely Creek (40.5042, -123.9703); Yager Creek (40.5583, -124.0577).

(v) *Yager Creek Hydrologic Sub-area 111123*. Outlet(s) = Yager Creek (Lat

40.5583, Long -124.0577) upstream to endpoint(s) in: Corner Creek (40.6189, -123.9994); Fish Creek (40.6392, -124.0032); Lawrence Creek (40.6394, -123.9935); Middle Fork Yager Creek (40.5799, -123.9015); North Fork Yager Creek (40.6044, -123.9084); Owl Creek (40.5557, -123.9362); Shaw Creek (40.6245, -123.9518); Yager Creek (40.5673, -123.9403).

(vi) *Weott Hydrologic Sub-area 111131*. Outlet(s) = South Fork Eel River (Lat 40.3500, Long -123.9305) upstream to endpoint(s) in: Bridge Creek (40.2929, -123.8569); Bull Creek (40.3148, -124.0343); Canoe Creek (40.2909, -123.922); Cow Creek (40.3583, -123.9626); Cuneo Creek (40.3377, -124.0385); Elk Creek (40.2837, -123.8365); Fish Creek (40.2316, -123.7915); Harper Creek (40.354, -123.9895); Mill Creek (40.3509, -124.0236); Salmon Creek (40.2214, -123.9059); South Fork Salmon River (40.1769, -123.8929); Squaw Creek (40.3401, -123.9997); Tostin Creek (40.1722, -123.8796).

(vii) *Benbow Hydrologic Sub-area 111132*. Outlet(s) = South Fork Eel River (Lat 40.1932, Long -123.7692) upstream to endpoint(s) in: Anderson Creek (39.9337, -123.8933); Bear Pen Creek (39.9125, -123.8108); Bear Wallow Creek (39.7296, -123.7172); Bond Creek (39.7856, -123.6937); Butler Creek (39.7439, -123.692); China Creek (40.1035, -123.9493); Connick Creek (40.0911, -123.8187); Cox Creek (40.0288, -123.8542); Cummings Creek (39.8431, -123.5752); Dean Creek (40.1383, -123.7625); Dinner Creek (40.0915, -123.937); East Branch South Fork Eel River (39.9433, -123.6278); Elk Creek (39.7986, -123.5981); Fish Creek (40.0565, -123.7768); Foster Creek (39.8455, -123.6185); Grapewine Creek (39.7991, -123.5186); Hartsook Creek (40.012, -123.7888); Hollow Tree Creek (39.7316, -123.6918); Huckleberry Creek (39.7315, -123.7253); Indian Creek (39.9464, -123.8993); Jones Creek (39.9977, -123.8378); Leggett Creek (40.1374, -123.8312); Little Sproul Creek (40.0897, -123.8585); Low Gap Creek (39.993, -123.767); McCoy Creek (39.9598, -123.7542); Michael's Creek (39.7642, -123.7175); Miller Creek (40.1215, -123.916); Moody Creek (39.9531, -123.8819); Mud Creek (39.8232, -123.6107); Piercy Creek (39.9706, -123.8189); Pollock Creek (40.0822, -123.9184); Rattlesnake Creek (39.7974, -123.5426); Redwood Creek (39.7721, -123.7651); Redwood Creek (40.0974, -123.9104); Seely Creek (40.1494, -123.8825); Somerville Creek (40.0896, -123.8913); South Fork Redwood Creek (39.7663, -123.7579); Spoul Creek (40.0125, -123.8585);

Standley Creek (39.9479, -123.8083); Tom Long Creek (40.0315, -123.6891); Twin Rocks Creek (39.8269, -123.5543); Warden Creek (40.0625, -123.8546); West Fork Sproul Creek (40.0386, -123.9015); Wildcat Creek (39.9049, -123.7739); Wilson Creek (39.841, -123.6452); Unnamed Tributary (40.1136, -123.9359).

(viii) *Laytonville Hydrologic Sub-area 111133*. Outlet(s) = South Fork Eel River (Lat 39.7665, Long -123.6484) upstream to endpoint(s) in: Bear Creek (39.6413, -123.5797); Cahto Creek (39.6624, -123.5453); Dutch Charlie Creek (39.6892, -123.6818); Grub Creek (39.7777, -123.5809); Jack of Hearts Creek (39.7244, -123.6802); Kenny Creek (39.6733, -123.6082); Mud Creek (39.6561, -123.592); Redwood Creek (39.6738, -123.6631); Rock Creek (39.6931, -123.6204); South Fork Eel River (39.6271, -123.5389); Streeter Creek (39.7328, -123.5542); Ten Mile Creek (39.6651, -123.451).

(ix) *Sequoia Hydrologic Sub-area 111141*. Outlet(s) = Eel River (Lat 40.3557, Long -123.9191); South Fork Eel River (40.3558, -123.9194) upstream to endpoint(s) in: Brock Creek (40.2411, -123.7248); Dobbyn Creek (40.2216, -123.6029); Hoover Creek (40.2312, -123.5792); Line Gulch (40.1655, -123.4831); North Fork Dobbyn Creek (40.2669, -123.5467); South Fork Dobbyn Creek (40.1723, -123.5112); South Fork Eel River (40.35, -123.9305); Unnamed Tributary (40.3137, -123.8333); Unnamed Tributary (40.2715, -123.549).

(x) *Spy Rock Hydrologic Sub-area 111142*. Outlet(s) = Eel River (Lat 40.1736, Long -123.6043) upstream to endpoint(s) in: Bell Springs Creek (39.9399, -123.5144); Burger Creek (39.6943, -123.413); Chamise Creek (40.0563, -123.5479); Jewett Creek (40.1195, -123.6027); Kekawaka Creek (40.0686, -123.4087); Woodman Creek (39.7639, -123.4338).

(xi) *North Fork Eel River Hydrologic Sub-area 111150*. Outlet(s) = North Fork Eel River (Lat 39.9567, Long -123.4375) upstream to endpoint(s) in: North Fork Eel River (39.9370, -123.3758).

(xii) *Outlet Creek Hydrologic Sub-area 111161*. Outlet(s) = Outlet Creek (Lat 39.6263, Long -123.3453) upstream to endpoint(s) in: Baechtel Creek (39.3688, -123.4028); Berry Creek (39.4272, -123.2951); Bloody Run (39.5864, -123.3545); Broadus Creek (39.3907, -123.4163); Davis Creek (39.3701, -123.3007); Dutch Henry Creek (39.5788, -123.4543); Haehl Creek (39.3795, -123.3393); Long Valley Creek (39.6091, -123.4577); Ryan Creek (39.4803, -123.3642); Upp Creek (39.4276, -123.3578); Upp Creek

(39.4276, -123.3578); Willits Creek (39.4315, -123.3794).

(xiii) *Tomki Creek Hydrologic Sub-area 111162*. Outlet(s) = Eel River (Lat 39.7138, Long -123.3531) upstream to endpoint(s) in: Cave Creek (39.3925, -123.2318); Long Branch Creek (39.4074, -123.1897); Rocktree Creek (39.4533, -123.3079); Salmon Creek (39.4461, -123.2104); Scott Creek (39.456, -123.2297); String Creek (39.4855, -123.2891); Tomki Creek (39.549, -123.3613); Wheelbarrow Creek (39.5029, -123.3287).

(xiv) *Lake Pillsbury Hydrologic Sub-area 111163*. Outlet(s) = Eel River (Lat 39.3860, Long -123.1163) upstream to endpoint(s) in: Eel River (39.4078, -122.958).

(xv) *Eden Valley Hydrologic Sub-area 111171*. Outlet(s) = Middle Fork Eel River (Lat 39.8146, Long -123.1332) upstream to endpoint(s) in: Middle Fork Eel River (39.8145, -123.1333).

(xvi) *Round Valley Hydrologic Sub-area 111172*. Outlet(s) = Mill Creek (Lat 39.7396, Long -123.1420); Williams Creek (39.8145, -123.1333) upstream to endpoint(s) in: Mill Creek (39.8456, -123.2822); Murphy Creek (39.8804, -123.1636); Poor Mans Creek (39.8179, -123.1833); Short Creek (39.8645, -123.2242); Turner Creek (39.7238, -123.2191); Williams Creek (39.8596, -123.1341).

(6) *Cape Mendocino Hydrologic Unit 1112*—(i) *Capetown Hydrologic Sub-area 111220*. Outlet(s) = Bear River (Lat 40.4744, Long -124.3881) upstream to endpoint(s) in: Bear River (40.3591, -124.0536); South Fork Bear River (40.4271, -124.2873).

(ii) *Mattole River Hydrologic Sub-area 111230*. Outlet(s) = Mattole River (Lat 40.2942, Long -124.3536) upstream to endpoint(s) in: Bear Creek (40.1262, -124.0631); Blue Slide Creek (40.1286, -123.9579); Bridge Creek (40.0503, -123.9885); Conklin Creek (40.3169, -124.229); Dry Creek (40.2389,

-124.0621); East Fork Honeydew Creek (40.1633, -124.0916); East Fork of the North Fork Mattole River (40.3489, -124.2244); Eubanks Creek (40.0893, -123.9743); Gilham Creek (40.2162, -124.0309); Grindstone Creek (40.1875, -124.0041); Honeydew Creek (40.1942, -124.1363); Mattole Canyon (40.1833, -123.9666); Mattole River (39.9735, -123.9548); McGinnis Creek (40.3013, -124.2146); McKee Creek (40.0674, -123.9608); Mill Creek (40.0169, -123.9656); North Fork Mattole River (40.3729, -124.2461); North Fork Bear Creek (40.1422, -124.0945); Oil Creek (40.3008, -124.1253); Rattlesnake Creek (40.2919, -124.1051); South Fork Bear Creek (40.0334, -124.0232); Squaw Creek (40.219, -124.1921); Thompson Creek (39.9969, -123.9638); Unnamed (40.1522, -124.0989); Upper North Fork Mattole River (40.2907, -124.1115); Westlund Creek (40.2333, -124.0336); Woods creek (40.2235, -124.1574); Yew Creek (40.0019, -123.9743).

(7) *Mendocino Coast Hydrologic Unit 1113*—(i) *Wages Creek Hydrologic Sub-area 111312*. Outlet(s) = Wages Creek (Lat 39.6513, Long -123.7851) upstream to endpoint(s) in: Wages Creek (39.6393, -123.7146).

(ii) *Ten Mile River Hydrologic Sub-area 111313*. Outlet(s) = Ten Mile River (Lat 39.5529, Long -123.7658) upstream to endpoint(s) in: Middle Fork Ten Mile River (39.5397, -123.5523); Little North Fork Ten Mile River (39.6188, -123.7258); Ten Mile River (39.5721, -123.7098); South Fork Ten Mile River (39.4927, -123.6067); North Fork Ten Mile River (39.5804, -123.5735).

(iii) *Noyo River Hydrologic Sub-area 111320*. Outlet(s) = Noyo River (Lat 39.4274, Long -123.8096) upstream to endpoint(s) in: North Fork Noyo River (39.4541, -123.5331); Noyo River (39.431, 123.494); South Fork Noyo River (39.3549, -123.6136).

(iv) *Big River Hydrologic Sub-area 111330*. Outlet(s) = Big River (Lat

39.3030, Long -123.7957) upstream to endpoint(s) in: Big River (39.3095, -123.4454).

(v) *Albion River Hydrologic Sub-area 111340*. Outlet(s) = Albion River (Lat 39.2253, Long -123.7679) upstream to endpoint(s) in: Albion River (39.2644, -123.6072).

(vi) *Garcia River Hydrologic Sub-area 111370*. Outlet(s) = Garcia River (Lat 38.9455, Long -123.7257) upstream to endpoint(s) in: Garcia River (38.9160, -123.4900).

(8) *Russian River Hydrologic Unit 1114*—(i) *Guerneville Hydrologic Sub-area 111411*. Outlet(s) = Russian River (Lat 38.4507, Long -123.1289) upstream to endpoint(s) in: Austin Creek (38.5099, -123.0681); Mark West Creek (38.4961, -122.8489).

(ii) *Austin Creek Hydrologic Sub-area 111412*. Outlet(s) = Austin Creek (Lat 38.5099, Long -123.0681) upstream to endpoint(s) in: Austin Creek (38.5326, -123.0844).

(iii) *Warm Springs Hydrologic Sub-area 111424*. Outlet(s) = Dry Creek (Lat 38.5861, Long -122.8573) upstream to endpoint(s) in: Dry Creek (38.7179, -123.0075).

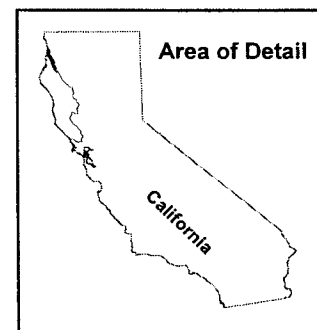
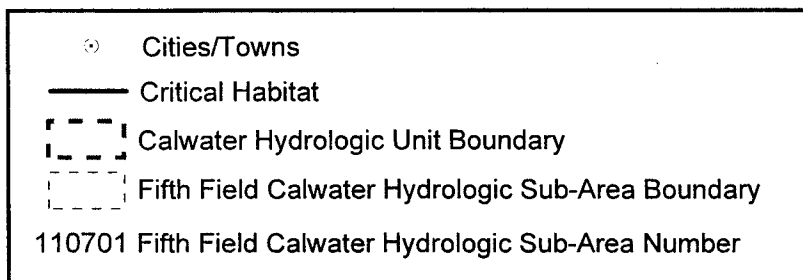
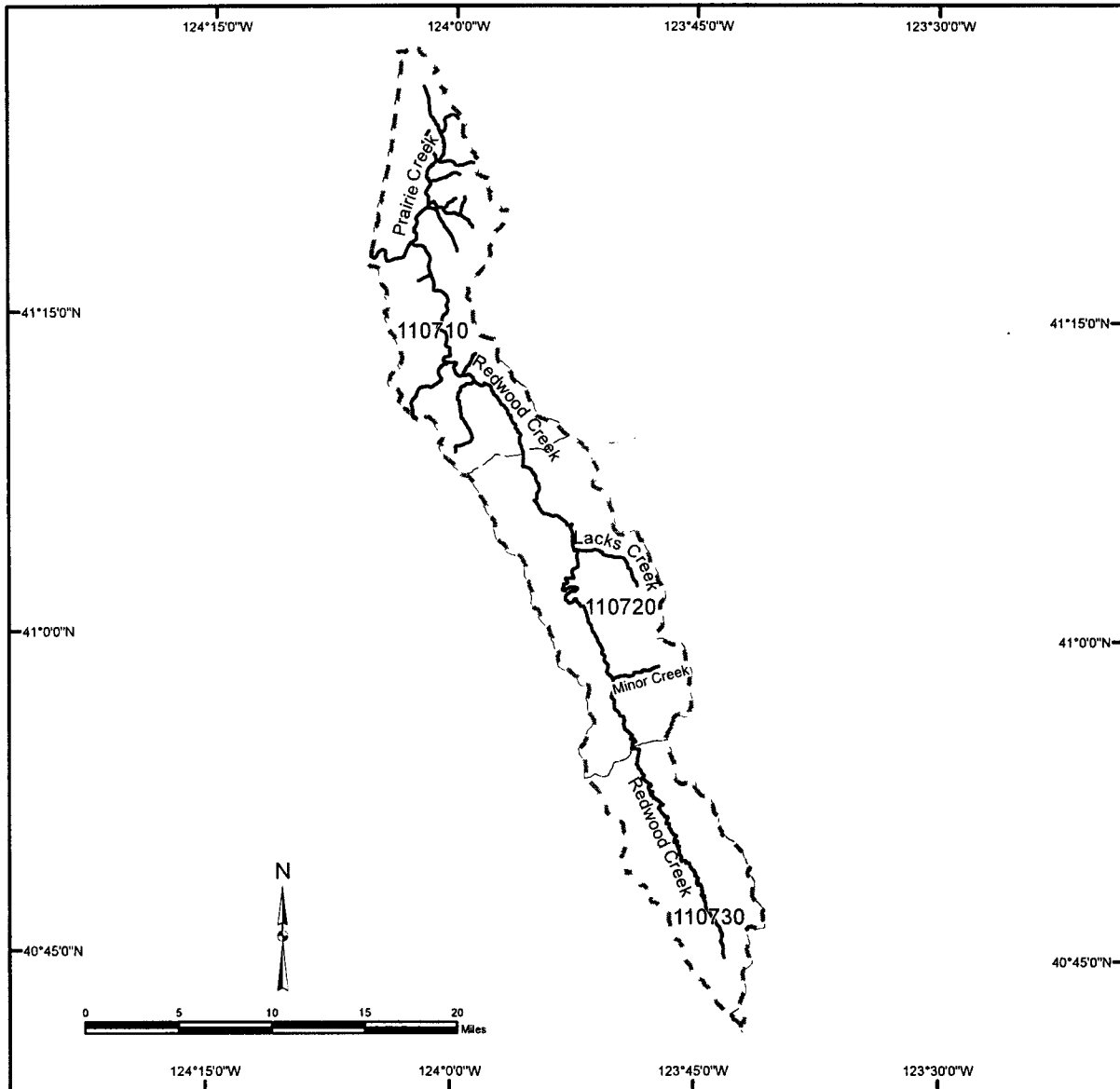
(iv) *Geyserville Hydrologic Sub-area 111425*. Outlet(s) = Russian River (Lat 38.6132, Long -122.8321) upstream.

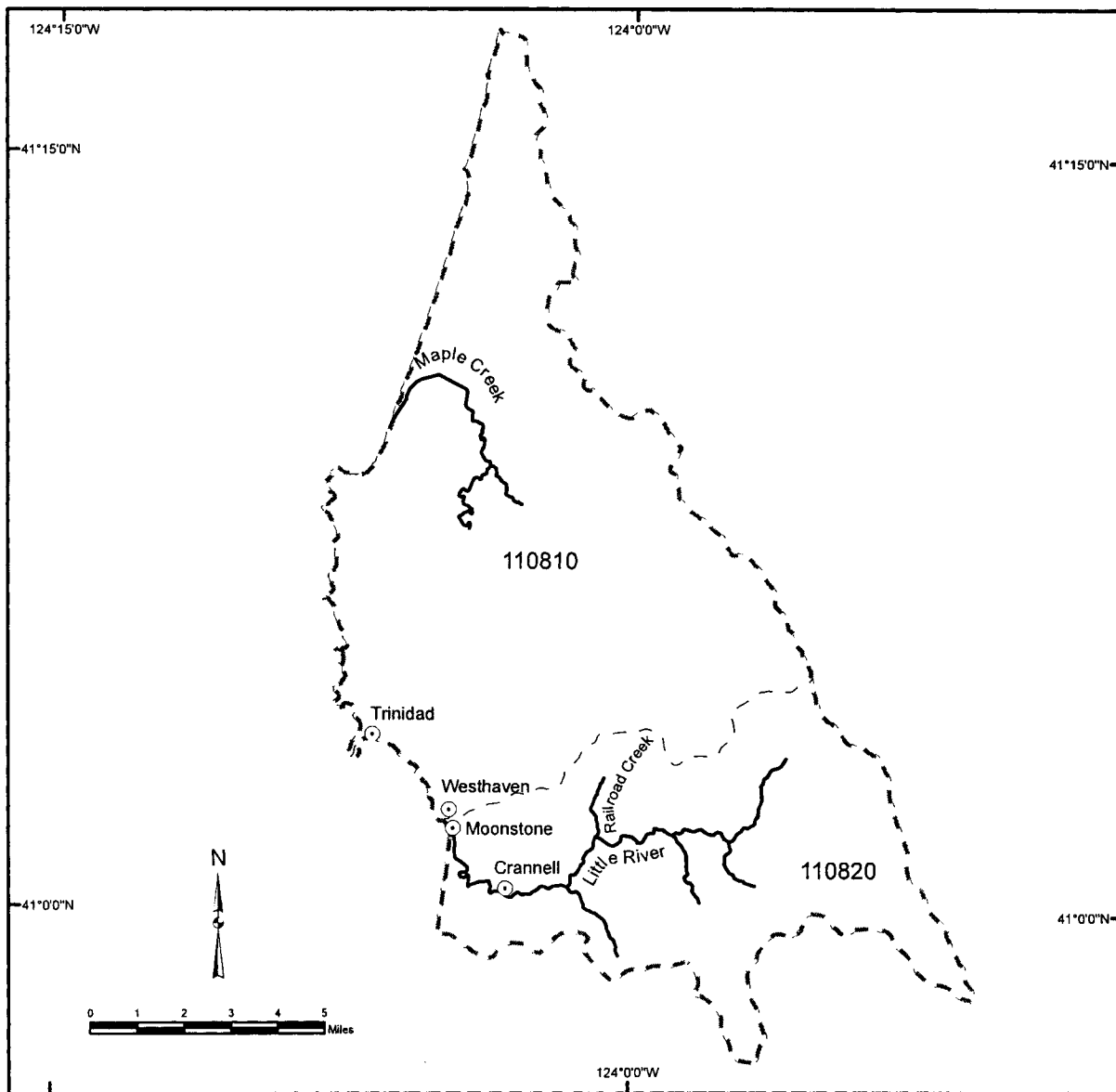
(v) *Ukiah Hydrologic Sub-area 111431*. Outlet(s) = Russian River (Lat 38.8828, Long -123.0557) upstream to endpoint(s) in: Feliz Creek (38.9941, -123.1779).

(vi) *Forsythe Creek Hydrologic Sub-area 111433*. Outlet(s) = Russian River (Lat 39.2257, Long -123.2012) upstream to endpoint(s) in: Forsythe Creek (39.2780, -123.2608); Russian River (39.3599, -123.2326).

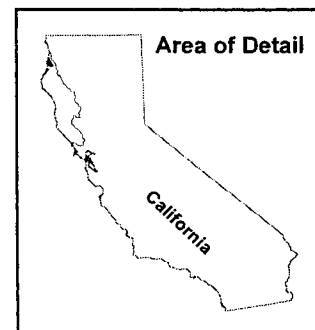
(9) Maps of critical habitat for the California Coast chinook salmon ESU follow:

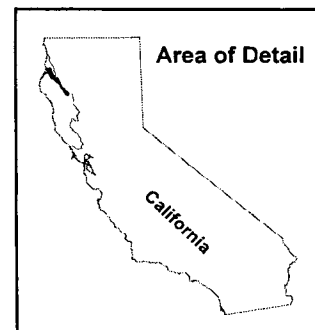
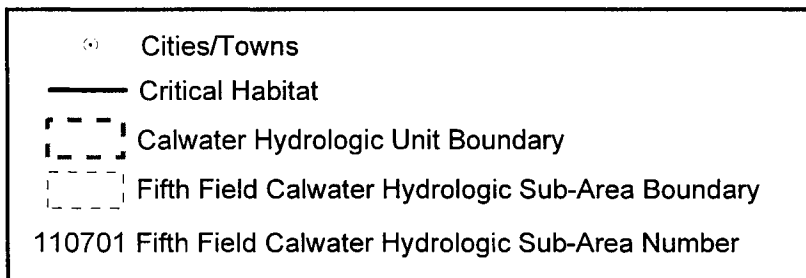
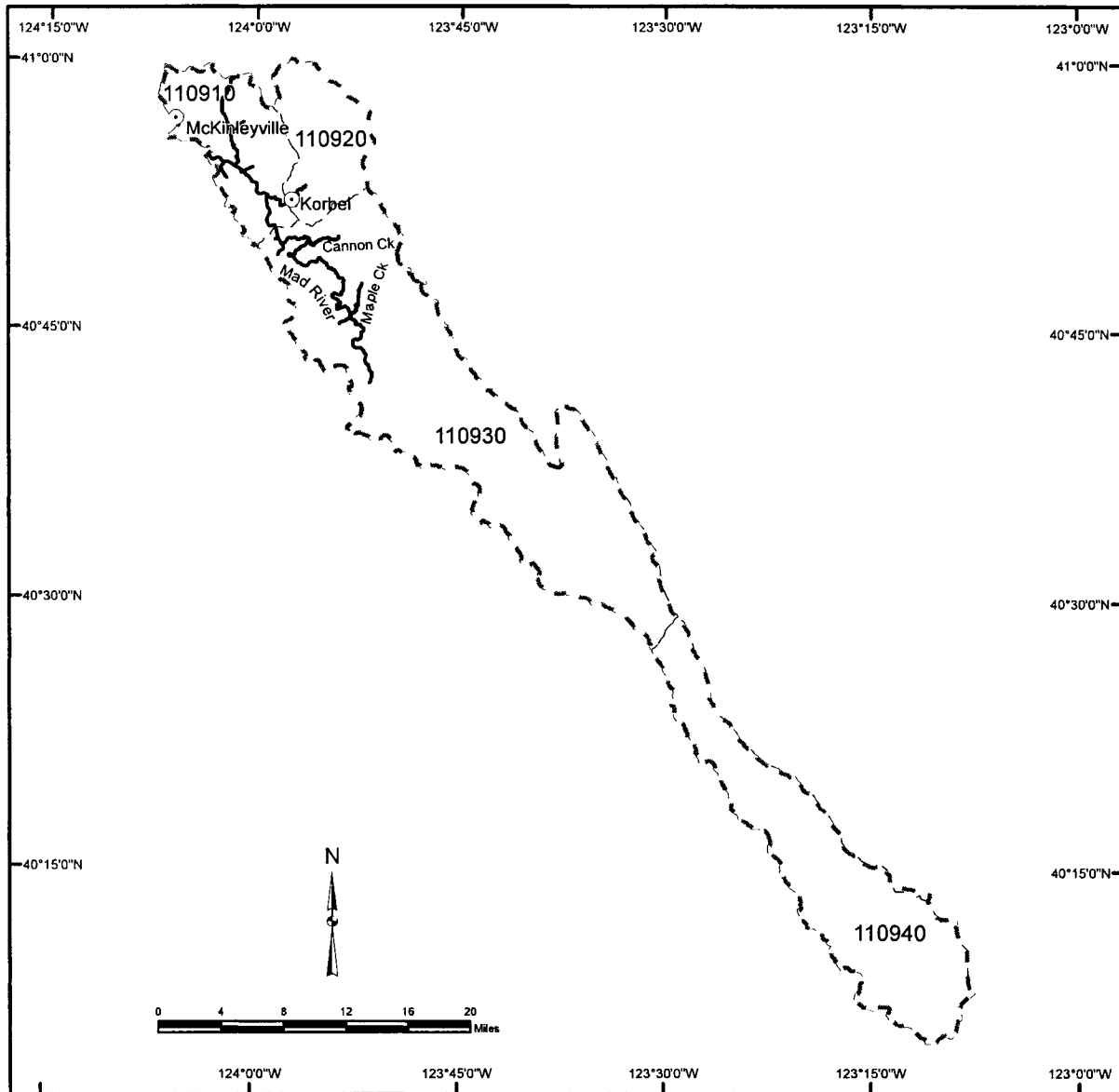
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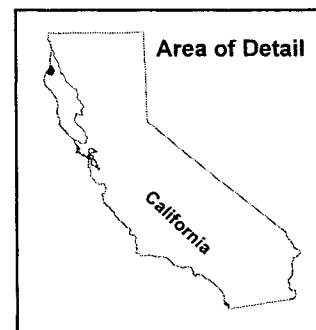
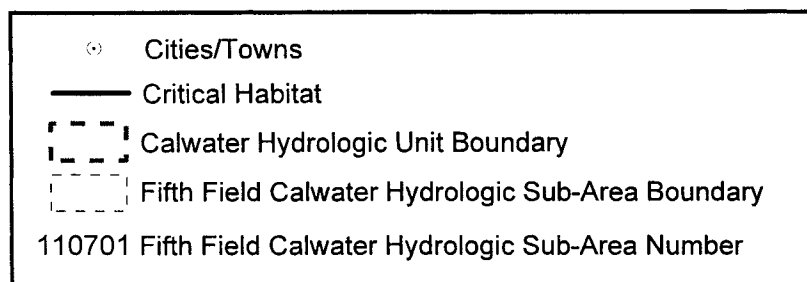
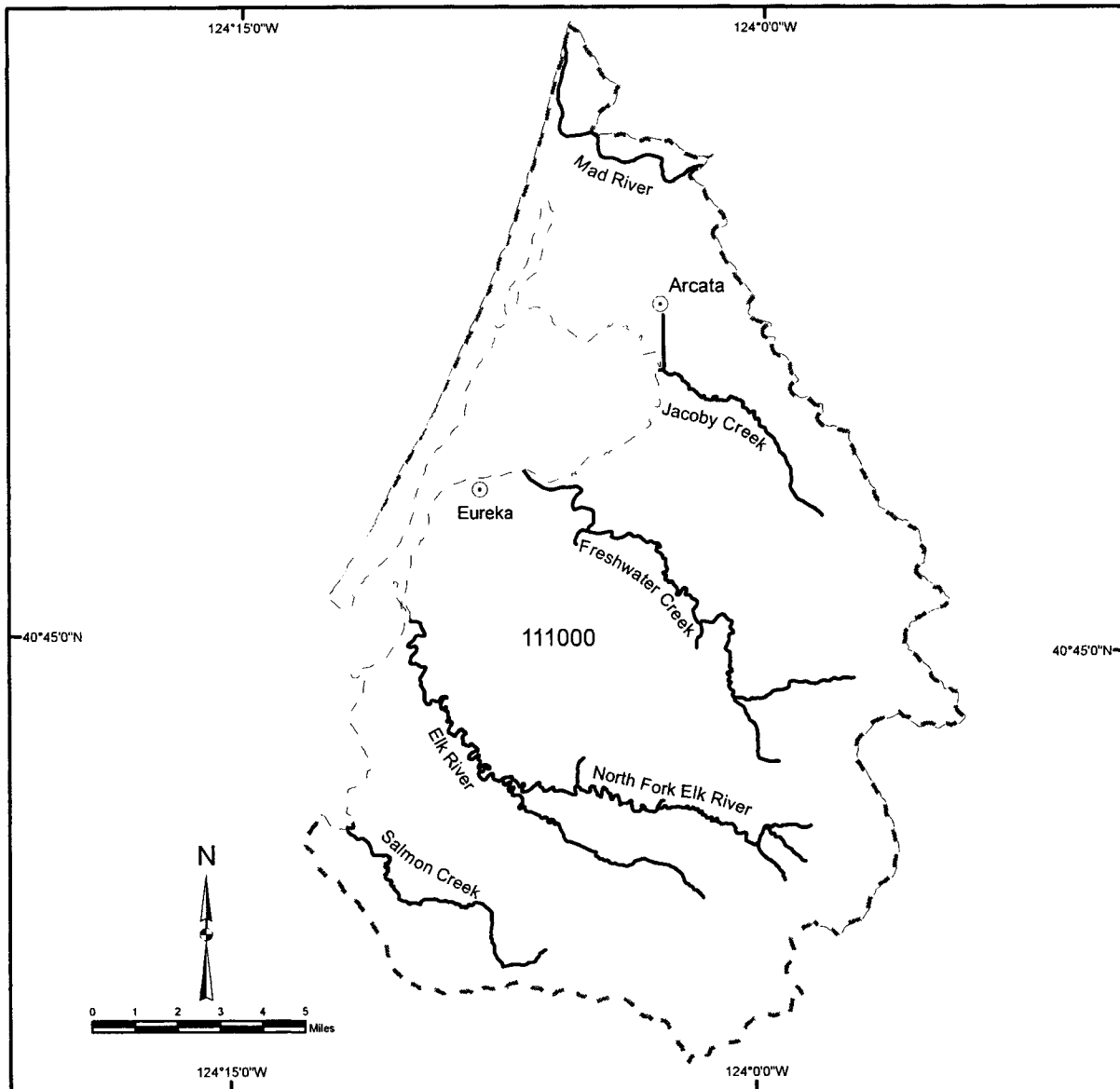
**Critical Habitat for the
California Coastal Chinook Salmon****Redwood Creek Hydrologic Unit
1107**

**Critical Habitat for the
California Coastal Chinook Salmon****Trinidad Hydrologic Unit
1108**

- ⊙ Cities/Towns
 - Critical Habitat
 - - - Calwater Hydrologic Unit Boundary
 - - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number

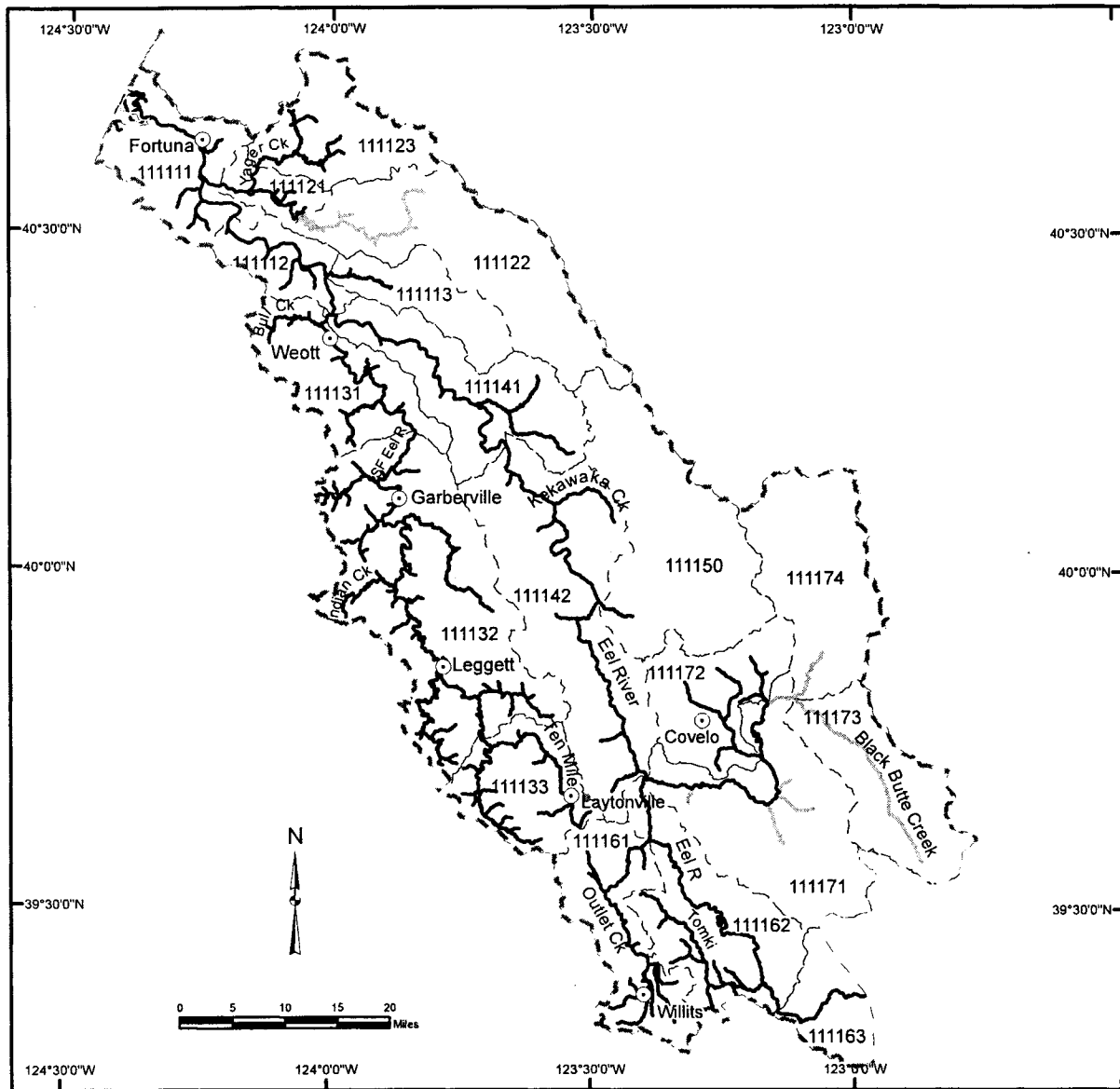


**Critical Habitat for the
California Coastal Chinook Salmon****Mad River Hydrologic Unit
1109**

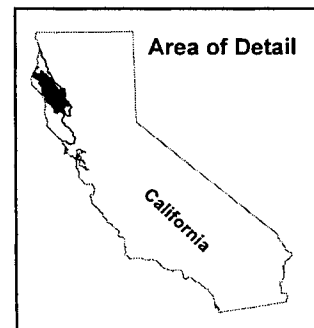
**Critical Habitat for the
California Coastal Chinook Salmon****Eureka Plain Hydrologic Unit
1110**

Critical Habitat for the California Coastal Chinook Salmon

Eel River Hydrologic Unit
1111

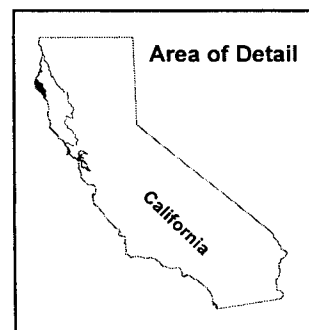
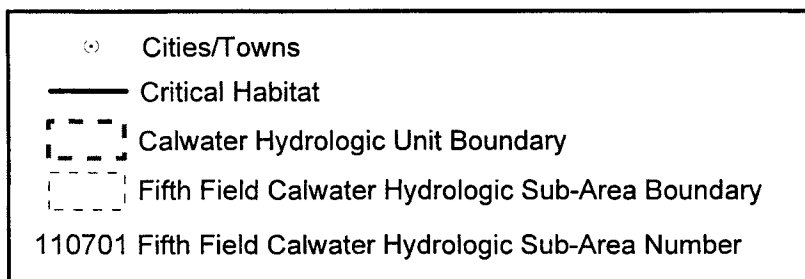
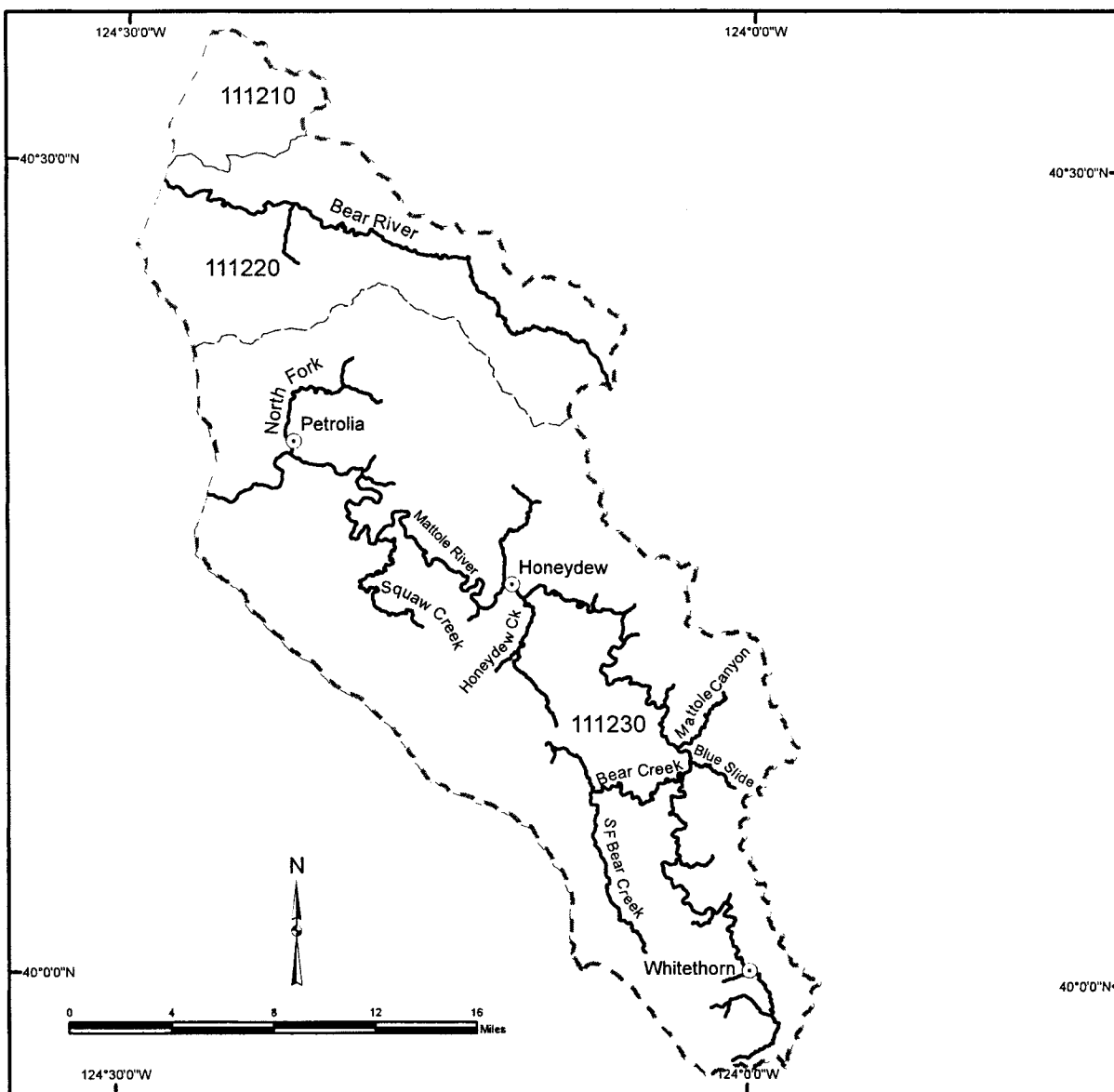


- Cities/Towns
- Critical Habitat
- - - Occupied but excluded streams / areas
- ▬ Hydrologic Unit Boundary
- - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



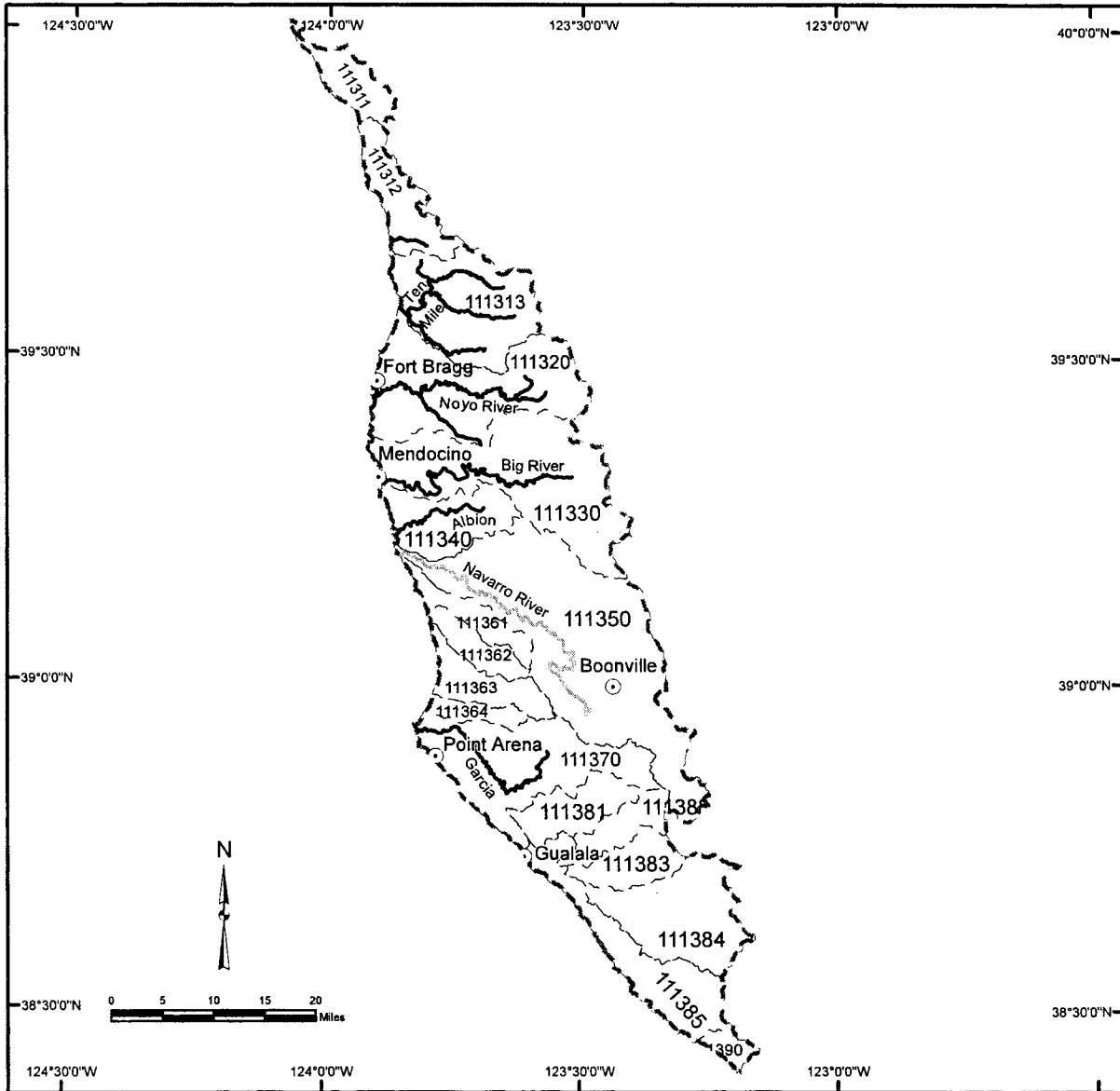
Critical Habitat for the California Coastal Chinook Salmon

Cape Mendocino Hydrologic Unit
1112

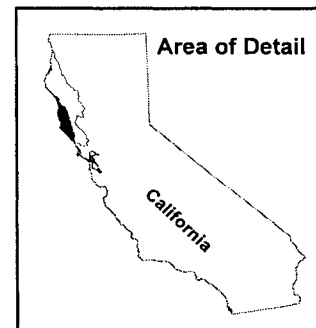


Critical Habitat for the California Coastal Chinook Salmon

Mendocino Coast Hydrologic Unit 1113

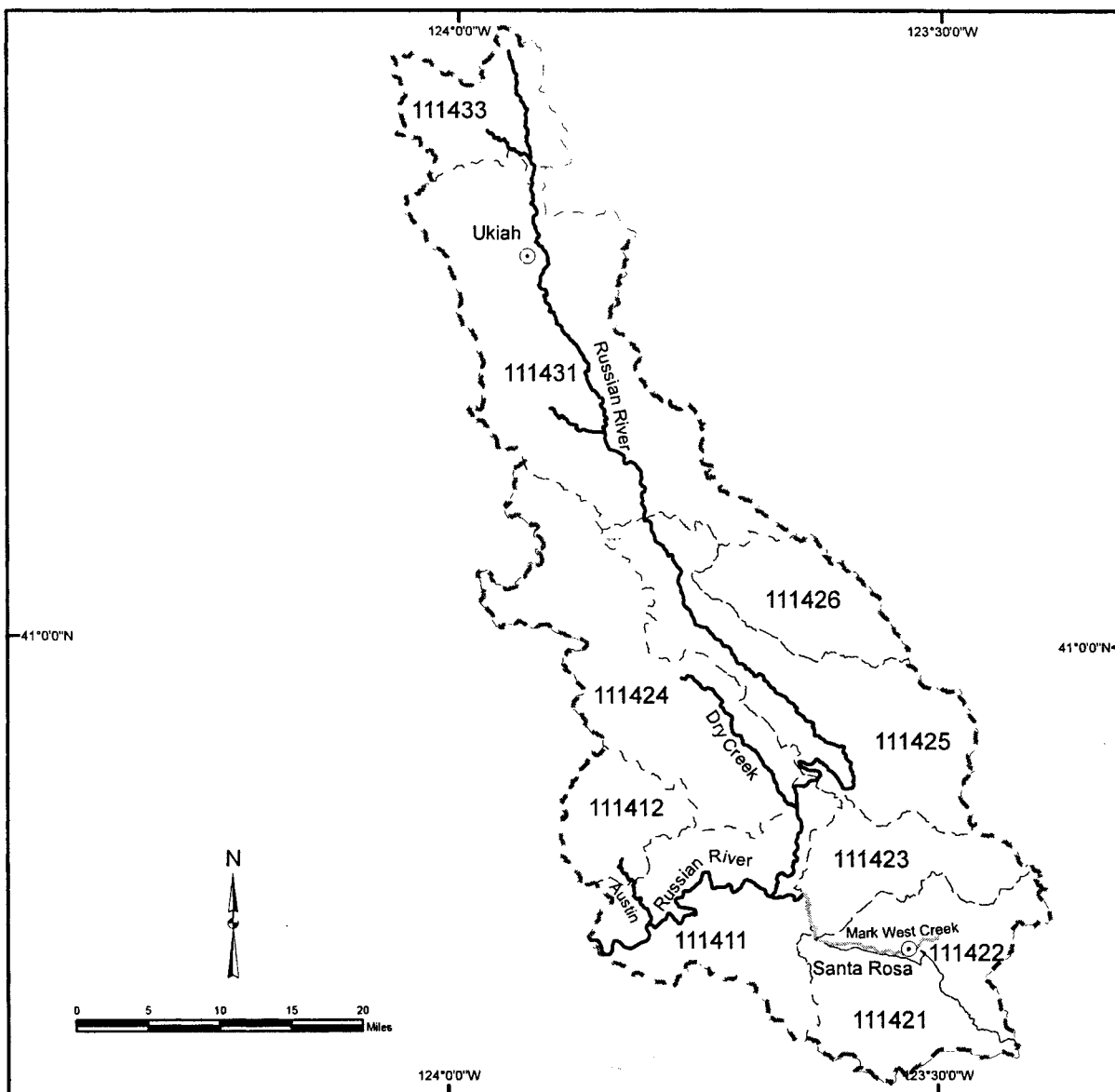


- (•) Cities/Towns
- Critical Habitat
- - - Occupied but excluded streams / areas
- ▭ Hydrologic Unit Boundary
- - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number

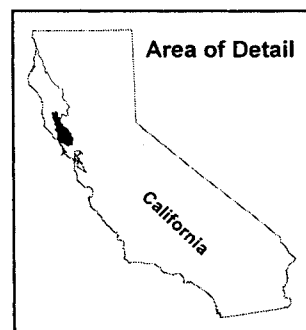


Critical Habitat for the California Coastal Chinook Salmon

Russian River Hydrologic Unit 1114



- (•) Cities/Towns
- Critical Habitat
- Occupied but excluded streams / areas
- Hydrologic Unit Boundary
- Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



(g) *Northern California Steelhead (O. mykiss)*. Critical habitat is designated to include the areas defined in the following CALWATER Hydrologic units:

(1) Redwood Creek Hydrologic Unit 1107—(i) *Orick Hydrologic Sub-area 110710*. Outlet(s) = Boat Creek (Lat 41.4059, Long -124.0675); Home Creek (41.4027, -124.0683); Redwood Creek (41.2923, -124.0917); Squashan Creek (41.3889, -124.0703) upstream to endpoint(s) in: Boat Creek (41.4110, -124.0583); Bond Creek (41.2326, -124.0262); Boyes Creek (41.3701, -124.9891); Bridge Creek (41.1694, -123.9964); Brown Creek (41.3986, -124.0012); Cloquet Creek (41.2466, -123.9884); Cole Creek (41.2209, -123.9931); Copper Creek (41.1516, -123.9258); Dolason Creek (41.1969, -123.9667); Elam Creek (41.2613, -124.0321); Emerald Creek (41.2164, -123.9808); Forty Four Creek (41.2187, -124.0195); Gans South Creek (41.2678, -124.0071); Godwood Creek (41.3787, -124.0354); Hayes Creek (41.2890, -124.0164); Home Creek (41.3951, -124.0386); Larry Dam Creek (41.3441, -123.9966); Little Lost Man Creek (41.3078, -124.0084); Lost Man Creek (41.3187, -123.9892); May Creek (41.3521, -124.0164); McArthur Creek (41.2702, -124.0427); Miller Creek (41.2305, -124.0046); North Fork Lost Man Creek (41.3405, -123.9859); Oscar Larson Creek (41.2559, -123.9943); Prairie Creek (41.4440, -124.0411); Skunk Cabbage Creek (41.3211, -124.0802); Slide Creek (41.1736, -123.9450); Squashan Creek (41.3739, -124.0440); Streelow Creek (41.3622, -124.0472); Tom McDonald Creek (41.1933, -124.0164); Unnamed Tributary (41.3619, -123.9967); Unnamed Tributary (41.3424, -124.0572).

(ii) *Beaver Hydrologic Sub-area 110720*. Outlet(s) = Redwood Creek (Lat 41.1367, Long -123.9309) upstream to endpoint(s) in: Beaver Creek (41.0208, -123.8608); Captain Creek (40.9199, -123.7944); Cashmere Creek (41.0132, -123.8862); Coyote Creek (41.1251, -123.8926); Devils Creek (41.1224, -123.9384); Garcia Creek (41.0180, -123.8923); Garrett Creek (41.0904, -123.8712); Karen Court Creek (41.0368, -123.8953); Lacks Creek (41.0306, -123.8096); Loin Creek (40.9465, -123.8454); Lupton Creek (40.9058, -123.8286); Mill Creek (41.0045, -123.8525); Minor Creek (40.9706, -123.7899); Molasses Creek (40.9986, -123.8490); Moon Creek (40.9807, -123.8368); Panther Creek (41.0732, -123.9275); Pilchuck Creek (41.9986, -123.8710); Roaring Gulch (41.0319, -123.8674); Santa Fe Creek (40.9368,

-123.8397); Sweathouse Creek (40.9332, -123.8131); Toss-Up Creek (40.9845, -123.8656); Unnamed Tributary (41.1270, -123.8967); Wiregrass Creek (40.9652, -123.8553).

(iii) *Lake Prairie Hydrologic Sub-area 110730*. Outlet(s) = Redwood Creek (Lat 40.9070, Long -123.8170) upstream to endpoint(s) in: Bradford Creek (40.7812, -123.7215); Cut-Off Meander (40.8507, -123.7729); Emmy Lou Creek (40.8655, -123.7771); Gunrack Creek (40.8391, -123.7650); High Prairie Creek (40.8191, -123.7723); Jena Creek (40.8742, -123.8065); Lake Prairie Creek (40.7984, -123.7558); Lupton Creek (40.9058, -123.8286); Minon Creek (40.8140, -123.7372); Noisy Creek (40.8613, -123.8044); Pardee Creek (40.7779, -123.7416); Redwood Creek (40.7432, -123.7206); Simon Creek (40.8241, -123.7560); Six Rivers Creek (40.8352, -123.7842); Smokehouse Creek (40.7405, -123.7278); Snowcamp Creek (40.7415, -123.7296); Squirrel Trail Creek (40.8692, -123.7844); Twin Lakes Creek (40.7369, -123.7214); Panther Creek (40.8019, -123.7094); Windy Creek (40.8866, -123.7956).

(2) *Trinidad Hydrologic Unit 1108—(i) Big Lagoon Hydrologic Sub-area 110810*. Outlet(s) = Maple Creek (Lat 41.1555, Long -124.1380); McDonald Creek (41.2521, -124.0919) upstream to endpoint(s) in: Beach Creek (41.0716, -124.0239); Clear Creek (41.1031, -124.0030); Diamond Creek (41.1571, -124.0926); Maple Creek (41.0836, -123.9790); McDonald Creek (41.1850, -124.0773); M-Line Creek (41.0752, -124.0787); North Fork Maple Creek (41.1254, -124.0539); North Fork McDonald Creek (41.2107, -124.0664); Pitcher Creek (41.1518, -124.0874); South Fork Maple Creek (41.1003, -124.1119); Tom Creek (41.1773, -124.0966); Unnamed Tributary (41.1004, -124.0155); Unnamed Tributary (41.0780, -124.0676); Unnamed Tributary (41.1168, -124.0886); Unnamed Tributary (41.0864, -124.0899); Unnamed Tributary (41.1132, -124.0827); Unnamed Tributary (41.0749, -124.0889); Unnamed Tributary (41.1052, -124.0675); Unnamed Tributary (41.0714, -124.0611); Unnamed Tributary (41.0948, -124.0016).

(ii) *Little River Hydrologic Sub-area 110820*. Outlet(s) = Little River (Lat 41.0277, Long -124.1112) upstream to endpoint(s) in: Freeman Creek (41.0242, -124.0582); Little River (40.9999, -123.9232); Lower South Fork Little River (41.0077, -124.0079); Railroad Creek (41.0468, -124.0466); South Fork Little River (40.9899, -124.0394); Unnamed Tributary (41.0356,

-123.9958); Unnamed Tributary (41.0407, -124.0598); Unnamed Tributary (41.0068, -123.9830); Unnamed Tributary (41.0402, -124.0111); Unnamed Tributary (41.0402, -124.0189); Unnamed Tributary (41.0303, -124.0366); Unnamed Tributary (41.0575, -123.9710); Unnamed Tributary (41.0068, -123.9830); Upper South Fork Little River (41.0146, -123.9826).

(3) *Mad River Hydrologic Unit 1109—(i) Blue Lake Hydrologic Sub-area 110910*. Outlet(s) = Mad River (Lat 40.9139, Long -124.0642); Strawberry Creek (40.9964, -124.1155); Widow White Creek (40.9635, -124.1253) upstream to endpoint(s) in: Boundary Creek (40.8395, -123.9920); Grassy Creek (40.9314, -124.0188); Hall Creek (40.9162, -124.0141); Kelly Creek (40.8656, -124.0260); Leggit Creek (40.8808, -124.0269); Lindsay Creek (40.9838, -124.0283); Mather Creek (40.9796, -124.0526); Mill Creek (40.9296, -124.1037); Mill Creek (40.9162, -124.0141); Mill Creek (40.8521, -123.9617); North Fork Mad River (40.8687, -123.9649); Norton Creek (40.9572, -124.1003); Palmer Creek (40.8633, -124.0193); Puter Creek (40.8474, -123.9966); Quarry Creek (40.8526, -124.0098); Squaw Creek (40.9426, -124.0202); Strawberry Creek (40.9761, -124.0630); Unnamed Tributary (40.9624, -124.0179); Unnamed Tributary (40.9549, -124.0554); Unnamed Tributary (40.9672, -124.0218); Warren Creek (40.8860, -124.0351); Widow White Creek (40.9522, -124.0784).

(ii) *North Fork Mad River Hydrologic Sub-area 110920*. Outlet(s) = North Fork Mad River (Lat 40.8687, Long -123.9649) upstream to endpoint(s) in: Bald Mountain Creek (40.8922, -123.9097); Canyon Creek (40.9598, -123.9269); Denman Creek (40.9293, -123.9429); East Fork North Fork (40.9702, -123.9449); Gosinta Creek (40.9169, -123.9420); Hutchery Creek (40.8730, -123.9503); Jackson Creek (40.9388, -123.9462); Krueger Creek (40.9487, -123.9571); Long Prairie Creek (40.9294, -123.8842); Mule Creek (40.9416, -123.9309); North Fork Mad River (40.9918, -123.9610); Pine Creek (40.9274, -123.9096); Pollock Creek (40.9081, -123.9071); Sullivan Gulch (40.8646, -123.9553); Tyson Creek (40.9559, -123.9738); Unnamed Tributary (40.9645, -123.9338); Unnamed Tributary (40.9879, -123.9511); Unnamed Tributary (40.9906, -123.9540); Unnamed Tributary (40.9866, -123.9788); Unnamed Tributary (40.9927, -123.9736).

(iii) *Butler Valley Hydrologic Sub-area 110930*. Outlet(s) = Mad River (Lat 40.8449, Long -123.9807) upstream to endpoint(s) in: Bear Creek (40.5468, -123.6728); Black Creek (40.7521, -123.9080); Black Dog Creek (40.8334, -123.9805); Blue Slide Creek (40.7333, -123.9225); Boulder Creek (40.7634, -123.8667); Bug Creek (40.6587, -123.7356); Cannon Creek (40.8535, -123.8850); Coyote Creek (40.6147, -123.6488); Devil Creek (40.8032, -123.9175); Dry Creek (40.8218, -123.9751); East Creek (40.5403, -123.5579); Maple Creek (40.7933, -123.8353); Pilot Creek (40.5950, -123.5888); Simpson Creek (40.8138, -123.9156); Unnamed Tributary (40.7306, -123.9019); Unnamed Tributary (40.7739, -123.9255); Unnamed Tributary (40.7744, -123.9137); Unnamed Tributary (40.8029, -123.8716); Unnamed Tributary (40.8038, -123.8691); Unnamed Tributary (40.8363, -123.9025).

(4) *Eureka Plain Hydrologic Unit 1110*—(i) *Eureka Plain Hydrologic Sub-area 111000*.

Outlet(s) = Elk River (Lat 40.7568, Long -124.1948); Freshwater Creek (40.8088, -124.1442); Jacoby Creek (40.8436, -124.0834); Mad River (40.9560, -124.1278); Rocky Gulch (40.8309, -124.0813); Salmon Creek (40.6868, -124.2194); Washington Gulch (40.8317, -124.0805) upstream to endpoint(s) in: Bridge Creek (40.6958, -124.0805); Browns Gulch (40.7038, -124.1074); Clapp Gulch (40.6967, -124.1684); Cloney Gulch (40.7826, -124.0347); Doe Creek (40.6964, -124.0201); Dunlap Gulch (40.7076, -124.1182); Falls Gulch (40.7655, -124.0261); Fay Slough (40.8033, -124.0574); Freshwater Creek (40.7385, -124.0035); Golf Course Creek (40.8406, -124.0402); Graham Gulch (40.7540, -124.0228); Gupitil Gulch (40.7530, -124.1202); Henderson Gulch (40.7357, -124.1394); Jacoby Creek (40.7949, -124.0096); Lake Creek (40.6848, -124.0831); Line Creek (40.6578, -124.0460); Little Freshwater Creek (40.7371, -124.0649); Little North Fork Elk River (40.6972, -124.0100); Little South Fork Elk River (40.6555, -124.0877); Martin Slough (40.7679, -124.1578); McCready Gulch (40.7824, -124.0441); McWinney Creek (40.6968, -124.0616); Morrison Gulch (40.8169, -124.0430); North Branch of the North Fork Elk River (40.6879, -124.0130); North Fork Elk River (40.6794, -123.9834); Railroad Gulch (40.6955, -124.1545); Rocky Gulch (40.8170, -124.0613); Ryan Creek (40.7352, -124.0996); Salmon Creek (40.6399, -124.1128); South Branch of the North

Fork Elk River (40.6700, -124.0251); South Fork Elk River (40.6437, -124.0388); South Fork Freshwater Creek (40.7110, -124.0367); Swain Slough (40.7524, -124.1825); Tom Gulch (40.6794, -124.1452); Unnamed Tributary (40.7850, -124.0561); Unnamed Tributary (40.7496, -124.1651); Unnamed Tributary (40.7785, -124.1081); Unnamed Tributary (40.7667, -124.1054); Unnamed Tributary (40.7559, -124.0870); Unnamed Tributary (40.7952, -124.0568); Unnamed Tributary (40.7408, -124.1118); Unnamed Tributary (40.7186, -124.1385); Unnamed Tributary (40.7224, -124.1038); Unnamed Tributary (40.8210, -124.0111); Unnamed Tributary (40.8106, -124.0083); Unnamed Tributary (40.7554, -124.1379); Unnamed Tributary (40.7457, -124.1138); Washington Gulch (40.8205, -124.0549).

(ii) [Reserved]

(5) *Eel River Hydrologic Unit 1111*—(i) *Ferndale Hydrologic Sub-area 111111*. Outlet(s) = Eel River (Lat 40.6275, Long -124.2520) upstream to endpoint(s) in: Atwell Creek (40.4824, -124.1498); Dean Creek (40.4847, -124.1217); Horse Creek (40.5198, -124.1702); Howe Creek (40.4654, -124.1916); Nanning Creek (40.4914, -124.0652); North Fork Strongs Creek (40.6077, -124.1047); Price Creek (40.5101, -124.2731); Rohner Creek (40.6151, -124.1408); Strongs Creek (40.5999, -124.0985); Sweet Creek (40.4900, -124.2007); Van Duzen River (40.5337, -124.1262).

(ii) *Scotia Hydrologic Sub-area 111112*. Outlet(s) = Eel River (Lat 40.4918, Long -124.0988) upstream to endpoint(s) in: Bear Creek (40.3942, -124.0262); Bridge Creek (40.4278, -123.9317); Chadd Creek (40.3919, -123.9540); Darnell Creek (40.4533, -123.9808); Dinner Creek (40.4406, -124.0855); Greenlow Creek (40.4315, -124.0231); Jordan Creek (40.4171, -124.0517); Kiler Creek (40.4465, -124.0952); Monument Creek (40.4371, -124.1165); Shively Creek (40.4454, -123.9539); South Fork Bear Creek (40.3856, -124.0182); Stitz Creek (40.4649, -124.0531); Twin Creek (40.4419, -124.0714); Unnamed Tributary (40.3933, -123.9984); Weber Creek (40.3767, -123.9094).

(iii) *Larabee Creek Hydrologic Sub-area 111113*. Outlet(s) = Larabee Creek (Lat 40.4090, Long -123.9334) upstream to endpoint(s) in: Arnold Creek (40.4006, -123.8583); Balcom Creek (40.4030, -123.8986); Bosworth Creek (40.3584, -123.7089); Boulder Flat Creek (40.3530, -123.6381); Burr Creek (40.4250, -123.7767); Carson Creek

(40.4181, -123.8879); Chris Creek (40.4146, -123.9235); Cooper Creek (40.3123, -123.6463); Dauphiny Creek (40.4049, -123.8893); Frost Creek (40.3765, -123.7357); Hayfield Creek (40.3350, -123.6535); Knack Creek (40.3788, -123.7385); Larabee Creek (40.2807, -123.6445); Martin Creek (40.3730, -123.7060); Maxwell Creek (40.3959, -123.8049); McMahon Creek (40.3269, -123.6363); Mill Creek (40.3849, -123.7440); Mountain Creek (40.2955, -123.6378); Scott Creek (40.4020, -123.8738); Smith Creek (40.4194, -123.8568); Thurman Creek (40.3506, -123.6669); Unnamed Tributary (40.3842, -123.8062); Unnamed Tributary (40.3982, -123.7862); Unnamed Tributary (40.3806, -123.7564); Unnamed Tributary (40.3661, -123.7398); Unnamed Tributary (40.3524, -123.7330).

(iv) *Hydesville Hydrologic Sub-area 111121*. Outlet(s) = Van Duzen River (Lat 40.5337, Long -124.1262) upstream to endpoint(s) in: Cuddeback Creek (40.5421, -124.0263); Cummings Creek (40.5282, -123.9770); Fiedler Creek (40.5351, -124.0106); Hely Creek (40.5165, -123.9531); Yager Creek (40.5583, -124.0577); Unnamed Tributary (40.5718, -124.0946).

(v) *Bridgeville Hydrologic Sub-area 111122*. Outlet(s) = Van Duzen River (Lat 40.4942, Long -123.9720) upstream to endpoint(s) in: Bear Creek (40.3455, -123.5763); Blanket Creek (40.3635, -123.5710); Browns Creek (40.4958, -123.8103); Butte Creek (40.4119, -123.7047); Dairy Creek (40.4174, -123.5981); Fish Creek (40.4525, -123.8434); Grizzly Creek (40.5193, -123.8470); Little Larabee Creek (40.4708, -123.7395); Little Van Duzen River (40.3021, -123.5540); North Fork Van Duzen (40.4881, -123.6411); Panther Creek (40.3921, -123.5866); Root Creek (40.4490, -123.9018); Stevens Creek (40.5062, -123.9073); Thompson Creek (40.4222, -123.6084); Van Duzen River (40.4820, -123.6629); Unnamed Tributary (40.3074, -123.5834).

(vi) *Yager Creek Hydrologic Sub-area 111123*. Outlet(s) = Yager Creek (Lat 40.5583, Long -124.0577) upstream to endpoint(s) in: Bell Creek (40.6809, -123.9685); Blanten Creek (40.5839, -124.0165); Booths Run (40.6584, -123.9428); Corner Creek (40.6179, -124.0010); Fish Creek (40.6390, -124.0024); Lawrence Creek (40.6986, -123.9314); Middle Fork Yager Creek (40.5782, -123.9243); North Fork Yager Creek (40.6056, -123.9080); Shaw Creek (40.6231, -123.9509); South Fork Yager Creek (40.5451, -123.9409); Unnamed

Tributary (40.5892, -123.9663); Yager Creek (40.5673, -123.9403).

(vii) *Weott Hydrologic Sub-area 111131*. Outlet(s) = South Fork Eel River (Lat 40.3500, Long -123.9305) upstream to endpoint(s) in: Albee Creek (40.3592, -124.0088); Bull Creek (40.3587, -123.9624); Burns Creek (40.3194, -124.0420); Butte Creek (40.1982, -123.8387); Canoe Creek (40.2669, -123.9556); Coon Creek (40.2702, -123.9013); Cow Creek (40.2664, -123.9838); Cuneo Creek (40.3401, -124.0494); Decker Creek (40.3312, -123.9501); Elk Creek (40.2609, -123.7957); Fish Creek (40.2459, -123.7729); Harper Creek (40.3591, -123.9930); Mill Creek (40.3568, -124.0333); Mowry Creek (40.2937, -123.8895); North Fork Cuneo Creek (40.3443, -124.0488); Ohman Creek (40.1924, -123.7648); Panther Creek (40.2775, -124.0289); Preacher Gulch (40.2944, -124.0047); Salmon Creek (40.2145, -123.8926); Slide Creek (40.3011, -124.0390); South Fork Salmon Creek (40.1769, -123.8929); Squaw Creek (40.3167, -123.9988); Unnamed Tributary (40.3065, -124.0074); Unnamed Tributary (40.2831, -124.0359).

(viii) *Benbow Hydrologic Sub-area 111132*. Outlet(s) = South Fork Eel River (Lat 40.1929, Long -123.7692) upstream to endpoint(s) in: Anderson Creek (39.9325, -123.8928); Bear Creek (39.7885, -123.7620); Bear Pen Creek (39.9201, -123.7986); Bear Wallow Creek (39.7270, -123.7140); Big Dan Creek (39.8430, -123.6992); Bond Creek (39.7778, -123.7060); Bridges Creek (39.9087, -123.7142); Buck Mountain Creek (40.0944, -123.7423); Butler Creek (39.7423, -123.6987); Cedar Creek (39.8834, -123.6216); China Creek (40.1035, -123.9493); Connick Creek (40.0912, -123.8154); Cox Creek (40.0310, -123.8398); Cruso Cabin Creek (39.9281, -123.5842); Durphy Creek (40.0205, -123.8271); East Branch South Fork Eel River (39.9359, -123.6204); Elkhorn Creek (39.9272, -123.6279); Fish Creek (40.0390, -123.7630); Hartsook Creek (40.0081, -123.8113); Hollow Tree Creek (39.7250, -123.6924); Huckleberry Creek (39.7292, -123.7275); Indian Creek (39.9556, -123.9172); Islam John Creek (39.8062, -123.7363); Jones Creek (39.9958, -123.8374); Leggett Creek (40.1470, -123.8375); Little Sproul Creek (40.0890, -123.8577); Lost Man Creek (39.7983, -123.7287); Low Gap Creek (39.8029, -123.6803); Low Gap Creek (39.9933, -123.7601); McCoy Creek (39.9572, -123.7369); Michael's Creek (39.7665, -123.7035); Middle Creek (39.8052, -123.7691); Milk Ranch Creek (40.0102, -123.7514); Mill Creek

(39.8673, -123.7605); Miller Creek (40.1319, -123.9302); Moody Creek (39.9471, -123.8827); Mule Creek (39.8169, -123.7745); North Fork Cedar Creek (39.8864, -123.6363); North Fork McCoy Creek (39.9723, -123.7496); Piercy Creek (39.9597, -123.8442); Pollock Creek (40.0802, -123.9341); Red Mountain Creek (39.9363, -123.7203); Redwood Creek (39.7723, -123.7648); Redwood Creek (40.0974, -123.9104); Rock Creek (39.8962, -123.7065); Sebbas Creek (39.9934, -123.8903); Somerville Creek (40.1006, -123.8884); South Fork Mule Creek (39.8174, -123.7788); South Fork Redwood Creek (39.7662, -123.7579); Sproul Creek (40.0226, -123.8649); Squaw Creek (40.0760, -123.7257); Standly Creek (39.9327, -123.8309); Tom Long Creek (40.0175, -123.6551); Waldron Creek (39.7469, -123.7465); Walter's Creek (39.7921, -123.7250); Warden Creek (40.0629, -123.8551); West Fork Sproul Creek (40.0587, -123.9170); Wildcat Creek (39.8956, -123.7820); Unnamed Tributary (39.9927, -123.8807).

(ix) *Laytonville Hydrologic Sub-area 111133*. Outlet(s) = South Fork Eel River (Lat 39.7665, Long -123.6484) upstream to endpoint(s) in: Bear Creek (39.6418, -123.5853); Big Rick Creek (39.7117, -123.5512); Cahto Creek (39.6527, -123.5579); Dark Canyon Creek (39.7333, -123.6614); Dutch Charlie Creek (39.6843, -123.7023); Elder Creek (39.7234, -123.6192); Fox Creek (39.7441, -123.6142); Grub Creek (39.7777, -123.5809); Jack of Hearts Creek (39.7136, -123.6896); Kenny Creek (39.6838, -123.5929); Little Case Creek (39.6892, -123.5441); Mill Creek (39.6839, -123.5118); Mud Creek (39.6713, -123.5741); Mud Springs Creek (39.6929, -123.5629); Redwood Creek (39.6545, -123.6753); Rock Creek (39.6922, -123.6090); Section Four Creek (39.6137, -123.5297); South Fork Eel River (39.6242, -123.5468); Streeter Creek (39.7340, -123.5606); Ten Mile Creek (39.6652, -123.4486); Unnamed Tributary (39.7004, -123.5678).

(x) *Sequoia Hydrologic Sub-area 111141*. Outlet(s) = Eel River (Lat 40.3557, Long -123.9191) upstream to endpoint(s) in: Beatty Creek (40.3198, -123.7500); Brock Creek (40.2410, -123.7246); Cameron Creek (40.3313, -123.7707); Dobbryn Creek (40.2216, -123.6029); Kapple Creek (40.3531, -123.8585); Line Gulch Creek (40.1640, -123.4783); Mud Creek (40.2078, -123.5143); North Fork Dobbryn Creek (40.2669, -123.5467); Sonoma Creek (40.2974, -123.7953); South Fork Dobbryn Creek (40.1723, -123.5112); South Fork Eel River (40.3500, -123.9305); South Fork Thompson Creek (40.3447, -123.8334); Thompson

Creek (40.3552, -123.8417); Unnamed Tributary (40.2745, -123.5487).

(xi) *Spy Rock Hydrologic Sub-area 111142*. Outlet(s) = Eel River (Lat 40.1736, Long -123.6043) upstream to endpoint(s) in: Bear Pen Canyon (39.6943, -123.4359); Bell Springs Creek (39.9457, -123.5313); Blue Rock Creek (39.8937, -123.5018); Burger Creek (39.6693, -123.4034); Chamise Creek (40.0035, -123.5945); Gill Creek (39.7879, -123.3465); Iron Creek (39.7993, -123.4747); Jewett Creek (40.1122, -123.6171); Kekawaka Creek (40.0686, -123.4087); Rock Creek (39.9347, -123.5187); Shell Rock Creek (39.8414, -123.4614); Unnamed Tributary (39.7579, -123.4709); White Rock Creek (39.7646, -123.4684); Woodman Creek (39.7612, -123.4364).

(xii) *Outlet Creek Hydrologic Sub-area 111161*. Outlet(s) = Outlet Creek (Lat 39.6265, Long -123.3449) upstream to endpoint(s) in: Baechtel Creek (39.3623, -123.4143); Berry Creek (39.4271, -123.2777); Bloody Run Creek (39.5864, -123.3545); Broadus Creek (39.3869, -123.4282); Cherry Creek (39.6043, -123.4073); Conklin Creek (39.3756, -123.2570); Davis Creek (39.3354, -123.2945); Haehl Creek (39.3735, -123.3172); Long Valley Creek (39.6246, -123.4651); Mill Creek (39.4196, -123.3919); Outlet Creek (39.4526, -123.3338); Ryan Creek (39.4804, -123.3644); Unnamed Tributary (39.4956, -123.3591); Unnamed Tributary (39.4322, -123.3848); Unnamed Tributary (39.5793, -123.4546); Unnamed Tributary (39.3703, -123.3419); Upp Creek (39.4479, -123.3825); Willits Creek (39.4686, -123.4299).

(xiii) *Tomki Creek Hydrologic Sub-area 111162*. Outlet(s) = Eel River (Lat 39.7138, Long -123.3532) upstream to endpoint(s) in: Cave Creek (39.3842, -123.2148); Dean Creek (39.6924, -123.3727); Garcia Creek (39.5153, -123.1512); Little Cave Creek (39.3915, -123.2462); Little Creek (39.4146, -123.2595); Long Branch Creek (39.4074, -123.1897); Rocktree Creek (39.4534, -123.3053); Salmon Creek (39.4367, -123.1939); Scott Creek (39.4492, -123.2286); String Creek (39.4658, -123.3206); Tarter Creek (39.4715, -123.2976); Thomas Creek (39.4768, -123.1230); Tomki Creek (39.5483, -123.3687); Whitney Creek (39.4399, -123.1084); Wheelbarrow Creek (39.5012, -123.3304).

(xiv) *Eden Valley Hydrologic Sub-area 111171*. Outlet(s) = Middle Fork Eel River (Lat 39.7138, Long -123.3532) upstream to endpoint(s) in: Crocker Creek (39.5559, -123.0409); Eden Creek (39.5992, -123.1746); Elk Creek (39.5371, -123.0101); Hayshed Creek

(39.7082, -123.0967); Salt Creek (39.6765, -123.2740); Sportsman's Creek (39.5373, -123.0247); Sulper Springs (39.5536, -123.0365); Thatcher Creek (39.6686, -123.0639).

(xv) *Round Valley Hydrologic Sub-area 111172*. Outlet(s) = Mill Creek (Lat 39.7396, Long -123.1420); Williams Creek (39.8145, -123.1333) upstream to endpoint(s) in: Cold Creek (39.8714, -123.2991); Grist Creek (39.7640, -123.2883); Mill Creek (39.8481, -123.2896); Murphy Creek (39.8885, -123.1612); Short Creek (39.8703, -123.2352); Town Creek (39.7991, -123.2889); Turner Creek (39.7218, -123.2175); Williams Creek (39.8903, -123.1212); Unnamed Tributary (39.7428, -123.2757); Unnamed Tributary (39.7493, -123.2584).

(xvi) *Black Butte River Hydrologic Sub-area 111173*. Outlet(s) = Black Butte River (Lat 39.8239, Long -123.0880) upstream to endpoint(s) in: Black Butte River (39.5946, -122.8579); Buckhorn Creek (39.6563, -122.9225); Cold Creek (39.6960, -122.9063); Estell Creek (39.5966, -122.8224); Spanish Creek (39.6287, -122.8331).

(xvii) *Wilderness Hydrologic Sub-area 111174*. Outlet(s) = Middle Fork Eel River (Lat 39.8240, Long -123.0877) upstream to endpoint(s) in: Beaver Creek (39.9352, -122.9943); Fossil Creek (39.9447, -123.0403); Middle Fork Eel River (40.0780, -123.0442); North Fork Middle Fork Eel River (40.0727, -123.1364); Palm of Gileade Creek (40.0229, -123.0647); Pothole Creek (39.9347, -123.0440).

(6) Cape Mendocino Hydrologic Unit 1112—(i) *Oil Creek Hydrologic Sub-area 111210*. Outlet(s) = Guthrie Creek (Lat 40.5407, Long -124.3626); Oil Creek (40.5195, -124.3767) upstream to endpoint(s) in: Guthrie Creek (40.5320, -124.3128); Oil Creek (40.5061, -124.2875); Unnamed Tributary (40.4946, -124.3091); Unnamed Tributary (40.4982, -124.3549); Unnamed Tributary (40.5141, -124.3573); Unnamed Tributary (40.4992, -124.3070).

(ii) *Capetown Hydrologic Sub-area 111220*. Outlet(s) = Bear River (Lat 40.4744, Long -124.3881); Davis Creek (40.3850, -124.3691); Singley Creek (40.4311, -124.4034) upstream to endpoint(s) in: Antone Creek (40.4281, -124.2114); Bear River (40.3591, -124.0536); Beer Bottle Gulch (40.3949, -124.1410); Bonanza Gulch (40.4777, -124.2966); Brushy Creek (40.4102, -124.1050); Davis Creek (40.3945, -124.2912); Harmonica Creek (40.3775, -124.0735); Hollister Creek (40.4109, -124.2891); Nelson Creek (40.3536, -124.1154); Peaked Creek (40.4123, -124.1897); Pullen Creek (40.4057,

-124.0814); Singley Creek (40.4177, -124.3305); South Fork Bear River (40.4047, -124.2631); Unnamed Tributary (40.4271, -124.3107); Unnamed Tributary (40.4814, -124.2741); Unnamed Tributary (40.3633, -124.0651); Unnamed Tributary (40.3785, -124.0599); Unnamed Tributary (40.4179, -124.2391); Unnamed Tributary (40.4040, -124.0923); Unnamed Tributary (40.3996, -124.3175); Unnamed Tributary (40.4045, -124.0745); Unnamed Tributary (40.4668, -124.2364); Unnamed Tributary (40.4389, -124.2350); Unnamed Tributary (40.4516, -124.2238); Unnamed Tributary (40.4136, -124.1594); Unnamed Tributary (40.4350, -124.1504); Unnamed Tributary (40.4394, -124.3745); West Side Creek (40.4751, -124.2432).

(iii) *Mattole River Hydrologic Sub-area 111230*. Outlet(s) = Big Creek (Lat 40.1567, Long -124.2114); Big Flat Creek (40.1275, -124.1764); Buck Creek (40.1086, -124.1218); Cooskie Creek (40.2192, -124.3105); Fourmile Creek (40.2561, -124.3578); Gitchell Creek (40.0938, -124.1023); Horse Mountain Creek (40.0685, -124.0822); Kinsey Creek (40.1717, -124.2310); Mattole River (40.2942, -124.3536); McNutt Gulch (40.3541, -124.3619); Oat Creek (40.1785, -124.2445); Randall Creek (40.2004, -124.2831); Shipman Creek (40.1175, -124.1449); Spanish Creek (40.1835, -124.2569); Telegraph Creek (40.0473, -124.0798); Whale Gulch (39.9623, -123.9785) upstream to endpoint(s) in: Anderson Creek (40.0329, -123.9674); Baker Creek (40.0143, -123.9048); Bear Creek (40.1262, -124.0631); Bear Creek (40.2819, -124.3336); Bear Trap Creek (40.2157, -124.1422); Big Creek (40.1742, -124.1924); Big Finley Creek (40.0910, -124.0179); Big Flat Creek (40.1444, -124.1636); Blue Slide Creek (40.1562, -123.9283); Box Canyon Creek (40.1078, -123.9854); Bridge Creek (40.0447, -124.0118); Buck Creek (40.1166, -124.1142); Conklin Creek (40.3197, -124.2055); Cooskie Creek (40.2286, -124.2986); Devils Creek (40.3432, -124.1365); Dry Creek (40.2646, -124.0660); East Branch North Fork Mattole River (40.3333, -124.1490); East Fork Honeydew Creek (40.1625, -124.0929); Eubank Creek (40.0997, -123.9661); Fire Creek (40.1533, -123.9509); Fourmile Creek (40.2604, -124.3079); Fourmile Creek (40.1767, -124.0759); French Creek (40.1384, -124.0072); Gibson Creek (40.0304, -123.9279); Gilham Creek (40.2078, -124.0085); Gitchell Creek

(40.1086, -124.0947); Green Ridge Creek (40.3254, -124.1258); Grindstone Creek (40.2019, -123.9890); Harris Creek (40.0381, -123.9304); Harrow Creek (40.1612, -124.0292); Helen Barnum Creek (40.0036, -123.9101); Honeydew Creek (40.1747, -124.1410); Horse Mountain Creek (40.0769, -124.0729); Indian Creek (40.2772, -124.2759); Jewett Creek (40.1465, -124.0414); Kinsey Creek (40.1765, -124.2220); Lost Man Creek (39.9754, -123.9179); Mattole Canyon (40.2021, -123.9570); Mattole River (39.9714, -123.9623); McGinnis Creek (40.3186, -124.1801); McKee Creek (40.0864, -123.9480); McNutt Gulch (40.3458, -124.3418); Middle Creek (40.2591, -124.0366); Mill Creek (40.0158, -123.9693); Mill Creek (40.3305, -124.2598); Mill Creek (40.2839, -124.2946); Nooning Creek (40.0616, -124.0050); North Fork Mattole River (40.3866, -124.1867); North Fork Bear Creek (40.1494, -124.1060); North Fork Fourmile Creek (40.2019, -124.0722); Oat Creek (40.1884, -124.2296); Oil Creek (40.3214, -124.1601); Painter Creek (40.0844, -123.9639); Prichett Creek (40.2892, -124.1704); Randall Creek (40.2092, -124.2668); Rattlesnake Creek (40.3250, -124.0981); Shipman Creek (40.1250, -124.1384); Sholes Creek (40.1603, -124.0619); South Branch West Fork Bridge Creek (40.0326, -123.9853); South Fork Bear Creek (40.0176, -124.0016); Spanish Creek (40.1965, -124.2429); Squaw Creek (40.1934, -124.2002); Stanley Creek (40.0273, -123.9166); Sulphur Creek (40.3647, -124.1586); Telegraph Creek (40.0439, -124.0640); Thompson Creek (39.9913, -123.9707); Unnamed Tributary (40.3475, -124.1606); Unnamed Tributary (40.3522, -124.1533); Unnamed Tributary (40.0891, -123.9839); Unnamed Tributary (40.2223, -124.0172); Unnamed Tributary (40.1733, -123.9515); Unnamed Tributary (40.2899, -124.0955); Unnamed Tributary (40.2853, -124.3227); Unnamed Tributary (39.9969, -123.9071); Upper East Fork Honeydew Creek (40.1759, -124.1182); Upper North Fork Mattole River (40.2907, -124.1115); Vanauken Creek (40.0674, -123.9422); West Fork Bridge Creek (40.0343, -123.9990); West Fork Honeydew Creek (40.1870, -124.1614); Westlund Creek (40.2440, -124.0036); Whale Gulch (39.9747, -123.9812); Woods Creek (40.2119, -124.1611); Yew Creek (40.0018, -123.9762).

(7) Mendocino Coast Hydrologic Unit 1113—(i) *Usal Creek Hydrologic Sub-area 111311*. Outlet(s) = Jackass Creek (Lat 39.8806, Long -123.9155); Usal

Creek (39.8316, -123.8507) upstream to endpoint(s) in: Bear Creek (39.8898, -123.8344); Jackass Creek (39.8901, -123.8928); Julius Creek (39.8542, -123.7937); Little Bear Creek (39.8629, -123.8400); North Fork Jackass Creek (39.9095, -123.9101); North Fork Julius Creek (39.8581, -123.8045); Soldier Creek (39.8679, -123.8162); South Fork Usal Creek (39.8356, -123.7865); Unnamed Tributary (39.8890, -123.8480); Usal Creek (39.8957, -123.8797); Waterfall Gulch (39.8787, -123.8680).

(ii) *Wages Creek Hydrologic Sub-area 111312*. Outlet(s) = Cottaneva Creek (Lat 39.7360, Long -123.8293); DeHaven Creek (39.6592, -123.7863); Hardy Creek (39.7107, -123.8082); Howard Creek (39.6778, -123.7915); Juan Creek (39.7028, -123.8042); Wages Creek (39.6513, -123.7851) upstream to endpoint(s) in: Cottaneva Creek (39.7825, -123.8210); DeHaven Creek (39.6687, -123.7060); Dunn Creek (39.8103, -123.8320); Hardy Creek (39.7221, -123.7822); Howard Creek (39.6808, -123.7463); Juan Creek (39.7107, -123.7472); Kimball Gulch (39.7559, -123.7828); Little Juan Creek (39.7003, -123.7609); Middle Fork Cottaneva Creek (39.7738, -123.8058); North Fork Cottaneva Creek (39.8011, -123.8047); North Fork DeHaven Creek (39.6660, -123.7382); North Fork Wages Creek (39.6457, -123.7066); Rider Gulch (39.6348, -123.7621); Rockport Creek (39.7346, -123.8021); Slaughterhouse Gulch (39.7594, -123.7914); South Fork Cottaneva Creek (39.7447, -123.7773); South Fork Wages Creek (39.6297, -123.6862); Wages Creek (39.6297, -123.6862).

(iii) *Ten Mile River Hydrologic Sub-area 111313*. Outlet(s) = Abalobadiah Creek (Lat 39.5654, Long -123.7672); Chadbourne Gulch (39.6133, -123.7822); Ten Mile River (39.5529, -123.7658); Seaside Creek (39.5592, -123.7655) upstream to endpoint(s) in: Abalobadiah Creek (39.5878, -123.7503); Bald Hill Creek (39.6278, -123.6461); Barlow Gulch (39.6046, -123.7384); Bear Pen Creek (39.5824, -123.6402); Booth Gulch (39.5567, -123.5918); Buckhorn Creek (39.6093, -123.6980); Campbell Creek (39.5053, -123.6610); Cavanaugh Gulch (39.6107, -123.6776); Chadbourne Gulch (39.6190, -123.7682); Clark Fork (39.5280, -123.5134); Curchman Creek (39.4789, -123.6398); Gulch 11 (39.4687, -123.5816); Gulch 19 (39.5939, -123.5781); Little Bear Haven Creek (39.5655, -123.6147); Little North Fork (39.6264, -123.7350); Mill Creek (39.5392, -123.7068); North Fork Ten Mile River (39.5870, -123.5480); O'Conner Gulch (39.6042, -123.6632);

Patsy Creek (39.5714, -123.5669); Redwood Creek (39.5142, -123.5620); Seaside Creek (39.5612, -123.7501); Smith Creek (39.5251, -123.6499); South Fork Bear Haven Creek (39.5688, -123.6527); South Fork Ten Mile River (39.5083, -123.5395); Ten Mile River (39.5721, -123.7098); Unnamed Tributary (39.5180, -123.5948); Unnamed Tributary (39.5146, -123.6183); Unnamed Tributary (39.5898, -123.7657); Unnamed Tributary (39.5813, -123.7526); Unnamed Tributary (39.5936, -123.6034).

(iv) *Noyo River Hydrologic Sub-area 111320*. Outlet(s) = Digger Creek (Lat 39.4088, Long -123.8164); Hare Creek (39.4171, -123.8128); Jug Handle Creek (39.3767, -123.8176); Mill Creek (39.4894, -123.7967); Mitchell Creek (39.3923, -123.8165); Noyo River (39.4274, -123.8096); Pudding Creek (39.4588, -123.8089); Virgin Creek (39.4714, -123.8045) upstream to endpoint(s) in: Bear Gulch (39.3881, -123.6614); Brandon Gulch (39.4191, -123.6645); Bunker Gulch (39.3969, -123.7153); Burbeck Creek (39.4354, -123.4235); Covington Gulch (39.4099, -123.7546); Dewarren Creek (39.4974, -123.5535); Digger Creek (39.3932, -123.7820); Duffy Gulch (39.4469, -123.6023); Gulch Creek (39.4441, -123.4684); Gulch Seven (39.4523, -123.5183); Hare Creek (39.3781, -123.6922); Hayworth Creek (39.4857, -123.4769); Hayshed Creek (39.4200, -123.7391); Jug Handle Creek (39.3647, -123.7523); Kass Creek (39.4262, -123.6807); Little North Fork (39.4532, -123.6636); Little Valley Creek (39.5026, -123.7277); Marble Gulch (39.4423, -123.5479); McMullen Creek (39.4383, -123.4488); Middle Fork North Fork (39.4924, -123.5231); Mill Creek (39.4813, -123.7600); Mitchell Creek (39.3813, -123.7734); North Fork Hayworth Creek (39.4891, -123.5026); North Fork Noyo River (39.4765, -123.5535); North Fork Noyo (39.4765, -123.5535); North Fork South Fork Noyo River (39.3971, -123.6108); Noyo River (39.4242, -123.4356); Olds Creek (39.3964, -123.4448); Parlin Creek (39.3700, -123.6111); Pudding Creek (39.4591, -123.6516); Redwood Creek (39.4660, -123.4571); South Fork Hare Creek (39.3785, -123.7384); South Fork Noyo River (39.3620, -123.6188); Unnamed Tributary (39.4113, -123.5621); Unnamed Tributary (39.3918, -123.6425); Unnamed Tributary (39.4168, -123.4578); Unnamed Tributary (39.4656, -123.7467); Unnamed Tributary (39.4931, -123.7371); Unnamed Tributary (39.4922, -123.7381);

Unnamed Tributary (39.4939, -123.7184); Unnamed Tributary (39.4158, -123.6428); Unnamed Tributary (39.4002, -123.7347); Unnamed Tributary (39.3831, -123.6177); Unnamed Tributary (39.4926, -123.4764); Virgin Creek (39.4621, -123.7855); Unnamed Tributary (39.4650, -123.7463).

(v) *Big River Hydrologic Sub-area 111330*. Outlet(s) = Big River (Lat 39.3030, Long -123.7957); Casper Creek (39.3617, -123.8169); Doyle Creek (39.3603, -123.8187); Jack Peters Creek (39.3193, -123.8006); Russian Gulch (39.3288, -123.8050) upstream to endpoint(s) in: Berry Gulch (39.3585, -123.6930); Big River (39.3166, -123.3733); Casper Creek (39.3462, -123.7556); Chamberlain Creek (39.4007, -123.5317); Daugherty Creek (39.1700, -123.3699); Doyle Creek (39.3517, -123.8007); East Branch Little North Fork Big River (39.3372, -123.6410); East Branch North Fork Big River (39.3354, -123.4652); Gates Creek (39.2083, -123.3944); Jack Peters Gulch (39.3225, -123.7850); James Creek (39.3922, -123.4747); Johnson Creek (39.1963, -123.3927); Johnson Creek (39.2556, -123.4485); Laguna Creek (39.2910, -123.6334); Little North Fork Big River (39.3497, -123.6242); Marten Creek (39.3290, -123.4279); Mettick Creek (39.2591, -123.5193); Middle Fork North Fork Casper Creek (39.3575, -123.7170); North Fork Big River (39.3762, -123.4591); North Fork Casper Creek (39.3610, -123.7356); North Fork James Creek (39.3980, -123.4939); North Fork Ramone Creek (39.2760, -123.4846); Pig Pen Gulch (39.3226, -123.4609); Pruitt Creek (39.2592, -123.3812); Ramone Creek (39.2714, -123.4415); Rice Creek (39.2809, -123.3963); Russell Brook (39.2863, -123.4461); Russian Gulch (39.3237, -123.7650); Snuffins Creek (39.1836, -123.3854); Soda Creek (39.2230, -123.4239); South Fork Big River (39.2317, -123.3687); South Fork Casper Creek (39.3493, -123.7216); Two Log Creek (39.3484, -123.5781); Unnamed Tributary (39.3897, -123.5556); Unnamed Tributary (39.3637, -123.5464); Unnamed Tributary (39.3776, -123.5274); Unnamed Tributary (39.4029, -123.5771); Valentine Creek (39.2694, -123.3957); Water Gulch (39.3607, -123.5891).

(vi) *Albion River Hydrologic Sub-area 111340*. Outlet(s) = Albion River (Lat 39.2253, Long -123.7679); Big Salmon Creek (39.2150, -123.7660); Buckhorn Creek (39.2593, -123.7839); Dark Gulch (39.2397, -123.7740); Little Salmon Creek (39.2150, -123.7660); Little River (39.2734, -123.7914) upstream to endpoint(s) in: Albion River (39.2613,

–123.5766); Big Salmon Creek (39.2070, –123.6514); Buckhorn Creek (39.2513, –123.7595); Dark Gulch (39.2379, –123.7592); Duck Pond Gulch (39.2456, –123.6960); East Railroad Gulch (39.2604, –123.6381); Hazel Gulch (39.2141, –123.6418); Kaison Gulch (39.2733, –123.6803); Little North Fork South Fork Albion River (39.2350, –123.6431); Little River (39.2683, –123.7190); Little Salmon Creek (39.2168, –123.7515); Marsh Creek (39.2325, –123.5596); Nordon Gulch (39.2489, –123.6503); North Fork Albion River (39.2854, –123.5752); Pleasant Valley Gulch (39.2379, –123.6965); Railroad Gulch (39.2182, –123.6932); Soda Springs Creek (39.2943, –123.5944); South Fork Albion River (39.2474, –123.6107); Tom Bell Creek (39.2805, –123.6519); Unnamed Tributary (39.2279, –123.6972); Unnamed Tributary (39.2194, –123.7100); Unnamed Tributary (39.2744, –123.5889); Unnamed Tributary (39.2254, –123.6733).

(vii) *Navarro River Hydrologic Sub-area 111350*. Outlet(s) = Navarro River (Lat 39.1921, Long –123.7611) upstream to endpoint(s) in: Alder Creek (38.9830, –123.3946); Anderson Creek (38.9644, –123.2907); Bailey Creek (39.1733, –123.4804); Barton Gulch (39.1804, –123.6783); Bear Creek (39.1425, –123.4326); Bear Wallow Creek (39.0053, –123.4075); Beasley Creek (38.9366, –123.3265); Bottom Creek (39.2117, –123.4607); Camp 16 Gulch (39.1937, –123.6095); Camp Creek (38.9310, –123.3527); Cold Spring Creek (39.0376, –123.5027); Con Creek (39.0374, –123.3816); Cook Creek (39.1879, –123.5109); Cune Creek (39.1622, –123.6014); Dago Creek (39.0731, –123.5068); Dead Horse Gulch (39.1576, –123.6124); Dutch Henry Creek (39.2112, –123.5794); Floodgate Creek (39.1291, –123.5365); Fluem Gulch (39.1615, –123.6695); Flynn Creek (39.2099, –123.6032); German Creek (38.9452, –123.4269); Gut Creek (39.0803, –123.3312); Ham Canyon (39.0164, –123.4265); Horse Creek (39.0144, –123.4960); Hungry Hollow Creek (39.1327, –123.4488); Indian Creek (39.0708, –123.3301); Jimmy Creek (39.0117, –123.2888); John Smith Creek (39.2275, –123.5366); Little North Fork Navarro River (39.1941, –123.4553); Low Gap Creek (39.1590, –123.3783); Navarro River (39.0537, –123.4409); Marsh Gulch (39.1692, –123.7049); McCarvey Creek (39.1589, –123.4048); Mill Creek (39.1270, –123.4315); Minnie Creek (38.9751, –123.4529); Murray Gulch (39.1755, –123.6966); Mustard Gulch (39.1673, –123.6393); North Branch (39.2069,

–123.5361); North Fork Indian Creek (39.1213, –123.3345); North Fork Navarro River (39.1708, –123.5606); Parkinson Gulch (39.0768, –123.4070); Perry Gulch (39.1342, –123.5707); Rancheria Creek (38.8626, –123.2417); Ray Gulch (39.1792, –123.6494); Robinson Creek (38.9845, –123.3513); Rose Creek (39.1358, –123.3672); Shingle Mill Creek (39.1671, –123.4223); Soda Creek (39.0238, –123.3149); Soda Creek (39.1531, –123.3734); South Branch (39.1409, –123.3196); Spooner Creek (39.2221, –123.4811); Tramway Gulch (39.1481, –123.5958); Yale Creek (38.8882, –123.2785).

(viii) *Greenwood Creek Hydrologic Sub-area 111361*. Outlet(s) = Greenwood Creek (Lat 39.1262, Long –123.7181) upstream to endpoint(s) in: Greenwood Creek (39.0894, –123.5924).

(ix) *Elk Creek Hydrologic Sub-area 111362*. Outlet(s) = Elk Creek (Lat 39.1024, Long –123.7080) upstream to endpoint(s) in: Elk Creek (39.0657, –123.6245).

(x) *Alder Creek Hydrologic Sub-area 111363*. Outlet(s) = Alder Creek (Lat 39.0044, Long –123.6969); Mallo Pass Creek (39.0341, –123.6896) upstream to endpoint(s) in: Alder Creek (38.9961, –123.6471); Mallo Pass Creek (39.0287, –123.6373).

(xi) *Brush Creek Hydrologic Sub-area 111364*. Outlet(s) = Brush Creek (Lat 38.9760, Long –123.7120) upstream to endpoint(s) in: Brush Creek (38.9730, –123.5563); Mill Creek (38.9678, –123.6515); Unnamed Tributary (38.9724, –123.6571).

(xii) *Garcia River Hydrologic Sub-area 111370*. Outlet(s) = Garcia River (Lat 38.9550, Long –123.7338); Point Arena Creek (38.9141, –123.7103); Schooner Gulch (38.8667, –123.6550) upstream to endpoint(s) in: Blue Water Hole Creek (38.9378, –123.5023); Flemming Creek (38.8384, –123.5361); Garcia River (38.8965, –123.3681); Hathaway Creek (38.9287, –123.7011); Inman Creek (38.8804, –123.4370); Larmour Creek (38.9419, –123.4469); Mill Creek (38.9078, –123.3143); North Fork Garcia River (38.9233, –123.5339); North Fork Schooner Gulch (38.8758, –123.6281); Pardaloe Creek (38.8895, –123.3423); Point Arena Creek (38.9069, –123.6838); Redwood Creek (38.9241, –123.3343); Rolling Brook (38.8965, –123.5716); Schooner Gulch (38.8677, –123.6198); South Fork Garcia River (38.8450, –123.5420); Stansbury Creek (38.9422, –123.4720); Signal Creek (38.8639, –123.4414); Unnamed Tributary (38.8758, –123.5692); Unnamed Tributary (38.8818, –123.5723); Whitlow Creek (38.9141, –123.4624).

(xiii) *North Fork Gualala River Hydrologic Sub-area 111381*. Outlet(s) = North Fork Gualala River (Lat 38.7784, Long –123.4992) upstream to endpoint(s) in: Bear Creek (38.8347, –123.3842); Billings Creek (38.8652, –123.3496); Doty Creek (38.8495, –123.5131); Dry Creek (38.8416, –123.4455); Little North Fork Gualala River (38.8295, –123.5570); McGann Gulch (38.8026, –123.4458); North Fork Gualala River (38.8479, –123.4113); Robinson Creek (38.8416, –123.3725); Robinson Creek (38.8386, –123.4991); Stewart Creek (38.8109, –123.4157); Unnamed Tributary (38.8487, –123.3820).

(xiv) *Rockpile Creek Hydrologic Sub-area 111382*. Outlet(s) = Rockpile Creek (Lat 38.7507, Long –123.4706) upstream to endpoint(s) in: Rockpile Creek (38.7966, –123.3872).

(xv) *Buckeye Creek Hydrologic Sub-area 111383*. Outlet(s) = Buckeye Creek (Lat 38.7403, Long –123.4580) upstream to endpoint(s) in: Buckeye Creek (38.7400, –123.2697); Flat Ridge Creek (38.7616, –123.2400); Franchini Creek (38.7500, –123.3708); North Fork Buckeye (38.7991, –123.3166).

(xvi) *Wheatfield Fork Hydrologic Sub-area 111384*. Outlet(s) = Wheatfield Fork Gualala River (Lat 38.7018, Long –123.4168) upstream to endpoint(s) in: Danfield Creek (38.6369, –123.1431); Fuller Creek (38.7109, –123.3256); Haupt Creek (38.6220, –123.2551); House Creek (38.6545, –123.1184); North Fork Fuller Creek (38.7252, –123.2968); Pepperwood Creek (38.6205, –123.1665); South Fork Fuller Creek (38.6973, –123.2860); Tombs Creek (38.6989, –123.1616); Unnamed Tributary (38.7175, –123.2744); Wheatfield Fork Gualala River (38.7497, –123.2215).

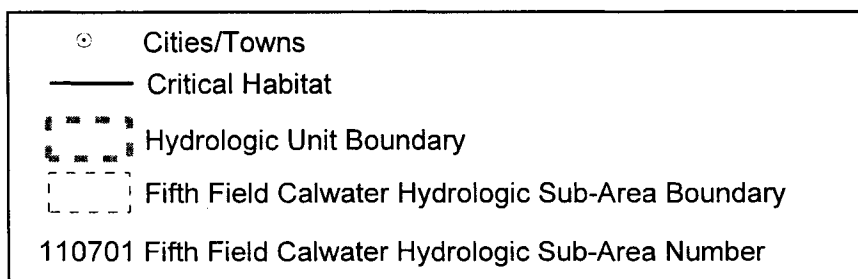
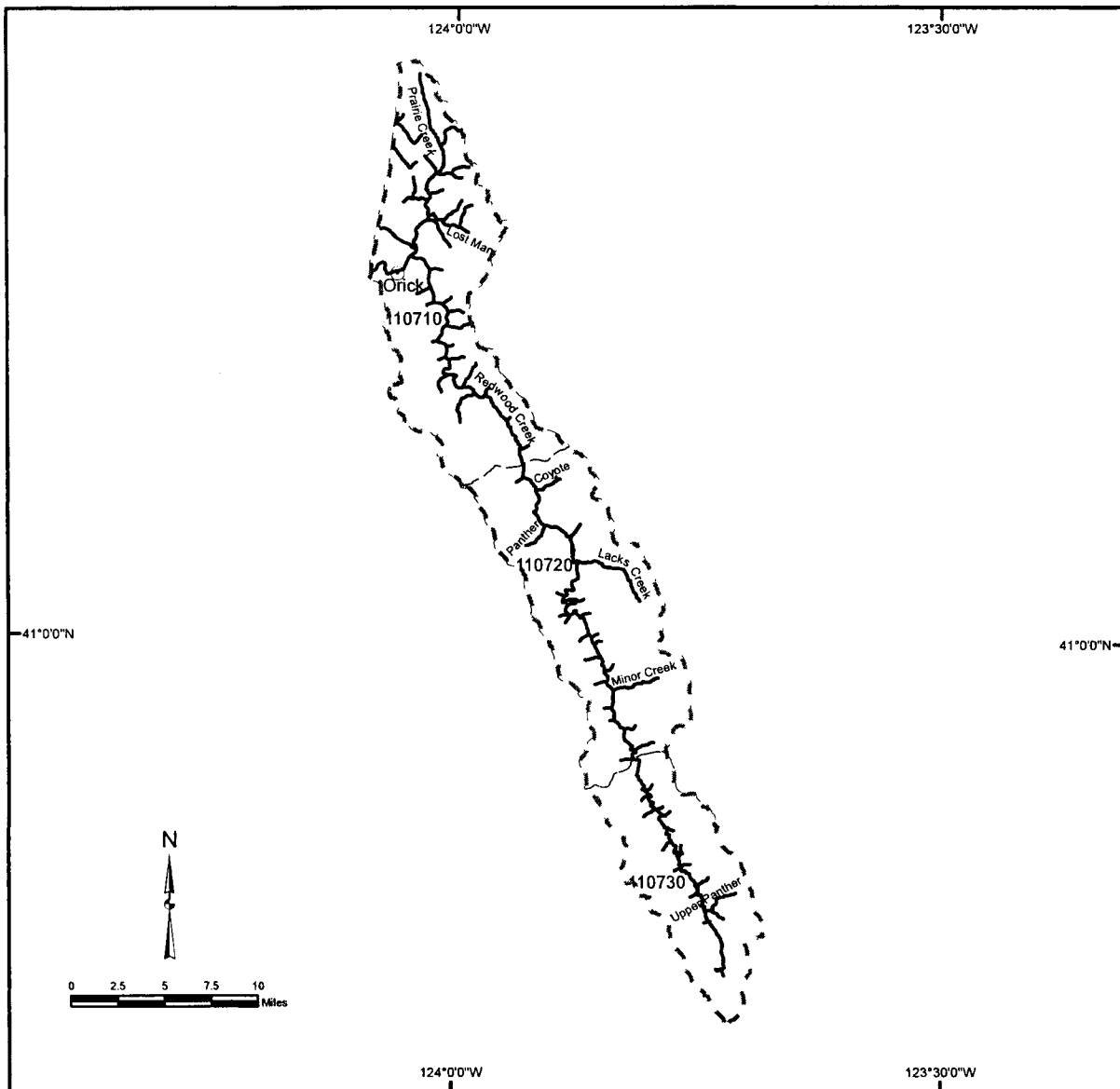
(xvii) *Gualala Hydrologic Sub-area 111385*. Outlet(s) = Fort Ross Creek (Lat 38.5119, Long –123.2436); Gualala River (38.7687, –123.5334); Kolmer Gulch (38.5238, –123.2646) upstream to endpoint(s) in: Big Pepperwood Creek (38.7951, –123.4638); Carson Creek (38.5653, –123.1906); Fort Ross Creek (38.5174, –123.2363); Groshong Gulch (38.7814, –123.4904); Gualala River (38.7780, –123.4991); Kolmer Gulch (38.5369, –123.2247); Little Pepperwood (38.7738, –123.4427); Marshall Creek (38.5647, –123.2058); McKenzie Creek (38.5895, –123.1730); Palmer Canyon Creek (38.6002, –123.2167); South Fork Gualala River (38.5646, –123.1689); Sproule Creek (38.6122, –123.2739); Turner Canyon (38.5294, –123.1672); Unknown Tributary (38.5634, –123.2003).

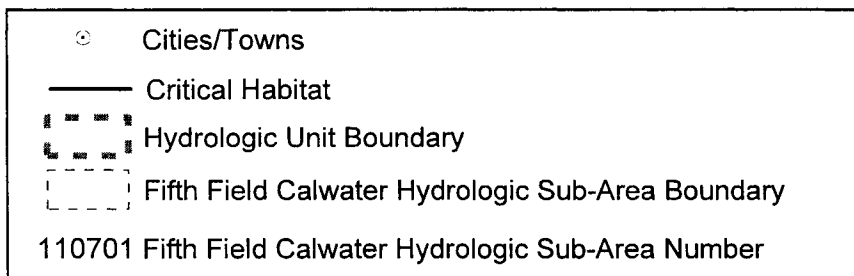
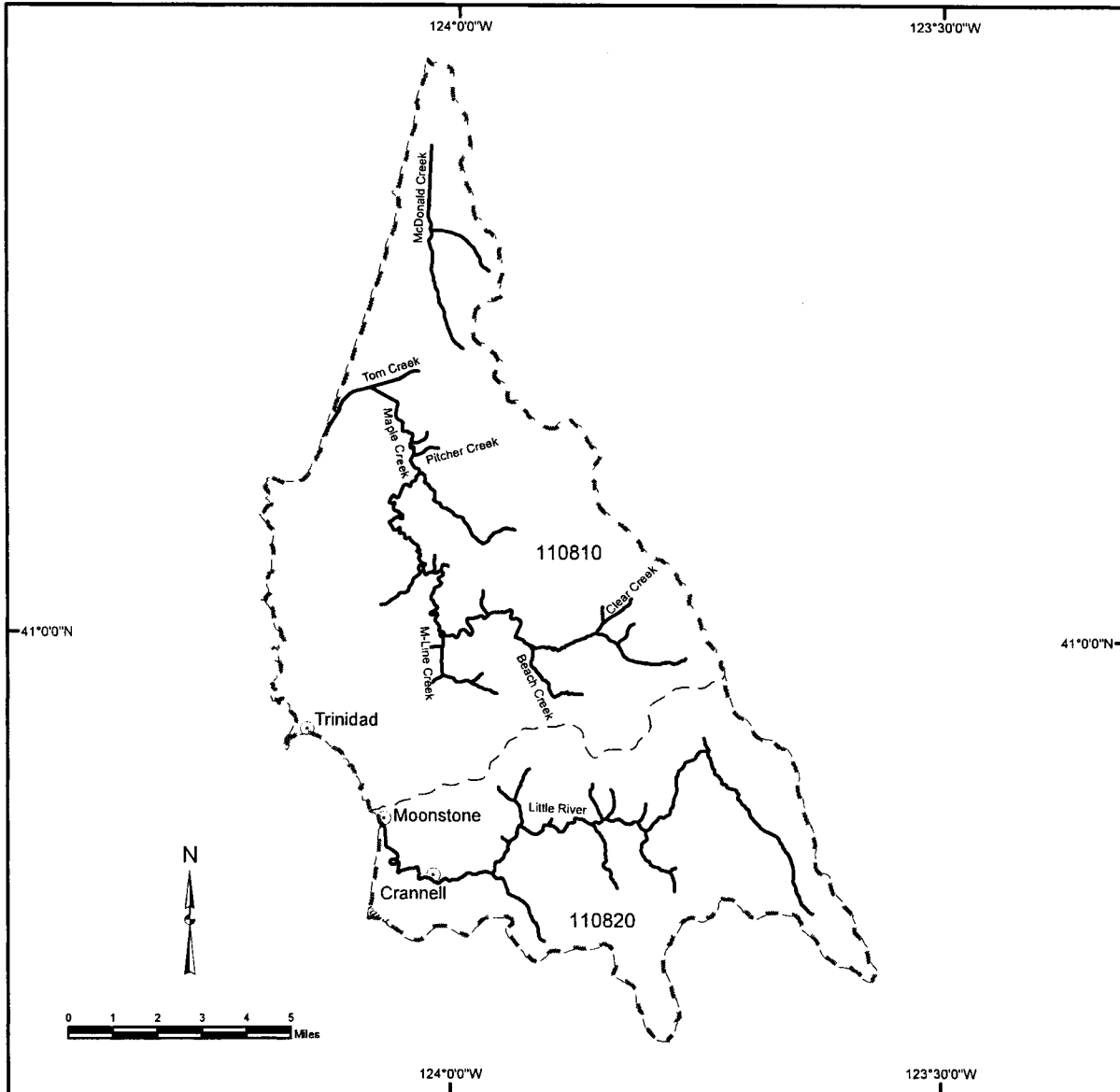
(xviii) *Russian Gulch Hydrologic Sub-area 111390*. Outlet(s) = Russian Gulch

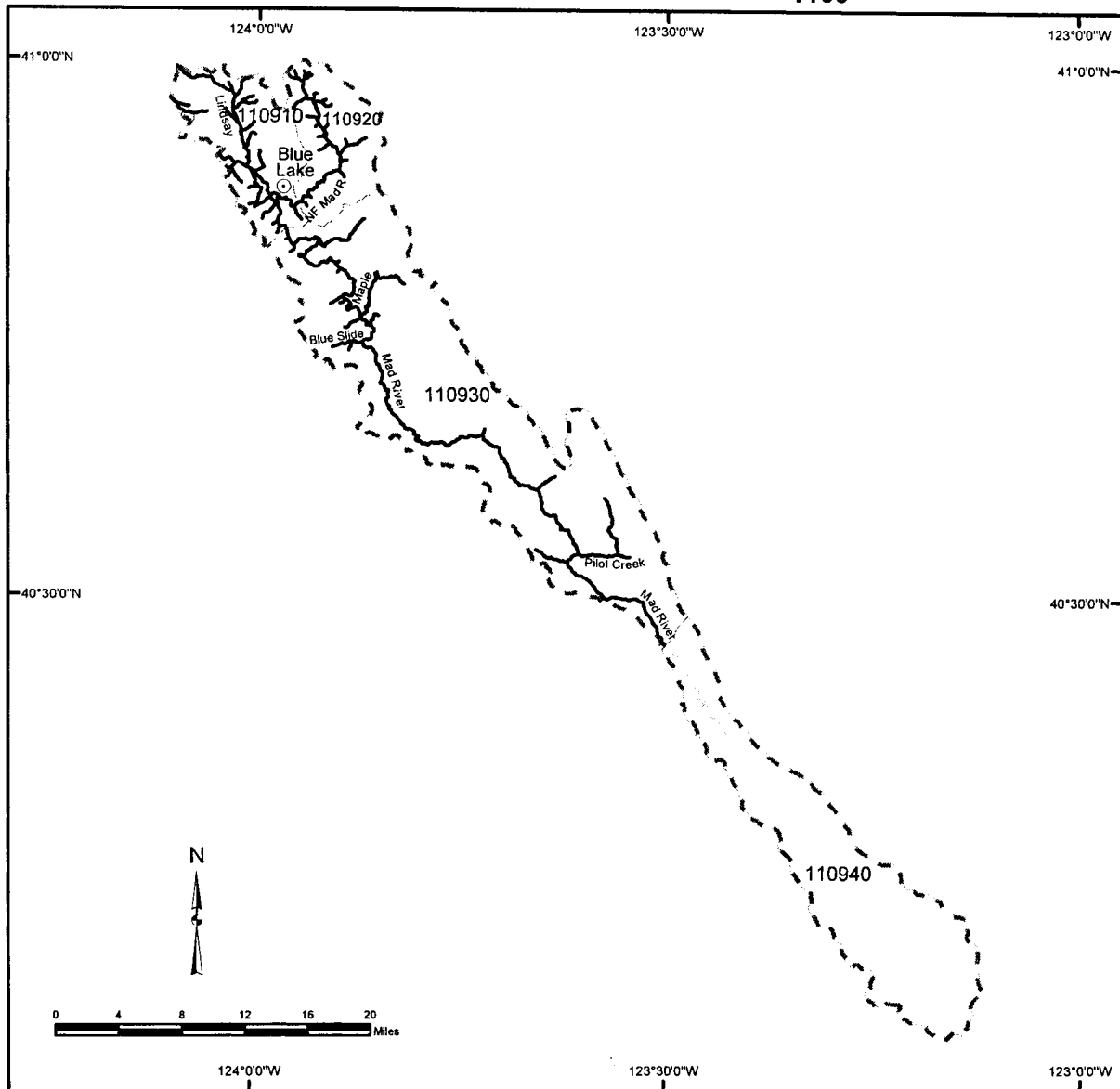
Creek (Lat 38.4669, Long -123.1569)
upstream to endpoint(s) in: Russian
Gulch Creek (38.4956, -123.1535); West






Branch Russian Gulch Creek (38.4968,
-123.1631).

(8) Maps of critical habitat for the
Northern California Steelhead ESU
follow:
BILLING CODE 3510-22-P

**Critical Habitat for the
Northern California Steelhead****Redwood Creek Hydrologic Unit
1107**

**Critical Habitat for the
Northern California Steelhead****Trinidad Hydrologic Unit
1108**

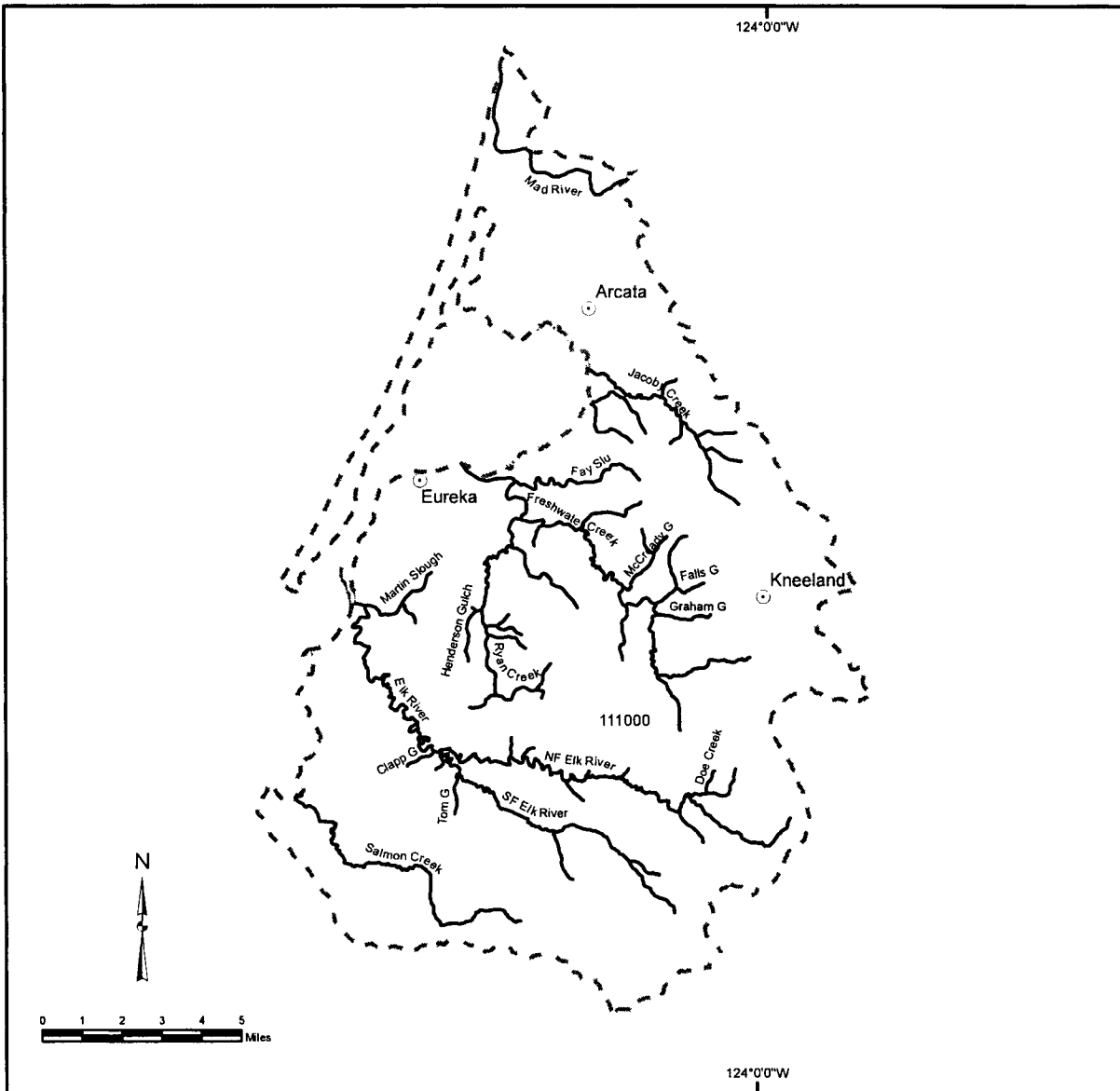
**Critical Habitat for the
Northern California Steelhead****Mad River Hydrologic Unit
1109**

-  Cities/Towns
-  Critical Habitat
-  Occupied but excluded streams / areas
-  Hydrologic Unit Boundary
-  Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number

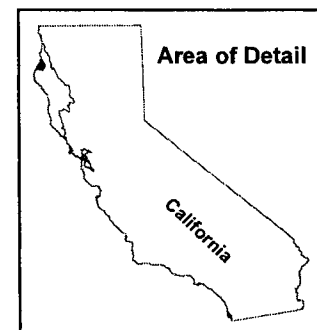


Critical Habitat for the Northern California Steelhead

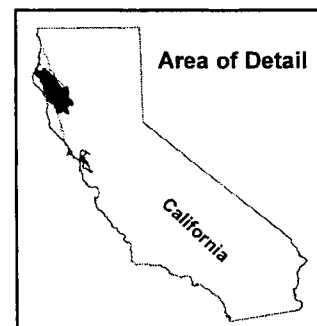
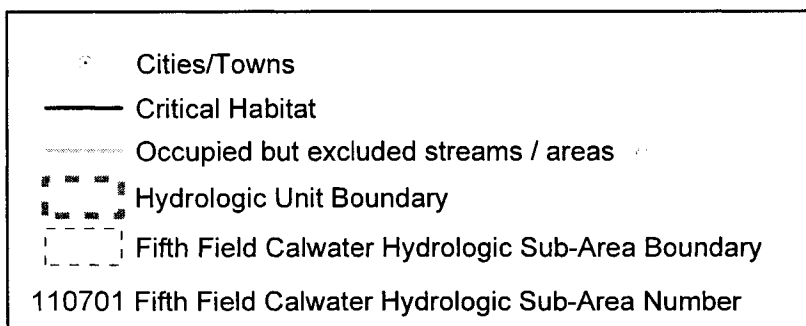
Eureka Plain Hydrologic Unit
1110



- ⊙ Cities/Towns
- Critical Habitat
- Hydrologic Unit Boundary
- - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number

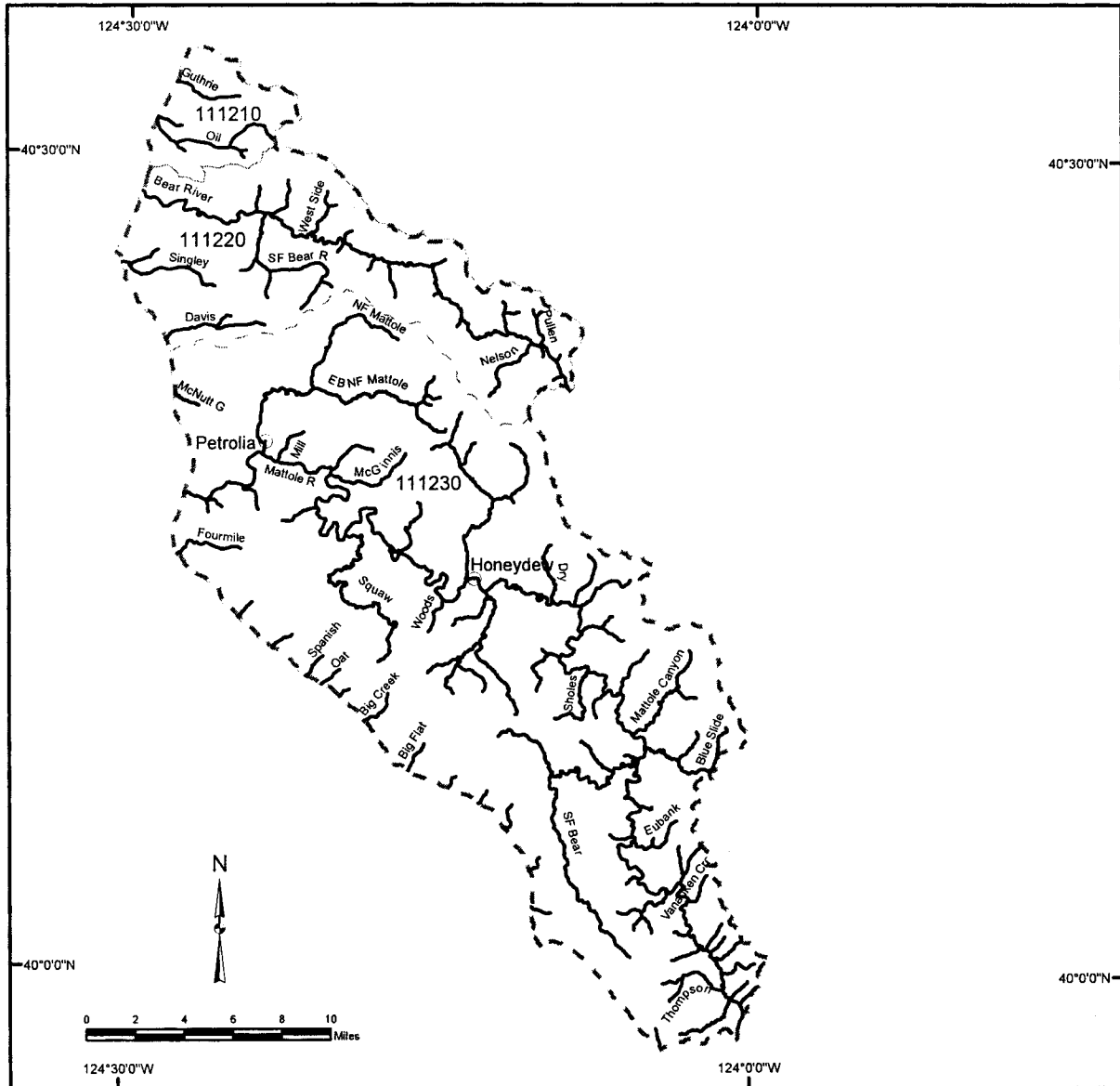


**Eel River Hydrologic Unit
1111**



Critical Habitat for the Northern California Steelhead

Cape Mendocino Hydrologic Unit 1112

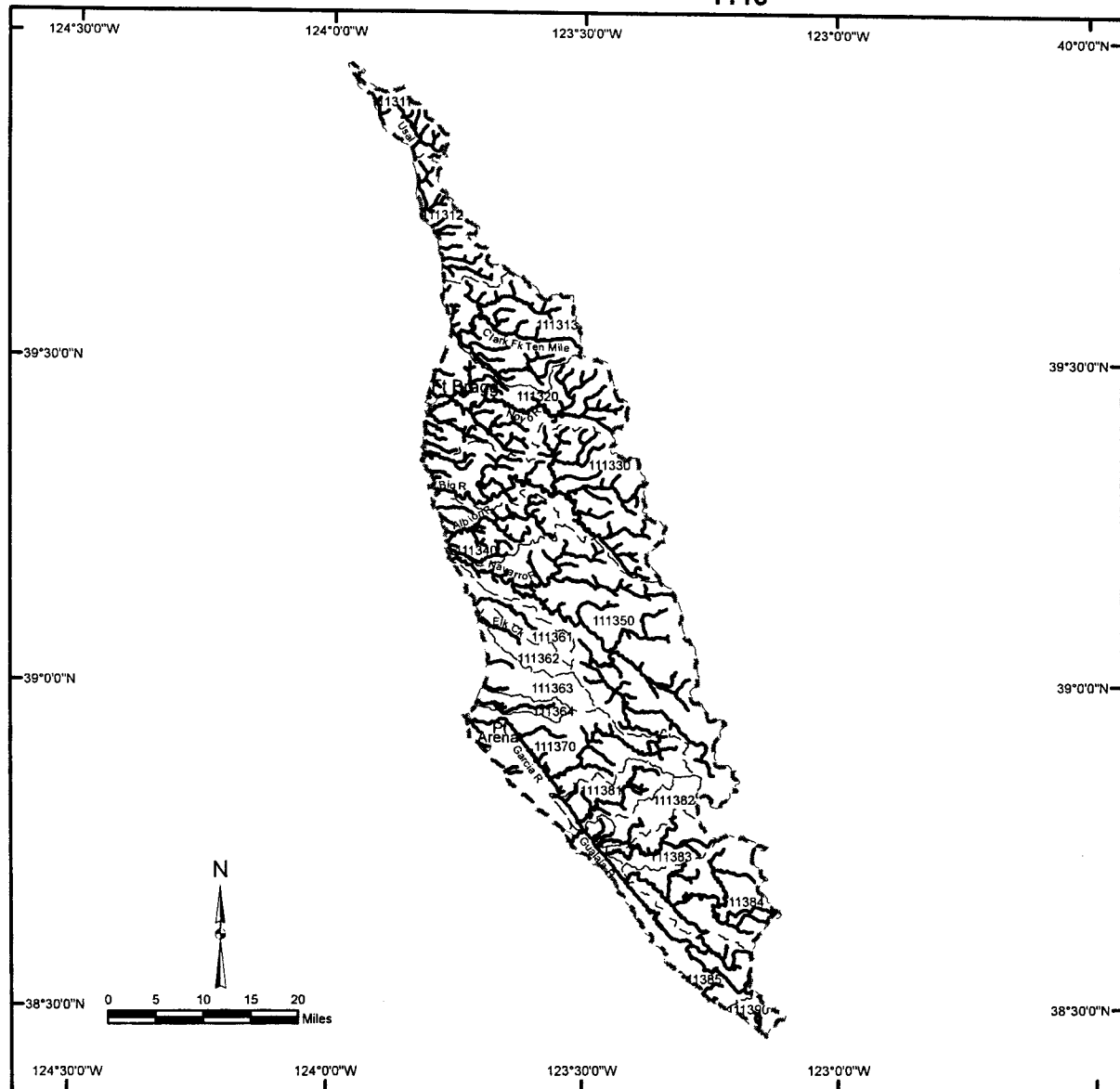


- Cities/Towns
- Critical Habitat
- Hydrologic Unit Boundary
- Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number

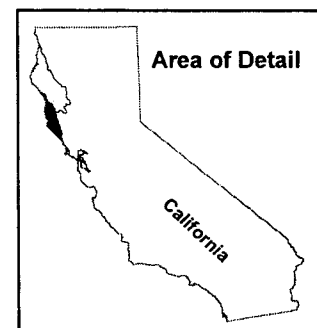


Critical Habitat for the Northern California Steelhead

Mendocino Coast Hydrologic Unit 1113



- ⊙ Cities/Towns
- Critical Habitat
- ▬ Hydrologic Unit Boundary
- - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



(h) *Central California Coast Steelhead* (*O. mykiss*). Critical habitat is designated to include the areas defined in the following CALWATER Hydrologic Units:

(1) Russian River Hydrologic Unit 1114—(i) *Guerneville Hydrologic Sub-area 111411*. Outlet(s) = Russian River (Lat 38.4507, Long -123.1289) upstream to endpoint(s) in: Atascadero Creek (38.3473, -122.8626); Austin Creek (38.5098, -123.0680); Baumert Springs (38.4195, -122.9658); Dutch Bill Creek (38.4132, -122.9508); Duvoul Creek (38.4527, -122.9525); Fife Creek (38.5584, -122.9922); Freezeout Creek (38.4405, -123.0360); Green Valley Creek (38.4445, -122.9185); Grub Creek (38.4411, -122.9636); Hobson Creek (38.5334, -122.9401); Hulbert Creek (38.5548, -123.0362); Jenner Gulch (38.4869, -123.0996); Kidd Creek (38.5029, -123.0935); Lancel Creek (38.4247, -122.9322); Mark West Creek (38.4961, -122.8489); Mays Canyon (38.4800, -122.9715); North Fork Lancel Creek (38.4447, -122.9444); Pocket Canyon (38.4650, -122.9267); Porter Creek (38.5435, -122.9332); Purrington Creek (38.4083, -122.9307); Sheep House Creek (38.4820, -123.0921); Smith Creek (38.4622, -122.9585); Unnamed Tributary (38.4560, -123.0246); Unnamed Tributary (38.3976, -122.8994); Unnamed Tributary (38.3772, -122.8938); Willow Creek (38.4249, -123.0022).

(ii) *Austin Creek Hydrologic Sub-area 111412*. Outlet(s) = Austin Creek (Lat 38.5098, Long -123.0680) upstream to endpoint(s) in: Austin Creek (38.6262, -123.1347); Bear Pen Creek (38.5939, -123.1644); Big Oat Creek (38.5615, -123.1299); Black Rock Creek (38.5586, -123.0730); Blue Jay Creek (38.5618, -123.1399); Conshea Creek (38.5830, -123.0824); Devil Creek (38.6163, -123.0425); East Austin Creek (38.6349, -123.1238); Gilliam Creek (38.5803, -123.0152); Gray Creek (38.6132, -123.0107); Thompson Creek (38.5747, -123.0300); Pole Mountain Creek (38.5122, -123.1168); Red Slide Creek (38.6039, -123.1141); Saint Elmo Creek (38.5130, -123.1125); Schoolhouse Creek (38.5595, -123.0175); Spring Creek (38.5041, -123.1364); Sulphur Creek (38.6187, -123.0553); Ward Creek (38.5720, -123.1547).

(iii) *Mark West Hydrologic Sub-area 111423*. Outlet(s) = Mark West Creek (Lat 38.4962, Long -122.8492) upstream to endpoint(s) in: Humbug Creek (38.5412, -122.6249); Laguna de Santa Rosa (38.4526, -122.8347); Mark West Creek (38.5187, -122.5995); Pool Creek (38.5486, -122.7641); Pruitt Creek (38.5313, -122.7615); Windsor Creek (38.5484, -122.8101).

(iv) *Warm Springs Hydrologic Sub-area 111424*. Outlet(s) = Dry Creek (Lat 38.5862, Long -122.8577) upstream to endpoint(s) in: Angel Creek (38.6101, -122.9833); Crane Creek (38.6434, -122.9451); Dry Creek (38.7181, -123.0091); Dutcher Creek (38.7223, -122.9770); Felta Creek (38.5679, -122.9379); Foss Creek (38.6244, -122.8754); Grape Creek (38.6593, -122.9707); Mill Creek (38.5976, -122.9914); North Slough Creek (38.6392, -122.8888); Palmer Creek (38.5770, -122.9904); Pena Creek (38.6384, -123.0743); Redwood Log Creek (38.6705, -123.0725); Salt Creek (38.5543, -122.9133); Wallace Creek (38.6260, -122.9651); Wine Creek (38.6662, -122.9682); Woods Creek (38.6069, -123.0272).

(v) *Geyserville Hydrologic Sub-area 111425*. Outlet(s) = Russian River (Lat 38.6132, Long -122.8321) upstream to endpoint(s) in: Ash Creek (38.8556, -123.0082); Bear Creek (38.7253, -122.7038); Bidwell Creek (38.6229, -122.6320); Big Sulphur Creek (38.8279, -122.9914); Bluegum Creek (38.6988, -122.7596); Briggs Creek (38.6845, -122.6811); Coon Creek (38.7105, -122.6957); Crocker Creek (38.7771, -122.9595); Edwards Creek (38.8592, -123.0758); Foote Creek (38.6433, -122.6797); Foss Creek (38.6373, -122.8753); Franz Creek (38.5726, -122.6343); Gill Creek (38.7552, -122.8840); Gird Creek (38.7055, -122.8311); Ingalls Creek (38.7344, -122.7192); Kellog Creek (38.6753, -122.6422); Little Briggs Creek (38.7082, -122.7014); Maacama Creek (38.6743, -122.7431); McDonnell Creek (38.7354, -122.7338); Mill Creek (38.7009, -122.6490); Miller Creek (38.7211, -122.8608); Oat Valley Creek (38.8461, -123.0712); Redwood Creek (38.6342, -122.6720); Sausal Creek (38.6924, -122.7930); South Fork Gill Creek (38.7420, -122.8760); Unnamed Tributary (38.7329, -122.8601); Yellowjacket Creek (38.6666, -122.6308).

(vi) *Sulphur Creek Hydrologic Sub-area 111426*. Outlet(s) = Big Sulphur Creek (Lat 38.8279, Long -122.9914) upstream to endpoint(s) in: Alder Creek (38.8503, -122.8953); Anna Belcher Creek (38.7537, -122.7586); Big Sulphur Creek (38.8243, -122.8774); Frasier Creek (38.8439, -122.9341); Humming Bird Creek (38.8460, -122.8596); Little Sulphur Creek (38.7469, -122.7425); Lovers Gulch (38.7396, -122.8275); North Branch Little Sulphur Creek (38.7783, -122.8119); Squaw Creek (38.8199, -122.7945).

(vii) *Ukiah Hydrologic Sub-area 111431*. Outlet(s) = Russian River (Lat 38.8828, Long -123.0557) upstream to

endpoint(s) in: Pieta Creek (38.8622, -122.9329).

(viii) *Forsythe Creek Hydrologic Sub-area 111433*. Outlet(s) = West Branch Russian River (Lat 39.2257, Long -123.2012) upstream to endpoint(s) in: Bakers Creek (39.2859, -123.2432); Eldridge Creek (39.2250, -123.3309); Forsythe Creek (39.2976, -123.2963); Jack Smith Creek (39.2754, -123.3421); Mariposa Creek (39.3472, -123.2625); Mill Creek (39.2969, -123.3360); Salt Hollow Creek (39.2585, -123.1881); Seward Creek (39.2606, -123.2646); West Branch Russian River (39.3642, -123.2334).

(2) Bodega Hydrologic Unit 1115—(i) *Salmon Creek Hydrologic Sub-area 111510*. Outlet(s) = Salmon Creek (Lat 38.3554, Long -123.0675) upstream to endpoint(s) in: Coleman Valley Creek (38.3956, -123.0097); Faye Creek (38.3749, -123.0000); Finley Creek (38.3707, -123.0258); Salmon Creek (38.3877, -122.9318); Tannery Creek (38.3660, -122.9808).

(ii) *Estero Americano Hydrologic Sub-area 111530*. Outlet(s) = Estero Americano (Lat 38.2939, Long -123.0011) upstream to endpoint(s) in: Estero Americano (38.3117, -122.9748); Ebabias Creek (38.3345, -122.9759).

(3) Marin Coastal Hydrologic Unit 2201—(i) *Walker Creek Hydrologic Sub-area 220112*. Outlet(s) = Walker Creek (Lat 38.2213, Long -122.9228); Millerton Gulch (38.1055, -122.8416) upstream to endpoint(s) in: Chileno Creek (38.2145, -122.8579); Frink Canyon (38.1761, -122.8405); Millerton Gulch (38.1376, -122.8052); Verde Canyon (38.1630, -122.8116); Unnamed Tributary (38.1224, -122.8095); Walker Creek (38.1617, -122.7815).

(ii) *Lagunitas Creek Hydrologic Sub-area 220113*. Outlet(s) = Lagunitas Creek (Lat 38.0827, Long -122.8274) upstream to endpoint(s) in: Cheda Creek (38.0483, -122.7329); Devil's Gulch (38.0393, -122.7128); Giacomini Creek (38.0075, -122.7386); Horse Camp Gulch (38.0078, -122.7624); Lagunitas Creek (37.9974, -122.7045); Olema Creek (37.9719, -122.7125); Quarry Gulch (38.0345, -122.7639); San Geronimo Creek (38.0131, -122.6499); Unnamed Tributary (37.9893, -122.7328); Unnamed Tributary (37.9976, -122.7553).

(iii) *Point Reyes Hydrologic Sub-area 220120*. Outlet(s) = Creamery Bay Creek (Lat 38.0779, Long -122.9572); East Schooner Creek (38.0913, -122.9293); Home Ranch (38.0705, -122.9119); Laguna Creek (38.0235, -122.8732); Muddy Hollow Creek (38.0329, -122.8842) upstream to endpoint(s) in: Creamery Bay Creek (38.0809, -122.9561); East Schooner Creek

(38.0928, -122.9159); Home Ranch Creek (38.0784, -122.9038); Laguna Creek (38.0436, -122.8559); Muddy Hollow Creek (38.0549, -122.8666).

(iv) *Bolinas Hydrologic Sub-area 220130*. Outlet(s) = Easkoot Creek (Lat 37.9026, Long -122.6474); McKinnon Gulch (37.9126, -122.6639); Morse Gulch (37.9189, -122.6710); Pine Gulch Creek (37.9218, -122.6882); Redwood Creek (37.8595, -122.5787); Stinson Gulch (37.9068, -122.6517); Wilkins Creek (37.9343, -122.6967) upstream to endpoint(s) in: Easkoot Creek (37.8987, -122.6370); Kent Canyon (37.8866, -122.5800); McKinnon Gulch (37.9197, -122.6564); Morse Gulch (37.9240, -122.6618); Pine Gulch Creek (37.9557, -122.7197); Redwood Creek (37.9006, -122.5787); Stinson Gulch (37.9141, -122.6426); Wilkins Creek (37.9450, -122.6910).

(4) San Mateo Hydrologic Unit 2202—(i) *San Mateo Coastal Hydrologic Sub-area 220221*. Outlet(s) = Denniston Creek (37.5033, -122.4869); Frenchmans Creek (37.4804, -122.4518); San Pedro Creek (37.5964, -122.5057) upstream to endpoint(s) in: Denniston Creek (37.5184, -122.4896); Frenchmans Creek (37.5170, -122.4332); Middle Fork San Pedro Creek (37.5758, -122.4591); North Fork San Pedro Creek (37.5996, -122.4635).

(ii) *Half Moon Bay Hydrologic Sub-area 220222*. Outlet(s) = Pilarcitos Creek (Lat 37.4758, Long -122.4493) upstream to endpoint(s) in: Apanolio Creek (37.5202, -122.4158); Arroyo Leon Creek (37.4560, -122.3442); Mills Creek (37.4629, -122.3721); Pilarcitos Creek (37.5259, -122.3980); Unnamed Tributary (37.4705, -122.3616).

(iii) *Tunitas Creek Hydrologic Sub-area 220223*. Outlet(s) = Lobitos Creek (Lat 37.3762, Long -122.4093); Tunitas Creek (37.3567, -122.3999) upstream to endpoint(s) in: East Fork Tunitas Creek (37.3981, -122.3404); Lobitos Creek (37.4246, -122.3586); Tunitas Creek (37.4086, -122.3502).

(iv) *San Gregorio Creek Hydrologic Sub-area 220230*. Outlet(s) = San Gregorio Creek (Lat 37.3215, Long -122.4030) upstream to endpoint(s) in: Alpine Creek (37.3062, -122.2003); Bogess Creek (37.3740, -122.3010); El Corte Madera Creek (37.3650, -122.3307); Harrington Creek (37.3811, -122.2936); La Honda Creek (37.3680, -122.2655); Langley Creek (37.3302, -122.2420); Mindego Creek (37.3204, -122.2239); San Gregorio Creek (37.3099, -122.2779); Woodruff Creek (37.3415, -122.2495).

(v) *Pescadero Creek Hydrologic Sub-area 220240*. Outlet(s) = Pescadero Creek (Lat 37.2669, Long -122.4122); Pomponio Creek (37.2979, -122.4061)

upstream to endpoint(s) in: Bradley Creek (37.2819, -122.3802); Butano Creek (37.2419, -122.3165); Evans Creek (37.2659, -122.2163); Honsinger Creek (37.2828, -122.3316); Little Boulder Creek (37.2145, -122.1964); Little Butano Creek (37.2040, -122.3492); Oil Creek (37.2572, -122.1325); Pescadero Creek (37.2320, -122.1553); Lambert Creek (37.3014, -122.1789); Peters Creek (37.2883, -122.1694); Pomponio Creek (37.3030, -122.3805); Slate Creek (37.2530, -122.1935); Tarwater Creek (37.2731, -122.2387); Waterman Creek (37.2455, -122.1568).

(5) Bay Bridge Hydrologic Unit T 2203—(i) *San Rafael Hydrologic Sub-area 220320*. Outlet(s) = Arroyo Corte Madera del Presidio (Lat 37.8917, Long -122.5254); Corte Madera Creek (37.9425, -122.5059) upstream to endpoint(s) in: Arroyo Corte Madera del Presidio (37.9298, -122.5723); Cascade Creek (37.9867, -122.6287); Cascade Creek (37.9157, -122.5655); Larkspur Creek (37.9305, -122.5514); Old Mill Creek (37.9176, -122.5746); Ross Creek (37.9558, -122.5752); San Anselmo Creek (37.9825, -122.6420); Sleepy Hollow Creek (38.0074, -122.5794); Tamalpais Creek (37.9481, -122.5674).

(ii) [Reserved]

(6) Santa Clara Hydrologic Unit 2205—(i) *Coyote Creek Hydrologic Sub-area 220530*. Outlet(s) = Coyote Creek (Lat 37.4629, Long -121.9894; 37.2275, -121.7514) upstream to endpoint(s) in: Arroyo Aguague (37.3907, -121.7836); Coyote Creek (37.2778, -121.8033; 37.1677, -121.6301); Upper Penitencia Creek (37.3969, -121.7577).

(ii) *Guadalupe River—San Jose Hydrologic Sub-area 220540*. Outlet(s) = Coyote Creek (Lat 37.2778, Long -121.8033) upstream to endpoint(s) in: Coyote Creek (37.2275, -121.7514).

(iii) *Palo Alto Hydrologic Sub-area 220550*. Outlet(s) = Guadalupe River (Lat 37.4614, Long -122.0240); San Francisquito Creek (37.4658, -122.1152); Stevens Creek (37.4456, -122.0641) upstream to endpoint(s) in: Bear Creek (37.4164, -122.2690); Corte Madera Creek (37.4073, -122.2378); Guadalupe River (37.3499, -121.9094); Los Trancos (37.3293, -122.1786); McGarvey Gulch (37.4416, -122.2955); Squealer Gulch (37.4335, -122.2880); Stevens Creek (37.2990, -122.0778); West Union Creek (37.4528, -122.3020).

(7) San Pablo Hydrologic Unit 2206—(i) *Petaluma River Hydrologic Sub-area 220630*. Outlet(s) = Petaluma River (Lat 38.1111, Long -122.4944) upstream to endpoint(s) in: Adobe Creek (38.2940, -122.5834); Lichau Creek (38.2848, -122.6654); Lynch Creek (38.2748, -122.6194); Petaluma River (38.3010, -122.7149); Schultz Slough (38.1892,

-122.5953); San Antonio Creek (38.2049, -122.7408); Unnamed Tributary (38.3105, -122.6146); Willow Brook (38.3165, -122.6113).

(ii) *Sonoma Creek Hydrologic Sub-area 220640*. Outlet(s) = Sonoma Creek (Lat 38.1525, Long -122.4050) upstream to endpoint(s) in: Agua Caliente Creek (38.3368, -122.4518); Asbury Creek (38.3401, -122.5590); Bear Creek (38.4656, -122.5253); Calabazas Creek (38.4033, -122.4803); Carriger Creek (38.3031, -122.5336); Graham Creek (38.3474, -122.5607); Hooker Creek (38.3809, -122.4562); Mill Creek (38.3395, -122.5454); Nathanson Creek (38.3350, -122.4290); Rodgers Creek (38.2924, -122.5543); Schell Creek (38.2554, -122.4510); Sonoma Creek (38.4507, -122.4819); Stuart Creek (38.3936, -122.4708); Yulupa Creek (38.3986, -122.5934).

(iii) *Napa River Hydrologic Sub-area 220650*. Outlet(s) = Napa River (Lat 38.0786, Long -122.2468) upstream to endpoint(s) in: Bale Slough (38.4806, -122.4578); Bear Canyon Creek (38.4512, -122.4415); Bell Canyon Creek (38.5551, -122.4827); Brown's Valley Creek (38.3251, -122.3686); Canon Creek (38.5368, -122.4854); Carneros Creek (38.3108, -122.3914); Conn Creek (38.4843, -122.3824); Cyrus Creek (38.5776, -122.6032); Diamond Mountain Creek (38.5645, -122.5903); Dry Creek (38.4334, -122.4791); Dutch Henery Creek (38.6080, -122.5253); Garnett Creek (38.6236, -122.5860); Huichica Creek (38.2811, -122.3936); Jericho Canyon Creek (38.6219, -122.5933); Miliken Creek (38.3773, -122.2280); Mill Creek (38.5299, -122.5513); Murphy Creek (38.3155, -122.2111); Napa Creek (38.3047, -122.3134); Napa River (38.6638, -122.6201); Pickle Canyon Creek (38.3672, -122.4071); Rector Creek (38.4410, -122.3451); Redwood Creek (38.3765, -122.4466); Ritchie Creek (38.5369, -122.5652); Sarco Creek (38.3567, -122.2071); Soda Creek (38.4156, -122.2953); Spencer Creek (38.2729, -122.1909); Sulphur Creek (38.4895, -122.5088); Suscol Creek (38.2522, -122.2157); Tulucay Creek (38.2929, -122.2389); Unnamed Tributary (38.4248, -122.4935); Unnamed Tributary (38.4839, -122.5161); York Creek (38.5128, -122.5023).

(8) Big Basin Hydrologic Unit 3304—(i) *Davenport Hydrologic Sub-area 330411*. Outlet(s) = Baldwin Creek (Lat 36.9669, -122.1232); Davenport Landing Creek (37.0231, -122.2153); Laguna Creek (36.9824, -122.1560); Liddell Creek (37.0001, -122.1816); Majors Creek (36.9762, -122.1423); Molino Creek (37.0368, -122.2292); San Vicente

Creek (37.0093, -122.1940); Scott Creek (37.0404, -122.2307); Waddell Creek (37.0935, -122.2762); Wilder Creek (36.9535, -122.0775) upstream to endpoint(s) in: Baldwin Creek (37.0126, -122.1006); Bettencourt Creek (37.1081, -122.2386); Big Creek (37.0832, -122.2175); Davenport Landing Creek (37.0475, -122.1920); East Branch Waddell Creek (37.1482, -122.2531); East Fork Liddell Creek (37.0204, -122.1521); Henry Creek (37.1695, -122.2751); Laguna Creek (37.0185, -122.1287); Little Creek (37.0688, -122.2097); Majors Creek (36.9815, -122.1374); Middle Fork East Fork Liddell Creek (37.0194, -122.1608); Mill Creek (37.1034, -122.2218); Mill Creek (37.0235, -122.2218); Molino Creek (37.0384, -122.2125); Peasley Gulch (36.9824, -122.0861); Queseria Creek (37.0521, -122.2042); San Vicente Creek (37.0417, -122.1741); Scott Creek (37.1338, -122.2306); West Branch Waddell Creek (37.1697, -122.2642); West Fork Liddell Creek (37.0117, -122.1763); Unnamed Tributary (37.0103, -122.0701); Wilder Creek (37.0107, -122.0770).

(ii) *San Lorenzo Hydrologic Sub-area 330412*. Outlet(s) = Arana Gulch Creek

(Lat 36.9676, Long -122.0028); San Lorenzo River (36.9641, -122.0125) upstream to endpoint(s) in: Arana Gulch Creek (37.0270, -121.9739); Bean Creek (37.0956, -122.0022); Bear Creek (37.1711, -122.0750); Boulder Creek (37.1952, -122.1892); Bracken Brae Creek (37.1441, -122.1459); Branciforte Creek (37.0701, -121.9749); Crystal Creek (37.0333, -121.9825); Carbonera Creek (37.0286, -122.0202); Central Branch Arana Gulch Creek (37.0170, -121.9874); Deer Creek (37.2215, -122.0799); Fall Creek (37.0705, -122.1063); Gold Gulch Creek (37.0427, -122.1018); Granite Creek (37.0490, -121.9979); Hare Creek (37.1544, -122.1690); Jameson Creek (37.1485, -122.1904); Kings Creek (37.2262, -122.1059); Lompico Creek (37.1250, -122.0496); Mackenzie Creek (37.0866, -122.0176); Mountain Charlie Creek (37.1385, -121.9914); Newell Creek (37.1019, -122.0724); San Lorenzo River (37.2276, -122.1384); Two Bar Creek (37.1833, -122.0929); Unnamed Tributary (37.2106, -122.0952); Unnamed Tributary (37.2032, -122.0699); Zayante Creek (37.1062, -122.0224).

(iii) *Aptos-Soquel Hydrologic Sub-area 330413*. Outlet(s) = Aptos Creek (Lat 36.9692, Long -121.9065); Soquel Creek (36.9720, -121.9526) upstream to endpoint(s) in: Amaya Creek (37.0930, -121.9297); Aptos Creek (37.0545, -121.8568); Bates Creek (37.0099, -121.9353); Bridge Creek (37.0464, -121.8969); East Branch Soquel Creek (37.0690, -121.8297); Hester Creek (37.0967, -121.9458); Hinckley Creek (37.0671, -121.9069); Moores Gulch (37.0573, -121.9579); Valencia Creek (37.0323, -121.8493); West Branch Soquel Creek (37.1095, -121.9606).

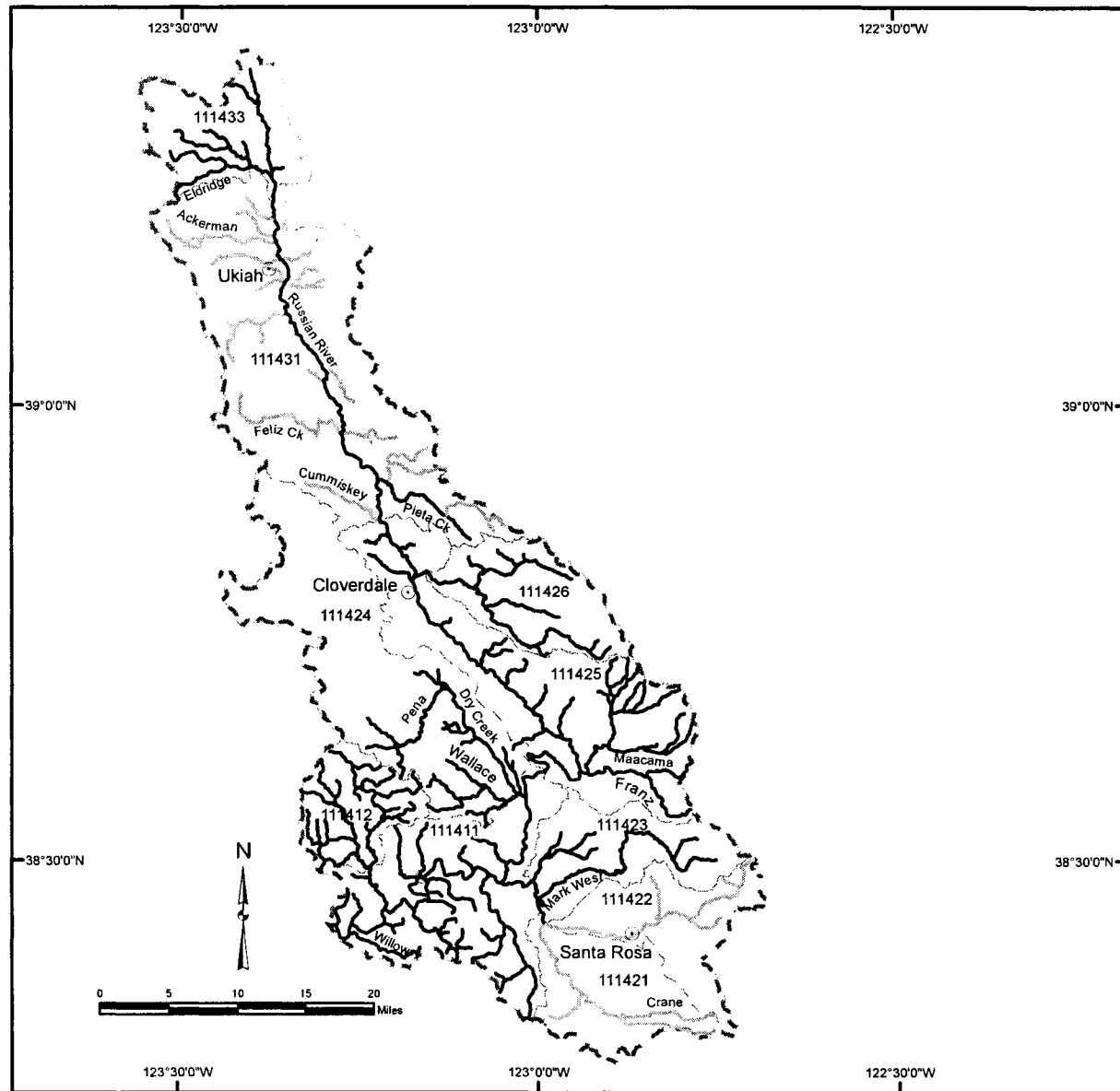
(iv) *Ano Nuevo Hydrologic Sub-area 330420*. Outlet(s) = Ano Nuevo Creek (Lat 37.1163, Long -122.3060); Gazos Creek (37.1646, -122.3625); Whitehouse Creek (37.1457, -122.3469) upstream to endpoint(s) in: Ano Nuevo Creek (37.1269, -122.3039); Bear Gulch (37.1965, -122.2773); Gazos Creek (37.2088, -122.2868); Old Womans Creek (37.1829, -122.3033); Whitehouse Creek (37.1775, -122.2900).

(9) Maps of critical habitat for the Central California Coast Steelhead ESU follow:

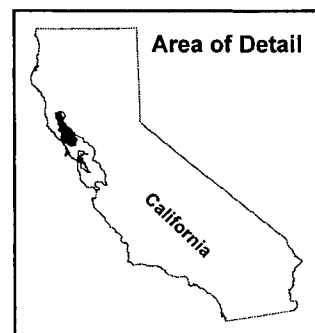
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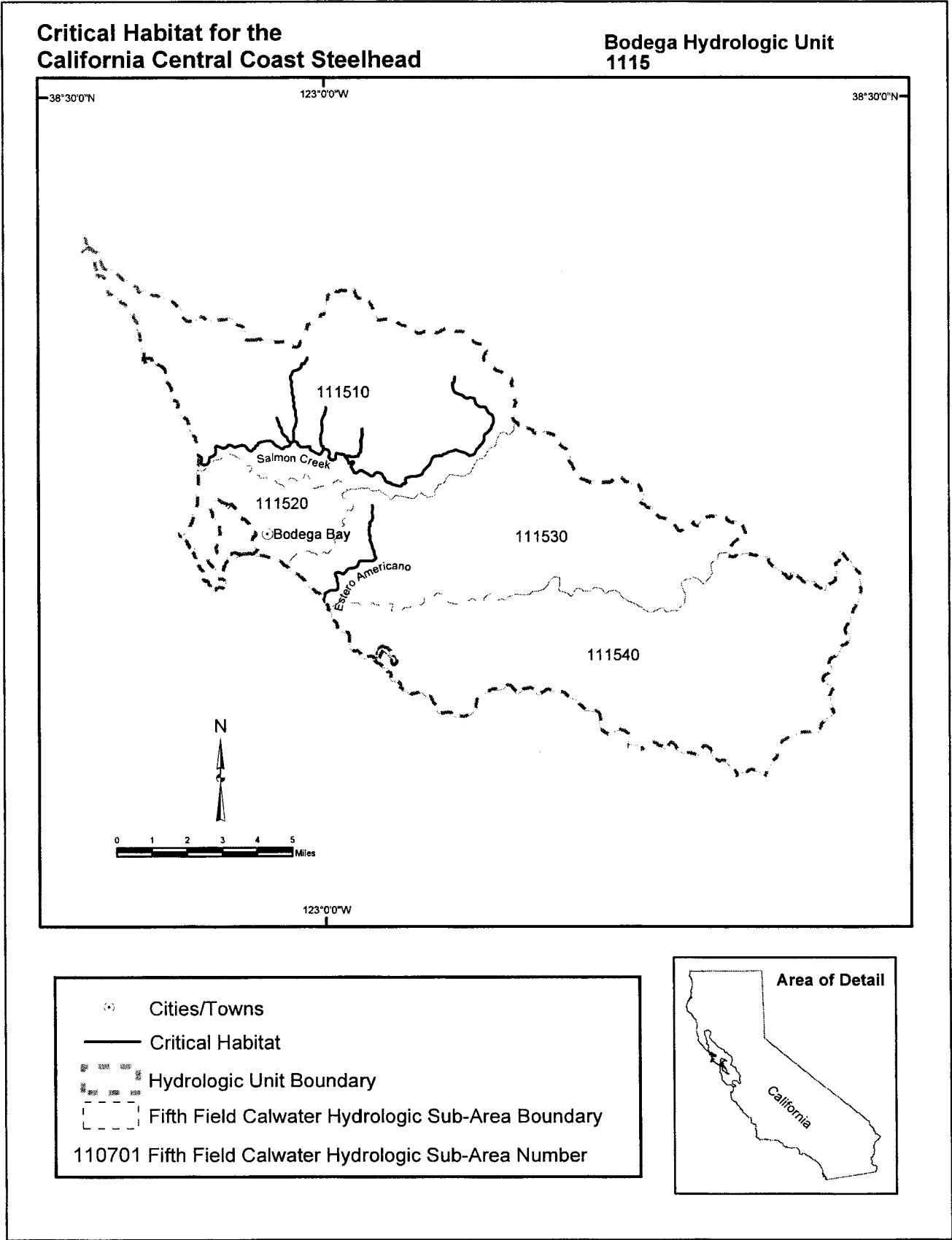
Critical Habitat for the California Central Coast Steelhead

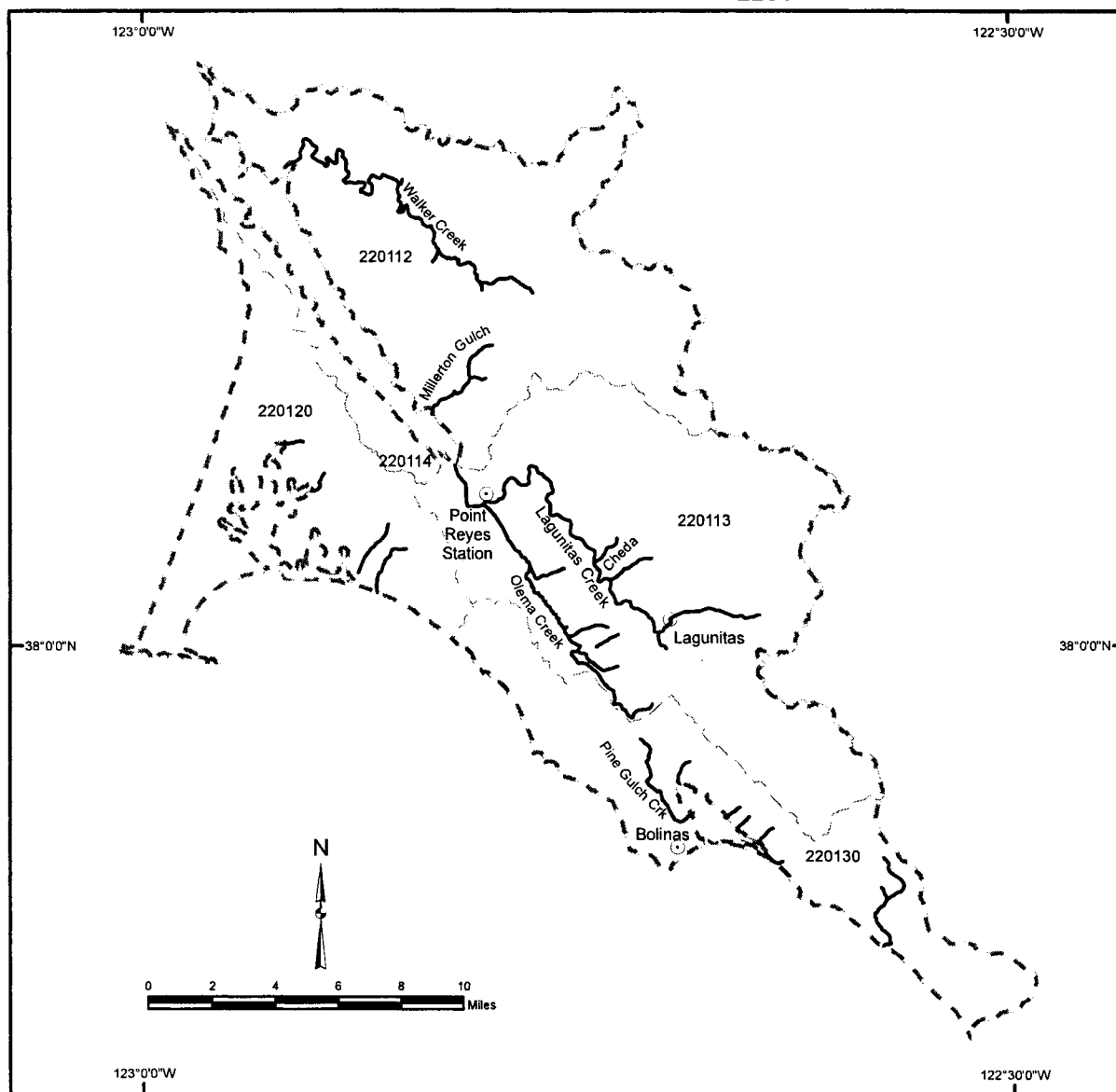
Russian River Hydrologic Unit 1114



- Cities/Towns
- Critical Habitat
- Occupied but excluded streams / areas
- Hydrologic Unit Boundary
- Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



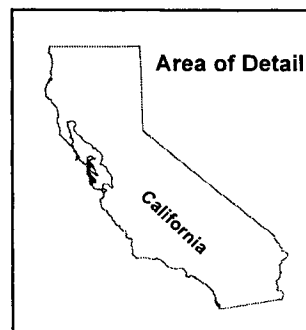
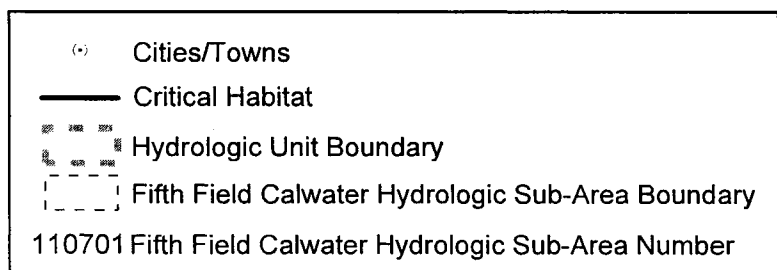


**Critical Habitat for the
California Central Coast Steelhead****Marin Coastal Hydrologic Unit
2201**

- (•) Cities/Towns
- Critical Habitat
- - - Hydrologic Unit Boundary
- Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number

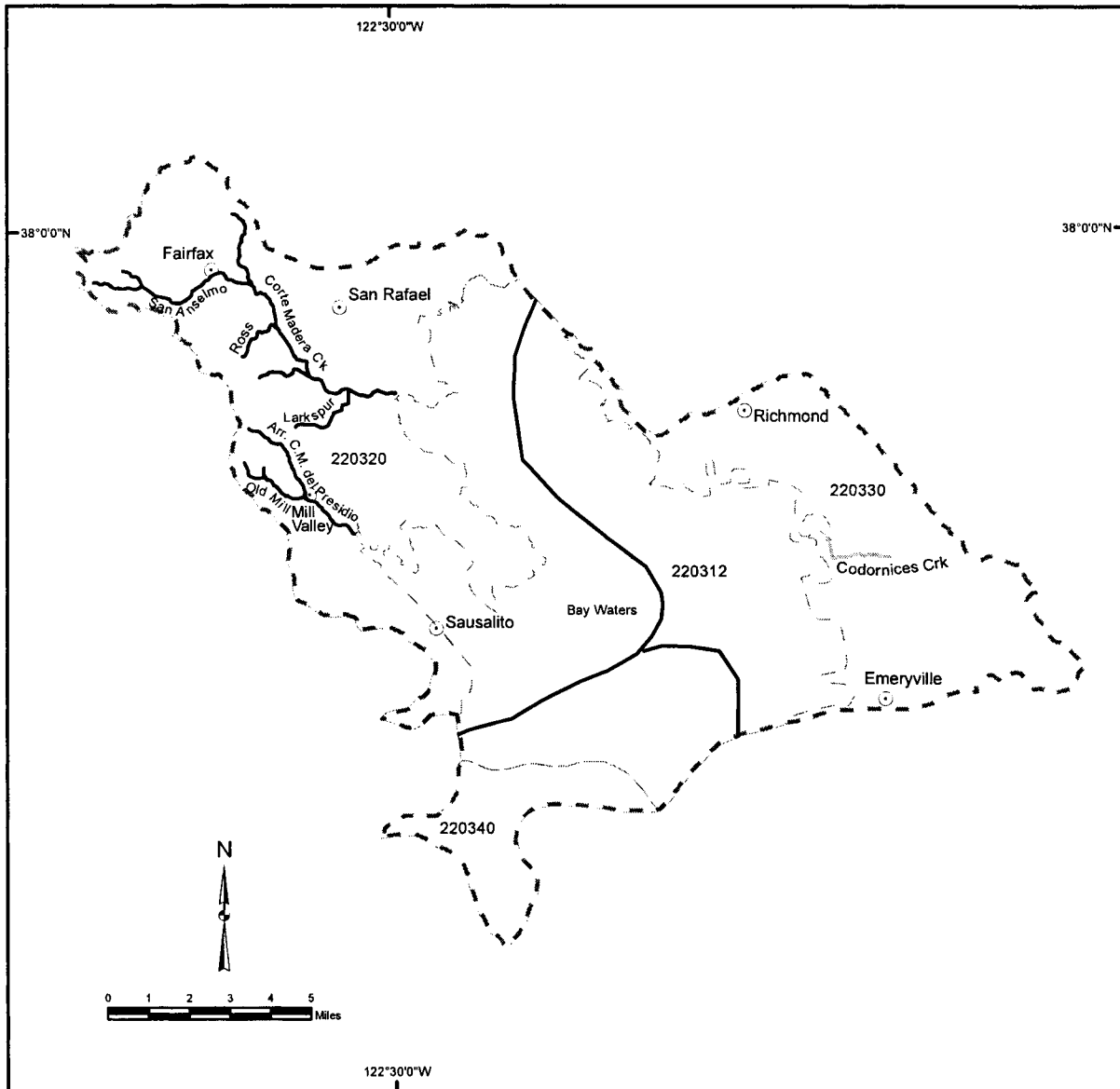


**San Mateo Hydrologic Unit
2202**

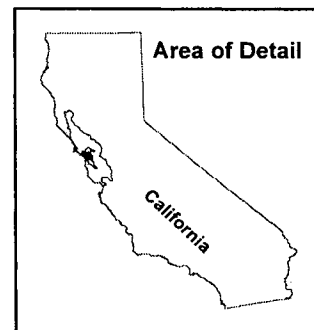


Critical Habitat for the California Central Coast Steelhead

Bay Bridges Hydrologic Unit
2203

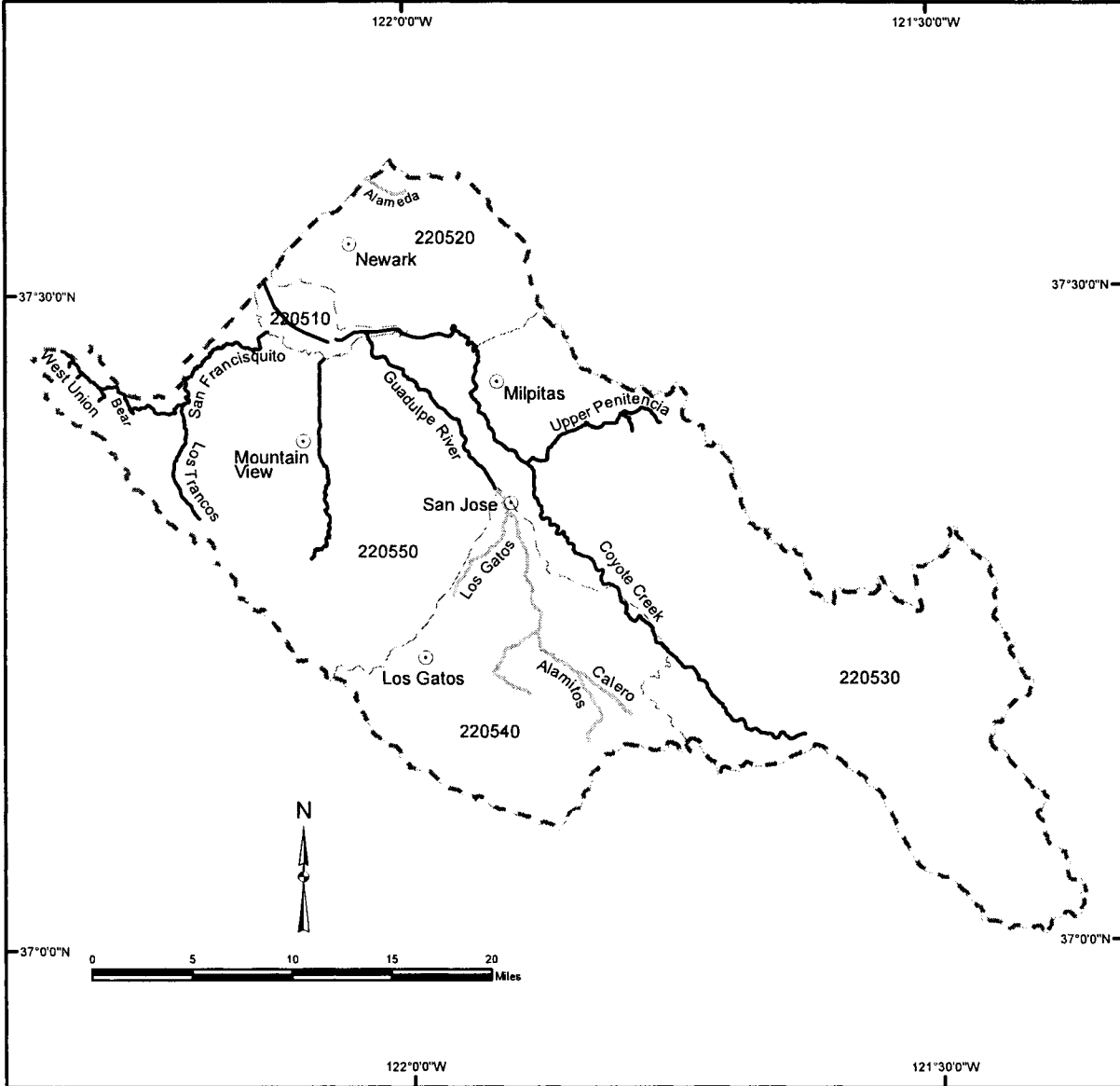


- Cities/Towns
- Critical Habitat
- Occupied but excluded streams / areas
- Hydrologic Unit Boundary
- Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number

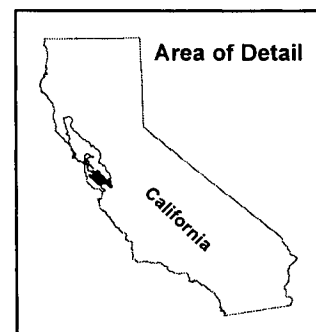


Critical Habitat for the California Central Coast Steelhead

**Santa Clara Hydrologic Unit
2205**

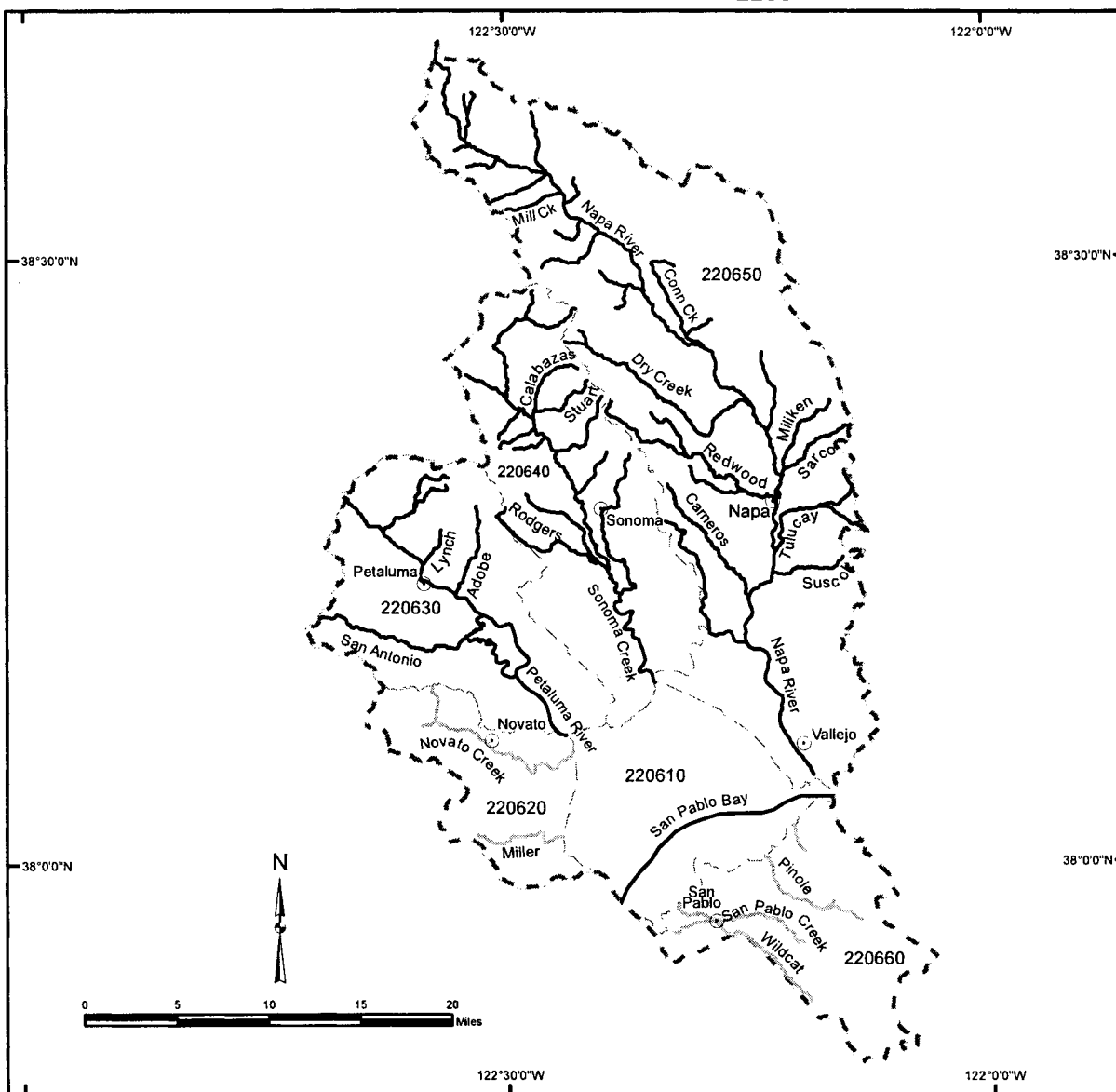


- ⊙ Cities/Towns
- Critical Habitat
- Occupied but excluded streams / areas
- ⬢ Hydrologic Unit Boundary
- ⬢ Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



Critical Habitat for the California Central Coast Steelhead

San Pablo Hydrologic Unit 2206

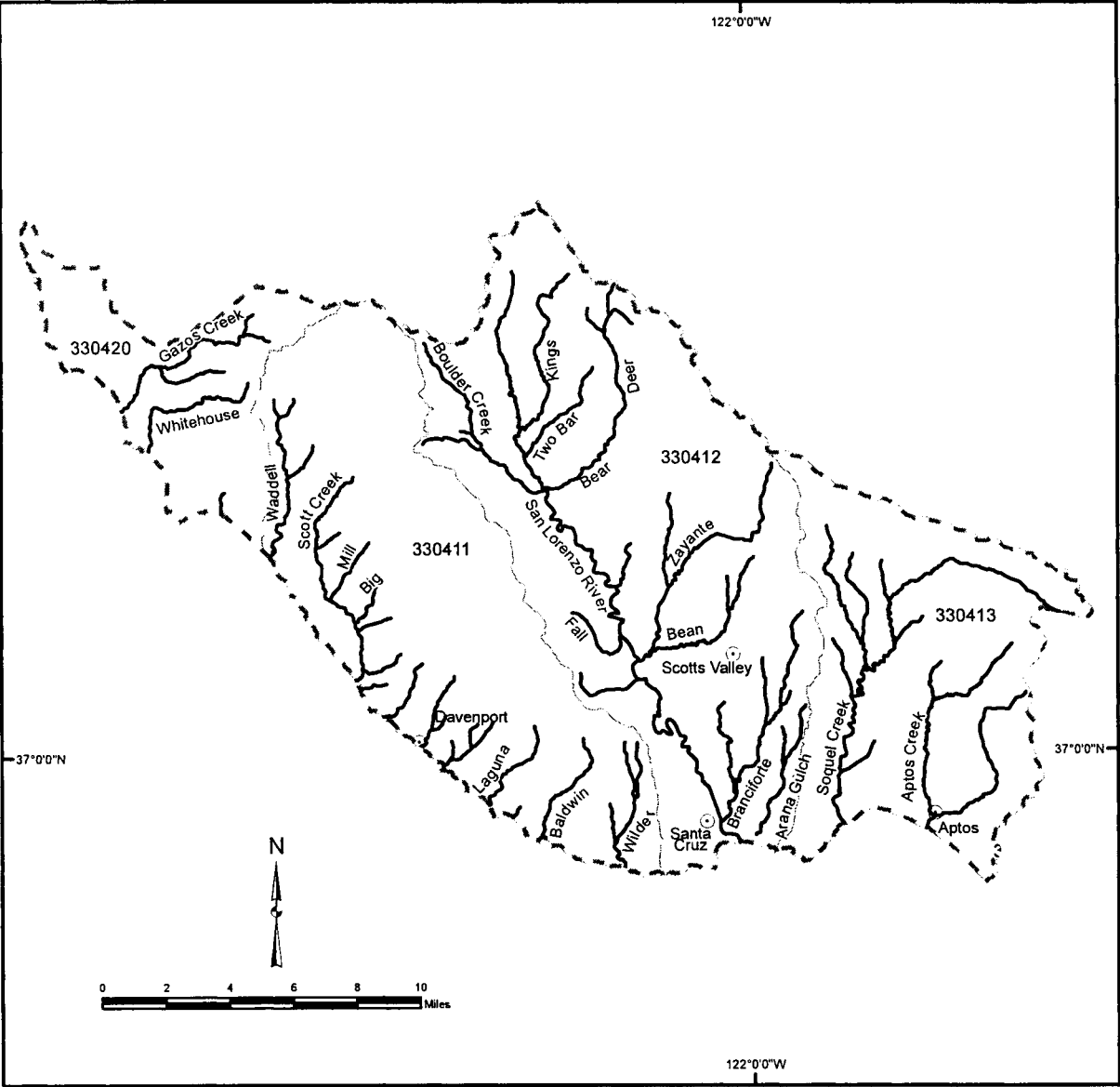


- ⊙ Cities/Towns
- Critical Habitat
- Occupied but excluded streams / areas
- Hydrologic Unit Boundary
- - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



Critical Habitat for the
California Central Coast Steelhead

Big Basin Hydrologic Unit
3304



Cities/Towns

Critical Habitat

Hydrologic Unit Boundary

Fifth Field Calwater Hydrologic Sub-Area Boundary

110701 Fifth Field Calwater Hydrologic Sub-Area Number



(i) *South-Central California Coast Steelhead (O. mykiss)*. Critical habitat is designated to include the areas defined in the following CALWATER Hydrologic Units:

(1) Pajaro River Hydrologic Unit 3305—(i) *Watsonville Hydrologic Sub-area 330510*. Outlet(s) = Pajaro River (Lat 36.8506, Long -121.8101) upstream to endpoint(s) in: Banks Canyon Creek (36.9958, -121.7264); Browns Creek (37.0255, -121.7754); Casserly Creek (36.9902, -121.7359); Corralitos Creek (37.0666, -121.8359); Gaffey Creek (36.9905, -121.7132); Gamecock Canyon (37.0362, -121.7587); Green Valley Creek (37.0073, -121.7256); Ramsey Gulch (37.0447, -121.7755); Redwood Canyon (37.0342, -121.7975); Salsipuedes Creek (36.9350, -121.7426); Shingle Mill Gulch (37.0446, -121.7971).

(ii) *Santa Cruz Mountains Hydrologic Sub-area 330520*. Outlet(s) = Pajaro River (Lat 36.9010, Long -121.5861); Bodfish Creek (37.0041, -121.6667); Pescadero Creek (36.9125, -121.5882); Tar Creek (36.9304, -121.5520); Uvas Creek (37.0146, -121.6314) upstream to endpoint(s) in: Blackhawk Canyon (37.0168, -121.6912); Bodfish Creek (36.9985, -121.6859); Little Arthur Creek (37.0299, -121.6874); Pescadero Creek (36.9826, -121.6274); Tar Creek (36.9558, -121.6009); Uvas Creek (37.0660, -121.6912).

(iii) *South Santa Clara Valley Hydrologic Sub-area 330530*. Outlet(s) = San Benito River (Lat 36.8961, Long -121.5625); Pajaro River (36.9222, -121.5388) upstream to endpoint(s) in: Arroyo Dos Picachos (36.8866, -121.3184); Bodfish Creek (37.0080, -121.6652); Bodfish Creek (37.0041, -121.6667); Carnadero Creek (36.9603, -121.5328); Llagas Creek (37.1159, -121.6938); Miller Canal (36.9698, -121.4814); Pacheco Creek (37.0055, -121.3598); San Felipe Lake (36.9835, -121.4604); Tar Creek (36.9304, -121.5520); Tequisquita Slough (36.9170, -121.3887); Uvas Creek (37.0146, -121.6314).

(iv) *Pacheco-Santa Ana Creek Hydrologic Sub-area 330540*. Outlet(s) = Arroyo Dos Picachos (Lat 36.8866, Long -121.3184); Pacheco Creek (37.0055, -121.3598) upstream to endpoint(s) in: Arroyo Dos Picachos (36.8912, -121.2305); Cedar Creek (37.0922, -121.3641); North Fork Pacheco Creek (37.0514, -121.2911); Pacheco Creek (37.0445, -121.2662); South Fork Pacheco Creek (37.0227, -121.2603).

(v) *San Benito River Hydrologic Sub-area 330550*. Outlet(s) = San Benito River (Lat 36.7838, Long -121.3731) upstream to endpoint(s) in: Bird Creek (36.7604, -121.4506); Pescadero Creek

(36.7202, -121.4187); San Benito River (36.3324, -120.6316); Sawmill Creek (36.3593, -120.6284).

(2) Carmel River Hydrologic Unit 3307—(i) *Carmel River Hydrologic Sub-area 330700*. Outlet(s) = Carmel River (Lat 36.5362, Long -121.9285) upstream to endpoint(s) in: Aqua Mojo Creek (36.4711, -121.5407); Big Creek (36.3935, -121.5419); Blue Creek (36.2796, -121.6530); Boronda Creek (36.3542, -121.6091); Bruce Fork (36.3221, -121.6385); Cachagua Creek (36.3909, -121.5950); Carmel River (36.2837, -121.6203); Danish Creek (36.3730, -121.7590); Hitchcock Canyon Creek (36.4470, -121.7597); James Creek (36.3235, -121.5804); Las Garzas Creek (36.4607, -121.7944); Millers Fork (36.2961, -121.5697); Pinch Creek (36.3236, -121.5574); Pine Creek (36.3827, -121.7727); Potrero Creek (36.4801, -121.8258); Rana Creek (36.4877, -121.5840); Rattlesnake Creek (36.3442, -121.7080); Robertson Canyon Creek (36.4776, -121.8048); Robertson Creek (36.3658, -121.5165); San Clemente Creek (36.4227, -121.8115); Tularcitos Creek (36.4369, -121.5163); Ventana Mesa Creek (36.2977, -121.7116).

(ii) [Reserved]

(3) Santa Lucia Hydrologic Unit 3308—(i) *Santa Lucia Hydrologic Sub-area 330800*. Outlet(s) = Alder Creek (Lat 35.8578, Long -121.4165); Big Creek (36.0696, -121.6005); Big Sur River (36.2815, -121.8593); Bixby Creek (36.3713, -121.9029); Garrapata Creek (36.4176, -121.9157); Limekiln Creek (36.0084, -121.5196); Little Sur River (36.3350, -121.8934); Malpaso Creek (36.4814, -121.9384); Mill Creek (35.9825, -121.4917); Partington Creek (36.1753, -121.6973); Plaskett Creek (35.9195, -121.4717); Prewitt Creek (35.9353, -121.4760); Rocky Creek (36.3798, -121.9028); Salmon Creek (35.3558, -121.3634); San Jose Creek (36.5259, -121.9253); Vicente Creek (36.0442, -121.5855); Villa Creek (35.8495, -121.4087); Willow Creek (35.8935, -121.4619) upstream to endpoint(s) in: Alder Creek (35.8685, -121.3974); Big Creek (36.0830, -121.5884); Big Sur River (36.2490, -121.7269); Bixby Creek (36.3715, -121.8440); Devil's Canyon Creek (36.0773, -121.5695); Garrapata Creek (36.4042, -121.8594); Joshua Creek (36.4182, -121.9000); Limekiln Creek (36.0154, -121.5146); Little Sur River (36.3312, -121.7557); Malpaso Creek (36.4681, -121.8800); Mill Creek (35.9907, -121.4632); North Fork Big Sur River (36.2178, -121.5948); Partington Creek (36.1929, -121.6825); Plaskett Creek (35.9228, -121.4493); Prewitt Creek (35.9419, -121.4598);

Redwood Creek (36.2825, -121.6745); Rocky Creek (36.3805, -121.8440); San Jose Creek (36.4662, -121.8118); South Fork Little Sur River (36.3026, -121.8093); Vicente Creek (36.0463, -121.5780); Villa Creek (35.8525, -121.3973); Wildcat Canyon Creek (36.4124, -121.8680); Williams Canyon Creek (36.4466, -121.8526); Willow Creek (35.9050, -121.3851).

(ii) [Reserved]

(4) Salinas River Hydrologic Unit 3309—(i) *Neponset Hydrologic Sub-area 330911*. Outlet(s) = Salinas River (Lat 36.7498, Long -121.8055); upstream to endpoint(s) in: Gabilan Creek (36.6923, -121.6300); Old Salinas River (36.7728, -121.7884); Tembladero Slough (36.6865, -121.6409).

(ii) *Chualar Hydrologic Sub-area 330920*. Outlet(s) = Gabilan Creek (Lat 36.6923, Long -121.6300) upstream.

(iii) *Soledad Hydrologic Sub-area 330930*. Outlet(s) = Salinas River (Lat 36.4878, Long -121.4688) upstream to endpoint(s) in: Arroyo Seco River (36.2644, -121.3812); Reliz Creek (36.2438, -121.2881).

(iv) *Upper Salinas Valley Hydrologic Sub-area 330940*. Outlet(s) = Salinas River (Lat 36.3183, Long -121.1837) upstream.

(v) *Arroyo Seco Hydrologic Sub-area 330960*. Outlet(s) = Arroyo Seco River (Lat 36.2644, Long -121.3812); Reliz Creek (36.2438, -121.2881); Vasqueros Creek (36.2648, -121.3368) upstream to endpoint(s) in: Arroyo Seco River (36.2041, -121.5002); Calaboose Creek (36.2942, -121.5082); Church Creek (36.2762, -121.5877); Horse Creek (36.2046, -121.3931); Paloma Creek (36.3195, -121.4894); Piney Creek (36.3023, -121.5629); Reliz Creek (36.1935, -121.2777); Rocky Creek (36.2676, -121.5225); Santa Lucia Creek (36.1999, -121.4785); Tassajara Creek (36.2679, -121.6149); Vaqueros Creek (36.2479, -121.3369); Willow Creek (36.2059, -121.5642).

(vi) *Gabilan Range Hydrologic Sub-area 330970*. Outlet(s) = Gabilan Creek (Lat 36.7800, -121.5836) upstream to endpoint(s) in: Gabilan Creek (36.7335, -121.4939).

(vii) *Paso Robles Hydrologic Sub-area 330981*. Outlet(s) = Salinas River (Lat 35.9241, Long -120.8650) upstream to endpoint(s) in:

Atascadero Creek (35.4468, -120.7010); Graves Creek (35.4838, -120.7631); Jack Creek (35.5815, -120.8560); Nacimiento River (35.7610, -120.8853); Paso Robles Creek (35.5636, -120.8455); Salinas River (35.3886, -120.5582); San Antonio River (35.7991, -120.8849); San Marcos Creek (35.6734, -120.8140); Santa Margarita Creek (35.3923, -120.6619); Santa Rita Creek

(35.5262, -120.8396); Sheepcamp Creek (35.6145, -120.7795); Summit Creek (35.6441, -120.8046); Tassajera Creek (35.3895, -120.6926); Trout Creek (35.3394, -120.5881); Willow Creek (35.6107, -120.7720).

(5) Estero Bay Hydrologic Unit 3310—
(i) *San Carpofofo Hydrologic Sub-area 331011*. Outlet(s) = San Carpofofo Creek (Lat 35.7646, Long -121.3247) upstream to endpoint(s) in: Dutra Creek (35.8197, -121.3273); Estrada Creek (35.7710, -121.2661); San Carpofofo Creek (35.8202, -121.2745); Unnamed Tributary (35.7503, -121.2703); Wagner Creek (35.8166, -121.2387).

(ii) *Arroyo De La Cruz Hydrologic Sub-area 331012*. Outlet(s) = Arroyo De La Cruz (Lat 35.7097, Long -121.3080) upstream to endpoint(s) in: Arroyo De La Cruz (35.6986, -121.1722); Burnett Creek (35.7520, -121.1920); Green Canyon Creek (35.7375, -121.2314); Marmolejo Creek (35.6774, -121.1082); Spanish Cabin Creek (35.7234, -121.1497); Unnamed Tributary (35.7291, -121.1977); West Fork Burnett Creek (35.7516, -121.2075).

(iii) *San Simeon Hydrologic Sub-area 331013*. Outlet(s) = Arroyo del Corral (Lat 35.6838, Long -121.2875); Arroyo del Puerto (35.6432, -121.1889); Little Pico Creek (35.6336, -121.1639); Oak Knoll Creek (35.6512, -121.2197); Pico Creek (35.6155, -121.1495); San Simeon Creek (35.5950, -121.1272) upstream to endpoint(s) in: Arroyo Laguna (35.6895, -121.2337); Arroyo del Corral (35.6885, -121.2537); Arroyo del Puerto (35.6773, -121.1713); Little Pico Creek (35.6890, -121.1375); Oak Knoll Creek (35.6718, -121.2010); North Fork Pico Creek (35.6886, -121.0861); San Simeon Creek (35.6228, -121.0561); South Fork Pico Creek (35.6640, -121.0685); Steiner Creek (35.6032, -121.0640); Unnamed Tributary (35.6482, -121.1067); Unnamed Tributary (35.6616, -121.0639); Unnamed Tributary (35.6741, -121.0981); Unnamed Tributary (35.6777, -121.1503); Unnamed Tributary (35.6604, -121.1571); Unnamed Tributary (35.6579, -121.1356); Unnamed Tributary (35.6744, -121.1187); Unnamed Tributary (35.6460, -121.1373); Unnamed Tributary (35.6839, -121.0955); Unnamed Tributary (35.6431, -121.0795); Unnamed Tributary (35.6820,

-121.2130); Unnamed Tributary (35.6977, -121.2613); Unnamed Tributary (35.6702, -121.1884); Unnamed Tributary (35.6817, -121.0885); Van Gordon Creek (35.6286, -121.0942).

(iv) *Santa Rosa Hydrologic Sub-area 331014*. Outlet(s) = Santa Rosa Creek (Lat 35.5685, Long -121.1113) upstream to endpoint(s) in: Green Valley Creek (35.5511, -120.9471); Perry Creek (35.5323, -121.0491); Santa Rosa Creek (35.5525, -120.9278); Unnamed Tributary (35.5965, -120.9413); Unnamed Tributary (35.5684, -120.9211); Unnamed Tributary (35.5746, -120.9746).

(v) *Villa Hydrologic Sub-area 331015*. Outlet(s) = Villa Creek (Lat 35.4601, Long -120.9704) upstream to endpoint(s) in: Unnamed Tributary (35.4798, -120.9630); Unnamed Tributary (35.5080, -121.0171); Unnamed Tributary (35.5348, -120.8878); Unnamed Tributary (35.5510, -120.9406); Unnamed Tributary (35.5151, -120.9497); Unnamed Tributary (35.4917, -120.9584); Unnamed Tributary (35.5173, -120.9516); Villa Creek (35.5352, -120.8942).

(vi) *Cayucos Hydrologic Sub-area 331016*. Outlet(s) = Cayucos Creek (Lat 35.4491, Long -120.9079) upstream to endpoint(s) in: Cayucos Creek (35.5257, -120.9271); Unnamed Tributary (35.5157, -120.9005); Unnamed Tributary (35.4943, -120.9513); Unnamed Tributary (35.4887, -120.8968).

(vii) *Old Hydrologic Sub-area 331017*. Outlet(s) = Old Creek (Lat 35.4345, Long -120.8868) upstream to endpoint(s) in: Old Creek (35.4480, -120.8871)

(viii) *Toro Hydrologic Sub-area 331018*. Outlet(s) = Toro Creek (Lat 35.4126, Long -120.8739) upstream to endpoint(s) in: Toro Creek (35.4945, -120.7934); Unnamed Tributary (35.4917, -120.7983).

(ix) *Morro Hydrologic Sub-area 331021*. Outlet(s) = Morro Creek (Lat 35.3762, Long -120.8642) upstream to endpoint(s) in: East Fork Morro Creek (35.4218, -120.7282); Little Morro Creek (35.4155, -120.7532); Morro Creek (35.4291, -120.7515); Unnamed Tributary (35.4292, -120.8122); Unnamed Tributary (35.4458, -120.7906); Unnamed Tributary

(35.4122, -120.8335); Unnamed Tributary (35.4420, -120.7796).

(x) *Chorro Hydrologic Sub-area 331022*. Outlet(s) = Chorro Creek (Lat 35.3413, Long -120.8388) upstream to endpoint(s) in: Chorro Creek (35.3340, -120.6897); Dairy Creek (35.3699, -120.6911); Pennington Creek (35.3655, -120.7144); San Bernardo Creek (35.3935, -120.7638); San Luisito (35.3755, -120.7100); Unnamed Tributary (35.3821, -120.7217); Unnamed Tributary (35.3815, -120.7350).

(xi) *Los Osos Hydrologic Sub-area 331023*. Outlet(s) = Los Osos Creek (Lat 35.3379, Long -120.8273) upstream to endpoint(s) in: Los Osos Creek (35.2718, -120.7627).

(xii) *San Luis Obispo Creek Hydrologic Sub-area 331024*. Outlet(s) = San Luis Obispo Creek (Lat 35.1822, Long -120.7303) upstream to endpoint(s) in: Brizzolari Creek (35.3236, -120.6411); Froom Creek (35.2525, -120.7144); Prefumo Creek (35.2615, -120.7081); San Luis Obispo Creek (35.3393, -120.6301); See Canyon Creek (35.2306, -120.7675); Stenner Creek (35.3447, -120.6584); Unnamed Tributary (35.2443, -120.7655).

(xiii) *Point San Luis Hydrologic Sub-area 331025*. Outlet(s) = Coon Creek (Lat 35.2590, Long -120.8951); Islay Creek (35.2753, -120.8884) upstream to endpoint(s) in: Coon Creek (35.2493, -120.7774); Islay Creek (35.2574, -120.7810); Unnamed Tributary (35.2753, -120.8146); Unnamed Tributary (35.2809, -120.8147); Unnamed Tributary (35.2648, -120.7936).

(xiv) *Pismo Hydrologic Sub-area 331026*. Outlet(s) = Pismo Creek (Lat 35.1336, Long -120.6408) upstream to endpoint(s) in: East Corral de Piedra Creek (35.2343, -120.5571); Pismo Creek (35.1969, -120.6107); Unnamed Tributary (35.2462, -120.5856).

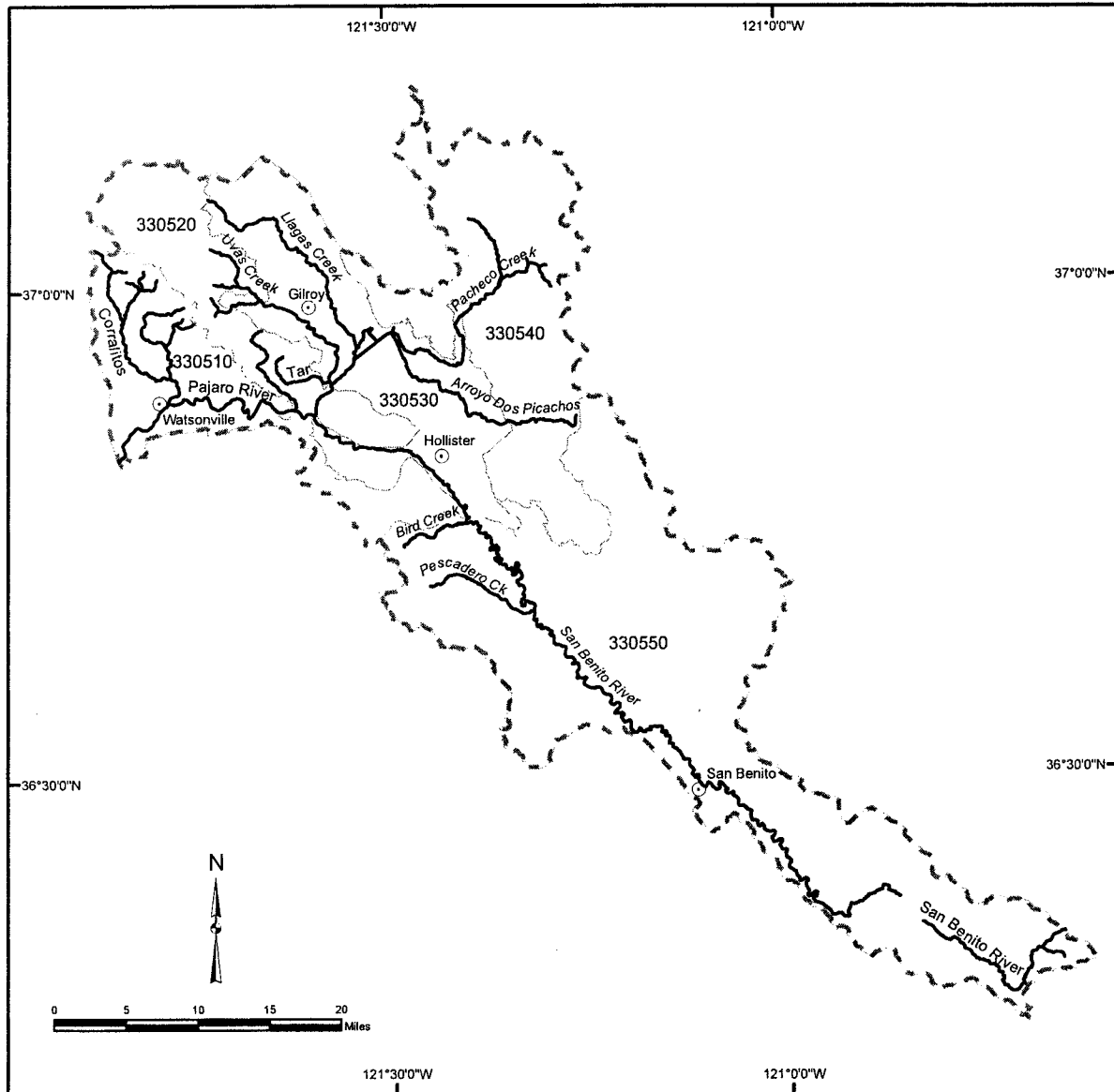
(xv) *Oceano Hydrologic Sub-area 331031*. Outlet(s) = Arroyo Grande Creek (Lat 35.1011, Long -120.6308) upstream to endpoint(s) in: Arroyo Grande Creek (35.1868, -120.4881); Los Berros Creek (35.0791, -120.4423).

(6) Maps of critical habitat for the South-Central Coast Steelhead ESU follow:

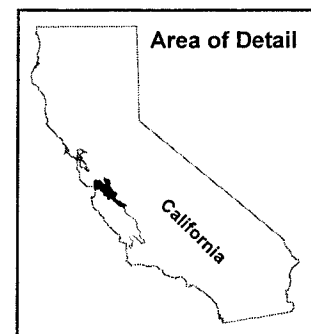
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Critical Habitat for the South-central California Coast Steelhead

Pajaro River Hydrologic Unit
3305

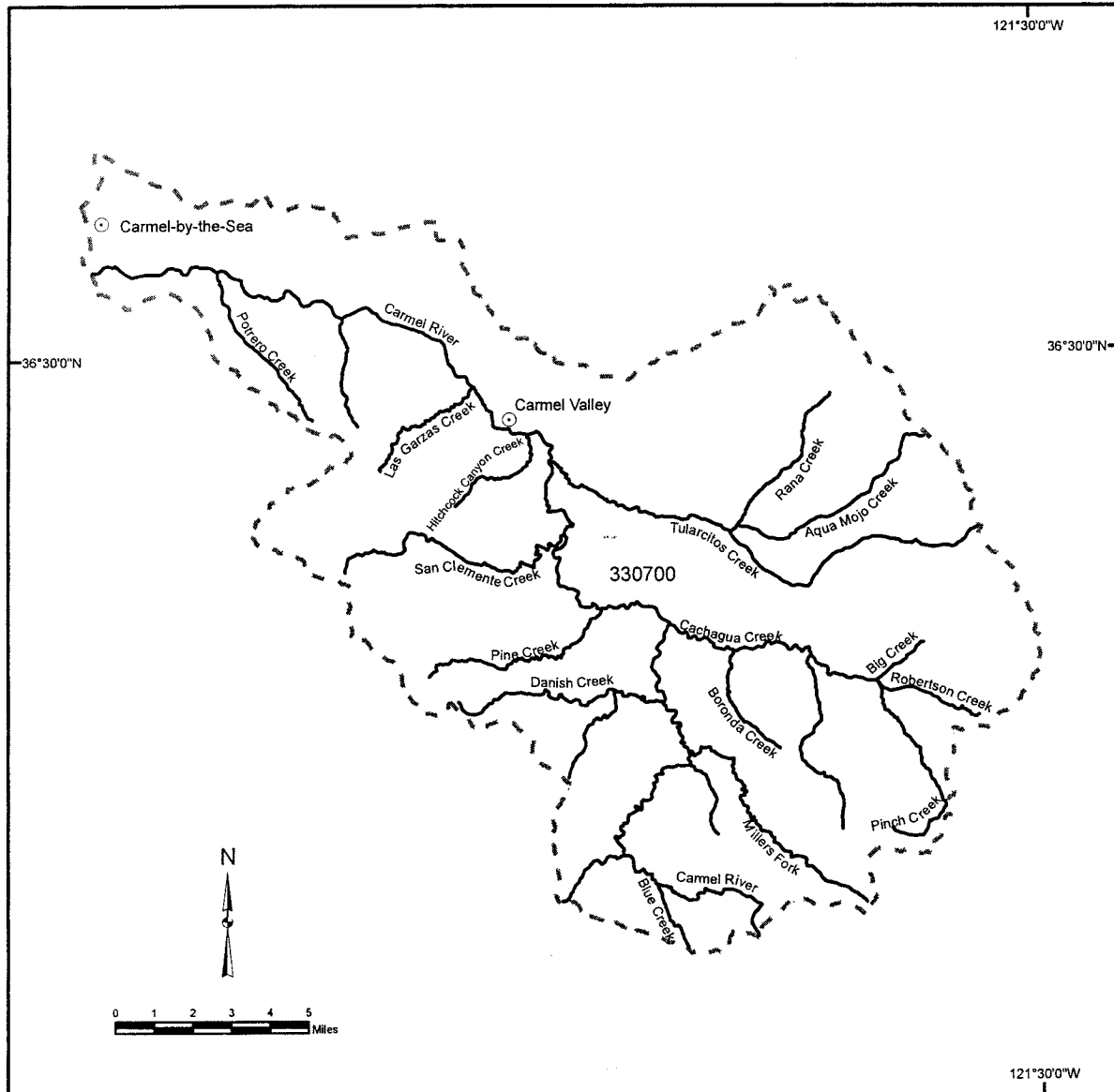


- ⊙ Cities/Towns
 - Critical Habitat
 - - - Calwater Hydrologic Unit Boundary
 - - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



Critical Habitat for the South-central California Coast Steelhead

Carmel River Hydrologic Unit
3307

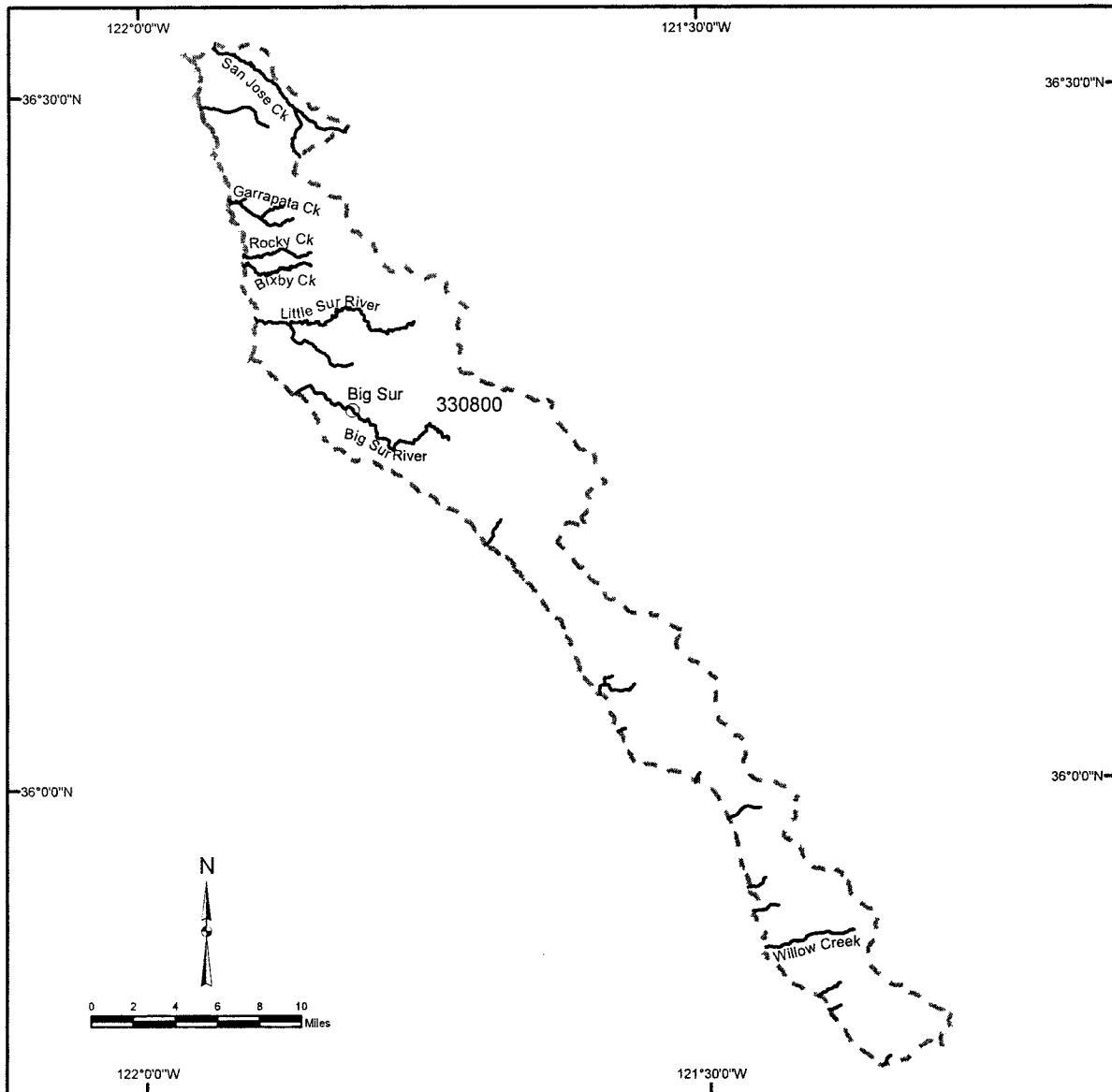


- Cities/Towns
 - Critical Habitat
 - Calwater Hydrologic Unit Boundary
 - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number

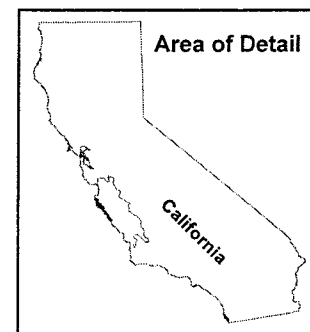


Critical Habitat for the South-central California Coast Steelhead

Santa Lucia Hydrologic Unit
3308

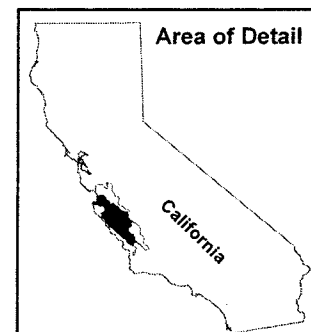
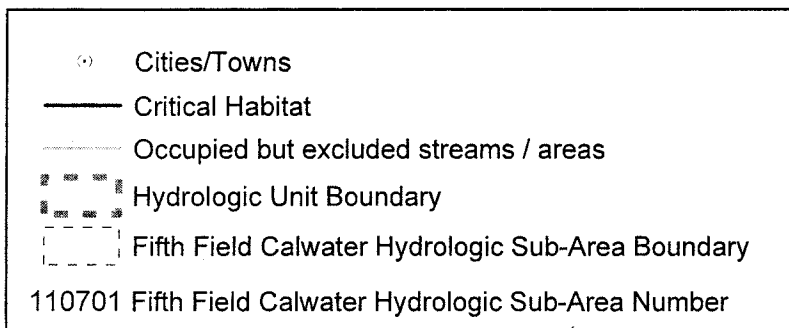
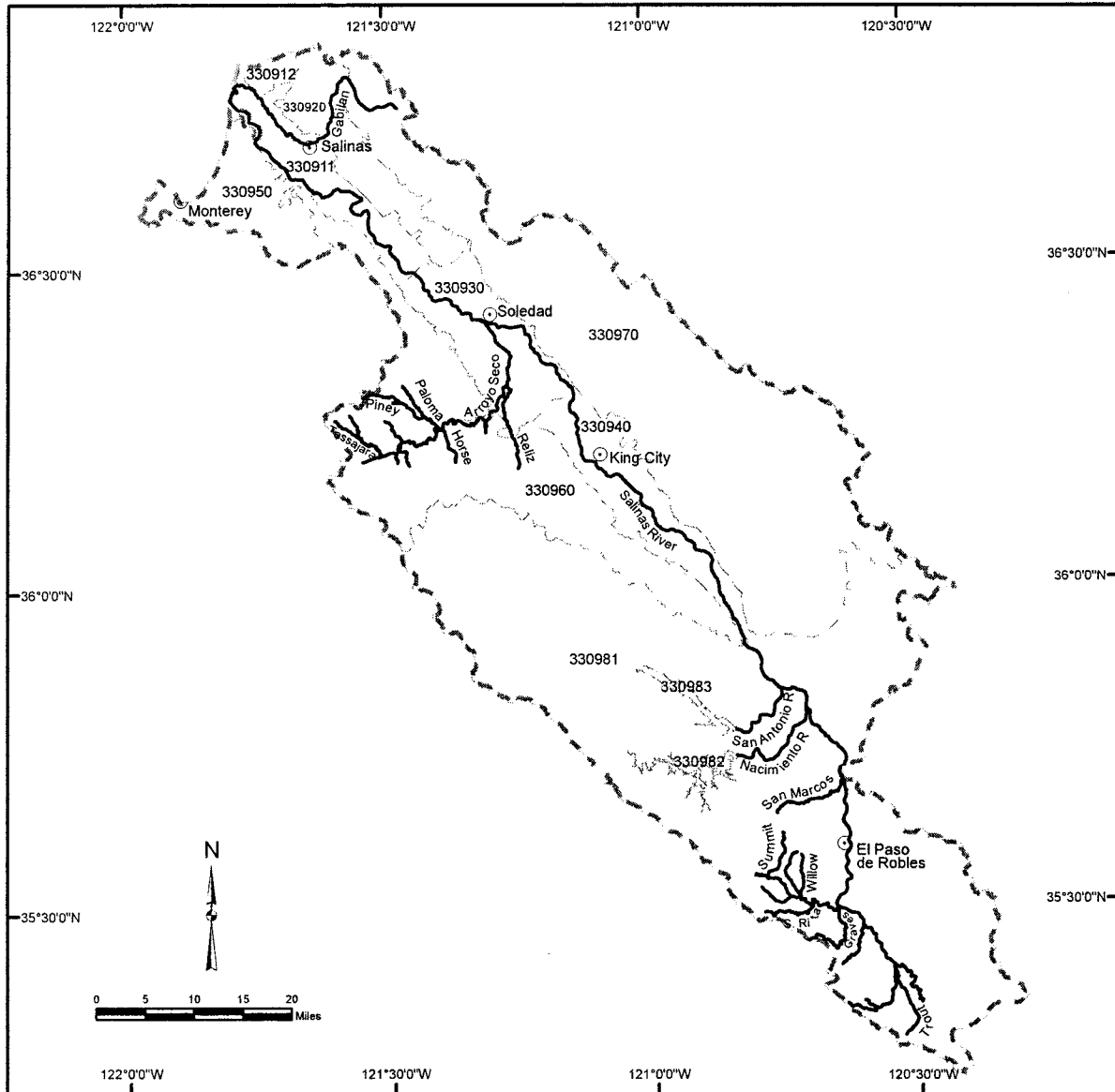


- Cities/Towns
 - Critical Habitat
 - - - Hydrologic Unit Boundary
 - - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



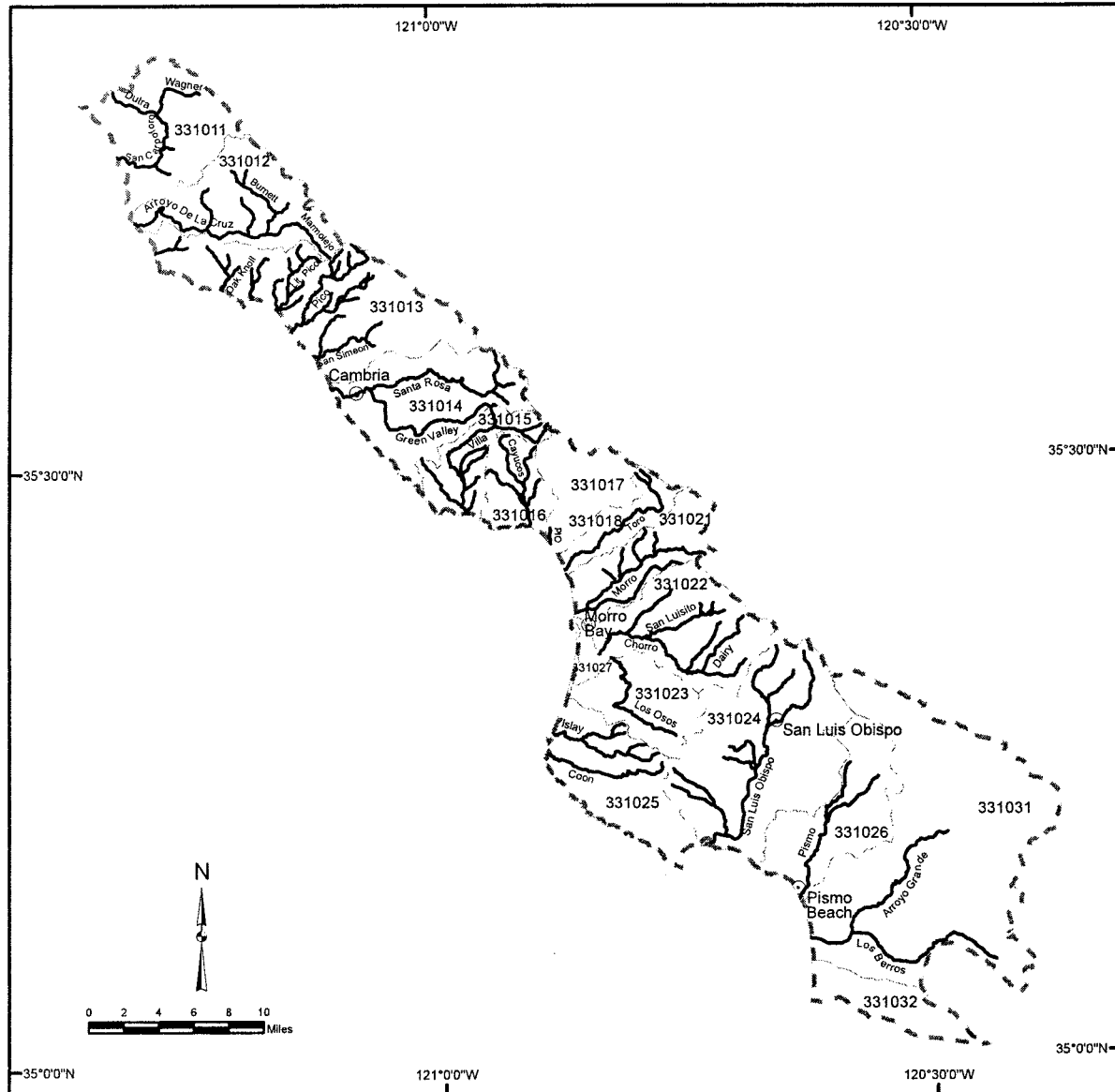
Critical Habitat for the South-central California Coast Steelhead

Salinas Hydrologic Unit
3309

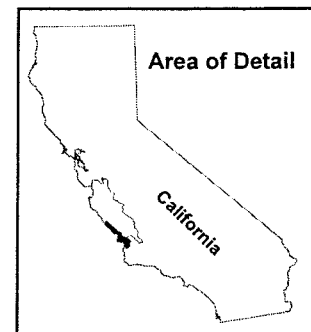


Critical Habitat for the South-central California Coast Steelhead

Estero Bay Hydrologic Unit
3310



- Cities/Towns
- Critical Habitat
- - - Hydrologic Unit Boundary
- . - . Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



(j) *Southern California Steelhead (O. mykiss)*. Critical habitat is designated to include the areas defined in the following CALWATER Hydrologic Units:

(1) Santa Maria River Hydrologic Unit 3312—(i) *Santa Maria Hydrologic Sub-area 331210*. Outlet(s) = Santa Maria River (Lat 34.9710, Long -120.6504) upstream to endpoint(s) in: Cuyama River (34.9058, -120.3026); Santa Maria River (34.9042, -120.3077); Sisquoc River (34.8941, -120.3063).

(ii) *Sisquoc Hydrologic Sub-area 331220*. Outlet(s) = Sisquoc River (Lat 34.8941, Long -120.3063) upstream to endpoint(s) in: Abel Canyon (34.8662, -119.8354); Davey Brown Creek (34.7541, -119.9650); Fish Creek (34.7531, -119.9100); Foresters Leap (34.8112, -119.7545); La Brea Creek (34.8804, -120.1316); Horse Creek (34.8372, -120.0171); Judell Creek (34.7613, -119.6496); Manzana Creek (34.7082, -119.8324); North Fork La Brea Creek (34.9681, -120.0112); Sisquoc River (34.7087, -119.6409); South Fork La Brea Creek (34.9543, -119.9793); South Fork Sisquoc River (34.7300, -119.7877); Unnamed Tributary (34.9342, -120.0589); Unnamed Tributary (34.9510, -120.0140); Unnamed Tributary (34.9687, -120.1419); Unnamed Tributary (34.9626, -120.1500); Unnamed Tributary (34.9672, -120.1194); Unnamed Tributary (34.9682, -120.0990); Unnamed Tributary (34.9973, -120.0662); Unnamed Tributary (34.9922, -120.0294); Unnamed Tributary (35.0158, -120.0337); Unnamed Tributary (34.9464, -120.0309); Unnamed Tributary (34.7544, -119.9476); Unnamed Tributary (34.7466, -119.9047); Unnamed Tributary (34.7646, -119.8673); Unnamed Tributary (34.8726, -119.9525); Unnamed Tributary (34.8884, -119.9325); Unnamed Tributary (34.8659, -119.8982); Unnamed Tributary (34.8677, -119.8513); Unnamed Tributary (34.8608, -119.8541); Unnamed Tributary (34.8784, -119.8458); Unnamed Tributary (34.8615, -119.8159); Unnamed Tributary (34.8694, -119.8229); Unnamed Tributary (34.7931, -119.8485); Unnamed Tributary (34.7846, -119.8337); Unnamed Tributary (34.7872, -119.7684); Unnamed Tributary (34.7866, -119.7552); Unnamed Tributary (34.8129, -119.7714); Unnamed Tributary (34.7760, -119.7448); Unnamed Tributary (34.7579, -119.7999); Unnamed Tributary (34.7510, -119.7921); Unnamed Tributary

(34.7769, -119.7149); Unnamed Tributary (34.7617, -119.6878); Unnamed Tributary (34.7680, -119.6503); Unnamed Tributary (34.7738, -119.6493); Unnamed Tributary (34.7332, -119.6286); Unnamed Tributary (34.7519, -119.6209); Unnamed Tributary (34.7188, -119.6673); Water Canyon (34.8754, -119.9324).

(2) Santa Ynez Hydrologic Unit 3314—(i) *Mouth of Santa Ynez Hydrologic Sub-area 331410*. Outlet(s) = Santa Ynez River (Lat 34.6930, Long -120.6033) upstream to endpoint(s) in: San Miguelito Creek (34.6309, -120.4631).

(ii) *Santa Ynez, Salsipuedes Hydrologic Sub-area 331420*. Outlet(s) = Santa Ynez River (Lat 34.6335, Long -120.4126) upstream to endpoint(s) in: El Callejon Creek (34.5475, -120.2701); El Jaro Creek (34.5327, -120.2861); Llanito Creek (34.5499, -120.2762); Salsipuedes Creek (34.5711, -120.4076).

(iii) *Santa Ynez, Zaca Hydrologic Sub-area 331430*. Outlet(s) = Santa Ynez River (Lat 34.6172, Long -120.2352) upstream.

(iv) *Santa Ynez to Bradbury Hydrologic Sub-area 331440*. Outlet(s) = Santa Ynez River (Lat 34.5847, Long -120.1445) upstream to endpoint(s) in: Alisal Creek (34.5465, -120.1358); Hilton Creek (34.5839, -119.9855); Quiota Creek (34.5370, -120.0321); San Lucas Creek (34.5558, -120.0119); Santa Ynez River (34.5829, -119.9805); Unnamed Tributary (34.5646, -120.0043).

(3) South Coast Hydrologic Unit 3315—(i) *Arroyo Hondo Hydrologic Sub-area 331510*. Outlet(s) = Alegria Creek (Lat 34.4688, Long -120.2720); Arroyo Hondo Creek (34.4735, -120.1415); Cojo Creek (34.4531, -120.4165); Dos Pueblos Creek (34.4407, -119.9646); El Capitan Creek (34.4577, -120.0225); Gato Creek (34.4497, -119.9885); Gaviota Creek (34.4706, -120.2267); Jalama Creek (34.5119, -120.5023); Refugio Creek (34.4627, -120.0696); Sacate Creek (34.4708, -120.2942); San Augustine Creek (34.4588, -120.3542); San Onofre Creek (34.4699, -120.1872); Santa Anita Creek (34.4669, -120.3066); Tecolote Creek (34.4306, -119.9173) upstream to endpoint(s) in: Alegria Creek (34.4713, -120.2714); Arroyo Hondo Creek (34.5112, -120.1704); Cojo Creek (34.4840, -120.4106); Dos Pueblos Creek (34.5230, -119.9249); El Capitan Creek (34.5238, -119.9806); Escondido Creek (34.5663, -120.4643); Gato Creek (34.5203, -119.9758); Gaviota Creek (34.5176, -120.2179); Jalama Creek (34.5031, -120.3615); La Olla (34.4836, -120.4071); Refugio Creek (34.5109,

-120.0508); Sacate Creek (34.4984, -120.2993); San Augustine Creek (34.4598, -120.3561); San Onofre Creek (34.4853, -120.1890); Santa Anita Creek (34.4742, -120.3085); Tecolote Creek (34.5133, -119.9058); Unnamed Tributary (34.5527, -120.4548); Unnamed Tributary (34.4972, -120.3026).

(ii) *UCSB Slough Hydrologic Sub-area 331531*. Outlet(s) = San Pedro Creek (Lat 34.4179, Long -119.8295); Tecolito Creek (34.4179, -119.8295) upstream to endpoint(s) in: Atascadero Creek (34.4345, -119.7755); Carneros Creek (34.4674, -119.8584); Cieneguitas Creek (34.4690, -119.7565); Glen Annie Creek (34.4985, -119.8666); Maria Ygnacio Creek (34.4900, -119.7830); San Antonio Creek (34.4553, -119.7826); San Pedro Creek (34.4774, -119.8359); San Jose Creek (34.4919, -119.8032); Tecolito Creek (34.4478, -119.8763); Unnamed Tributary (34.4774, -119.8846).

(iii) *Mission Hydrologic Sub-area 331532*. Outlet(s) = Arroyo Burro Creek (Lat 34.4023, Long -119.7430); Mission Creek (34.4124, -119.6876); Sycamore Creek (34.4166, -119.6668) upstream to endpoint(s) in: Arroyo Burro Creek (34.4620, -119.7461); Mission Creek (34.4482, -119.7089); Rattlesnake Creek (34.4633, -119.6902); San Roque Creek (34.4530, -119.7323); Sycamore Creek (34.4609, -119.6841).

(iv) *San Ysidro Hydrologic Sub-area 331533*. Outlet(s) = Montecito Creek (Lat 34.4167, Long -119.6344); Romero Creek (34.4186, -119.6208); San Ysidro Creek (34.4191, -119.6254); upstream to endpoint(s) in: Cold Springs Creek (34.4794, -119.6604); Montecito Creek (34.4594, -119.6542); Romero Creek (34.4452, -119.5924); San Ysidro Creek (34.4686, -119.6229); Unnamed Tributary (34.4753, -119.6437).

(v) *Carpinteria Hydrologic Sub-area 331534*. Outlet(s) = Arroyo Paredon (Lat 34.4146, Long -119.5561); Carpinteria Lagoon (Carpenteria Creek) (34.3904, -119.5204); Rincon Lagoon (Rincon Creek) (34.3733, -119.4769) upstream to endpoint(s) in: Arroyo Paredon (34.4371, -119.5481); Carpinteria Creek (34.4429, -119.4964); El Dorado Creek (34.4682, -119.4809); Gobernador Creek (34.4249, -119.4746); Rincon Lagoon (Rincon Creek) (34.3757, -119.4777); Steer Creek (34.4687, -119.4596); Unnamed Tributary (34.4481, -119.5112).

(4) Ventura River Hydrologic Unit 4402—(i) *Ventura Hydrologic Sub-area 440210*. Outlet(s) = Ventura Estuary (Ventura River) (Lat 34.2742, Long -119.3077) upstream to endpoint(s) in: Canada Larga (34.3675, -119.2377); Hammond Canyon (34.3903,

–119.2230); Sulphur Canyon (34.3727, –119.2362); Unnamed Tributary (34.3344, –119.2426); Unnamed Tributary (34.3901, –119.2747).

(ii) *Ventura Hydrologic Sub-area 440220*. Outlet(s) = Ventura River (Lat 34.3517, Long –119.3069) upstream to endpoint(s) in: Coyote Creek (34.3735, –119.3337); Matilija Creek (34.4846, –119.3086); North Fork Matilija Creek (34.5129, –119.2737); San Antonio Creek (34.4224, –119.2644); Ventura River (34.4852, –119.3001).

(iii) *Lions Hydrologic Sub-area 440231*. Outlet(s) = Lion Creek (Lat 34.4222, Long –119.2644) upstream to endpoint(s) in: Lion Creek (34.4331, –119.2004).

(iv) *Thatcher Hydrologic Sub-area 440232*. Outlet(s) = San Antonio Creek (Lat 34.4224, Long –119.2644) upstream to endpoint(s) in: San Antonio Creek (34.4370, –119.2417).

(5) Santa Clara Calleguas Hydrologic Unit 4403—(i) *Mouth of Santa Clara Hydrologic Sub-area 440310*. Outlet(s) = Santa Clara River (Lat 34.2348, Long –119.2568) upstream.

(ii) *Santa Clara, Santa Paula Hydrologic Sub-area 440321*. Outlet(s) = Santa Clara River (Lat 34.2731, Long –119.1474) upstream to endpoint(s) in: Santa Paula Creek (34.4500, –119.0563).

(iii) *Sisar Hydrologic Sub-area 440322*. Outlet(s) = Sisar Creek (Lat 34.4271, Long –119.0908) upstream to endpoint(s) in: Sisar Creek (34.4615, –119.1312).

(iv) *Sespe, Santa Clara Hydrologic Sub-area 440331*. Outlet(s) = Santa Clara River (Lat 34.3513, Long –119.0397) upstream to endpoint(s) in: Sespe Creek (34.4509, –118.9258).

(v) *Sespe Hydrologic Sub-area 440332*. Outlet(s) = Sespe Creek (Lat

34.4509, Long –118.9258) upstream to endpoint(s) in: Abadi Creek (34.6099, –119.4223); Alder Creek (34.5691, –118.9528); Bear Creek (34.5314, –119.1041); Chorro Grande Creek (34.6285, –119.3245); Fourfork Creek (34.4735, –118.8893); Howard Creek (34.5459, –119.2154); Lady Bug Creek (34.5724, –119.3173); Lion Creek (34.5047, –119.1101); Little Sespe Creek (34.4598, –118.8938); Munson Creek (34.6152, –119.2963); Park Creek (34.5537, –119.0028); Piedra Blanca Creek (34.6109, –119.1838); Pine Canyon Creek (34.4488, –118.9661); Portrero John Creek (34.6010, –119.2695); Red Reef Creek (34.5344, –119.0441); Rose Valley Creek (34.5195, –119.1756); Sespe Creek (34.6295, –119.4412); Timber Creek (34.5184, –119.0698); Trout Creek (34.5869, –119.1360); Tule Creek (34.5614, –119.2986); Unnamed Tributary (34.5125, –118.9311); Unnamed Tributary (34.5537, –119.0088); Unnamed Tributary (34.5537, –119.0048); Unnamed Tributary (34.5757, –119.3051); Unnamed Tributary (34.5988, –119.2736); Unnamed Tributary (34.5691, –119.3428); West Fork Sespe Creek (34.5106, –119.0502).

(vi) *Santa Clara, Hopper Canyon, Piru Hydrologic Sub-area 440341*. Outlet(s) = Santa Clara River (Lat 34.3860, Long –118.8711) upstream to endpoint(s) in: Hopper Creek (34.4263, –118.8309); Piru Creek (34.4613, –118.7537); Santa Clara River (34.3996, –118.7837).

(6) Santa Monica Bay Hydrologic Unit 4404—(i) *Topanga Hydrologic Sub-area 440411*. Outlet(s) = Topanga Creek (Lat 34.0397, Long –118.5831) upstream to

endpoint(s) in: Topanga Creek (34.0838, –118.5980).

(ii) *Malibu Hydrologic Sub-area 440421*. Outlet(s) = Malibu Creek (Lat 34.0322, Long –118.6796) upstream to endpoint(s) in: Malibu Creek (34.0648, –118.6987).

(iii) *Arroyo Sequit Hydrologic Sub-area 440444*. Outlet(s) = Arroyo Sequit (Lat 34.0445, Long –118.9338) upstream to endpoint(s) in: Arroyo Sequit (34.0839, –118.9186); West Fork Arroyo Sequit (34.0909, –118.9235).

(7) Calleguas Hydrologic Unit 4408—(i) *Calleguas Estuary Hydrologic Sub-area 440813*. Outlet(s) = Mugu Lagoon (Calleguas Creek) (Lat 34.1093, Long –119.0917) upstream to endpoint(s) in: Mugu Lagoon (Calleguas Creek) (Lat 34.1125, Long –119.0816).

(ii) [Reserved]

(8) San Juan Hydrologic Unit 4901—(i) *Middle Trabuco Hydrologic Sub-area 490123*. Outlet(s) = Trabuco Creek (Lat 33.5165, Long –117.6727) upstream to endpoint(s) in: Trabuco Creek (33.5264, –117.6700).

(ii) *Lower San Juan Hydrologic Sub-area 490127*. Outlet(s) = San Juan Creek (Lat 33.4621, Long –117.6842) upstream to endpoint(s) in: San Juan Creek (33.4929, –117.6610); Trabuco Creek (33.5165, –117.6727).

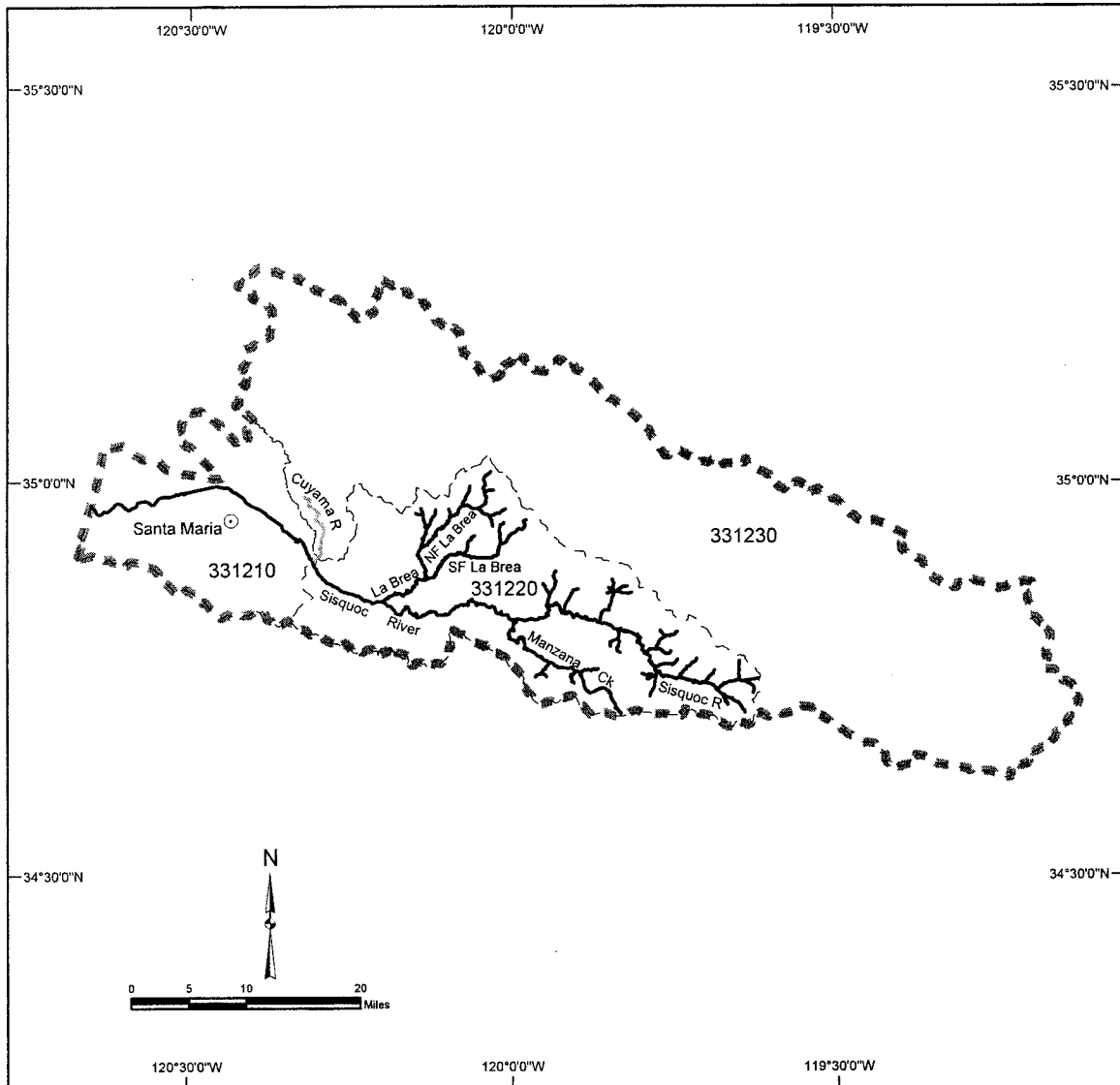
(iii) *San Mateo Hydrologic Sub-area 490140*. Outlet(s) = San Mateo Creek (Lat 33.3851, Long –117.5933) upstream to endpoint(s) in: San Mateo Creek (33.4779, –117.4386); San Mateo Canyon (33.4957, –117.4522).

(9) Maps of critical habitat for the Southern California Steelhead ESU follow:

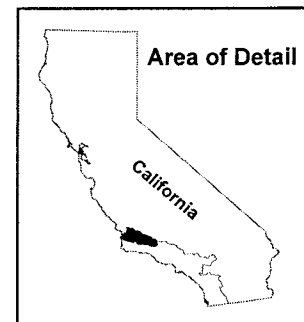
BILLING CODE 3510–22P

Critical Habitat for the Southern California Steelhead

Santa Maria River Hydrologic Unit 3312

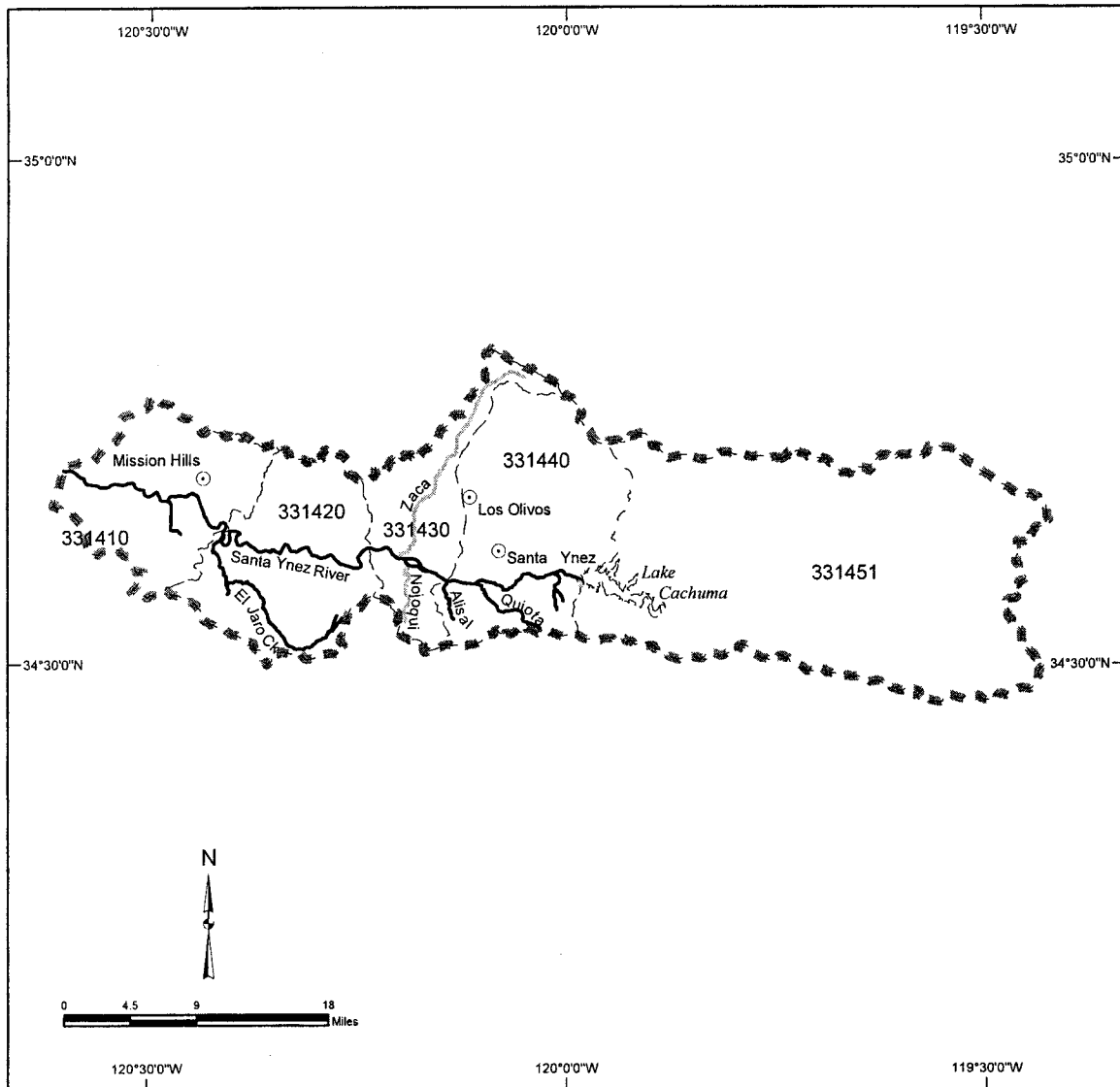


- ⊙ Cities/Towns
- Critical Habitat
- - - Occupied but excluded streams / areas
- ⋯ Calwater Hydrologic Unit Boundary
- ⋯ Fifth Field Calwater Hydrologic Sub-Area Boundary
- 331210 Fifth Field Calwater Hydrologic Sub-Area Number

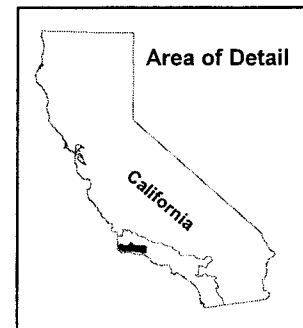


Critical Habitat for the Southern California Steelhead

Santa Ynez Hydrologic Unit 3314



- Cities/Towns
- Critical Habitat
- Occupied but excluded streams / areas
- Calwater Hydrologic Unit Boundary
- Fifth Field Calwater Hydrologic Sub-Area Boundary
- 331210 Fifth Field Calwater Hydrologic Sub-Area Number



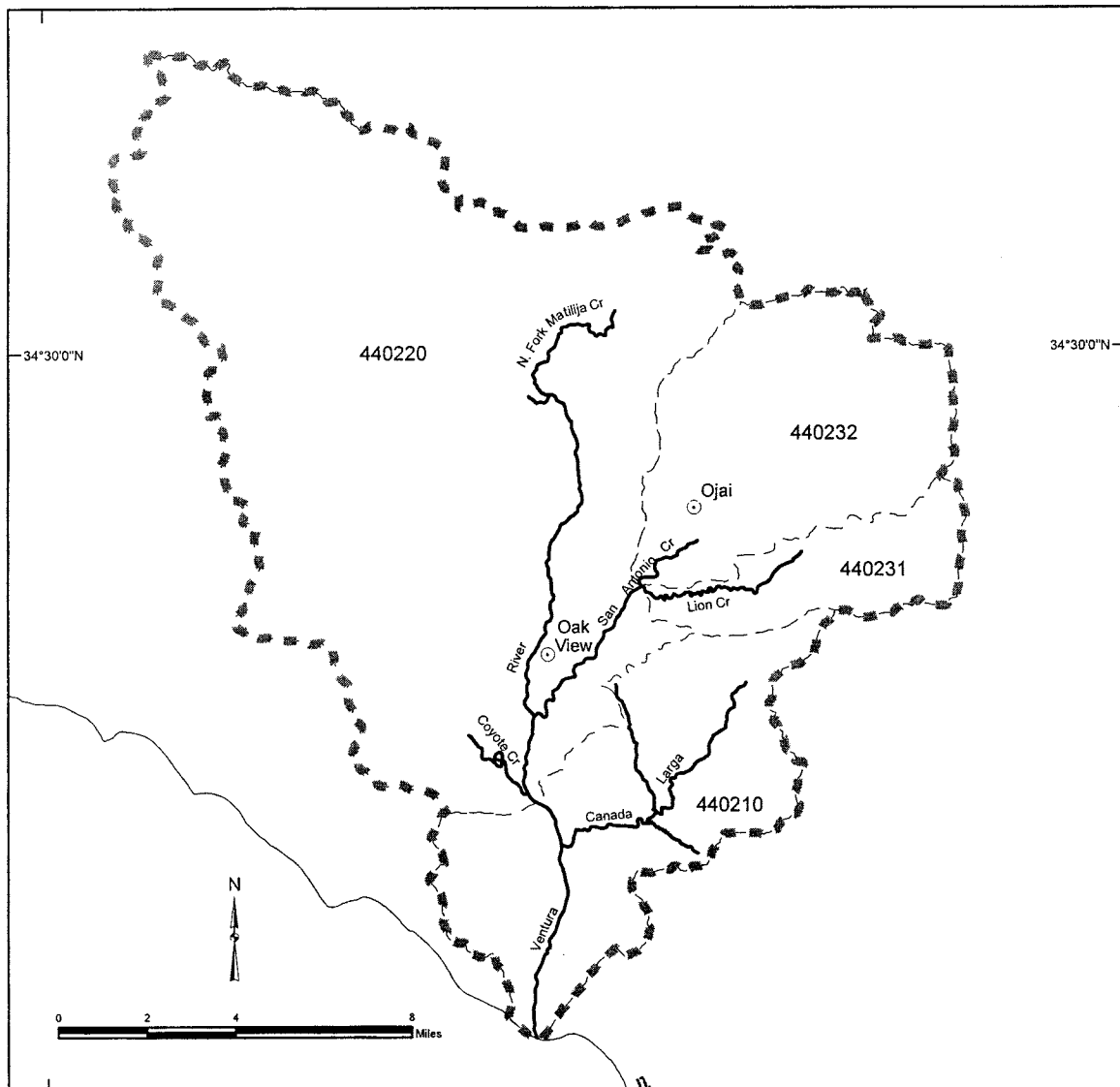
Critical Habitat for the Southern California Steelhead

South Coast Hydrologic Unit
3315

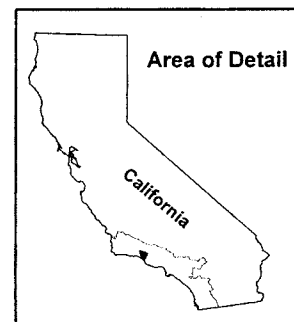


- Cities/Towns
- Critical Habitat
- - - Calwater Hydrologic Unit Boundary
- - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 331210 Fifth Field Calwater Hydrologic Sub-Area Number



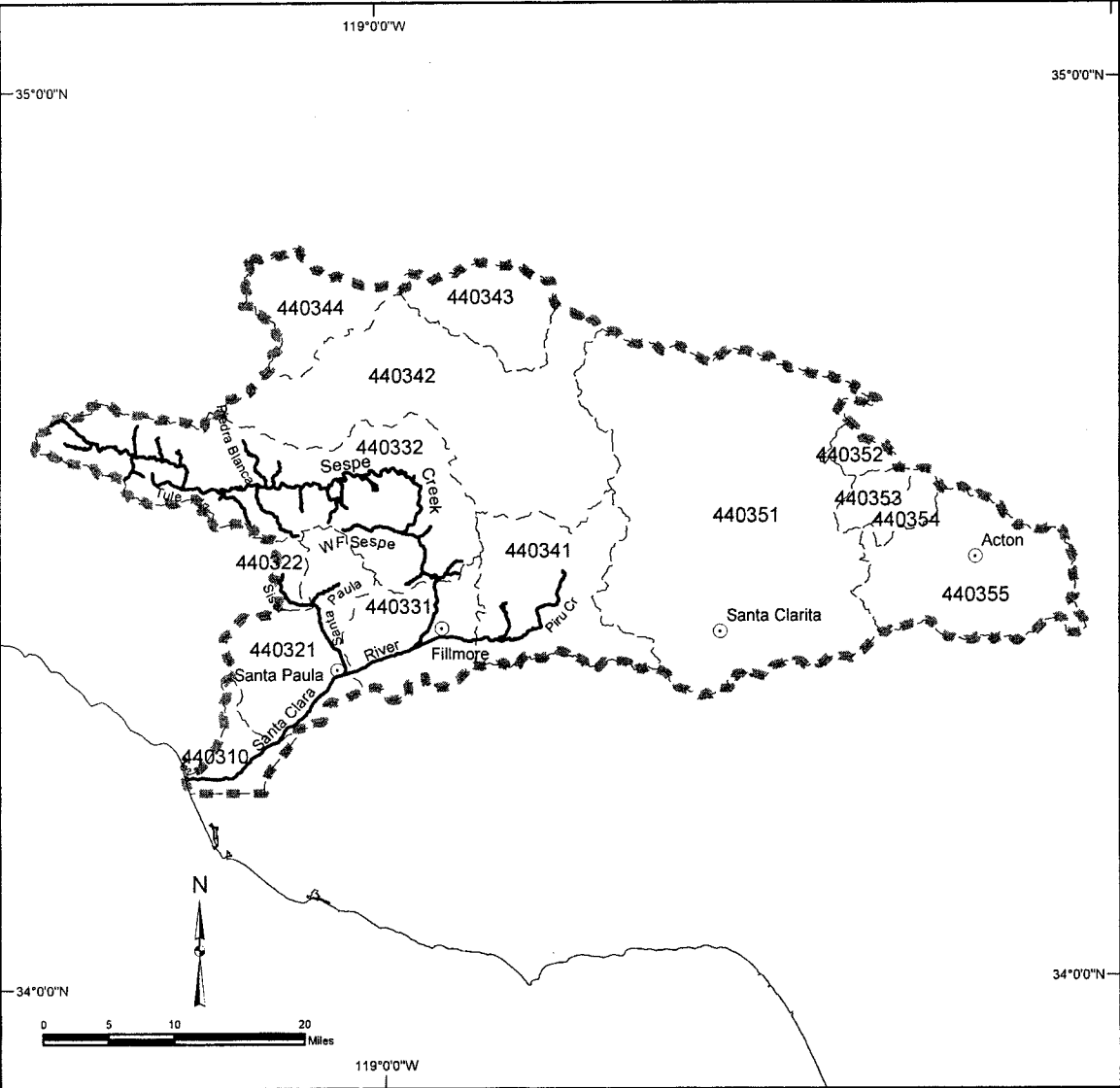
**Critical Habitat for the
Southern California Steelhead****Ventura River Hydrologic Unit
4402**

- ⊙ Cities/Towns
- Critical Habitat
- ⋯ Calwater Hydrologic Unit Boundary
- - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 331210 Fifth Field Calwater Hydrologic Sub-Area Number



Critical Habitat for the
Southern California Steelhead

Santa Clara-Calleguas Hydrologic Unit
4403

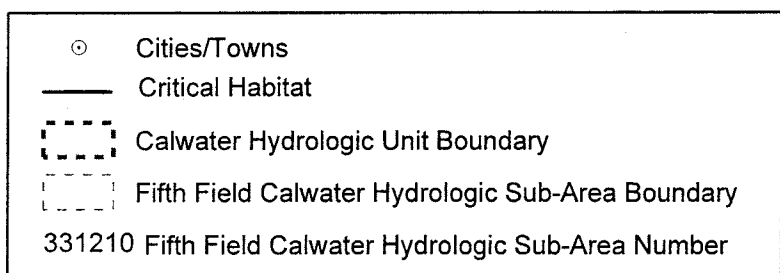
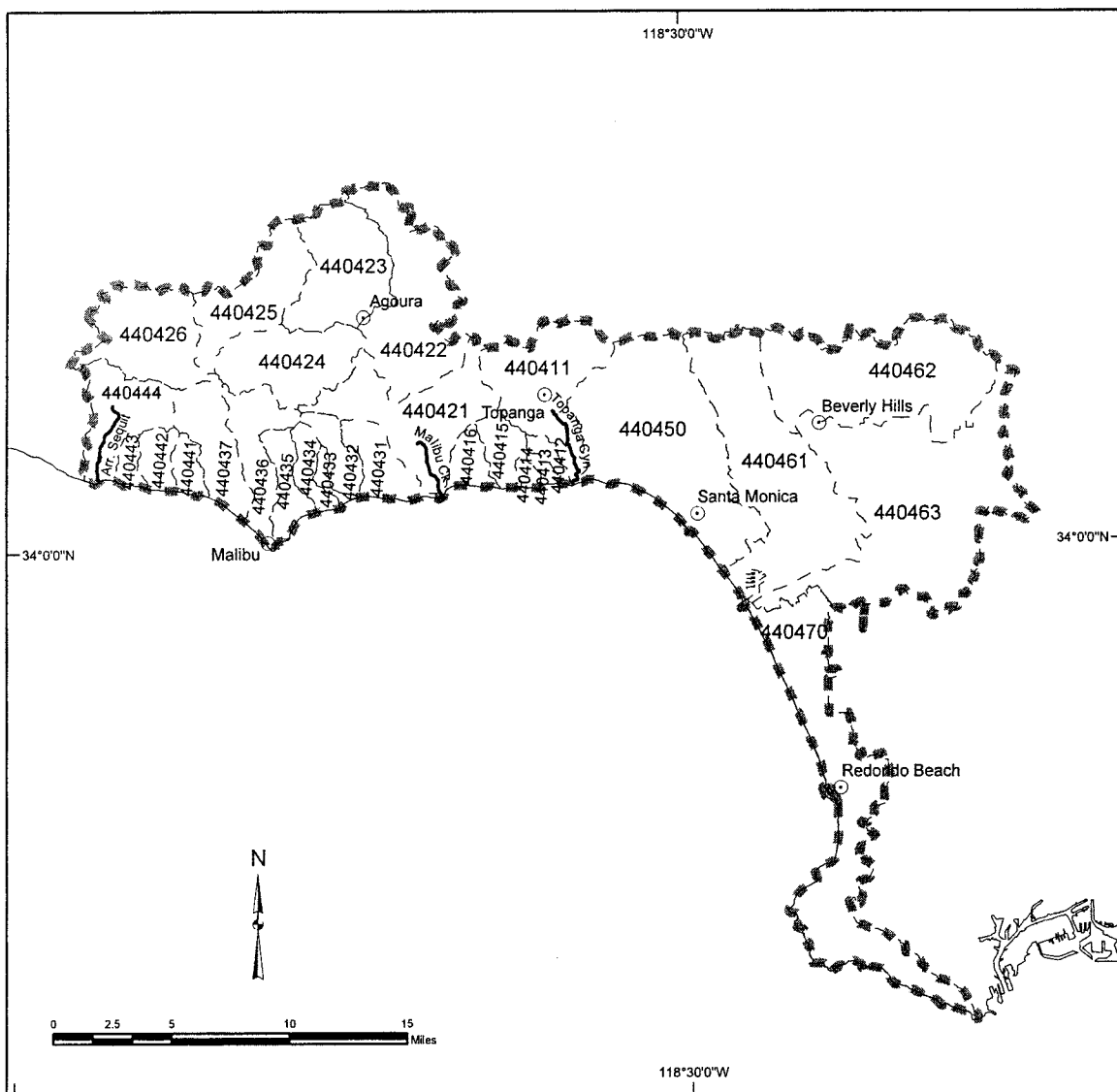


- Cities/Towns
 - Critical Habitat
 - Calwater Hydrologic Unit Boundary
 - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 331210 Fifth Field Calwater Hydrologic Sub-Area Number



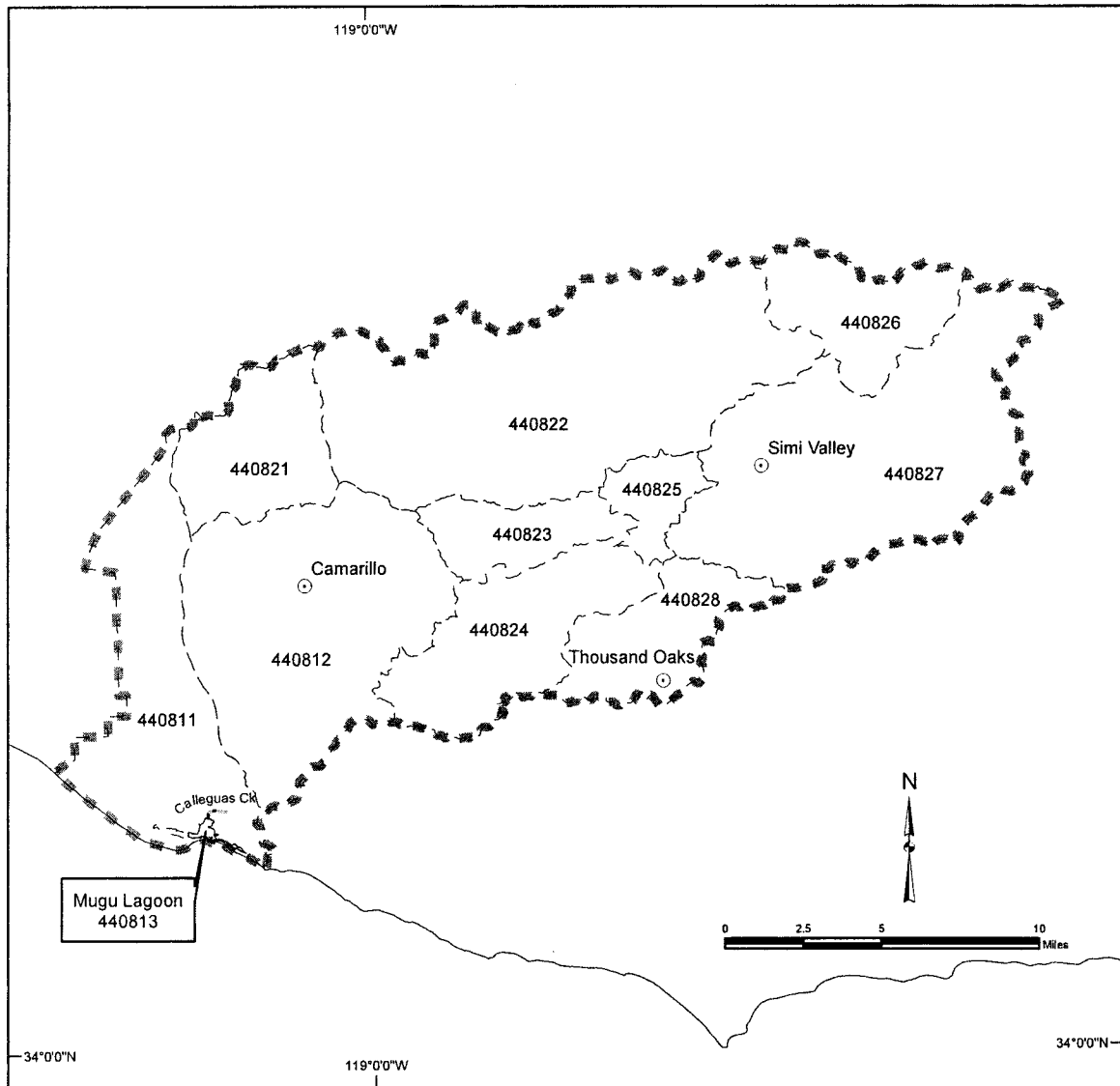
Critical Habitat for the Southern California Steelhead

Santa Monica Bay Hydrologic Unit 4404



Critical Habitat for the Southern California Steelhead

Calleguas Hydrologic Unit
4408

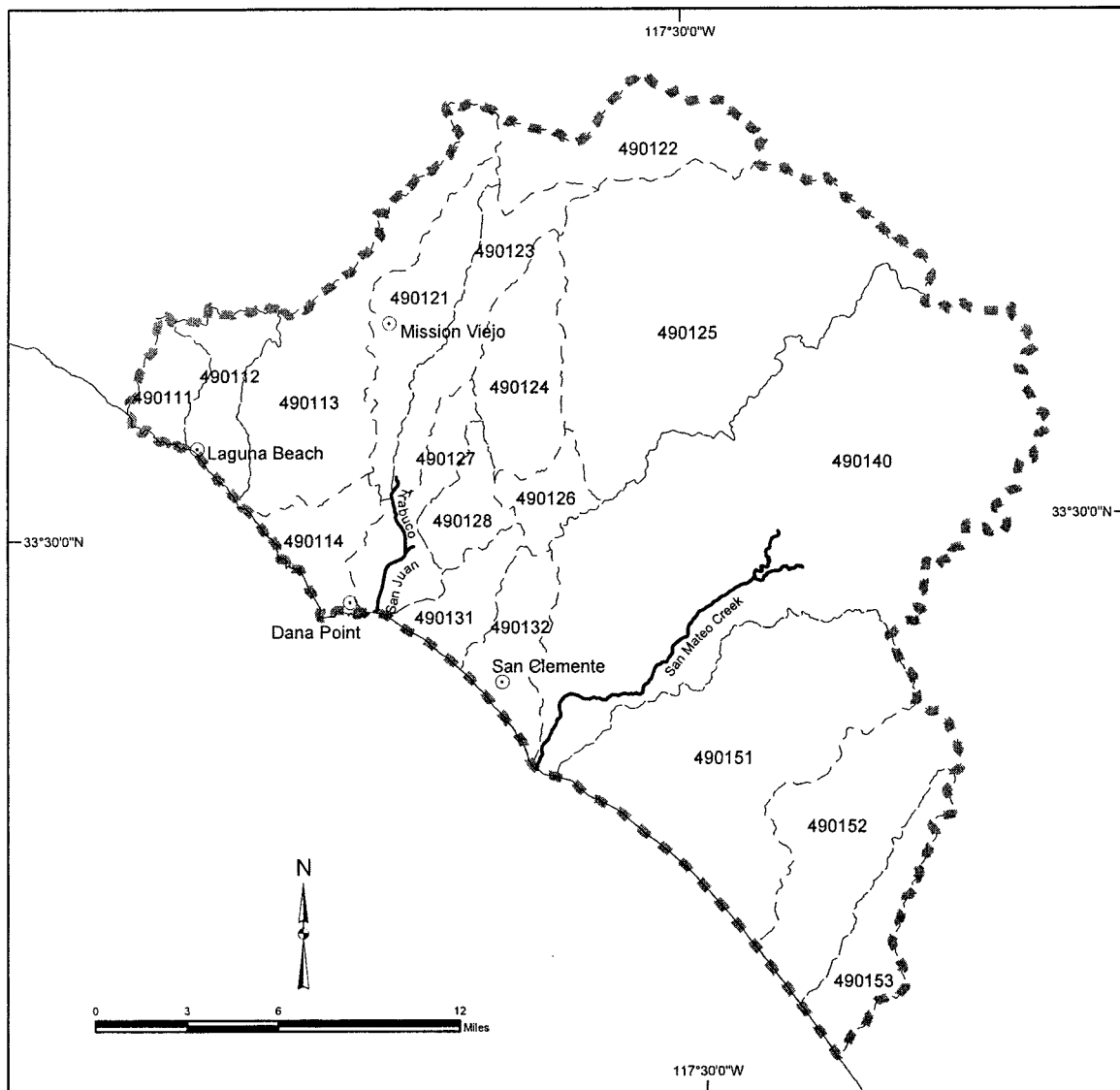


- Cities/Towns
 - Critical Habitat
 - Occupied but excluded streams / areas
 - Calwater Hydrologic Unit Boundary
 - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 331210 Fifth Field Calwater Hydrologic Sub-Area Number



Critical Habitat for the Southern California Steelhead

San Juan Hydrologic Unit
4901



- Cities/Towns
 - Critical Habitat
 - - - Calwater Hydrologic Unit Boundary
 - · · Fifth Field Calwater Hydrologic Sub-Area Boundary
- 331210 Fifth Field Calwater Hydrologic Sub-Area Number



(k) *Central Valley Spring Run Chinook Salmon (O. tshawytscha)*. Critical habitat is designated to include the areas defined in the following CALWATER Hydrologic Units:

(1) Tehama Hydrologic Unit 5504—(i) *Lower Stony Creek Hydrologic Sub-area 550410*. Outlet(s) = Glenn-Colusa Canal (Lat 39.6762, Long -122.0151); Stony Creek (39.7122, -122.0072) upstream to endpoint(s) in: Glenn-Colusa Canal (39.7122, -122.0072); Stony Creek (39.8178, -122.3253).

(ii) *Red Bluff Hydrologic Sub-area 550420*. Outlet(s) = Sacramento River (Lat 39.6998, Long -121.9419) upstream to endpoint(s) in: Antelope Creek (40.2023, -122.1275); Big Chico Creek (39.7757, -121.7525); Blue Tent Creek (40.2284, -122.2551); Burch Creek (39.8526, -122.1502); Butler Slough (40.1579, -122.1320); Coyote Creek (40.0929, -122.1621); Craig Creek (40.1617, -122.1350); Deer Creek (40.0144, -121.9481); Dibble Creek (40.2003, -122.2420); Dye Creek (40.0904, -122.0767); Elder Creek (40.0526, -122.1717); Jewet Creek (39.8913, -122.1005); Kusal Slough (39.7577, -121.9699); Lindo Channel (39.7623, -121.7923); McClure Creek (40.0074, -122.1729); Mill Creek (40.0550, -122.0317); Mud Creek (39.7931, -121.8865); New Creek (40.1873, -122.1350); Oat Creek (40.0847, -122.1658); Pine Creek (39.8760, -121.9777); Red Bank Creek (40.1391, -122.2157); Reeds Creek (40.1687, -122.2377); Rice Creek (39.8495, -122.1626); Rock Creek (39.8189, -121.9124); Salt Creek (40.1869, -122.1845); Singer Creek (39.9200, -121.9612); Thomes Creek (39.8822, -122.5527); Toomes Creek (39.9808, -122.0642); Unnamed Tributary (39.8532, -122.1627); Unnamed Tributary (40.1682, -122.1459); Unnamed Tributary (40.1867, -122.1353).

(2) Whitmore Hydrologic Unit 5507—(i) *Inks Creek Hydrologic Sub-area 550711*. Outlet(s) = Inks Creek (Lat 40.3305, Long -122.1520) upstream to endpoint(s) in: Inks Creek 40.3418, -122.1332).

(ii) *Battle Creek Hydrologic Sub-area 550712*. Outlet(s) = Battle Creek (Lat 40.4083, Long -122.1102) upstream to endpoint(s) in: Battle Creek (40.4228, -121.9975); North Fork Battle Creek (40.4746, -121.8436); South Fork Battle Creek (40.3549, -121.6861).

(iii) *Inwood Hydrologic Sub-area 550722*. Outlet(s) = Bear Creek (Lat 40.4352, Long -122.2039) upstream to endpoint(s) in: Bear Creek (40.4859, -122.1529); Dry Creek (40.4574, -122.1993).

(3) Redding Hydrologic Unit 5508—(i) *Enterprise Flat Hydrologic Sub-area 550810*. Outlet(s) = Sacramento River (Lat 40.2526, Long -122.1707) upstream to endpoint(s) in: Anderson Creek (40.3910, -122.1984); Ash Creek (40.4451, -122.1815); Battle Creek (40.4083, -122.1102); Churn Creek (40.5431, -122.3395); Clear Creek (40.5158, -122.5256); Cow Creek (40.5438, -122.1318); Olney Creek (40.5262, -122.3783); Paynes Creek (40.2810, -122.1587); Stillwater Creek (40.4789, -122.2597).

(ii) *Lower Cottonwood Hydrologic Sub-area 550820*. Outlet(s) = Cottonwood Creek (Lat 40.3777, Long -122.1991) upstream to endpoint(s) in: Cottonwood Creek (40.3943, -122.5254); Middle Fork Cottonwood Creek (40.3314, -122.6663); South Fork Cottonwood Creek (40.1578, -122.5809).

(4) Eastern Tehama Hydrologic Unit 5509—(i) *Big Chico Creek Hydrologic Sub-area 550914*. Outlet(s) = Big Chico Creek (Lat 39.7757, Long -121.7525) upstream to endpoint(s) in: Big Chico Creek (39.8873, -121.6979).

(ii) *Deer Creek Hydrologic Sub-area 550920*. Outlet(s) = Deer Creek (Lat 40.0144, Long -121.9481) upstream to endpoint(s) in: Deer Creek (40.2019, -121.5130).

(iii) *Upper Mill Creek Hydrologic Sub-area 550942*. Outlet(s) = Mill Creek (Lat 40.0550, Long -122.0317) upstream to endpoint(s) in: Mill Creek (40.3997, -121.5131).

(iv) *Antelope Creek Hydrologic Sub-area 550963*. Outlet(s) = Antelope Creek (Lat 40.2023, Long -122.1272) upstream to endpoint(s) in: Antelope Creek (40.2416, -121.8630); North Fork Antelope Creek (40.2691, -121.8226); South Fork Antelope Creek (40.2309, -121.8325).

(5) Sacramento Delta Hydrologic Unit 5510—(i) *Sacramento Delta Hydrologic Sub-area 551000*. Outlet(s) = Sacramento River (Lat 38.0612, Long -121.7948) upstream to endpoint(s) in: Cache Slough (38.3086, -121.7633); Delta Cross Channel (38.2433, -121.4964); Elk Slough (38.4140, -121.5212); Elkhorn Slough (38.2898, -121.6271); Georgiana Slough (38.2401, -121.5172); Miners Slough (38.2864, -121.6051); Prospect Slough (38.1477, -121.6641); Sevenmile Slough (38.1171, -121.6298); Steamboat Slough (38.3052, -121.5737); Sutter Slough (38.3321, -121.5838); Threemile Slough (38.1155, -121.6835); Yolo Bypass (38.5800, -121.5838).

(ii) [Reserved]

(6) Valley-Putah-Cache Hydrologic Unit 5511—(i) *Lower Putah Creek Hydrologic Sub-area 551120*. Outlet(s) = Yolo Bypass (Lat 38.5800, Long

-121.5838) upstream to endpoint(s) in: Sacramento Bypass (38.6057, -121.5563); Yolo Bypass (38.7627, -121.6325).

(ii) [Reserved]

(7) Marysville Hydrologic Unit 5515—(i) *Lower Yuba River Hydrologic Sub-area 551510*. Outlet(s) = Bear River (Lat 38.9398, Long -121.5790) upstream to endpoint(s) in: Bear River (38.9783, -121.5166).

(ii) *Lower Yuba River Hydrologic Sub-area 551530*. Outlet(s) = Yuba River (Lat 39.1270, Long -121.5981) upstream to endpoint(s) in: Yuba River (39.2203, -121.3314).

(iii) *Lower Feather River Hydrologic Sub-area 551540*. Outlet(s) = Feather River (Lat 39.1270, Long -121.5981) upstream to endpoint(s) in: Feather River (39.5203, -121.5475).

(8) Yuba River Hydrologic Unit 5517—(i) *Browns Valley Hydrologic Sub-Area 551712*. Outlet(s) = Dry Creek (Lat 39.2207, Long -121.4088); Yuba River (39.2203, -121.3314) upstream to endpoint(s) in: Dry Creek (39.3201, -121.3117); Yuba River (39.2305, -121.2813).

(ii) *Eglebright Hydrologic Sub-area 551714*. Outlet(s) = Yuba River (Lat 39.2305, Long -121.2813) upstream to endpoint(s) in: Yuba River (39.2388, -121.2698).

(9) Valley-American Hydrologic Unit 5519—(i) *Lower American Hydrologic Sub-area 551921*. Outlet(s) = American River (Lat 38.5971, Long -121.5088) upstream to endpoint(s) in: American River (38.5669, -121.3827).

(ii) *Pleasant Grove Hydrologic Sub-area 551922*. Outlet(s) = Sacramento River (Lat 38.5965, Long -121.5086) upstream to endpoint(s) in: Feather River (39.1270, -121.5981).

(10) Colusa Basin Hydrologic Unit 5520—(i) *Sycamore-Sutter Hydrologic Sub-area 552010*. Outlet(s) = Sacramento River (Lat 38.7604, Long -121.6767) upstream to endpoint(s) in: Tisdale Bypass (39.0261, -121.7456).

(ii) *Sutter Bypass Hydrologic Sub-area 552030*. Outlet(s) = Sacramento River (Lat 38.7849, Long -121.6219) upstream to endpoint(s) in: Butte Creek (39.1987, -121.9285); Butte Slough (39.1987, -121.9285); Nelson Slough (38.8901, -121.6352); Sacramento Slough (38.7843, -121.6544); Sutter Bypass (39.1417, -121.8196); 39.1484, -121.8386); Tisdale Bypass (39.0261, -121.7456); Unnamed Tributary (39.1586, -121.8747).

(iii) *Butte Basin Hydrologic Sub-area 552040*. Outlet(s) = Butte Creek (Lat 39.1990, Long -121.9286); Sacramento River (39.4141, -122.0087) upstream to endpoint(s) in: Butte creek (39.7095, -121.7506); Colusa Bypass (39.2276,

–121.9402); Unnamed Tributary (39.6762, –122.0151).

(11) Butte Creek Hydrologic Unit 5521—*Upper Little Chico Hydrologic Sub-area 552130*. Outlet(s) = Butte Creek (Lat 39.7096, –121.7504) upstream to endpoint(s) in Butte Creek (39.8665, –121.6344).

(12) Shasta Bally Hydrologic Unit 5524—(i) *Platina Hydrologic Sub-area 552436*. Outlet(s) = Middle Fork

Cottonwood Creek (Lat 40.3314, –122.6663) upstream to endpoint(s) in Beegum Creek (40.3066, –122.9205); Middle Fork Cottonwood Creek (40.3655, –122.7451).

(ii) *Spring Creek Hydrologic Sub-area 552440*. Outlet(s) = Sacramento River (Lat 40.5943, Long –122.4343) upstream to endpoint(s) in: Sacramento River (40.6116, –122.4462)

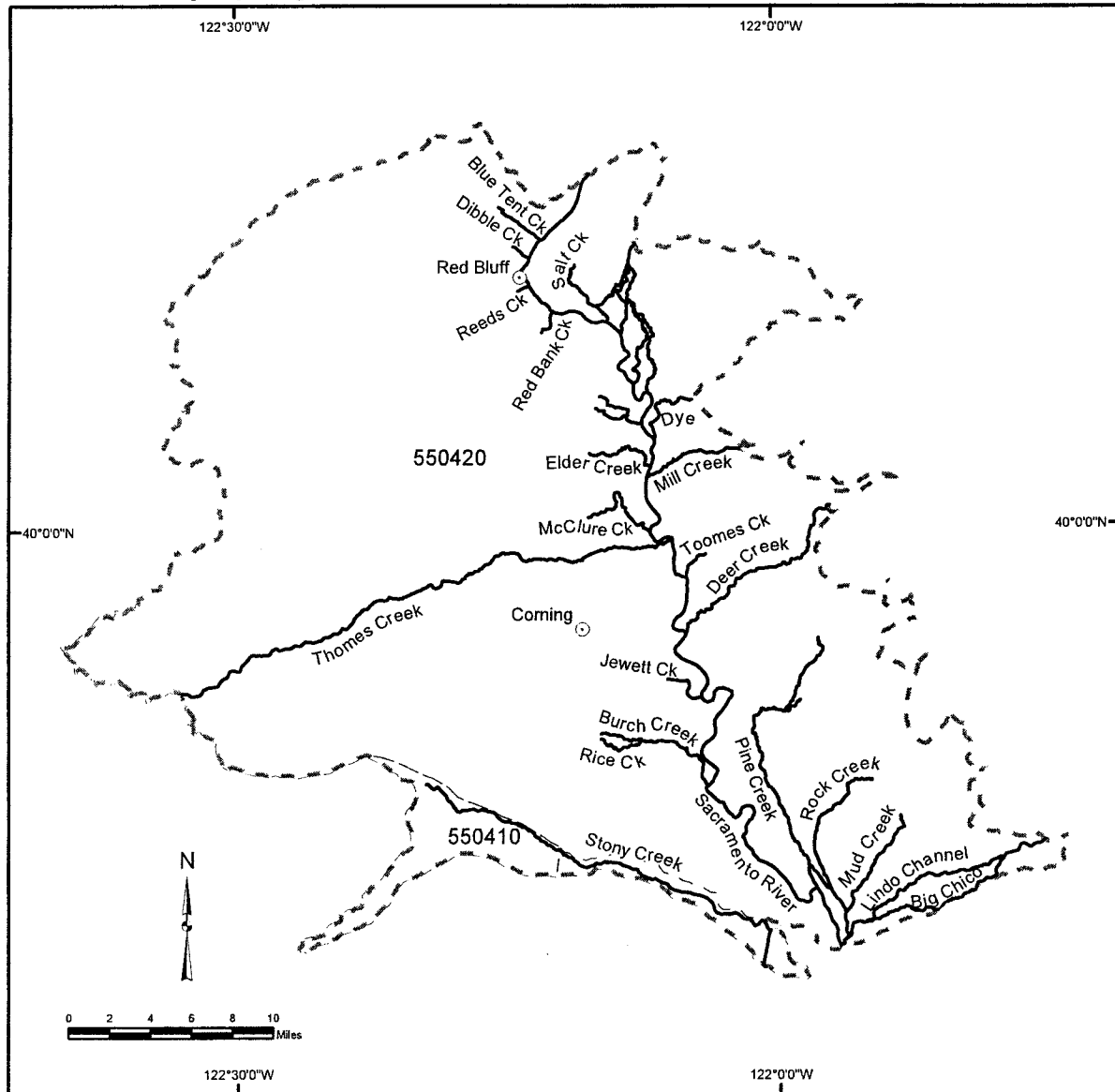
(iii) *Kanaka Peak Hydrologic Sub-area 552462*. Outlet(s) = Clear Creek (Lat 40.5158, Long –122.5256) upstream to endpoint(s) in: Clear Creek (40.5992, –122.5394).

(13) Maps of critical habitat for the Central Valley Spring Run Chinook ESU follow:

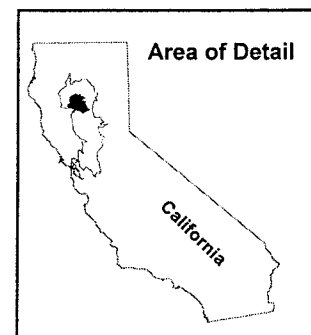
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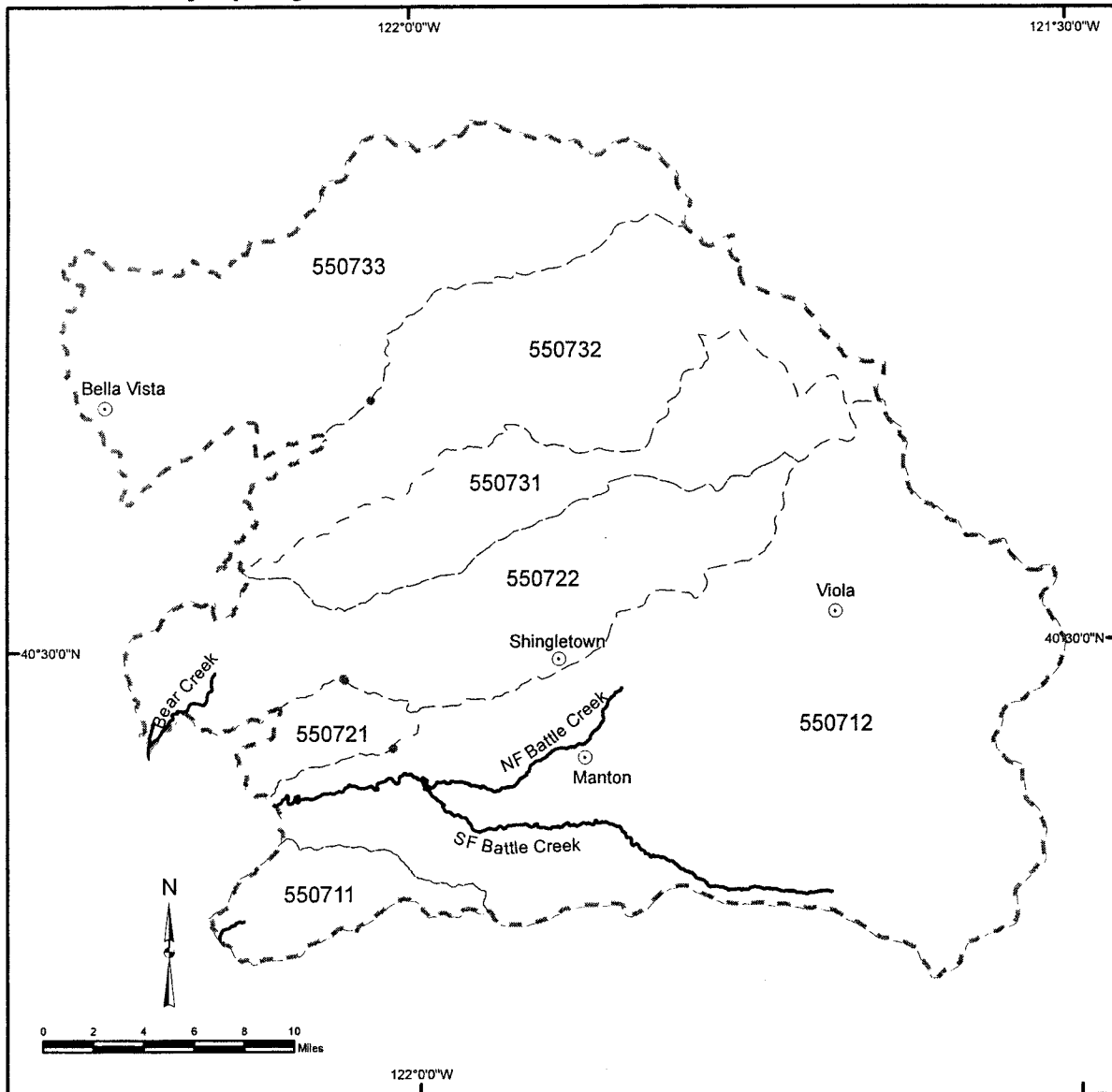
Critical Habitat for the Central Valley Spring-run Chinook Salmon

Tehama Hydrologic Unit
5504

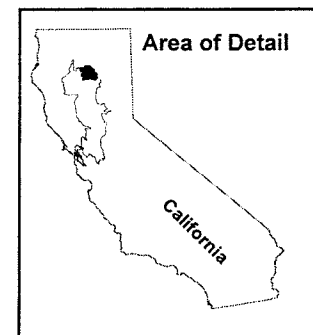


- Cities/Towns
- Critical Habitat
- - - Hydrologic Unit Boundary
- - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



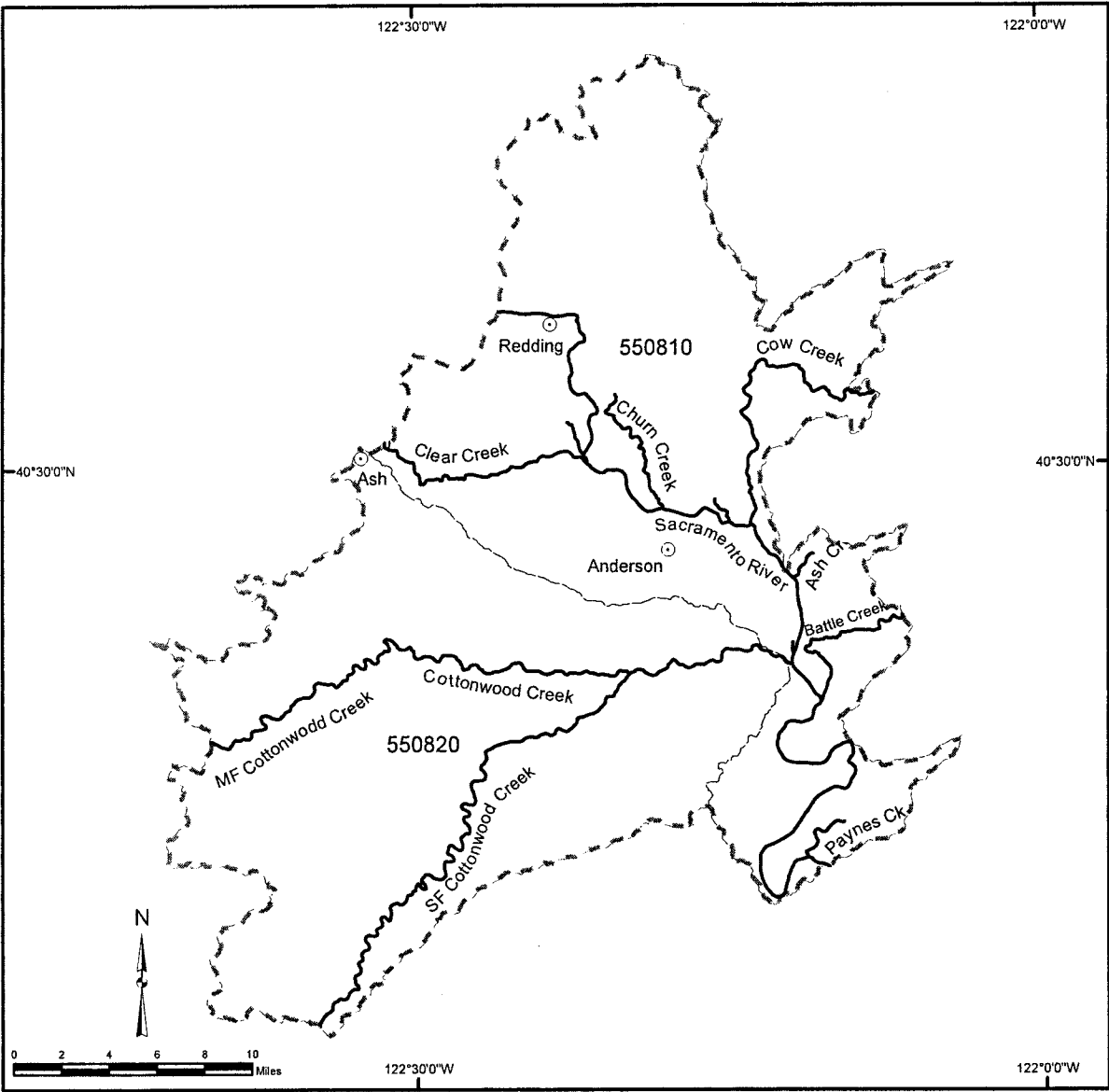
**Critical Habitat for the
Central Valley Spring-run Chinook Salmon****Whitmore Hydrologic Unit
5507**

- Cities/Towns
- Critical Habitat
- Hydrologic Unit Boundary
- - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



Critical Habitat for the
Central Valley Spring-run Chinook Salmon

Redding Hydrologic Unit
5508



Cities/Towns

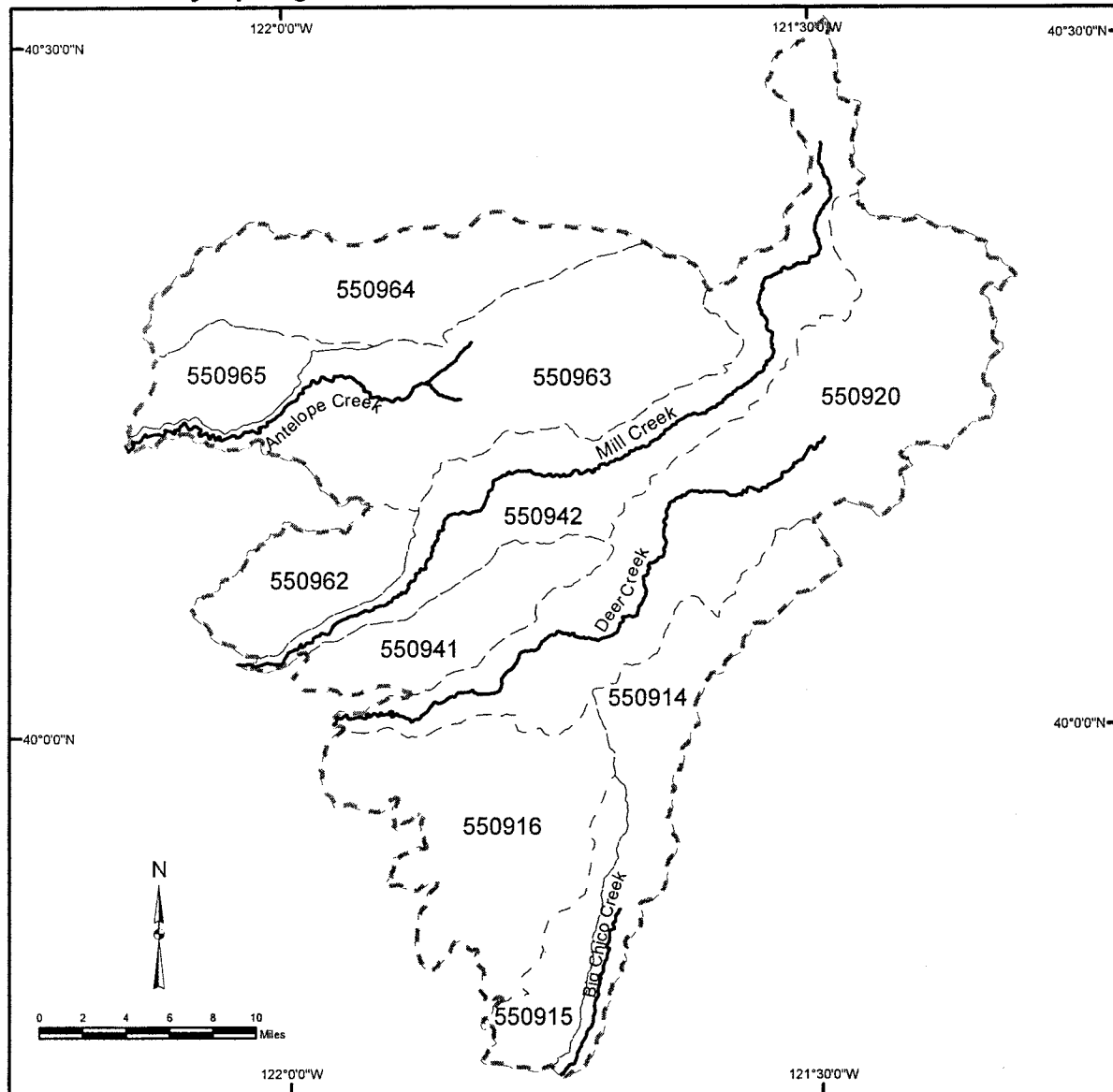
Critical Habitat

Hydrologic Unit Boundary

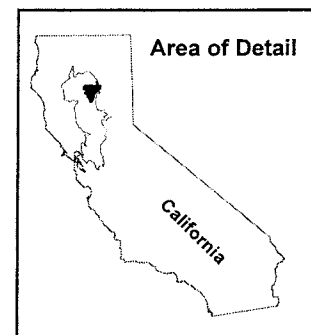
Fifth Field Calwater Hydrologic Sub-Area Boundary

110701 Fifth Field Calwater Hydrologic Sub-Area Number



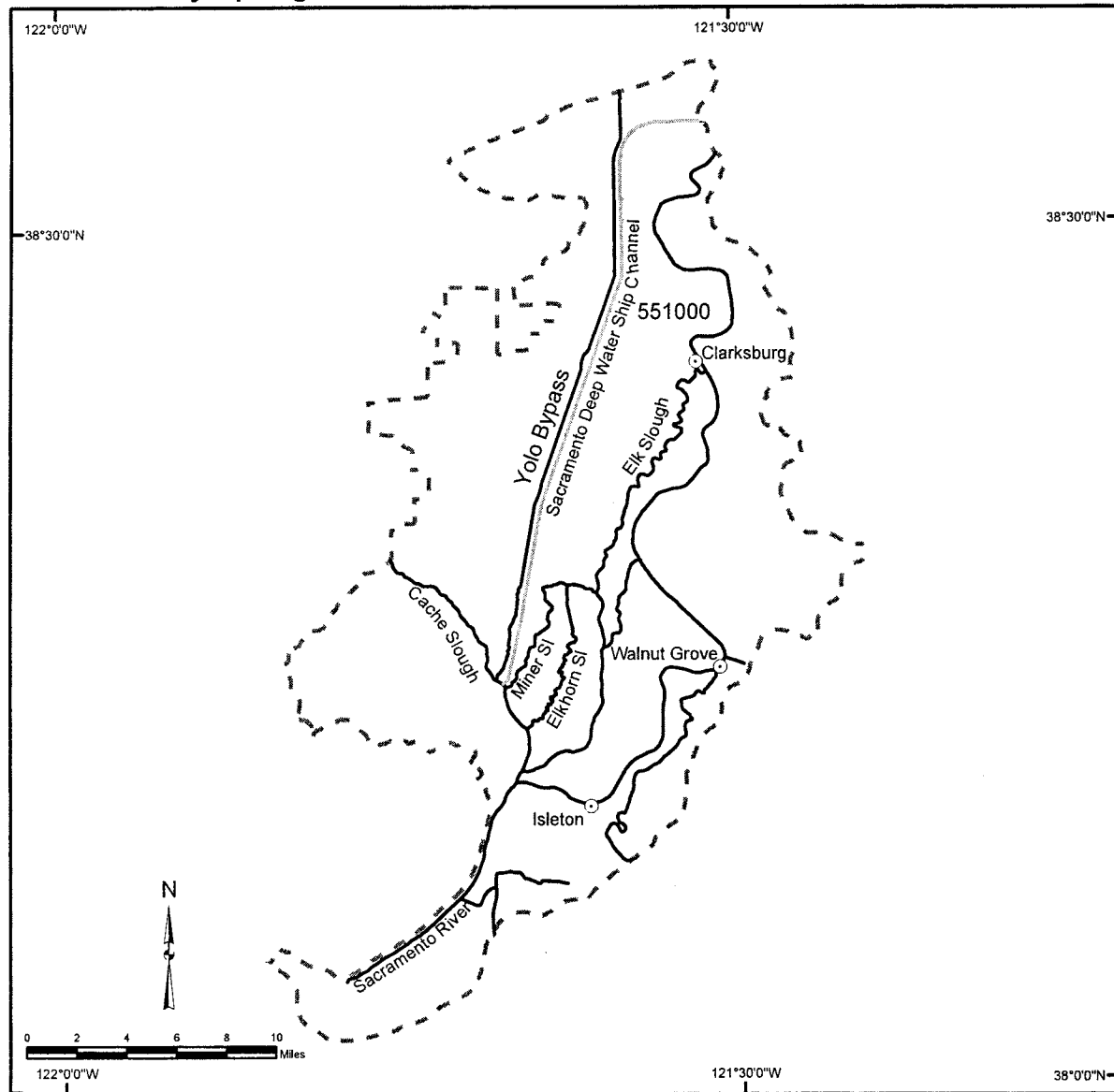
**Critical Habitat for the
Central Valley Spring-run Chinook Salmon****Eastern Tehama Hydrologic Unit
5509**

- Cities/Towns
- Critical Habitat
- - - Hydrologic Unit Boundary
- - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number

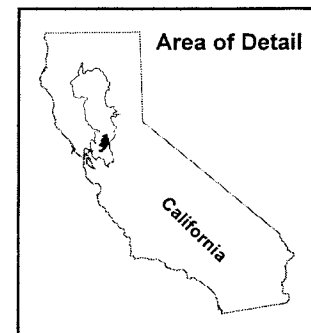


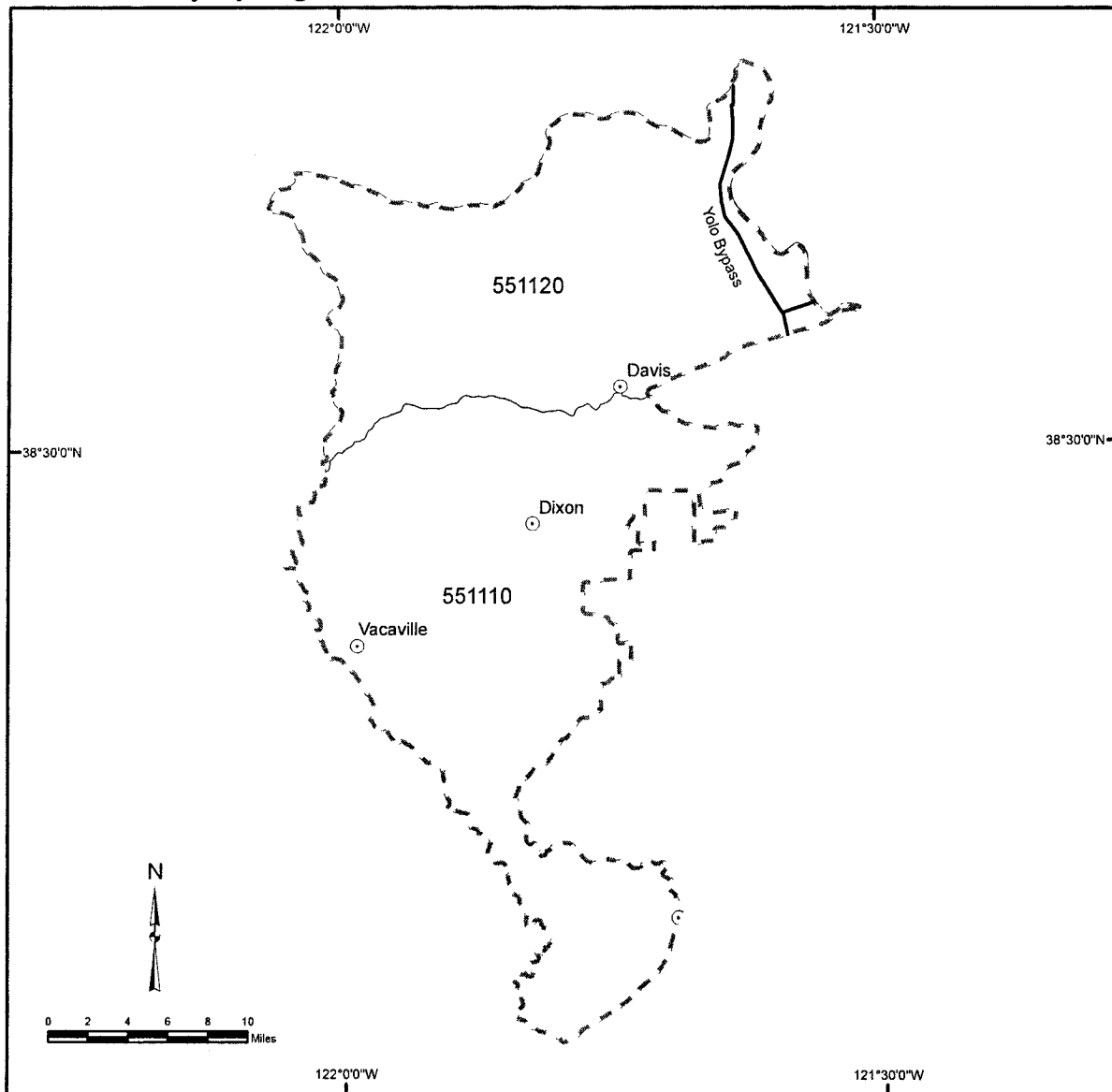
Critical Habitat for the Central Valley Spring-run Chinook Salmon

**Sacramento Delta Hydrologic Unit
5510**

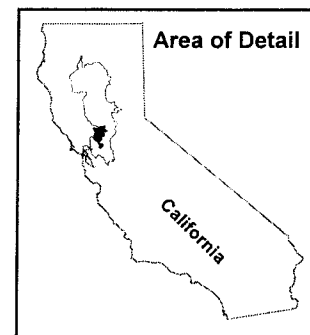


- (•) Cities/Towns
- Critical Habitat
- Occupied but excluded streams / areas
- Hydrologic Unit Boundary
- Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



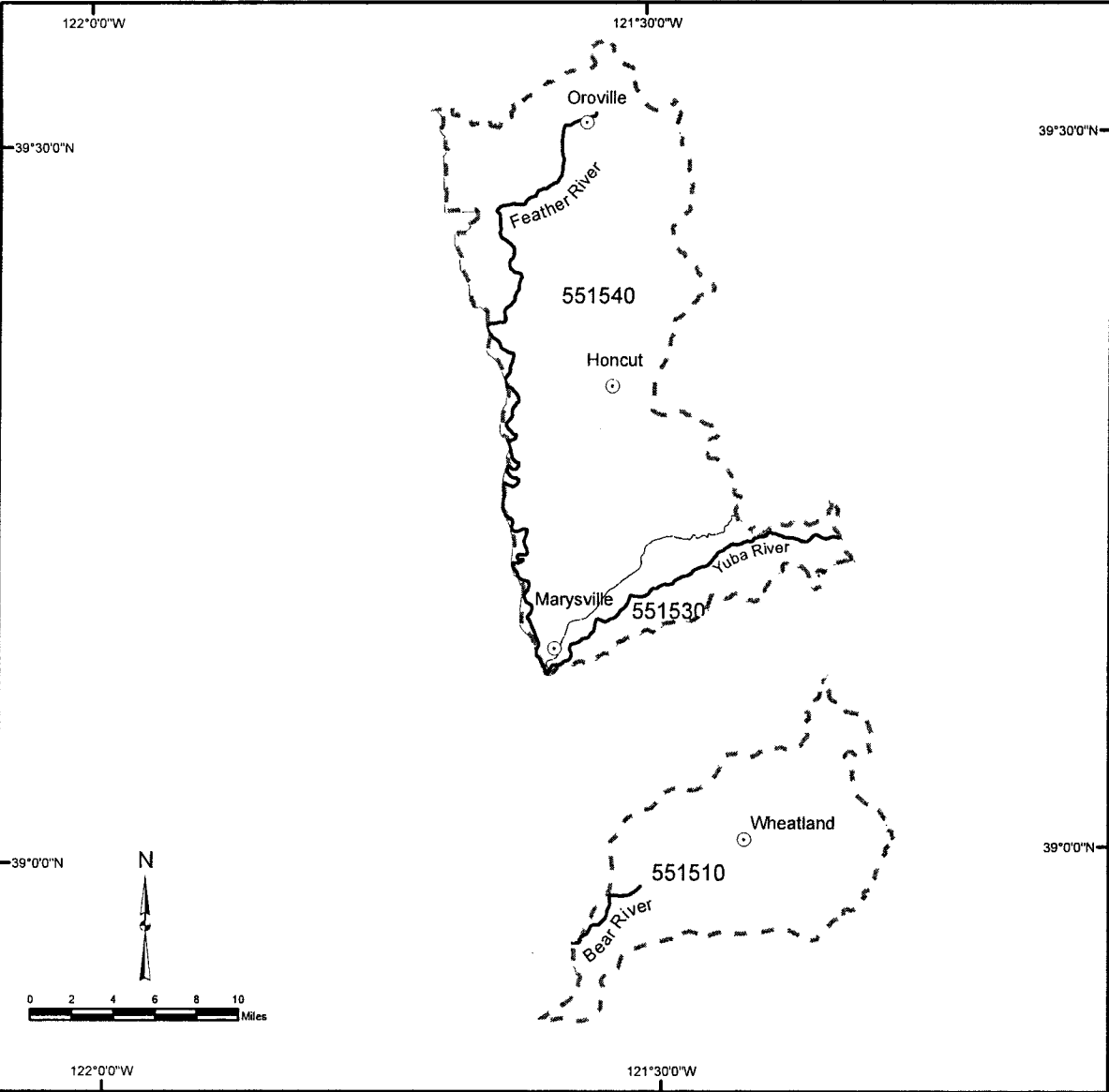
**Critical Habitat for the
Central Valley Spring-run Chinook Salmon****Valley Putah-Cache Hydrologic Unit
5511**

- Cities/Towns
- Critical Habitat
- - - Hydrologic Unit Boundary
- - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



Critical Habitat for the
Central Valley Spring-run Chinook Salmon

Marysville Hydrologic Unit
5515



Cities/Towns

Critical Habitat

Hydrologic Unit Boundary

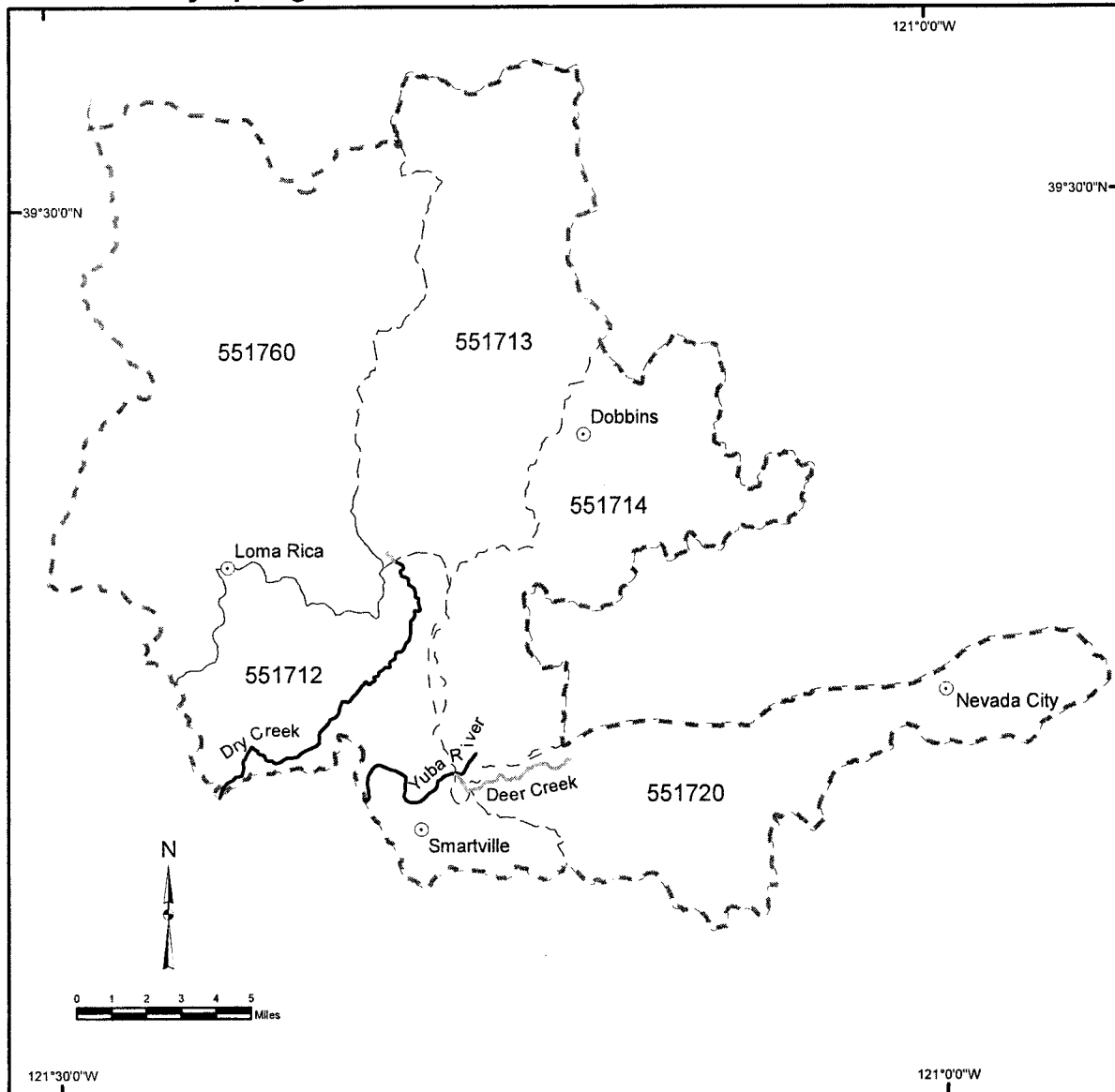
Fifth Field Calwater Hydrologic Sub-Area Boundary

110701 Fifth Field Calwater Hydrologic Sub-Area Number

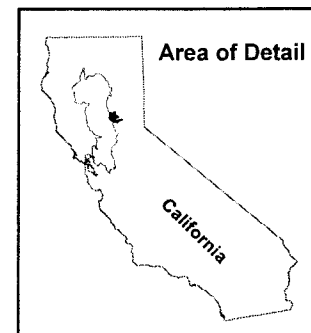


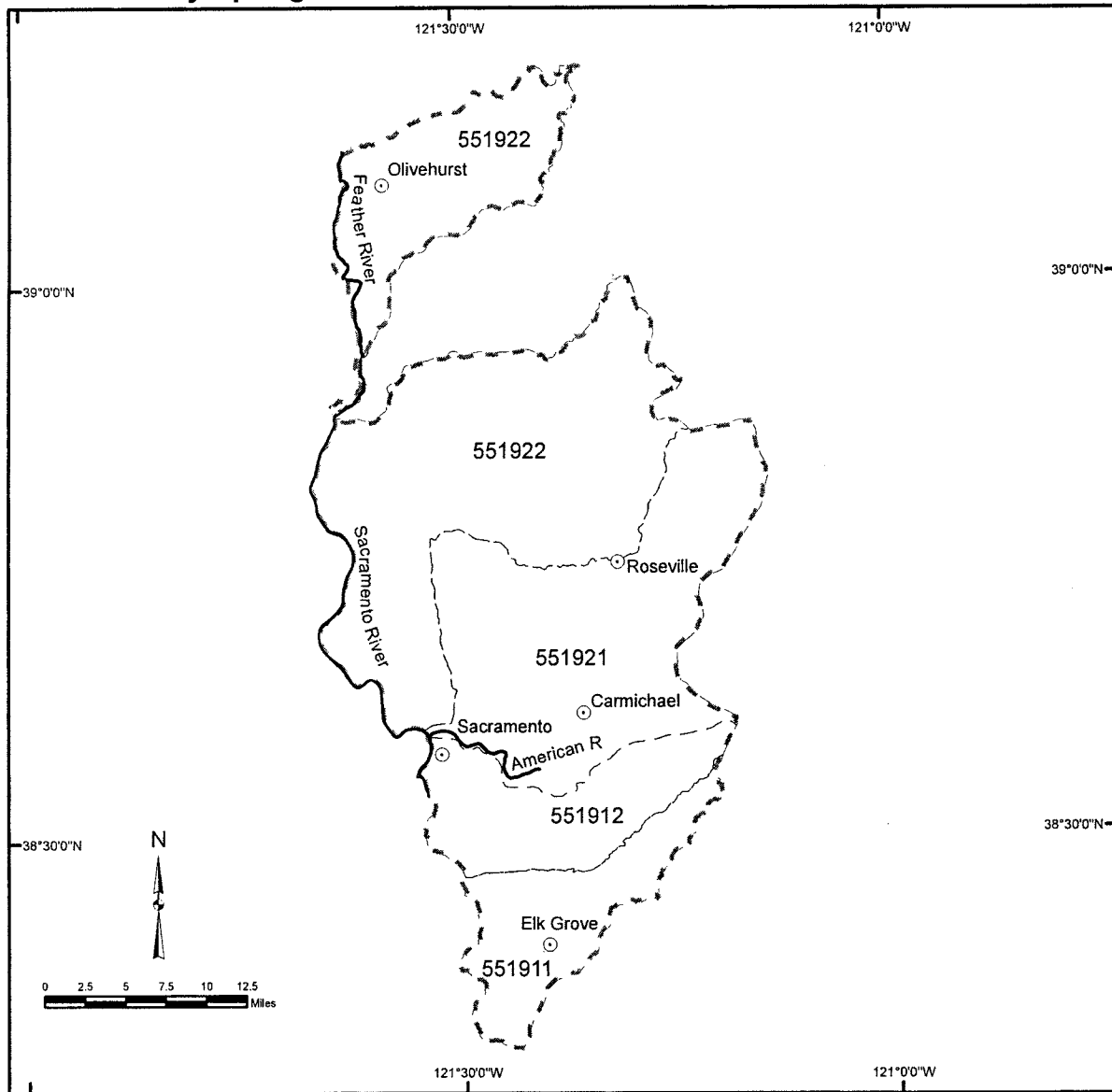
Critical Habitat for the Central Valley Spring-run Chinook Salmon

Yuba River Hydrologic Unit
5517



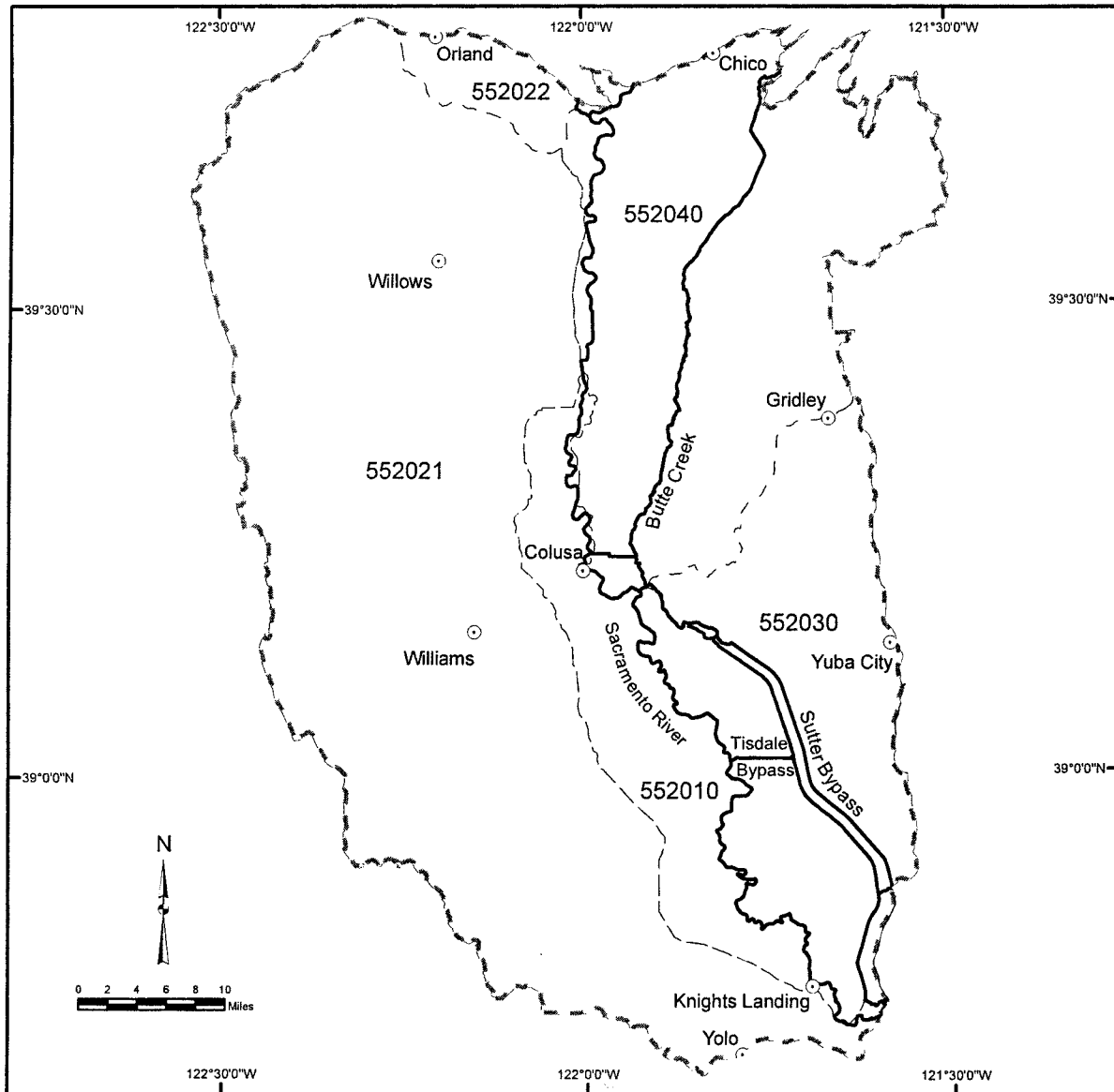
- Cities/Towns
 - Critical Habitat
 - - - Occupied but excluded streams / areas
 - Hydrologic Unit Boundary
 - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



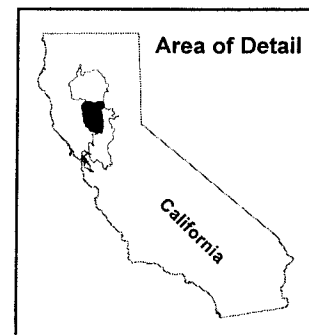
**Critical Habitat for the
Central Valley Spring-run Chinook Salmon****Valley-American Hydrologic Unit
5519**

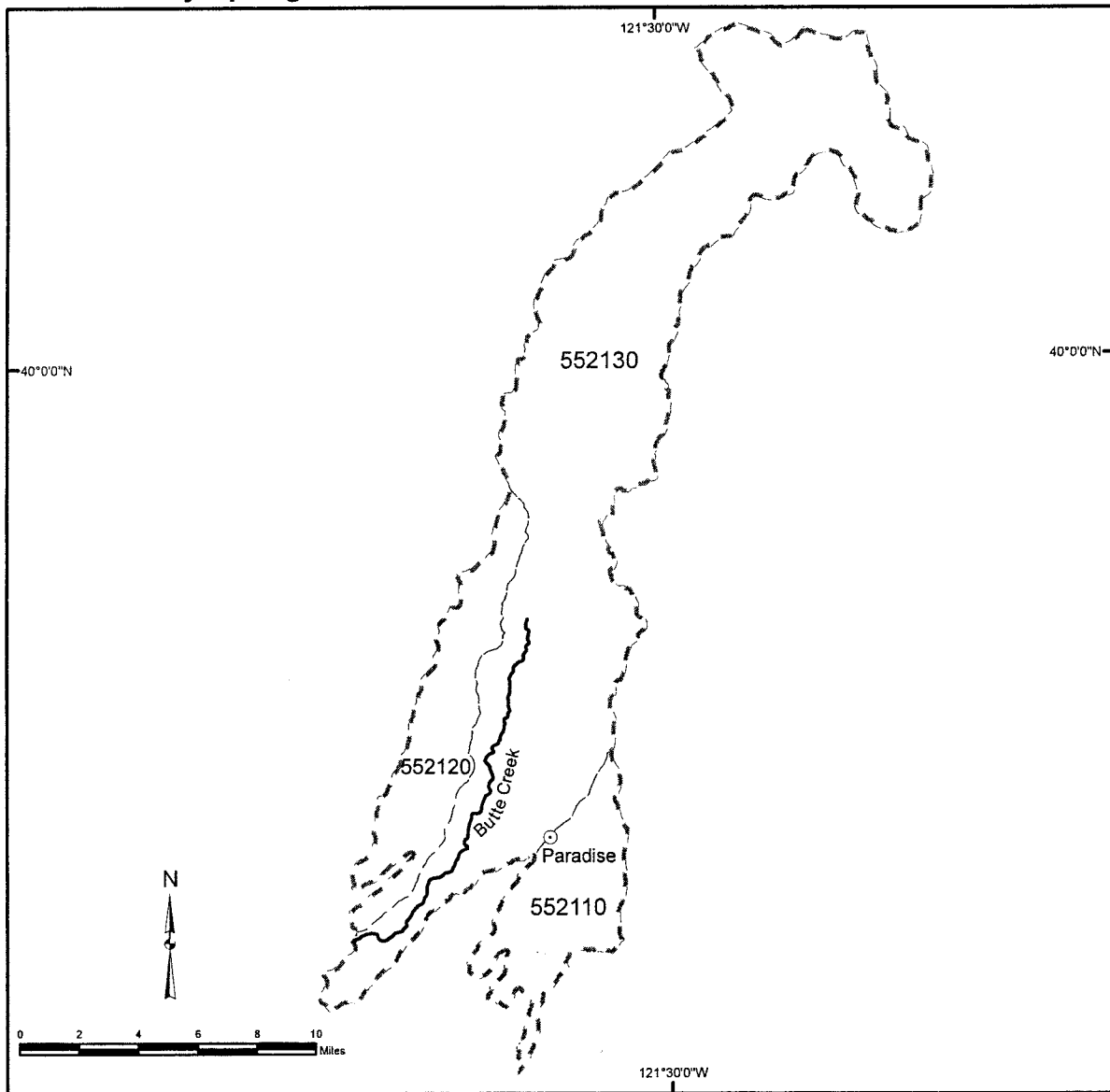
- Cities/Towns
 - Critical Habitat
 - - - Hydrologic Unit Boundary
 - - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



**Critical Habitat for the
Central Valley Spring-run Chinook Salmon****Colusa Basin Hydrologic Unit
5520**

- Cities/Towns
- Critical Habitat
- - - Hydrologic Unit Boundary
- - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



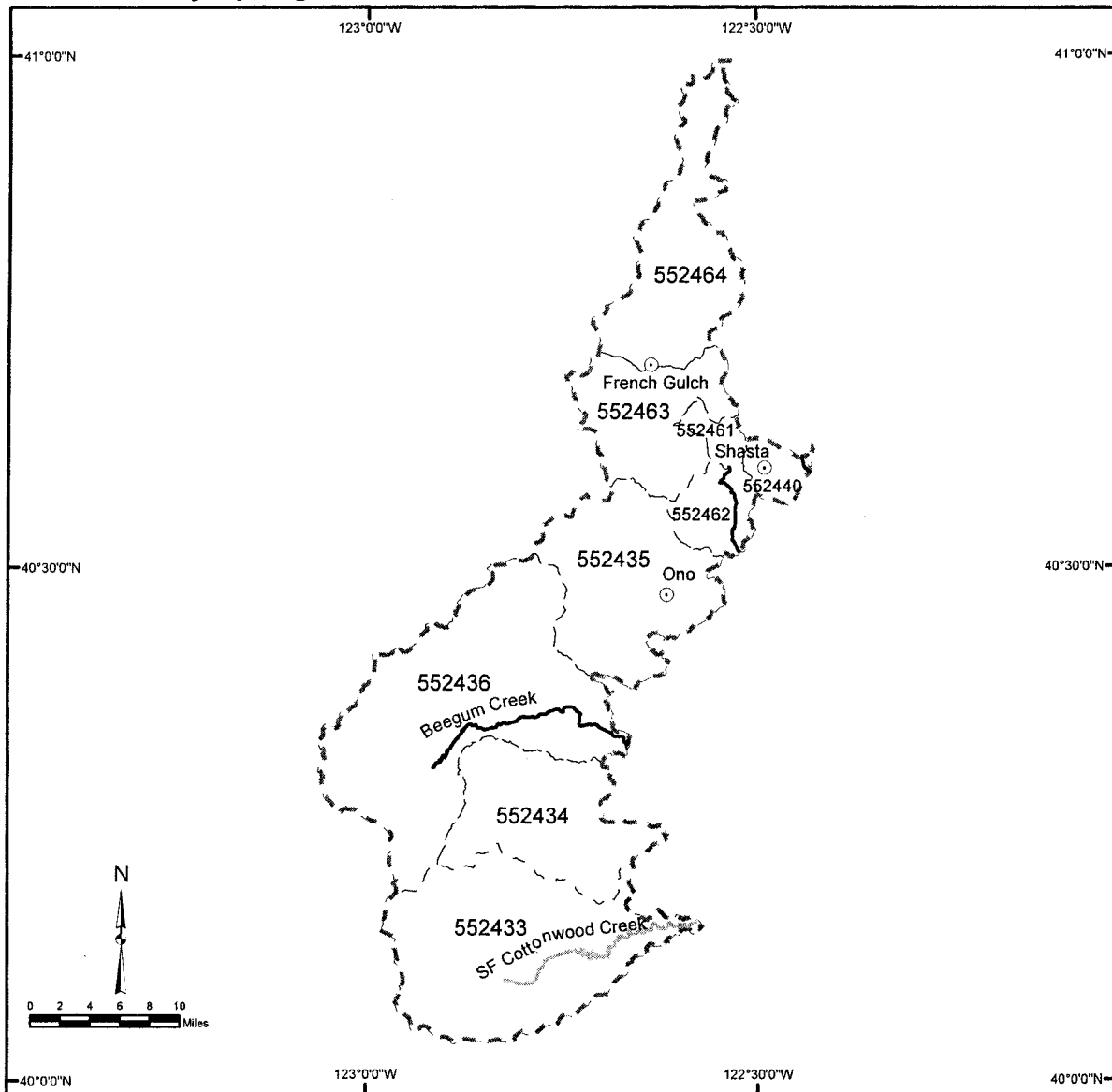
**Critical Habitat for the
Central Valley Spring-run Chinook Salmon****Butte Creek Hydrologic Unit
5521**

- Cities/Towns
- Critical Habitat
- Hydrologic Unit Boundary
- Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number

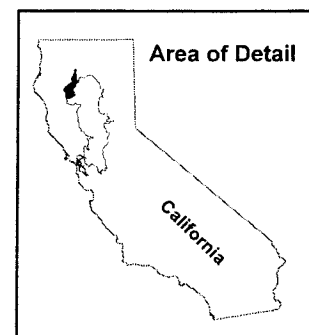


Critical Habitat for the Central Valley Spring-run Chinook Salmon

Shasta Bally Hydrologic Unit 5524



- Cities/Towns
- Critical Habitat
- - - Occupied but excluded streams / areas
- ⋯ Hydrologic Unit Boundary
- ⋯ Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



(l) *Central Valley steelhead (O. mykiss)*. Critical habitat is designated to include the areas defined in the following CALWATER Hydrologic Units:

(1) Tehama Hydrologic Unit 5504—(i) *Lower Stony Creek Hydrologic Sub-area 550410*. Outlet(s) = Stony Creek (Lat 39.6760, Long -121.9732) upstream to endpoint(s) in: Stony Creek (39.8199, -122.3391).

(ii) *Red Bluff Hydrologic Sub-area 550420*. Outlet(s) = Sacramento River (Lat 39.6998, Long -121.9419) upstream to endpoint(s) in: Antelope Creek (40.2023, -122.1272); Big Chico Creek (39.7757, -121.7525); Blue Tent Creek (40.2166, -122.2362); Burch Creek (39.8495, -122.1615); Butler Slough (40.1579, -122.1320); Craig Creek (40.1617, -122.1350); Deer Creek (40.0144, -121.9481); Dibble Creek (40.2002, -122.2421); Dye Creek (40.0910, -122.0719); Elder Creek (40.0438, -122.2133); Lindo Channel (39.7623, -121.7923); McClure Creek (40.0074, -122.1723); Mill Creek (40.0550, -122.0317); Mud Creek (39.7985, -121.8803); New Creek (40.1873, -122.1350); Oat Creek (40.0769, -122.2168); Red Bank Creek (40.1421, -122.2399); Rice Creek (39.8495, -122.1615); Rock Creek (39.8034, -121.9403); Salt Creek (40.1572, -122.1646); Thomes Creek (39.8822, -122.5527); Unnamed Tributary (40.1867, -122.1353); Unnamed Tributary (40.1682, -122.1459); Unnamed Tributary (40.1143, -122.1259); Unnamed Tributary (40.0151, -122.1148); Unnamed Tributary (40.0403, -122.1009); Unnamed Tributary (40.0514, -122.0851); Unnamed Tributary (40.0530, -122.0769).

(2) Whitmore Hydrologic Unit 5507—(i) *Inks Creek Hydrologic Sub-area 550711*. Outlet(s) = Inks Creek (Lat 40.3305, Long -122.1520) upstream to endpoint(s) in: Inks Creek (40.3418, -122.1332).

(ii) *Battle Creek Hydrologic Sub-area 550712*. Outlet(s) = Battle Creek (Lat 40.4083, Long -122.1102) upstream to endpoint(s) in: Baldwin Creek (40.4369, -121.9885); Battle Creek (40.4228, -121.9975); Brush Creek (40.4913, -121.8664); Millseat Creek (40.4808, -121.8526); Morgan Creek (40.3654, -121.9132); North Fork Battle Creek (40.4877, -121.8185); Panther Creek (40.3897, -121.6106); South Ditch (40.3997, -121.9223); Ripley Creek (40.4099, -121.8683); Soap Creek (40.3904, -121.7569); South Fork Battle Creek (40.3531, -121.6682); Unnamed Tributary (40.3567, -121.8293); Unnamed Tributary (40.4592, -121.8671).

(iii) *Ash Creek Hydrologic Sub-area 550721*. Outlet(s) = Ash Creek (Lat 40.4401, Long -122.1375) upstream to endpoint(s) in: Ash Creek (40.4628, -122.0066).

(iv) *Inwood Hydrologic Sub-area 550722*. Outlet(s) = Ash Creek (Lat 40.4628, Long -122.0066); Bear Creek (40.4352, -122.2039) upstream to endpoint(s) in: Ash Creek (40.4859, -121.8993); Bear Creek (40.5368, -121.9560); North Fork Bear Creek (40.5736, -121.8683).

(v) *South Cow Creek Hydrologic Sub-area 550731*. Outlet(s) = South Cow Creek (Lat 40.5438, Long -122.1318) upstream to endpoint(s) in: South Cow Creek (40.6023, -121.8623).

(vi) *Old Cow Creek Hydrologic Sub-area 550732*. Outlet(s) = Clover Creek (Lat 40.5788, Long -122.1252); Old Cow Creek (40.5442, -122.1317) upstream to endpoint(s) in: Clover Creek (40.6305, -122.0304); Old Cow Creek (40.6295, -122.9619).

(vii) *Little Cow Creek Hydrologic Sub-area 550733*. Outlet(s) = Little Cow Creek (Lat 40.6148, -122.2271); Oak Run Creek (40.6171, -122.1225) upstream to endpoint(s) in: Little Cow Creek (40.7114, -122.0850); Oak Run Creek (40.6379, -122.0856).

(3) Redding Hydrologic Unit 5508—(i) *Enterprise Flat Hydrologic Sub-area 550810*. Outlet(s) = Sacramento River (Lat 40.2526, Long -122.1707) upstream to endpoint(s) in: Ash Creek (40.4401, -122.1375); Battle Creek (40.4083, -122.1102); Bear Creek (40.4360, -122.2036); Calaboos Creek (40.5742, -122.4142); Canyon Creek (40.5532, -122.3814); Churn Creek (40.5986, -122.3418); Clear Creek (40.5158, -122.5256); Clover Creek (40.5788, -122.1252); Cottonwood Creek (40.3777, -122.1991); Cow Creek (40.5437, -122.1318); East Fork Stillwater Creek (40.6495, -122.2934); Inks Creek (40.3305, -122.1520); Jenny Creek (40.5734, -122.4338); Little Cow Creek (40.6148, -122.2271); Oak Run (40.6171, -122.1225); Old Cow Creek (40.5442, -122.1317); Olney Creek (40.5439, -122.4687); Oregon Gulch (40.5463, -122.3866); Paynes Creek (40.3024, -122.1012); Stillwater Creek (40.6495, -122.2934); Sulphur Creek (40.6164, -122.4077).

(ii) *Lower Cottonwood Hydrologic Sub-area 550820*. Outlet(s) = Cottonwood Creek (Lat 40.3777, Long -122.1991) upstream to endpoint(s) in: Cold Fork Cottonwood Creek (40.2060, -122.6608); Cottonwood Creek (40.3943, -122.5254); Middle Fork Cottonwood Creek (40.3314, -122.6663); North Fork Cottonwood Creek (40.4539, -122.5610); South Fork Cottonwood Creek (40.1578, -122.5809).

(4) Eastern Tehama Hydrologic Unit 5509—(i) *Big Chico Creek Hydrologic Sub-area 550914*. Outlet(s) = Big Chico Creek (Lat 39.7757, Long -121.7525) upstream to endpoint(s) in: Big Chico Creek (39.8898, -121.6952).

(ii) *Deer Creek Hydrologic Sub-area 550920*. Outlet(s) = Deer Creek (Lat 40.0142, Long -121.9476) upstream to endpoint(s) in: Deer Creek (40.2025, -121.5130).

(iii) *Upper Mill Creek Hydrologic Sub-area 550942*. Outlet(s) = Mill Creek (Lat 40.0550, Long -122.0317) upstream to endpoint(s) in: Mill Creek (40.3766, -121.5098); Rocky Gulch Creek (40.2888, -121.5997).

(iv) *Dye Creek Hydrologic Sub-area 550962*. Outlet(s) = Dye Creek (Lat 40.0910, Long -122.0719) upstream to endpoint(s) in: Dye Creek (40.0996, -121.9612).

(v) *Antelope Creek Hydrologic Sub-area 550963*. Outlet(s) = Antelope Creek (Lat 40.2023, Long -122.1272) upstream to endpoint(s) in: Antelope Creek (40.2416, -121.8630); Middle Fork Antelope Creek (40.2673, -121.7744); North Fork Antelope Creek (40.2807, -121.7645); South Fork Antelope Creek (40.2521, -121.7575).

(5) Sacramento Delta Hydrologic Unit 5510—*Sacramento Delta Hydrologic Sub-area 551000*. Outlet(s) = Sacramento River (Lat 38.0653, Long -121.8418) upstream to endpoint(s) in: Cache Slough (38.2984, -121.7490); Elk Slough (38.4140, -121.5212); Elkhorn Slough (38.2898, -121.6271); Georgiana Slough (38.2401, -121.5172); Horseshoe Bend (38.1078, -121.7117); Lindsey Slough (38.2592, -121.7580); Miners Slough (38.2864, -121.6051); Prospect Slough (38.2830, -121.6641); Putah Creek (38.5155, -121.5885); Sevenmile Slough (38.1171, -121.6298); Streamboat Slough (38.3052, -121.5737); Sutter Slough (38.3321, -121.5838); Threemile Slough (38.1155, -121.6835); Ulatis Creek (38.2961, -121.7835); Unnamed Tributary (38.2937, -121.7803); Unnamed Tributary (38.2937, -121.7804); Yolo Bypass (38.5800, -121.5838).

(6) Valley-Putah-Cache Hydrologic Unit 5511—*Lower Putah Creek Hydrologic Sub-area 551120*. Outlet(s) = Sacramento Bypass (Lat 38.6057, Long -121.5563); Yolo Bypass (38.5800, -121.5838) upstream to endpoint(s) in: Sacramento Bypass (38.5969, -121.5888); Yolo Bypass (38.7627, -121.6325).

(7) American River Hydrologic Unit 5514—*Auburn Hydrologic Sub-area 551422*. Outlet(s) = Auburn Ravine (Lat 38.8921, Long -121.2181); Coon Creek (38.9891, -121.2556); Doty Creek (38.9401, -121.2434) upstream to

endpoint(s) in: Auburn Ravine (38.8888, -121.1151); Coon Creek (38.9659, -121.1781); Doty Creek (38.9105, -121.1244).

(8) Marysville Hydrologic Unit 5515—(i) *Lower Bear River Hydrologic Sub-area 551510*. Outlet(s) = Bear River (Lat 39.9398, Long -121.5790) upstream to endpoint(s) in: Bear River (39.0421, -121.3319).

(ii) *Lower Yuba River Hydrologic Sub-area 551530*. Outlet(s) = Yuba River (Lat 39.1270, Long -121.5981) upstream to endpoint(s) in: Yuba River (39.2203, -121.3314).

(iii) *Lower Feather River Hydrologic Sub-area 551540*. Outlet(s) = Feather River (Lat 39.1264, Long -121.5984) upstream to endpoint(s) in: Feather River (39.5205, -121.5475).

(9) Yuba River Hydrologic Unit 5517—(i) *Browns Valley Hydrologic Sub-area 551712*. Outlet(s) = Dry Creek (Lat 39.2215, Long -1121.4082); Yuba River (39.2203, -1121.3314) upstream to endpoint(s) in: Dry Creek (39.3232, Long -1121.3155); Yuba River (39.2305, -1121.2813).

(ii) *Englebright Hydrologic Sub-area 551714*. Outlet(s) = Yuba River (Lat 39.2305, Long -1121.2813) upstream to endpoint(s) in: Yuba River (39.2399, -1121.2689).

(10) Valley American Hydrologic Unit 5519—(i) *Lower American Hydrologic Sub-area 551921*. Outlet(s) = American River (Lat 38.5971, -1121.5088) upstream to endpoint(s) in: American River (38.6373, -1121.2202); Dry Creek (38.7554, -1121.2676); Miner's Ravine (38.8429, -1121.1178); Natomas East Main Canal (38.6646, -1121.4770); Secret Ravine (38.8541, -1121.1223).

(ii) *Pleasant Grove Hydrologic Sub-area 551922*. Outlet(s) = Sacramento River (Lat 38.6026, Long -1121.5155) upstream to endpoint(s) in: Auburn Ravine (38.8913, -1121.2424); Coon Creek (38.9883, -1121.2609); Doty Creek (38.9392, -1121.2475); Feather River (39.1264, -1121.5984).

(11) Colusa Basin Hydrologic Unit 5520—(i) *Sycamore-Sutter Hydrologic Sub-area 552010*. Outlet(s) = Sacramento River (Lat 38.7604, Long -1121.6767) upstream to endpoint(s) in: Tisdale Bypass (39.0261, -1121.7456).

(ii) *Sutter Bypass Hydrologic Sub-area 552030*. Outlet(s) = Sacramento River (Lat 38.7851, Long -1121.6238) upstream to endpoint(s) in: Butte Creek (39.1990, -1121.9286); Butte Slough (39.1987, -1121.9285); Nelson Slough (38.8956, -1121.6180); Sacramento Slough (38.7844, -1121.6544); Sutter Bypass (39.1586, -1121.8747).

(iii) *Butte Basin Hydrologic Sub-area 552040*. Outlet(s) = Butte Creek (Lat 39.1990, Long -1121.9286); Sacramento

River (39.4141, -1122.0087) upstream to endpoint(s) in: Butte Creek (39.7096, -1121.7504); Colusa Bypass (39.2276, -1121.9402); Little Chico Creek (39.7380, -1121.7490); Little Dry Creek (39.6781, -1121.6580).

(12) Butte Creek Hydrologic Unit 5521—(i) *Upper Dry Creek Hydrologic Sub-area 552110*. Outlet(s) = Little Dry Creek (Lat 39.6781, -1121.6580) upstream to endpoint(s) in: Little Dry Creek (39.7424, -1121.6213).

(ii) *Upper Butte Creek Hydrologic Sub-area 552120*. Outlet(s) = Little Chico Creek (Lat 39.7380, Long -1121.7490) upstream to endpoint(s) in: Little Chico Creek (39.8680, -1121.6660).

(iii) *Upper Little Chico Hydrologic Sub-area 552130*. Outlet(s) = Butte Creek (Lat 39.7096, Long -1121.7504) upstream to endpoint(s) in: Butte Creek (39.8215, -1121.6468); Little Butte Creek (39.8159, -1121.5819).

(13) Ball Mountain Hydrologic Unit 5523—*Thomes Creek Hydrologic Sub-area 552310*. Outlet(s) = Thomes Creek (39.8822, -1122.5527) upstream to endpoint(s) in: Doll Creek (39.8941, -1122.9209); Fish Creek (40.0176, -1122.8142); Snake Creek (39.9945, -1122.7788); Thomes Creek (39.9455, -1122.8491); Willow Creek (39.8941, -1122.9209).

(14) Shasta Bally Hydrologic Unit 5524—(i) *South Fork Hydrologic Sub-area 552433*. Outlet(s) = Cold Fork Cottonwood Creek (Lat 40.2060, Long -1122.6608); South Fork Cottonwood Creek (40.1578, -1122.5809) upstream to endpoint(s) in: Cold Fork Cottonwood Creek (40.1881, -1122.8690); South Fork Cottonwood Creek (40.1232, -1122.8761).

(ii) *Platina Hydrologic Sub-area 552436*. Outlet(s) = Middle Fork Cottonwood Creek (Lat 40.3314, Long -1122.6663) upstream to endpoint(s) in: Beegum Creek (40.3149, -1122.9776); Middle Fork Cottonwood Creek (40.3512, -1122.9629).

(iii) *Spring Creek Hydrologic Sub-area 552440*. Outlet(s) = Sacramento River (Lat 40.5943, Long -1122.4343) upstream to endpoint(s) in: Middle Creek (40.5904, -1121.4825); Rock Creek (40.6155, -1122.4702); Sacramento River (40.6116, -1122.4462); Salt Creek (40.5830, -1122.4586); Unnamed Tributary (40.5734, -1122.4844).

(iv) *Kanaka Peak Hydrologic Sub-area 552462*. Outlet(s) = Clear Creek (Lat 40.5158, Long -1122.5256) upstream to endpoint(s) in: Clear Creek (40.5998, -1122.5399).

(15) North Valley Floor Hydrologic Unit 5531—(i) *Lower Mokelumne Hydrologic Sub-area 553120*. Outlet(s) =

Mokelumne River (Lat 38.2104, Long -1121.3804) upstream to endpoint(s) in: Mokelumne River (38.2263, -1121.0241); Murphy Creek (38.2491, -1121.0119).

(ii) *Lower Calaveras Hydrologic Sub-area 553130*. Outlet(s) = Calaveras River (Lat 37.9836, Long -1121.3110); Mormon Slough (37.9456, -121.2907) upstream to endpoint(s) in: Calaveras River (38.1025, -1120.8503); Mormon Slough (38.0532, -1121.0102); Stockton Diverting Canal (37.9594, -1121.2024).

(16) Upper Calaveras Hydrologic Unit 5533—*New Hogan Reservoir Hydrologic Sub-area 553310*. Outlet(s) = Calaveras River (Lat 38.1025, Long -1120.8503) upstream to endpoint(s) in: Calaveras River (38.1502, -1120.8143).

(17) Stanislaus River Hydrologic Unit 5534—*Table Mountain Hydrologic Sub-area 553410*. Outlet(s) = Stanislaus River (Lat 37.8355, Long -1120.6513) upstream to endpoint(s) in: Stanislaus River (37.8631, -1120.6298).

(18) San Joaquin Valley Floor Hydrologic Unit 5535—(i) *Riverbank Hydrologic Sub-area 553530*. Outlet(s) = Stanislaus River (Lat 37.6648, Long -1121.2414) upstream to endpoint(s) in: Stanislaus River (37.8355, -1120.6513).

(ii) *Turlock Hydrologic Sub-area 553550*. Outlet(s) = Tuolumne River (Lat 37.6059, Long -1121.1739) upstream to endpoint(s) in: Tuolumne River (37.6401, -1120.6526).

(iii) *Montpelier Hydrologic Sub-area 553560*. Outlet(s) = Tuolumne River (Lat 37.6401, Long -1120.6526) upstream to endpoint(s) in: Tuolumne River (37.6721, -1120.4445).

(iv) *El Nido-Stevenson Hydrologic Sub-area 553570*. Outlet(s) = Merced River (Lat 37.3505, Long -1120.9619) upstream to endpoint(s) in: Merced River (37.3620, -1120.8507).

(v) *Merced Hydrologic Sub-area 553580*. Outlet(s) = Merced River (Lat 37.3620, Long -1120.8507) upstream to endpoint(s) in: Merced River (37.4982, -1120.4612).

(vi) *Fahr Creek Hydrologic Sub-area 553590*. Outlet(s) = Merced River (Lat 37.4982, Long -1120.4612) upstream to endpoint(s) in: Merced River (37.5081, -1120.3581).

(19) Delta-Mendota Canal Hydrologic Unit 5541—(i) *Patterson Hydrologic Sub-area 554110*. Outlet(s) = San Joaquin River (Lat 37.6763, Long -1121.2653) upstream to endpoint(s) in: San Joaquin River (37.3491, -1120.9759).

(ii) *Los Banos Hydrologic Sub-area 554120*. Outlet(s) = Merced River (Lat 37.3490, Long -1120.9756) upstream to endpoint(s) in: Merced River (37.3505, -1120.9619).

(20) North Diablo Range Hydrologic Unit 5543—*North Diablo Range Hydrologic Sub-area 554300*. Outlet(s) = San Joaquin River (Lat 38.0247, Long -1121.8218) upstream to endpoint(s) in: San Joaquin River (38.0246, -1121.7471).

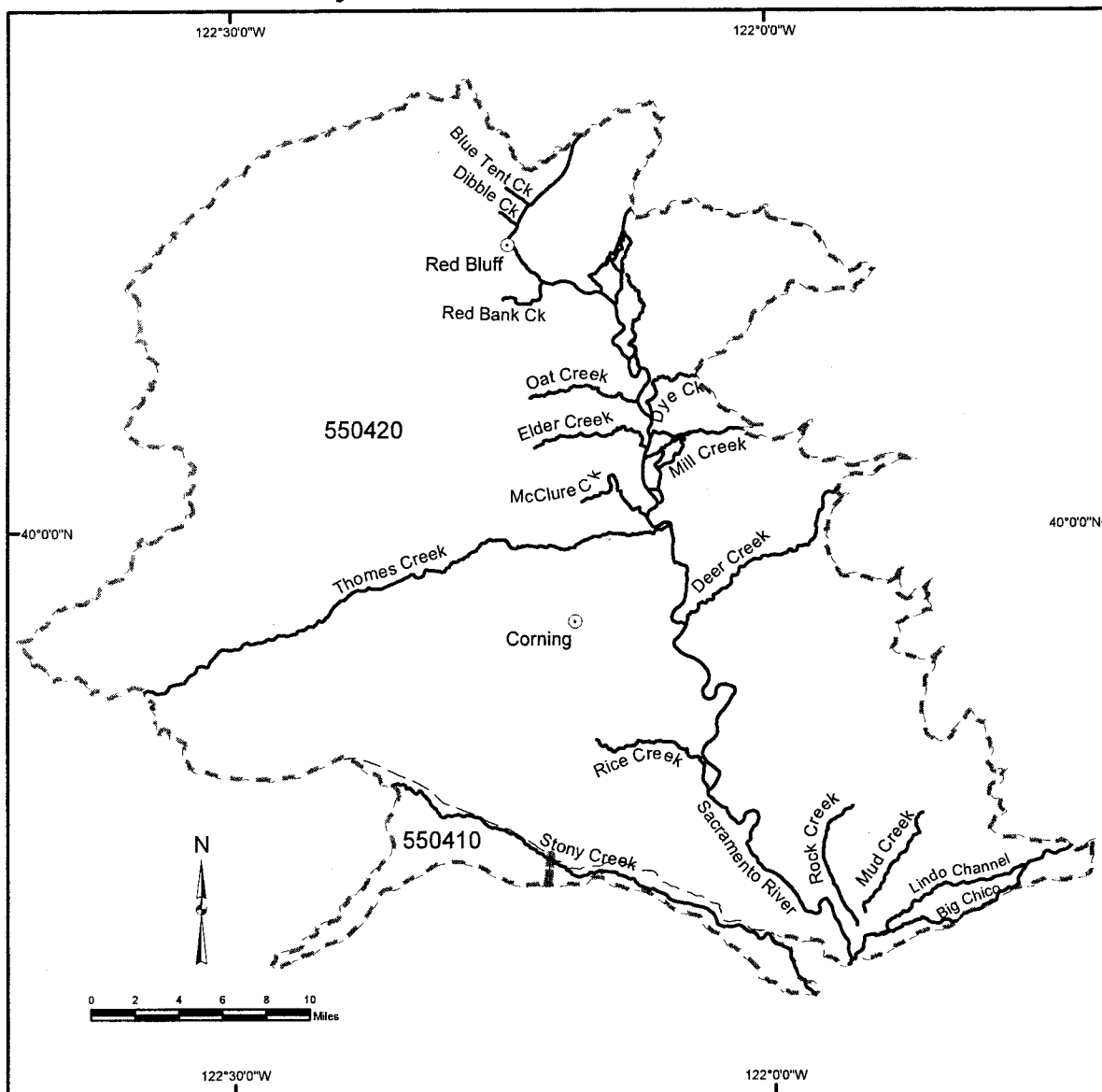
(21) San Joaquin Delta Hydrologic Unit 5544—*San Joaquin Delta Hydrologic Sub-area 554400*. Outlet(s) = San Joaquin River (Lat 38.0246, Long -1121.7471) upstream to endpoint(s) in: Big Break (38.0160, -1121.6849); Bishop Cut (38.0870, -1121.4158); Calaveras River (37.9836, -1121.3110); Cosumnes River (38.2538, -1121.4074); Disappointment Slough (38.0439,

-1121.4201); Dutch Slough (38.0088, -1121.6281); Empire Cut (37.9714, -1121.4762); False River (38.0479, -1121.6232); Frank's Tract (38.0220, -1121.5997); Frank's Tract (38.0300, -1121.5830); Holland Cut (37.9939, -1121.5757); Honker Cut (38.0680, -1121.4589); Kellog Creek (37.9158, -1121.6051); Latham Slough (37.9716, -1121.5122); Middle River (37.8216, -1121.3747); Mokelumne River (38.2104, -1121.3804); Mormon Slough (37.9456, -121.2907); Mosher Creek (38.0327, -1121.3650); North Mokelumne River (38.2274, -1121.4918); Old River (37.8086, -1121.3274); Orwood Slough (37.9409,

-1121.5332); Paradise Cut (37.7605, -1121.3085); Pixley Slough (38.0443, -1121.3868); Potato Slough (38.0440, -1121.4997); Rock Slough (37.9754, -1121.5795); Sand Mound Slough (38.0220, -1121.5997); Stockton Deep Water Channel (37.9957, -1121.4201); Turner Cut (37.9972, -1121.4434); Unnamed Tributary (38.1165, -1121.4976); Victoria Canal (37.8891, -1121.4895); White Slough (38.0818, -1121.4156); Woodward Canal (37.9037, -1121.4973).

(22) Maps of critical habitat for the Central Valley Steelhead ESU follow:

BILLING CODE 3510-22-P

**Critical Habitat for the
California Central Valley Steelhead****Tehama Hydrologic Unit
5504**

Cities/Towns



Critical Habitat



Hydrologic Unit Boundary



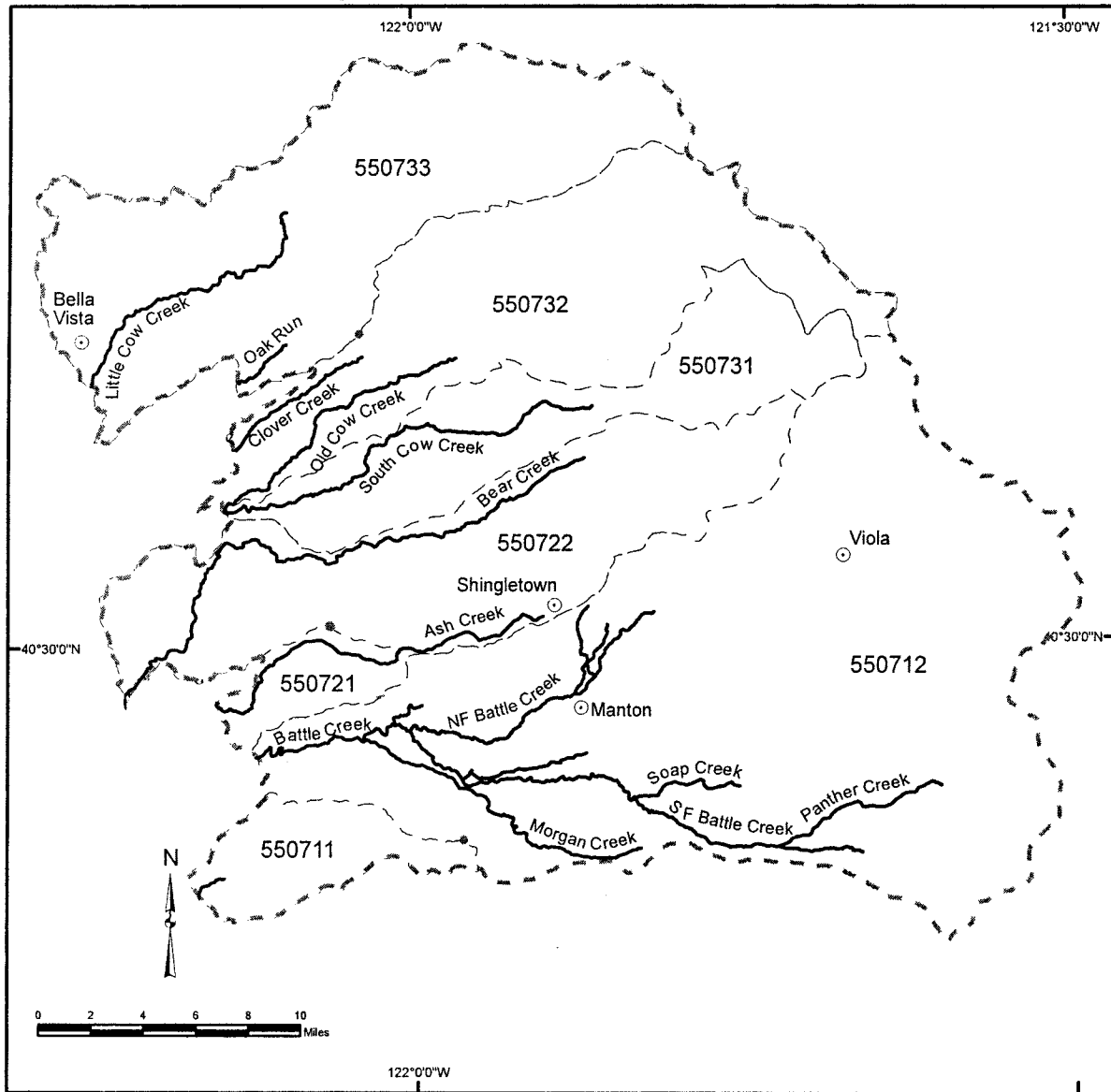
Fifth Field Calwater Hydrologic Sub-Area Boundary

110701 Fifth Field Calwater Hydrologic Sub-Area Number

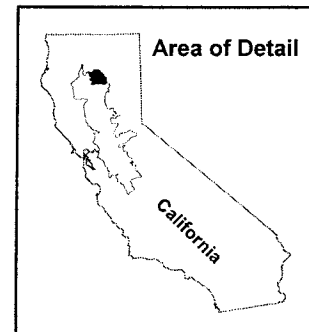


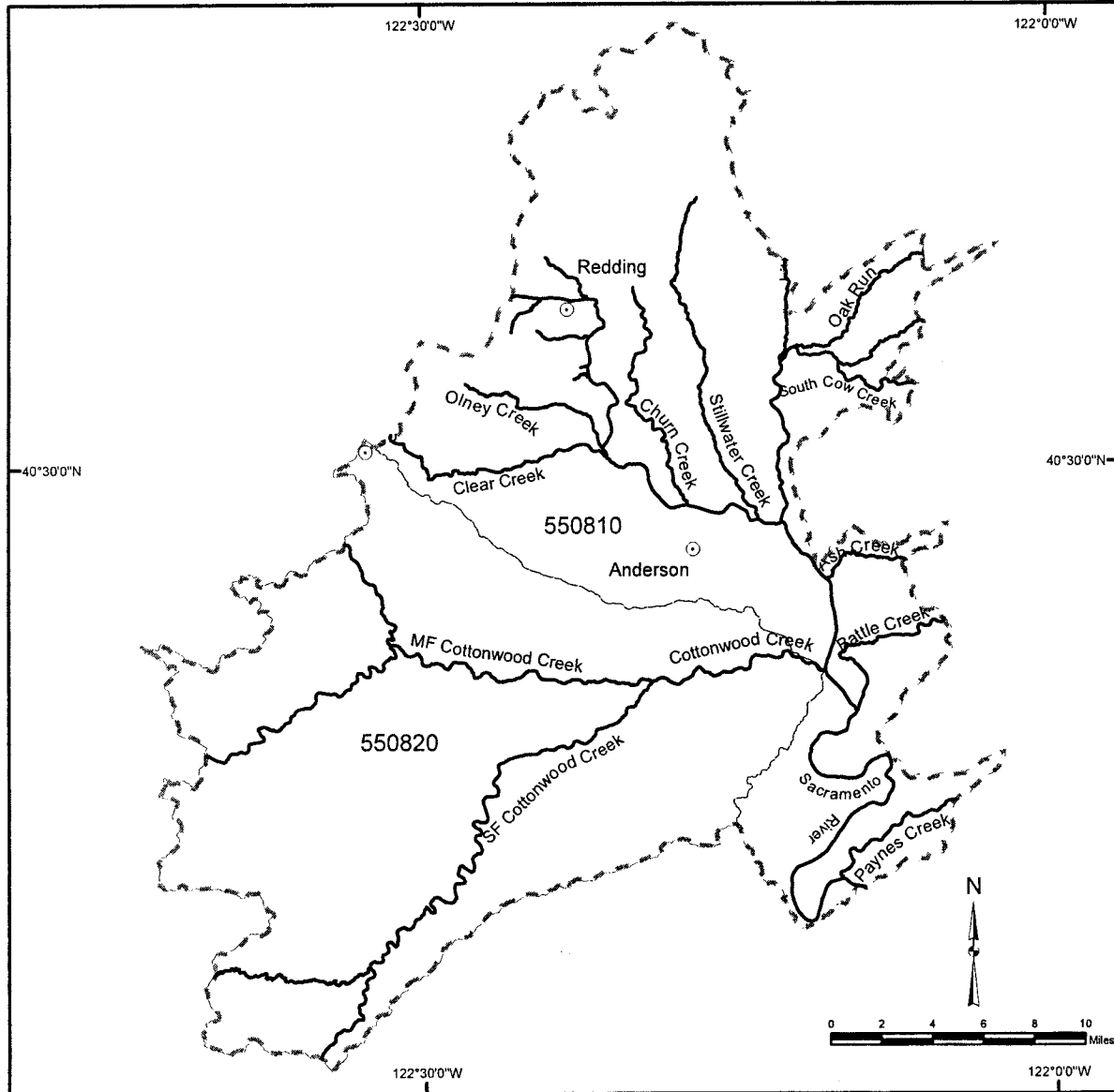
Critical Habitat for the California Central Valley Steelhead

Whitmore Hydrologic Unit
5507

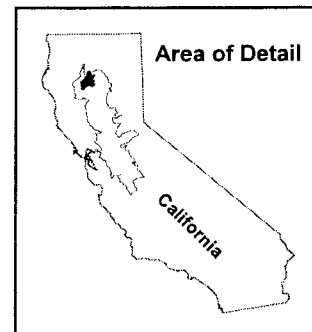


- Cities/Towns
- Critical Habitat
- - - Hydrologic Unit Boundary
- · · Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



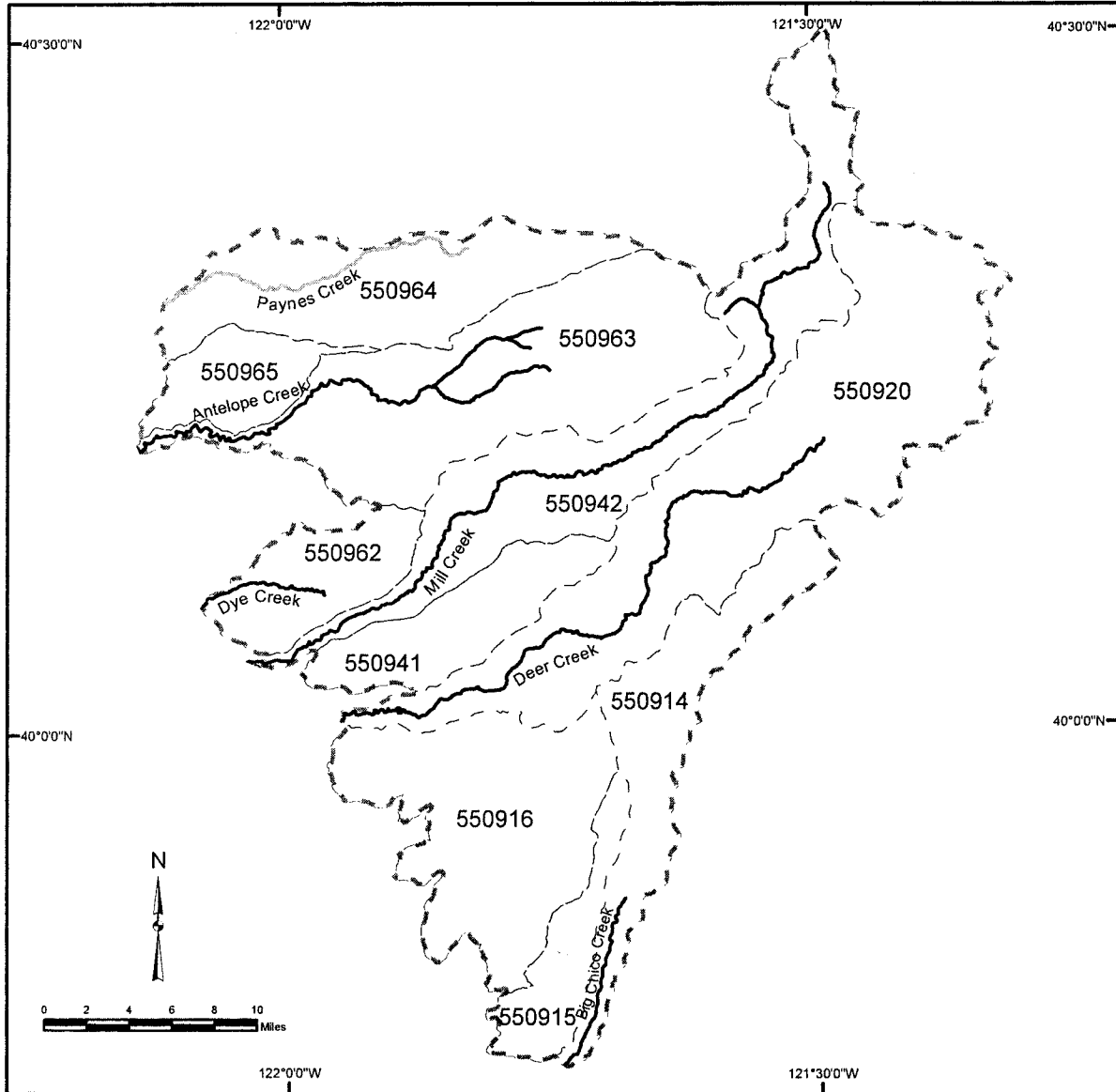
**Critical Habitat for the
California Central Valley Steelhead****Redding Hydrologic Unit
5508**

- ⊙ Cities/Towns
- Critical Habitat
- - - Hydrologic Unit Boundary
- - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



Critical Habitat for the California Central Valley Steelhead

Eastern Tehama Hydrologic Unit
5509

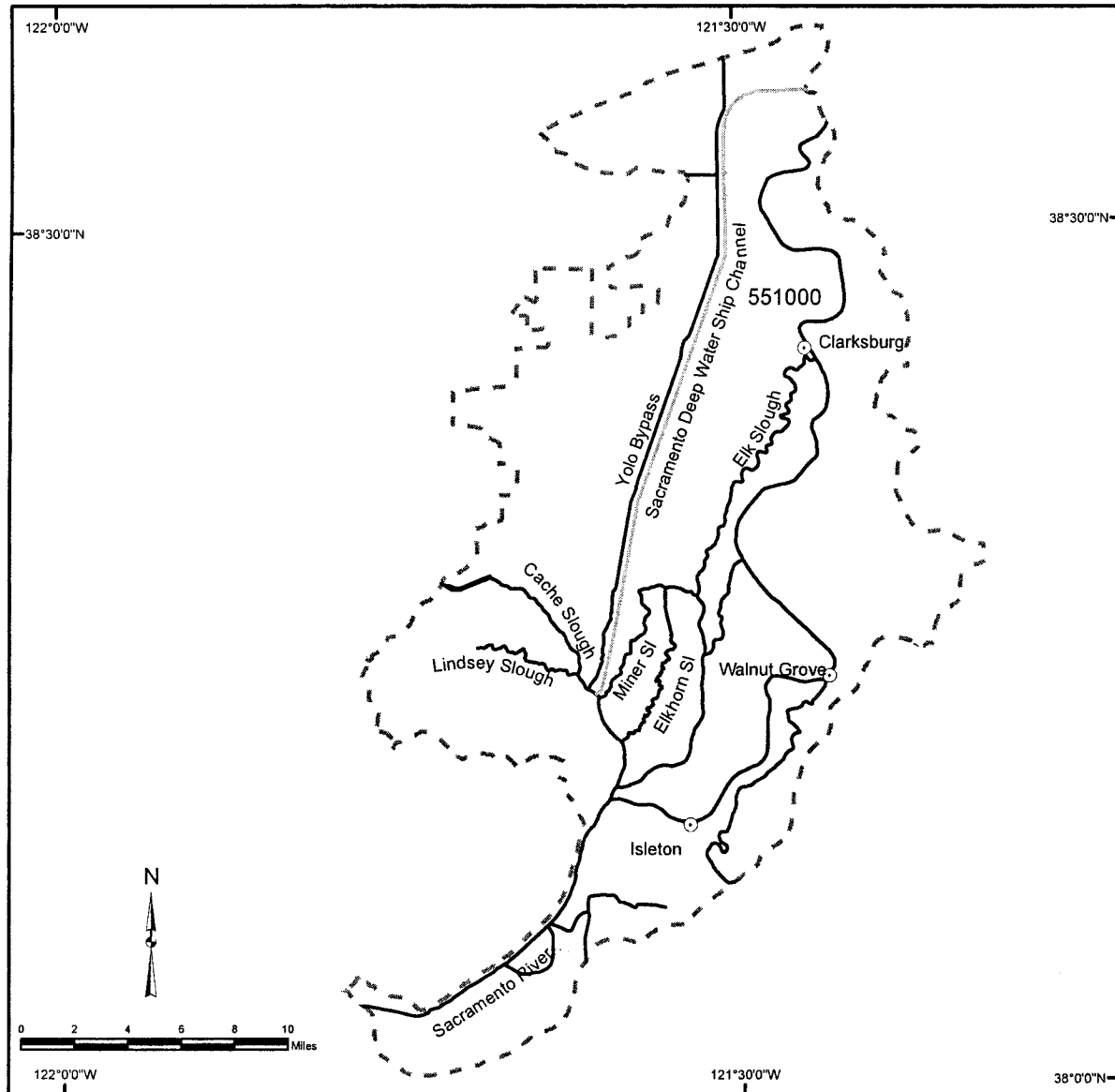


- Cities/Towns
- Critical Habitat
- - - Occupied but excluded streams / areas
- Hydrologic Unit Boundary
- - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



Critical Habitat for the California Central Valley Steelhead

Sacramento Delta Hydrologic Unit
5510

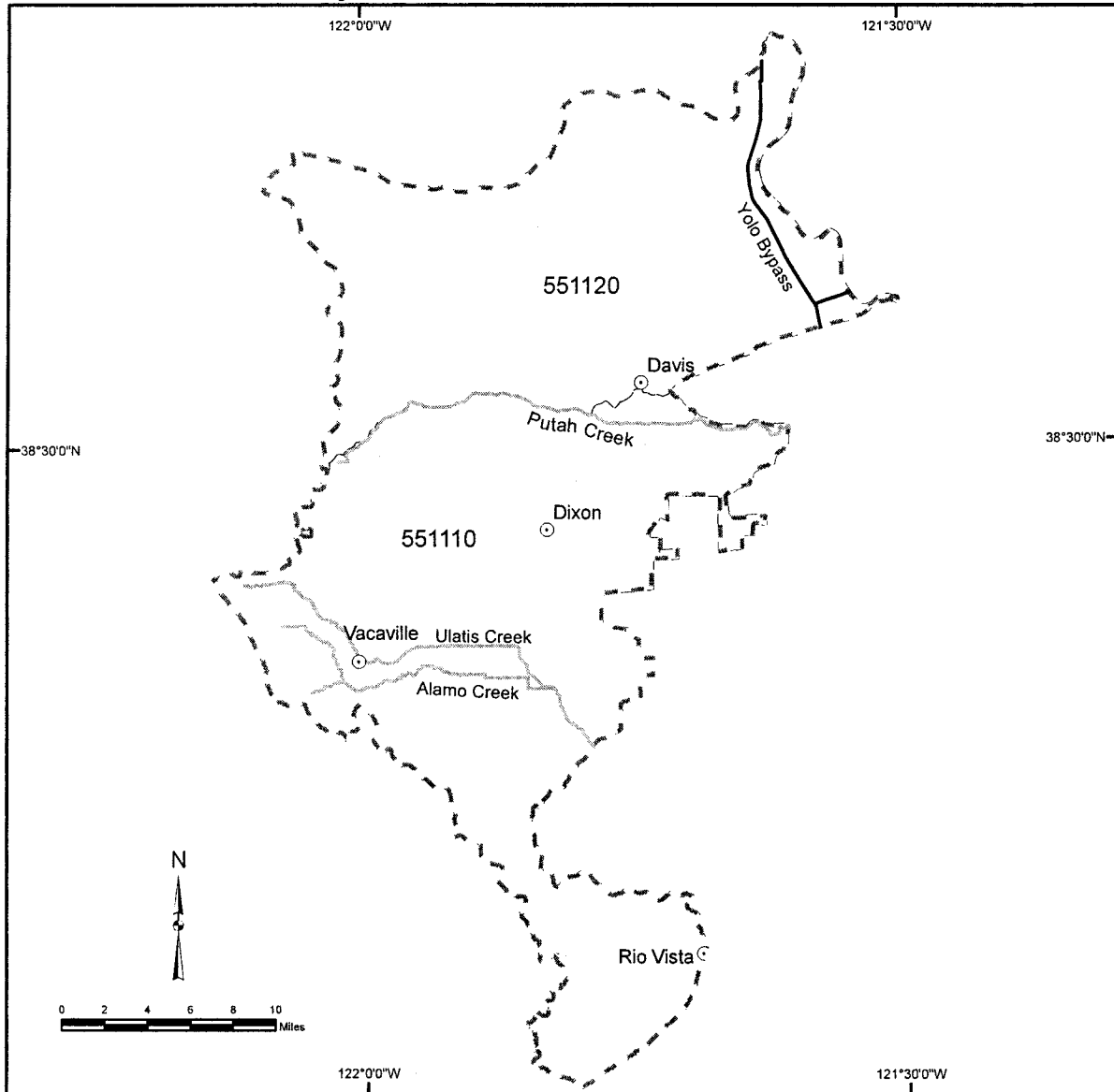


- Cities/Towns
- Critical Habitat
- Occupied but excluded streams / areas
- Hydrologic Unit Boundary
- Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



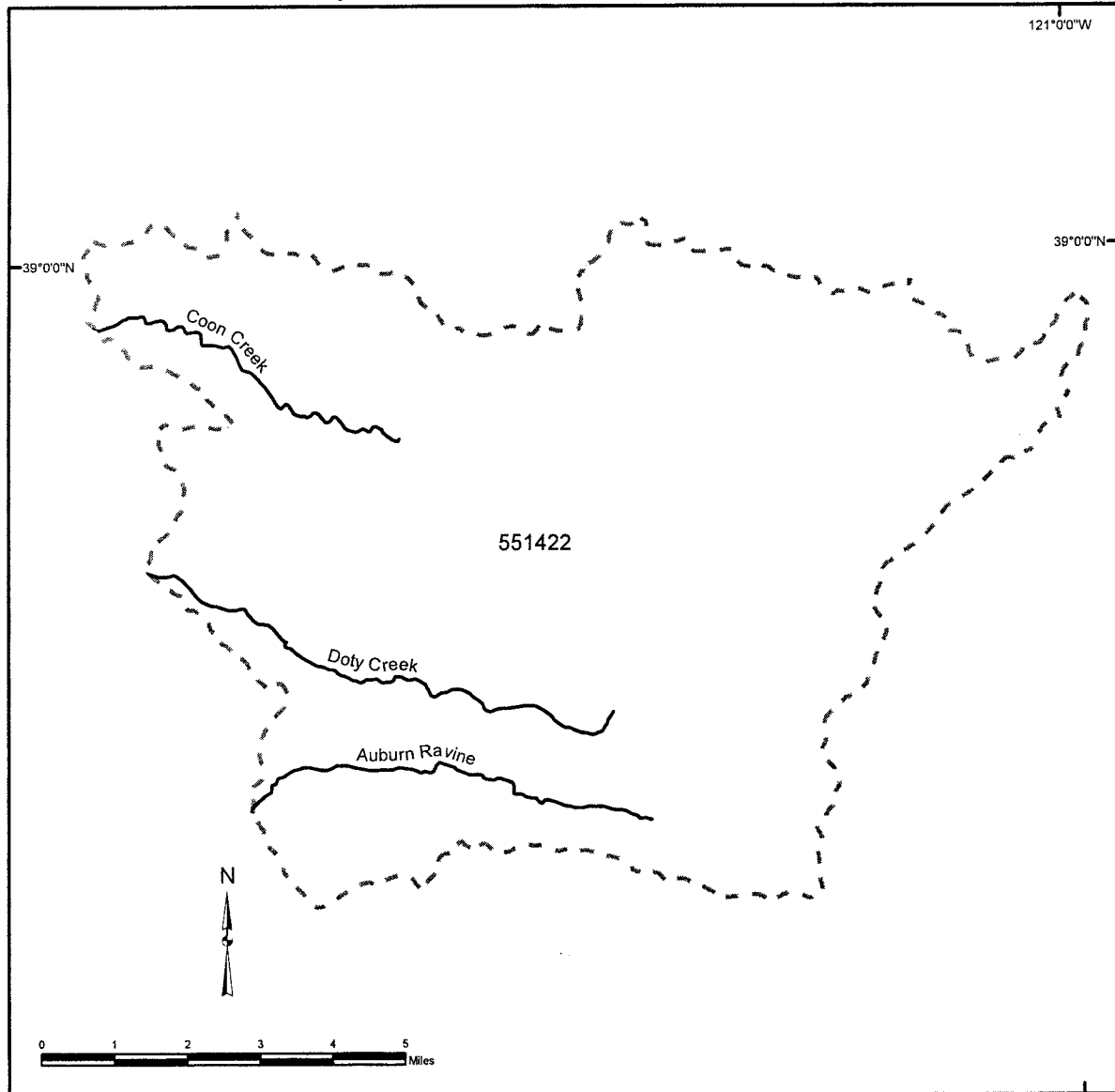
Critical Habitat for the California Central Valley Steelhead

Valley Putah-Cache Hydrologic Unit
5511

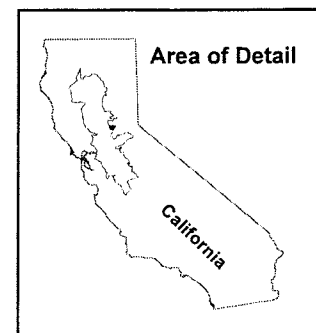


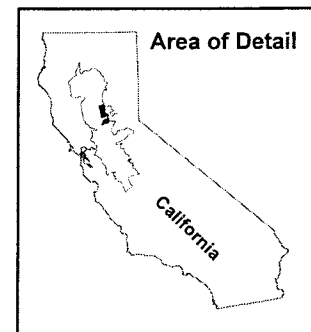
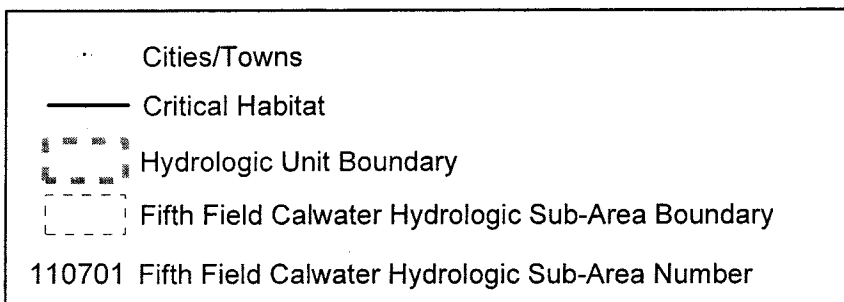
- Cities/Towns
- Critical Habitat
- Occupied but excluded streams / areas
- Hydrologic Unit Boundary
- Fifth Field Calwater Hydrologic Sub-Area Boundary
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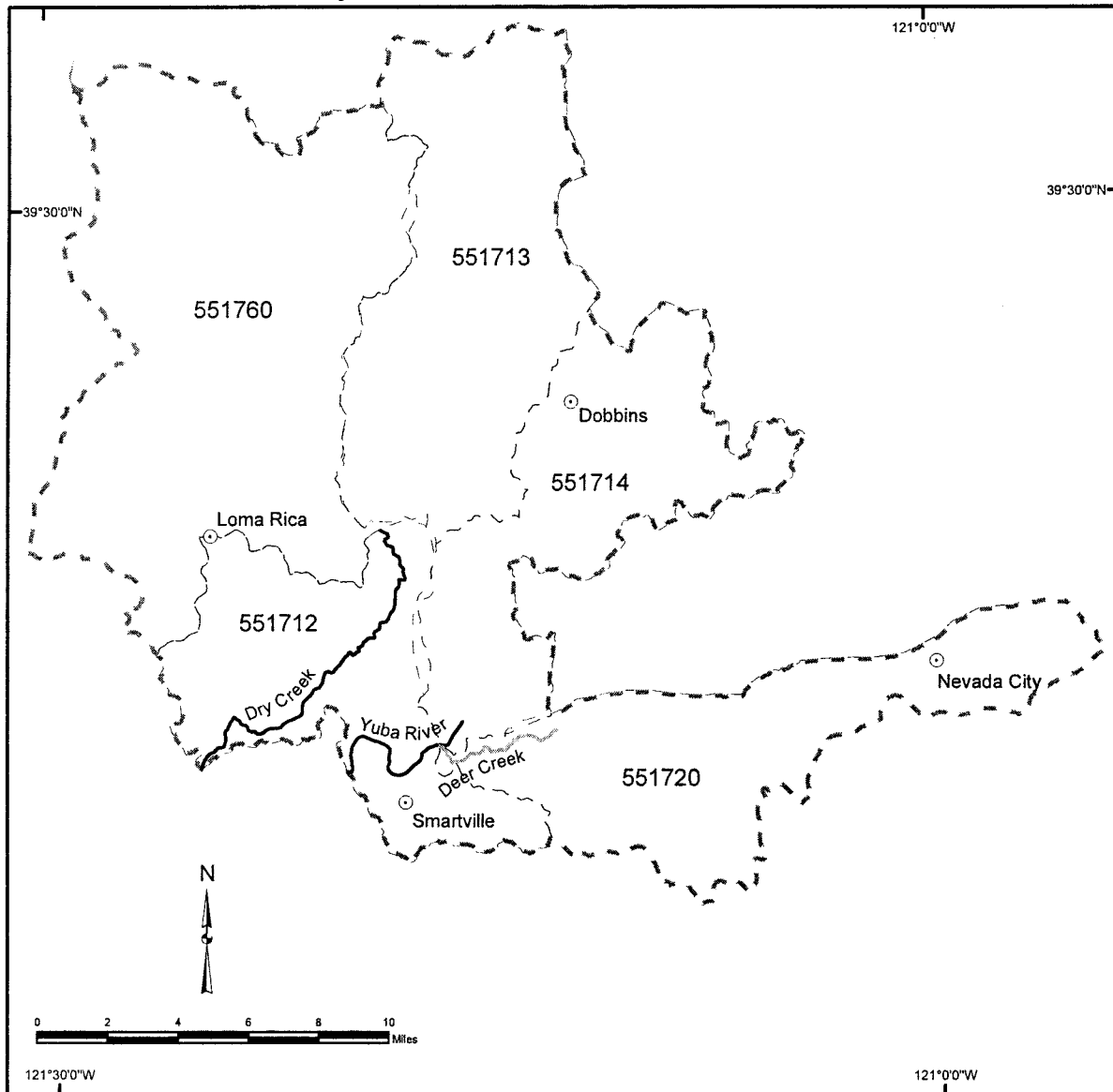


**Critical Habitat for the
California Central Valley Steelhead****American River Hydrologic Unit
5514**

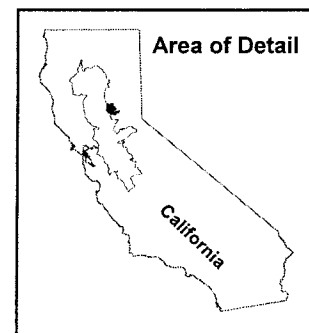
- Cities/Towns
- Critical Habitat
- - - Hydrologic Unit Boundary
- - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



**Critical Habitat for the
California Central Valley Steelhead****Marysville Hydrologic Unit
5515**

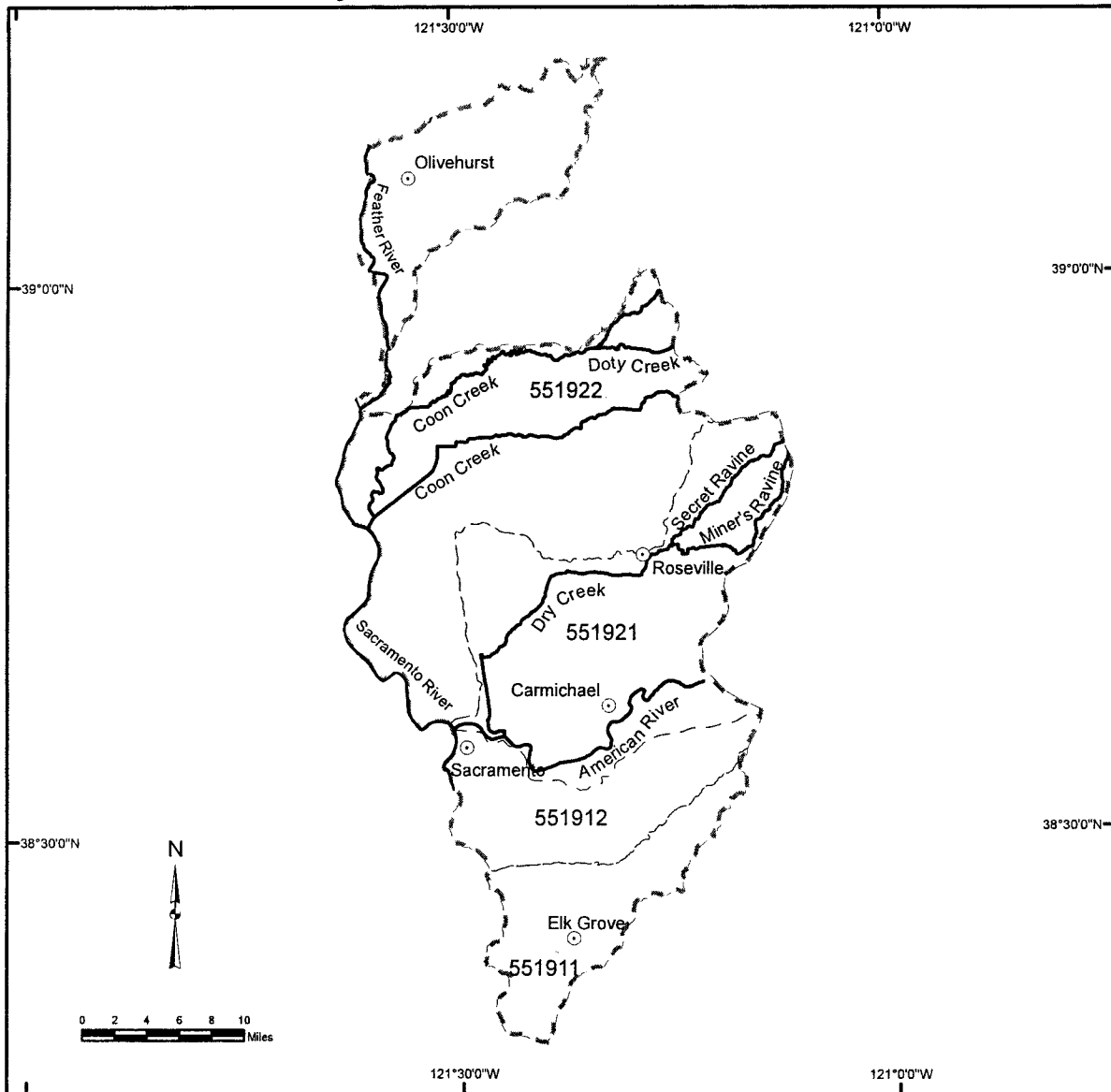
**Critical Habitat for the
California Central Valley Steelhead****Yuba River Hydrologic Unit
5517**

- Cities/Towns
- Critical Habitat
- - - Occupied but excluded streams / areas
- Hydrologic Unit Boundary
- Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number

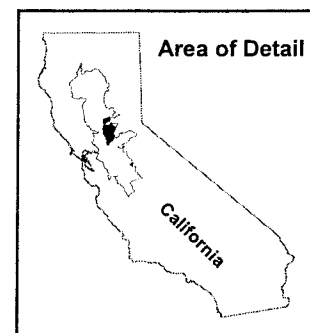


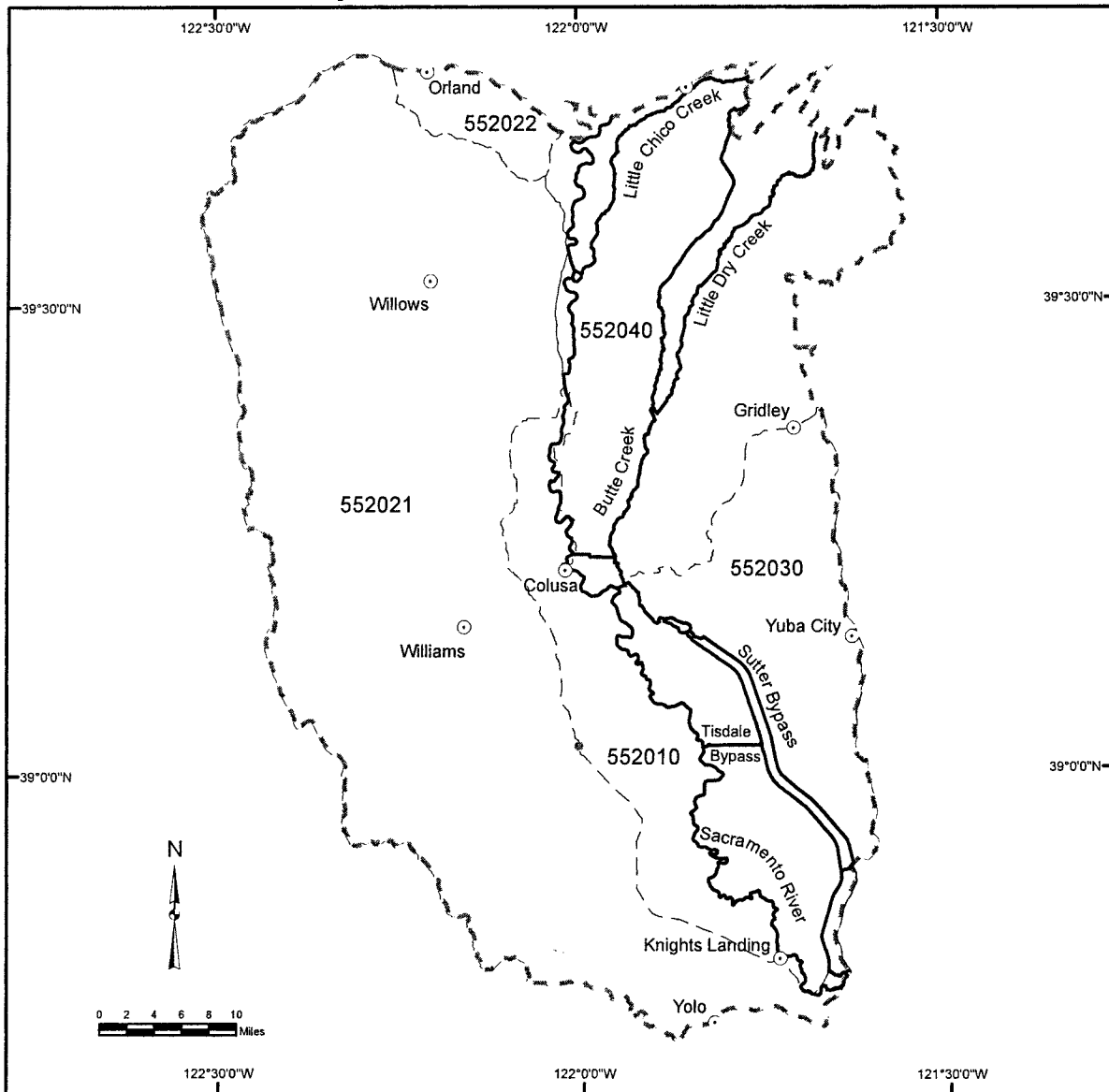
Critical Habitat for the California Central Valley Steelhead

Valley-American Hydrologic Unit
5519

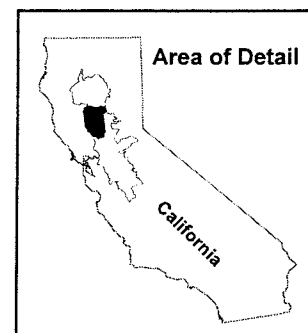


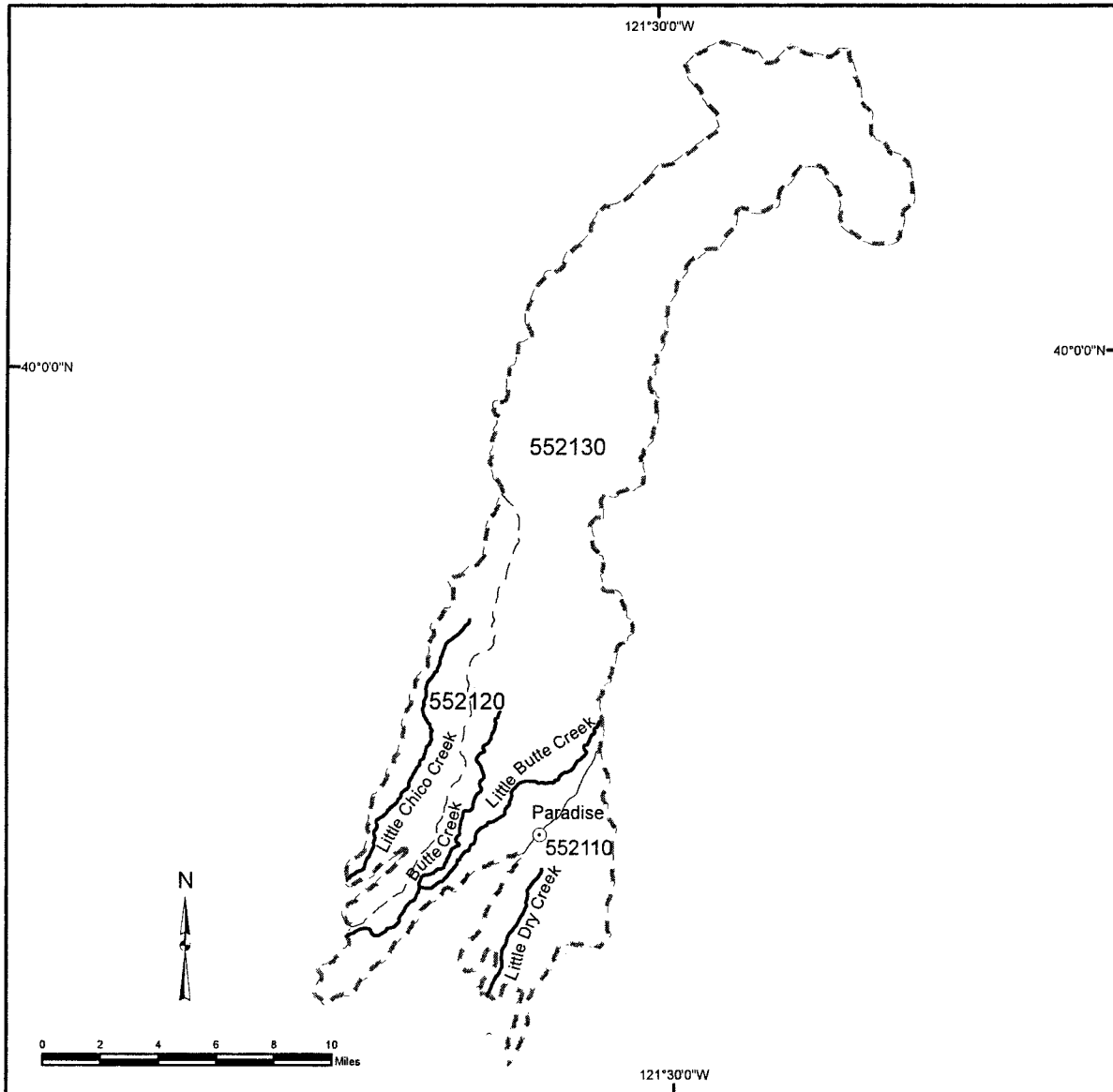
- Cities/Towns
 - Critical Habitat
 - Hydrologic Unit Boundary
 - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



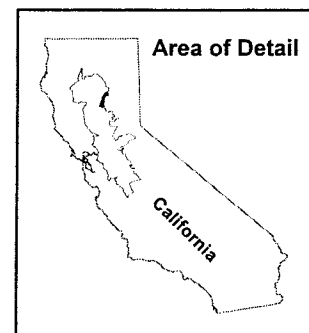
**Critical Habitat for the
California Central Valley Steelhead****Colusa Basin Hydrologic Unit
5520**

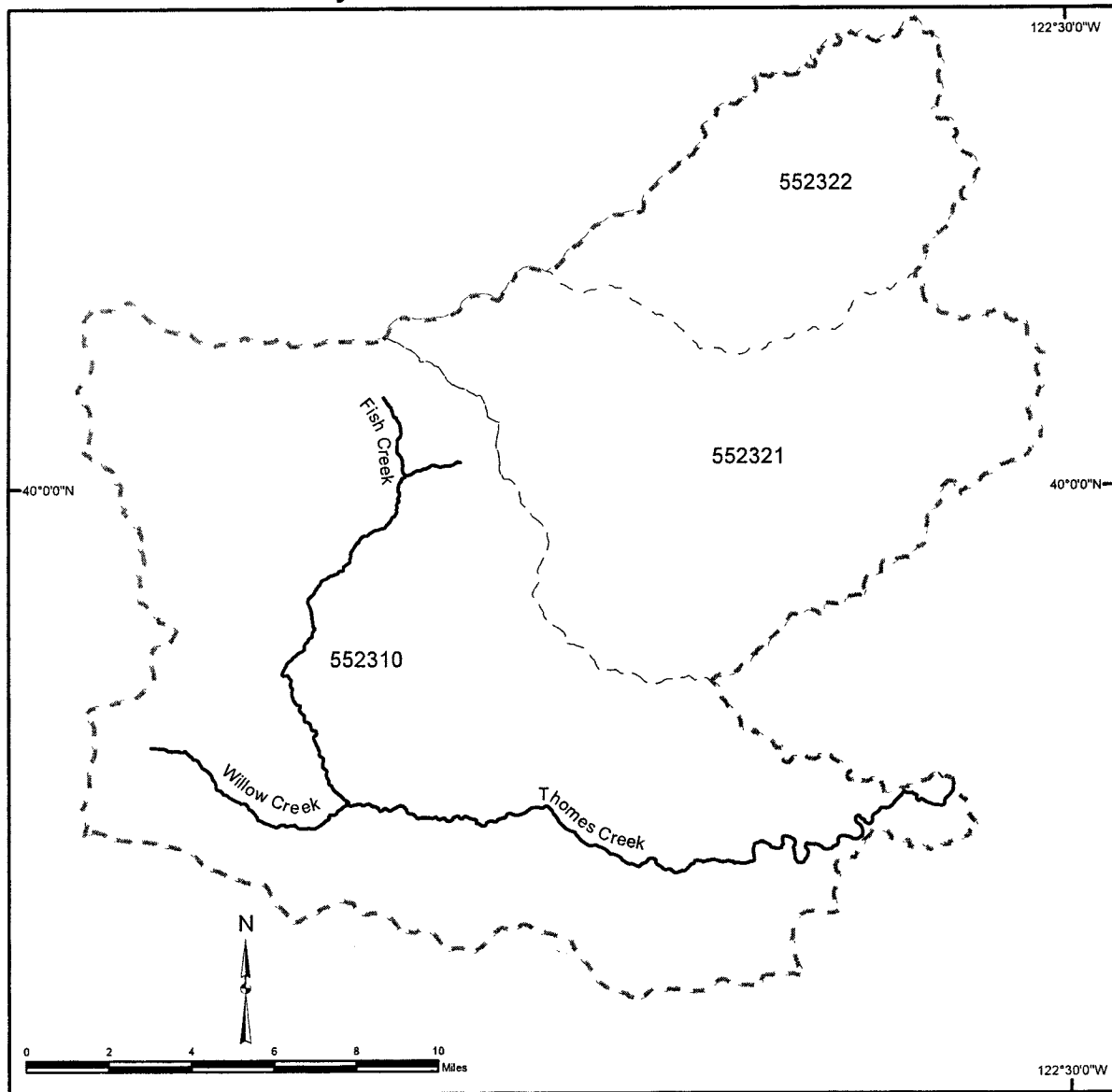
- Cities/Towns
- Critical Habitat
- - - Hydrologic Unit Boundary
- - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



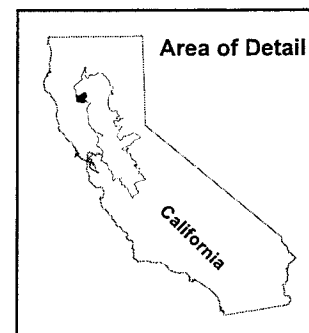
**Critical Habitat for the
California Central Valley Steelhead****Butte Creek Hydrologic Unit
5521**

- Cities/Towns
- Critical Habitat
- - - Hydrologic Unit Boundary
- · - · - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



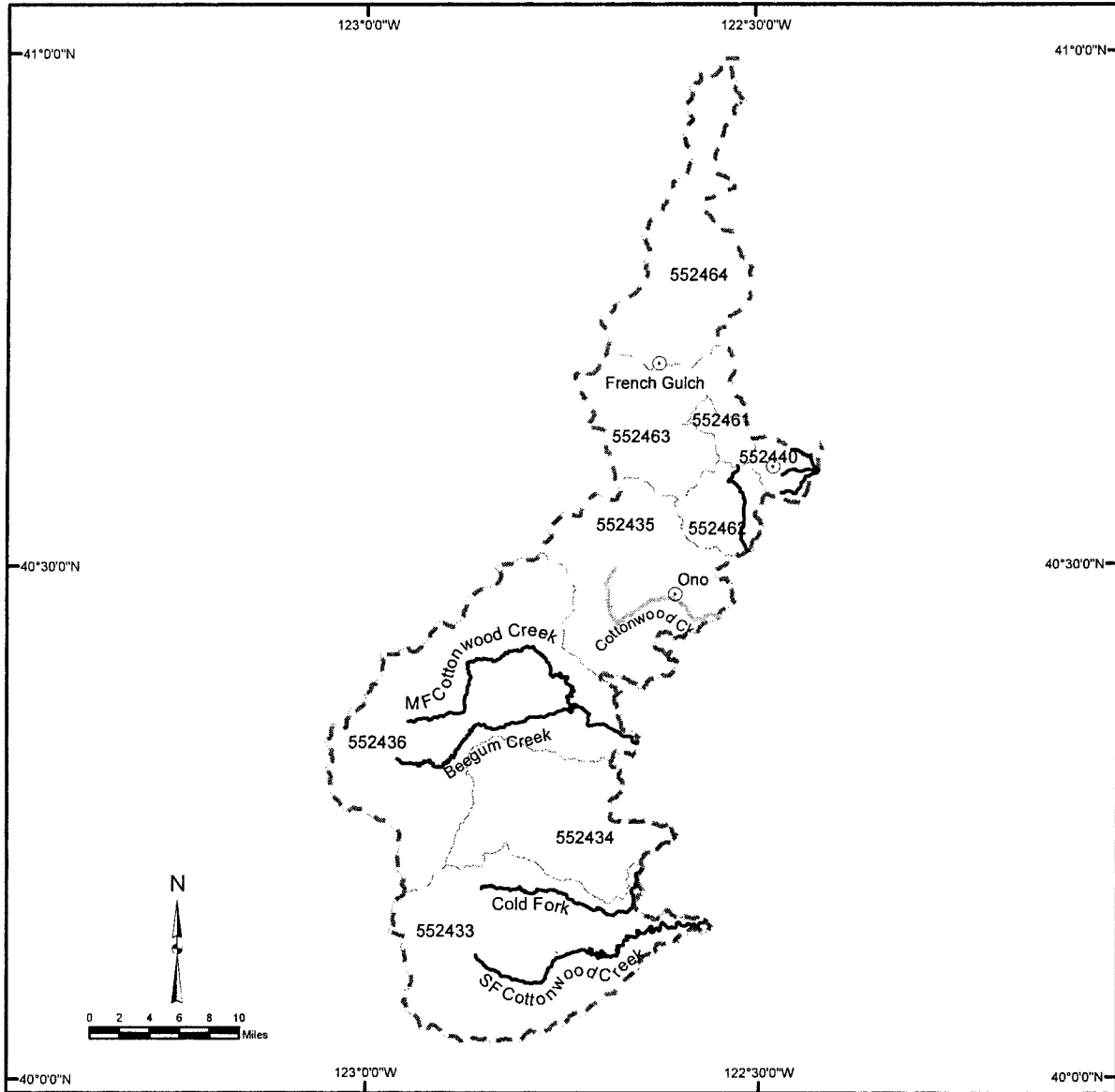
**Critical Habitat for the
California Central Valley Steelhead****Ball Mountain Hydrologic Unit
5523**

- Cities/Towns
- Critical Habitat
- - - Hydrologic Unit Boundary
- - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



Critical Habitat for the California Central Valley Steelhead

Shasta Bally Hydrologic Unit
5524

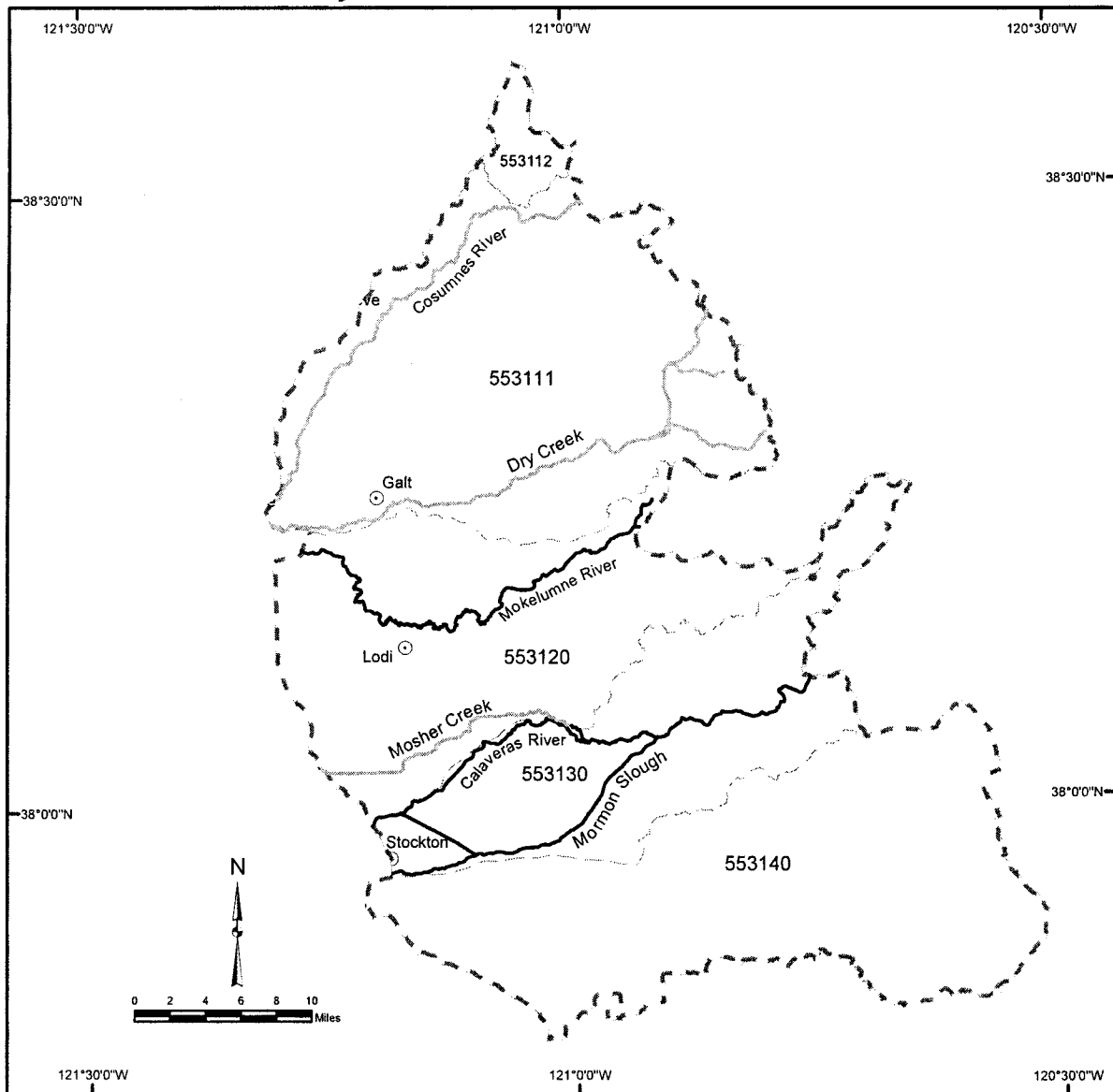


- Cities/Towns
 - Critical Habitat
 - - - Occupied but excluded streams / areas
 - ▤ Hydrologic Unit Boundary
 - ⋯ Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



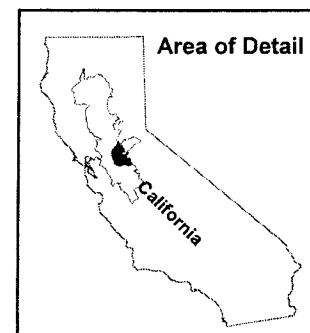
Critical Habitat for the California Central Valley Steelhead

North Valley Floor Hydrologic Unit
5531



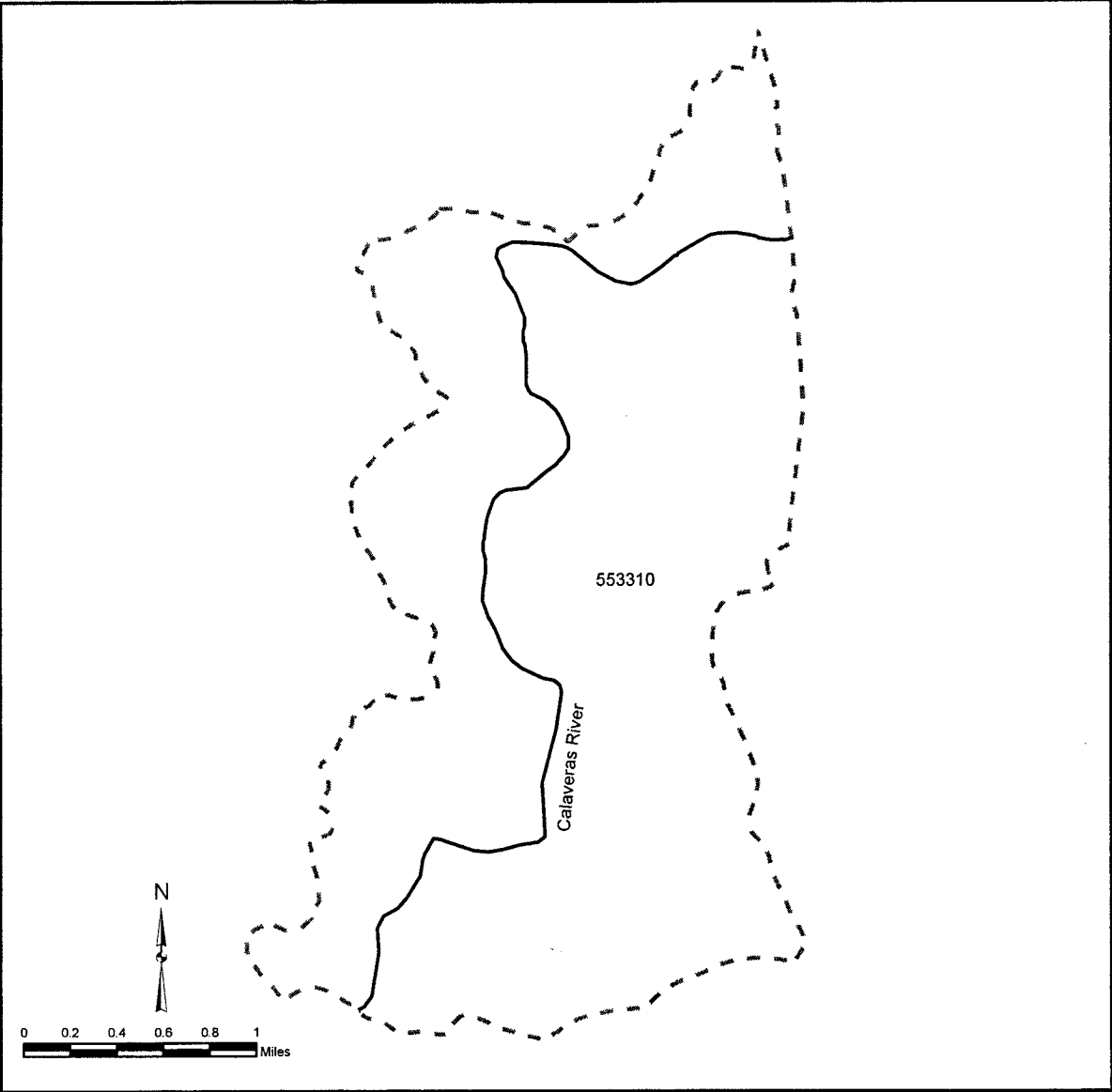
- Cities/Towns
- Critical Habitat
- - - Occupied but excluded streams / areas
- ▬ Hydrologic Unit Boundary
- - - Fifth Field Calwater Hydrologic Sub-Area Boundary

110701 Fifth Field Calwater Hydrologic Sub-Area Number



Critical Habitat for the
California Central Valley Steelhead

Upper Calaveras Hydrologic Unit
5533



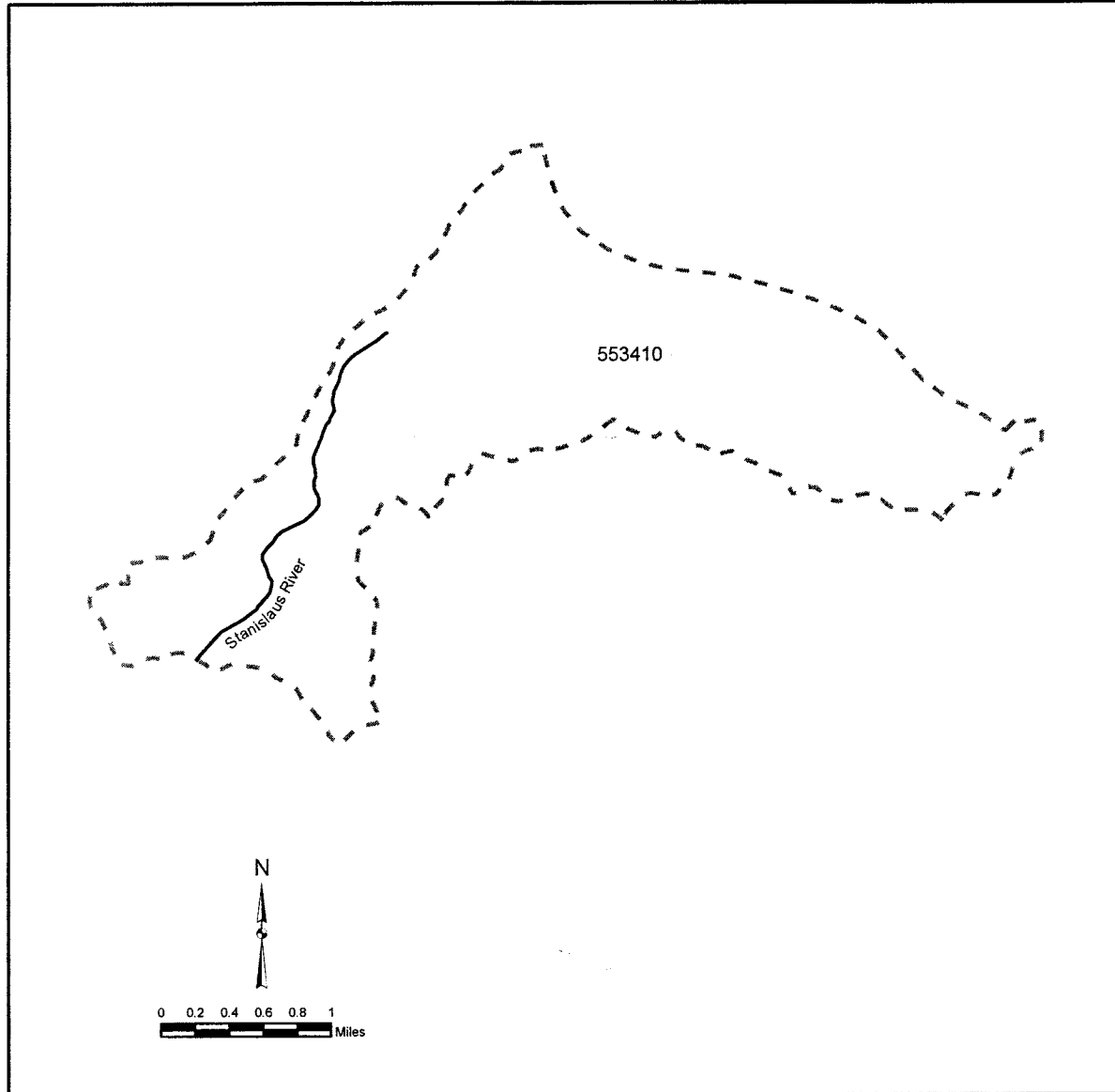
— Critical Habitat

--- Hydrologic Unit Boundary

--- Fifth Field Calwater Hydrologic Sub-Area Boundary

110701 Fifth Field Calwater Hydrologic Sub-Area Number



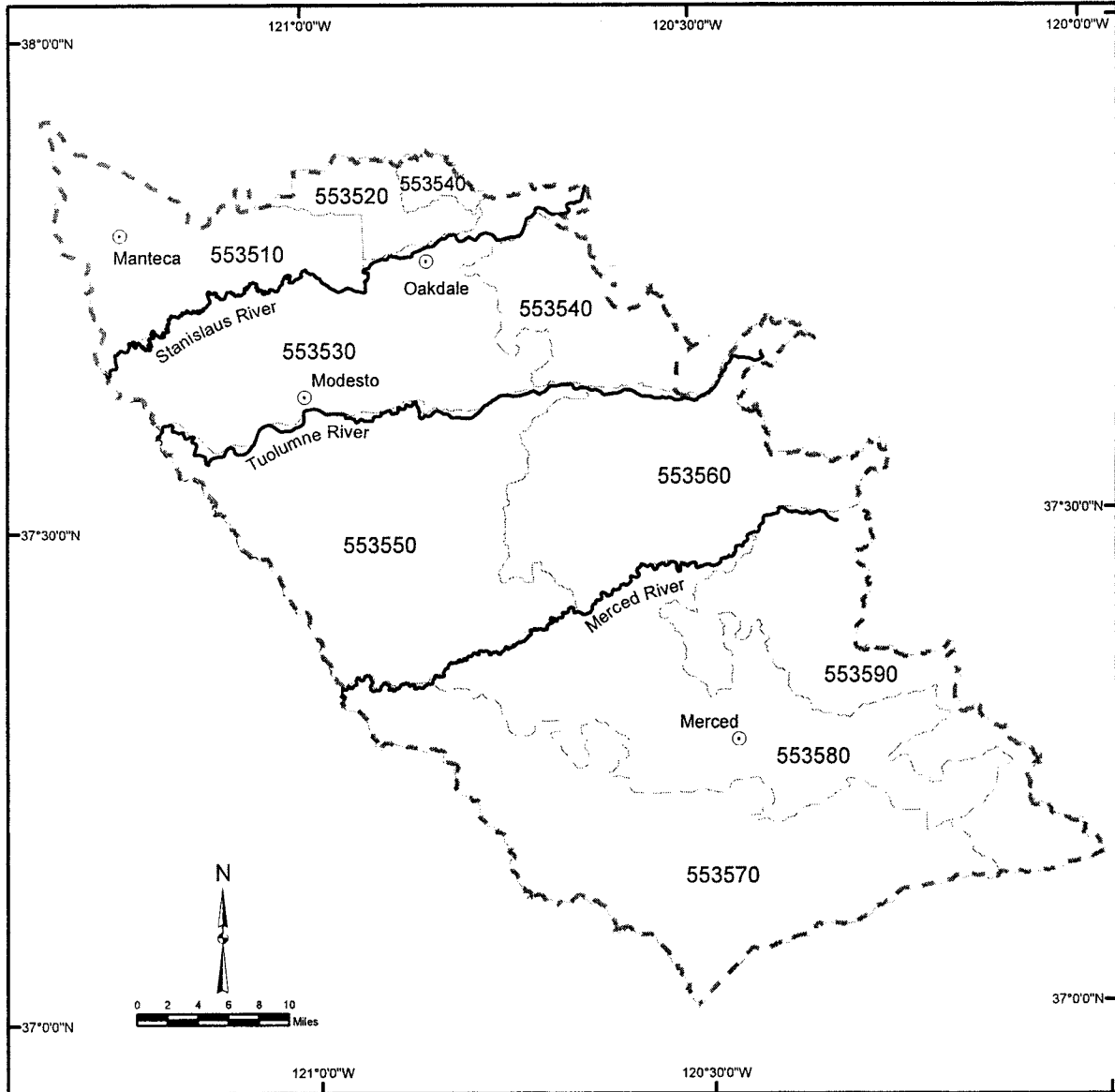
**Critical Habitat for the
California Central Valley Steelhead****Stanislaus River Hydrologic Unit
5534**

- Critical Habitat
 - - - Hydrologic Unit Boundary
 - - - Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number

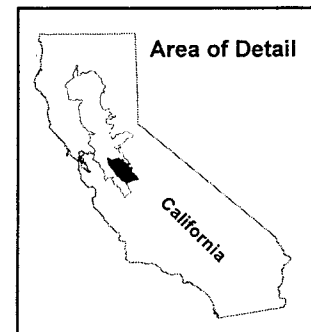


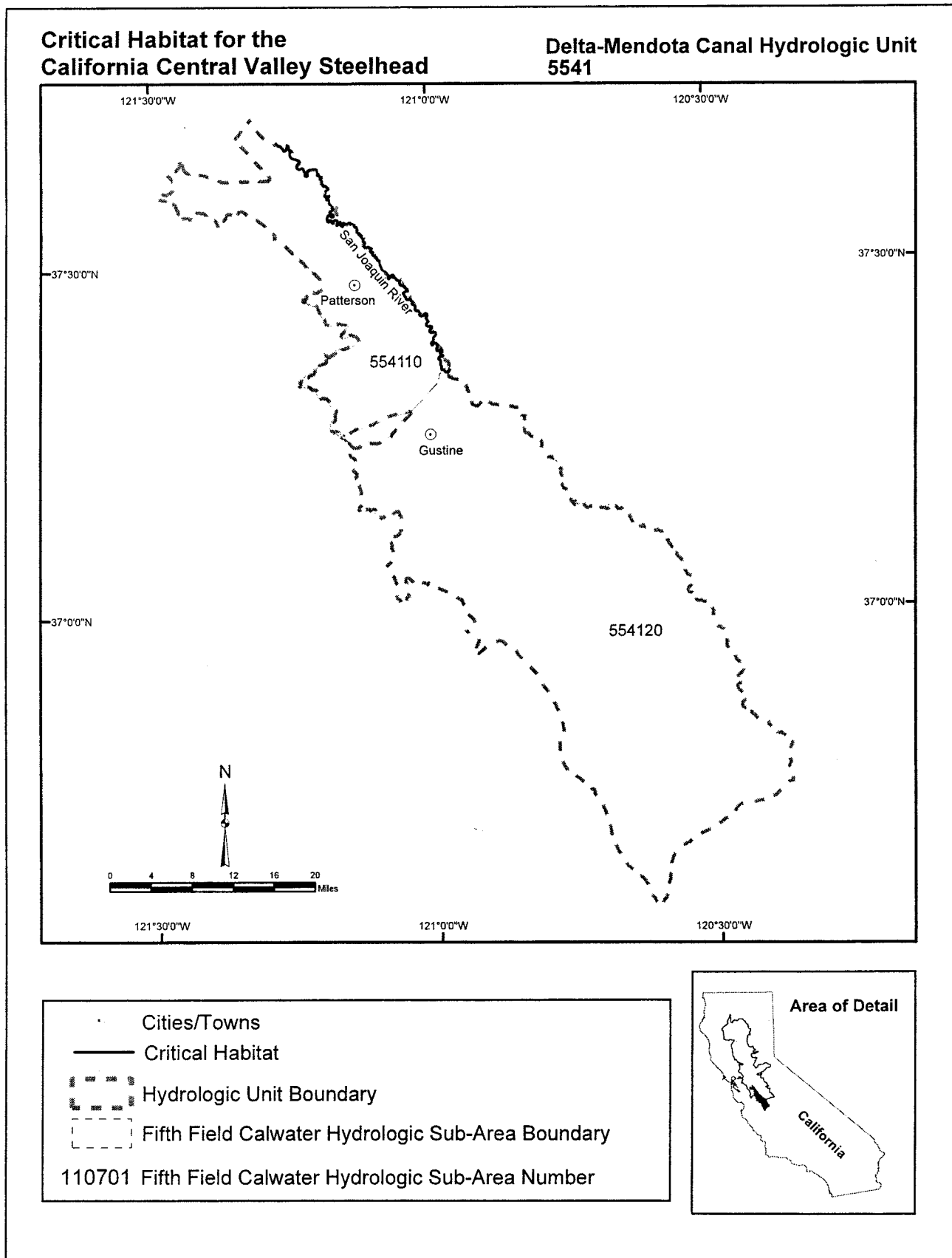
Critical Habitat for the California Central Valley Steelhead

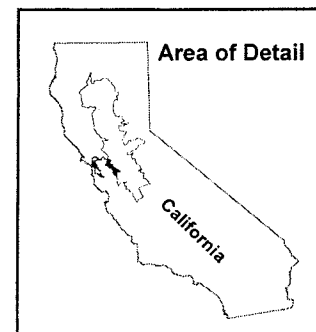
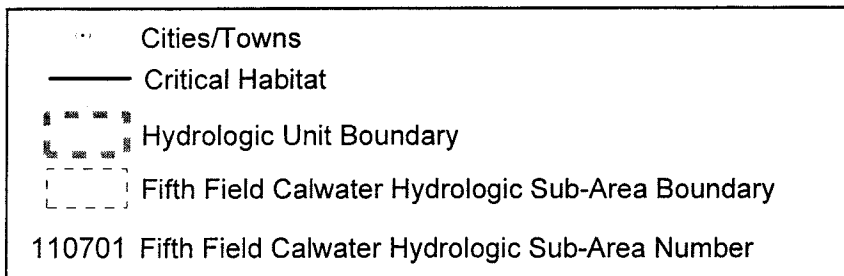
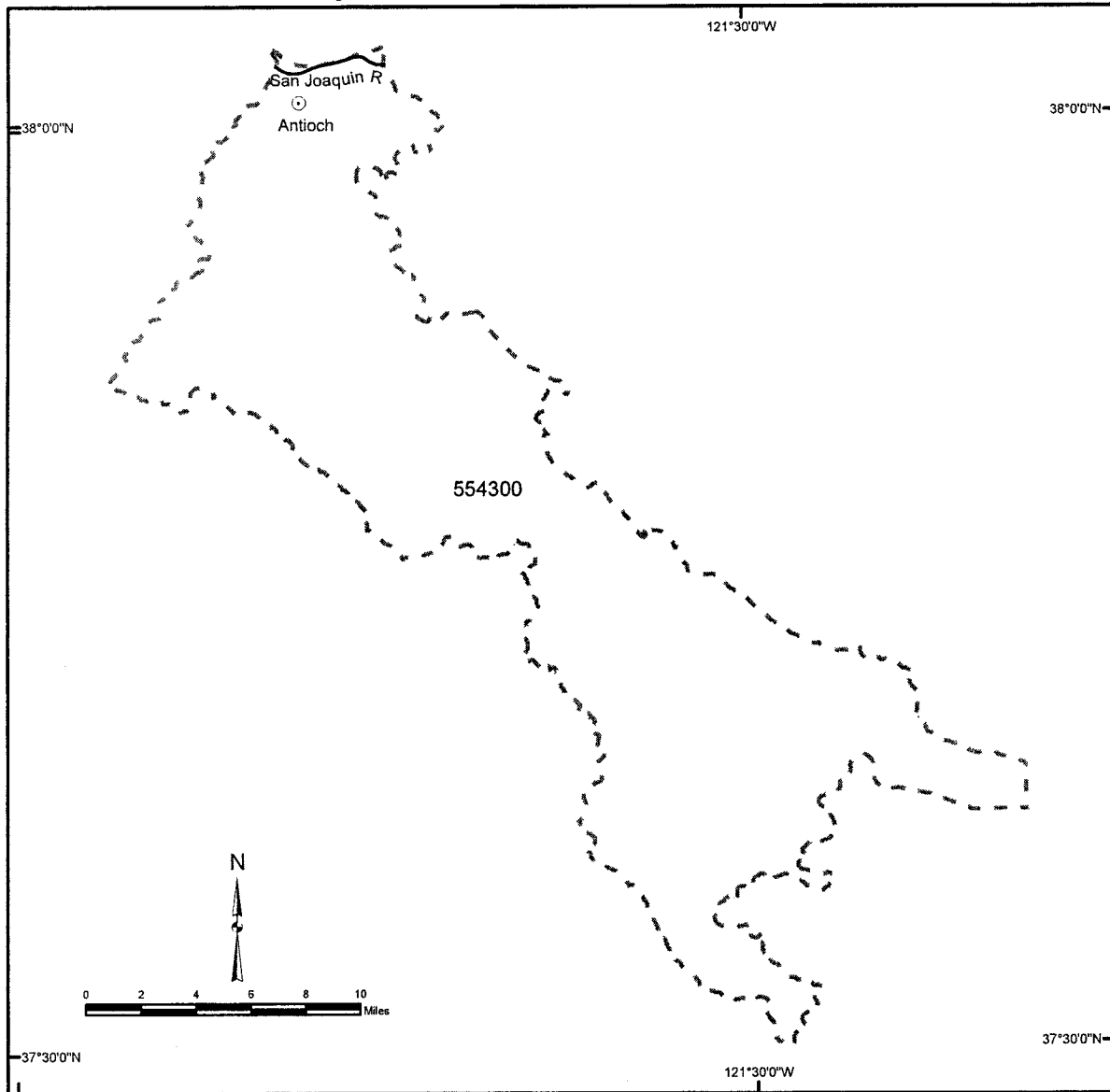
San Joaquin Valley Floor Hydrologic Unit
5535



- Cities/Towns
- Critical Habitat
- - - Hydrologic Unit Boundary
- Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number

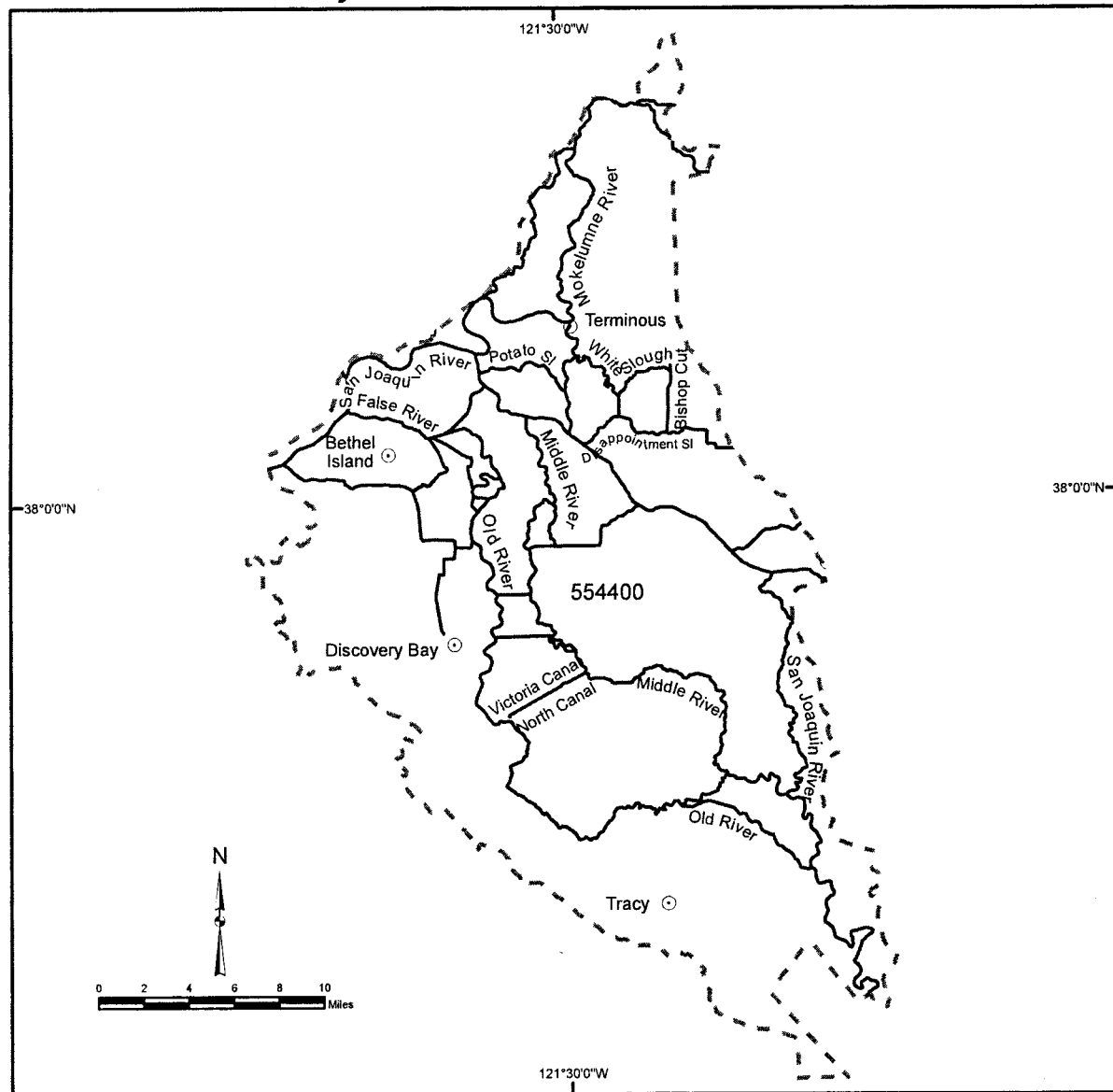




**Critical Habitat for the
California Central Valley Steelhead****North Diablo Range Hydrologic Unit
5543**

Critical Habitat for the California Central Valley Steelhead

San Joaquin Delta Hydrologic Unit
5544



- Cities/Towns
- Critical Habitat
- Hydrologic Unit Boundary
- Fifth Field Calwater Hydrologic Sub-Area Boundary
- 110701 Fifth Field Calwater Hydrologic Sub-Area Number



MEMORANDUM

September 22, 2016

TO: MEMBERS, PORT COMMISSION
Hon. Willie Adams, President
Hon. Kimberly Brandon, Vice President
Hon. Leslie Katz
Hon. Eleni Kounalakis
Hon. Doreen Woo Ho

FROM: Elaine Forbes
Interim Executive Director

SUBJECT: Informational presentation on the Port's legislation program

DIRECTOR'S RECOMMENDATION: Informational Only; No Action Required

EXECUTIVE SUMMARY

The Port's legislative program supports the Port's overall work program through legislative initiatives that are administrative, policy-based and strategic. Engaging on issues at the local, state and federal level, Port legislative staff works through the City's contracted lobbying firms, the Mayor's State and Federal Legislation Committee, and through industry legislation advocacy organizations to advance legislation that benefits the Port.

This report includes a description of the Port's legislative program, how the Port prioritizes issues, the Port's legislative partners, recent program, and provides an overview of the recommended legislative program for FY2016-17.

OVERVIEW

The Port of San Francisco's legislative program represents the Port's interests at the local, state and federal level, either as a City agency working through the City's State and Federal Legislative Committee or as part of an industry legislation advocacy organization such as the California Association of Port Authorities (CAPA), American Association of Port Authorities (AAPA), the California Marine and Navigation Conference (CMANC), Bay Planning Coalition, San Francisco Chamber of Commerce, and others.

THIS PRINT COVERS CALENDAR ITEM NO. 10C

Port staff frequently consult with the Mayor's Office of Legislative and Government Affairs, the City's state lobbyist, Shaw, Yoder, Antwih, and the City's federal lobbyist, Holland & Knight, LLC to coordinate all Port state and federal legislative efforts in alignment with the City's overall legislative priorities. City departments wishing to pursue state or federal legislation present those proposed initiatives at the Mayor's State and Federal Legislation Committee. With the approval of that committee, departments are then free to engage with the City's lobbyists, legislative and agency staff directly.

As the organizer of the City's advocacy efforts, the Mayor's Office of Legislative and Government Affairs requests annually a list of each department's state and federal priorities for the coming fiscal year. The FY 2016-17 federal and state priorities the Port staff recommended is described below.

Port staff make periodic trips to Washington, D.C. and to Sacramento to advocate for the Port's federal and state legislative priorities. An example of a Port legislation advocacy document, the document Port staff used for the May 2016 Washington, D.C. trip is included as Attachment A to this report.

STATE AND FEDERAL CONTRACT LOBBYISTS, ADVOCACY ORGANIZATIONS

The Port participates in, and reimburses the General Fund a pro-rata share for, the City's advocacy contract with Holland & Knight, LLC, on federal issues, and Shaw, Yoder, Antwih on state issues. Port staff also have long-standing relationships with agency and legislative staff to complement our state and federal lobbyists.

Port staff also participate in advocacy organizations. Executive, Special Projects, Maritime, Planning and Development and other staff attend meetings of these organizations, depending on issues under discussion.

The California Association of Port Authorities ("CAPA")

CAPA is made up of California's 11 publicly-owned commercial seaports. Facilitated by the organization Executive Director Tim Schott, and through the leadership of CAPA President and Vice-President (positions that rotate among CAPA's 11 Port Directors), CAPA provides educational leadership and advocacy on issues relating to transportation, trade, the environment, land use, energy and other subjects affecting port operations. CAPA also manages governmental relations with California's legislative and administrative branches of state government, conducts targeted outreach to Congress, and monitors legislative/regulatory proposals related to goods movement and the maritime community.

CAPA is primarily funded by California's three large container ports, including the Ports of Los Angeles, Long Beach and Oakland, with smaller contributions by other ports like the Port of San Francisco. CAPA has been an important lobbying partner for the Port on issues like funding for dredging. In consultation with Port staff, CAPA recently submitted a federal funding request that will benefit the Port's Central Basin project.

Port Special Projects staff participates in regular calls with CAPA and staffs the Executive Director at quarterly policy meetings.

The American Association of Port Authorities (AAPA) and California Marine and Navigation Conference (CMANC)

Working through CAPA (CAPA's current President is also the President of AAPA), the Port has pursued legislative initiatives through AAPA and CMANC, particularly related to the Water Resources Development Authorization ("WRDA") and Energy and Water Appropriations.

WRDA and Energy and Water Appropriations bills are the primary federal funding vehicle for flood control projects and federal dredging nationwide. At the federal level, federal funding is a four-step process: funding for study must be *authorized* (e.g., by being included in WRDA) and then *appropriated* (in an appropriations vehicle like an Energy and Water Appropriation), after which the construction must then be authorized through WRDA, and then appropriated by Congress. Federal funding authorized by WRDA is distributed to the U.S. Army Corps of Engineers ("USACE") which spends federal appropriations on federal flood control and dredging projects, sometimes with a required local match.

CMANC works very closely with the USACE and funding processes. CMANC works closely with CAPA as well, and Port staff do occasionally work directly with CMANC in terms of informing the organization of member needs as well as on specific project funding.

San Francisco Chamber of Commerce (SFCC), Bay Planning Coalition (BPC), and the Bay Area Council (BAC)

The Port's engagement with these entities is irregular, but has been particularly helpful in granting access around Port issues to members of Congress. The San Francisco Chamber of Commerce has organized very successful trips to both Washington, D.C. and Sacramento, California, arranging contact with key departments and the City's legislative delegation, including the most recent May 2016 trip to Washington, D.C., which the Deputy Director of Planning and Development, Byron Rhett, summarized for the Port Commission in June, 2016.

PORT LEGISLATIVE ACHIEVEMENTS

The Port legislative program focuses on allowing Port divisions to fulfill the Port's mission. Efforts have included making available new public financing tools, amendments to regulatory bodies of law, as well as obtaining additional resources directly for the Port. The following is a summary description, in the context of the Port's larger efforts:

- Beginning in 2005 and as recently as 2016, the creation and implementation of Infrastructure Financing Districts (IFDs) has been the focus of the Port's legislative efforts both at the state and local level. This financing tool will enable the City to finance historic rehabilitation and new infrastructure, including parks, streets and utilities for the new neighborhoods planned for Seawall Lot 337 in Mission Bay and for Pier 70.
- Port legislative staff have worked closely with the California State Lands Commission to make amendments to existing law to facilitate development in other ways. State legislation authorizing non-trust leasing and legislation enabling a trust exchange within Pier 70 and nontrust uses for historic buildings in Pier 70 has enabled development plans for Seawall Lot 337 and for Pier 70.
- Hosting the 34th America's Cup also required state and federal legislation. State legislation authorized the Port to swap the trust from Seawall Lot 330 to a parcel of at least equal size that is close to the water, a tool the Host and Venue Agreement required the Port to seek, but has not been used to date because there was no long-term development approved along with the 34th America's Cup. The Port also won passage of enhanced Infrastructure Financing District legislation that was never used (for the same reason). The federal America's Cup Act of 2011, created new Jones Act waiver processes that enabled the 34th America's Cup regattas to take place on San Francisco Bay.
- Through coordinated efforts of Planning and Development, Finance and Administration and Special Projects staff, the Port was included in a San Francisco General Obligation bond in 2008, and again in 2012, with voters approving a total of \$68 million in funding for development of a network of waterfront parks from Fisherman's Wharf to Heron's Head Park¹.
- The Port became authorized through the Water Resources Development Act of 2007 to seek \$25 million in funds to address certain waterfront piers—an effort the Port continues to actively benefit from today.
- In 2009, the Port was the beneficiary of \$7.8 million in federal appropriations through the United States Army Corps of Engineers and the Department of Defense to assist with the removal of Pier 36 and Drydock #1.

A detailed list and description of the Port's legislative accomplishments is included with this report as Attachment B.

¹ The last General Obligation bond approved by voters to fund the Port of San Francisco was the required by the Burton Act in 1968, and was repaid by Port revenues.

LOCAL LEGISLATION TRACKING

The Special Projects Group produces a weekly report to Port Senior Staff on pending and introduced City legislation of relevance to the Port. Special Projects staff conducts additional research or engages the sponsor of a pending piece of legislation to seek amendments, as is necessary.

As an example, Supervisor Peskin's recent legislation requiring appraisals for certain types of real estate transactions spurred a lengthy review effort with other departments. In the end, Supervisor Peskin included a number of amendments in the legislation that were important to Port Real Estate operations. The amendments allow the Port to rely on the Port Commission's approved parameter rental rate schedule rather than requiring appraisals for standard leasing.

In addition, Port staff periodically receives referrals from the Clerk of the Board on legislation where the Port, along with other departments, has been specifically solicited for input. Port Special Projects staff convene with appropriate staff, based on the subject of the legislation, to understand the implications of the proposal, and then recommend to the Executive Director amendments to propose to author of the legislation.

CURRENT LOCAL INITIATIVES

The Port's practice for attending Board of Supervisors items is to have the staff person most knowledgeable in the subject matter (typically the project manager), supported by Special Projects staff as needed, represent the item in Committee and at the first read of the Board of Supervisors. Port staff reports to the Mayor's legislative liaison to the Board, and coordinates closely with them should there be unexpected developments in the legislative process.

In the last year, the Port has taken to the Board of Supervisors an Ordinance establishing the Pier 70 IFD and IFP, a reimbursement agreement with ExxonMobil for cleanup of residual petroleum hydrocarbons at Wharf J-10, a resolution endorsing the term sheet the TZK Broadway LLC development project, and a resolution approving the second amendment to the Port's lease with AMB Pier One LLC.

The Port has been working with the Mayor's Office of Economic and Workforce Development to ensure that a Port application for federal TIGER funds for the Mission Bay Ferry Landing will be competitive. This work has included identifying consultants for the complex economic analysis and for overall quality control, and identifying sources of grant matching funds outside the Port and City general fund.

Later this year, facilitating the Port's current leasing project in support of the City's effort to build a new recycled-content asphalt plant, the Port will be taking the lease of SWL 352, with accompanying SF Public Works long-term supply contracts, to the Board of Supervisors for approval. In addition, the Port's proposed agreement with the National

Park Service for use of Pier 33 for ferry service to Alcatraz will go to the Board of Supervisors for approval later this year.

CURRENT STATE INITIATIVES

AB 2797

AB 2797 makes critical amendments to SB 815, enabling the Mission Rock development project to move forward bringing with it a host of public benefits to what is now a surface parking lot. The bill received its final vote needed in the California Legislature on Tuesday, August 29th, and is currently awaiting the signature of Governor Brown.

Assemblymember Chiu authored the bill, which the Port drafted in consultation with the San Francisco Giants and negotiated with the State Lands Commission. If signed by Governor Brown, the bill would:

- Adjusts the description of the property to add lands that were previously part of the Mission Bay South Redevelopment area;
- Allow full 75 year lease terms for each lease at Seawall Lot 337;
- Allow buildings to be repurposed for trust uses when leases expire instead of the current requirement to demolish buildings at the end of lease terms;
- Authorize using Seawall Lot 337 nontrust lease revenue as a loan to fund infrastructure and public facility costs subject to repayment from public finance proceeds with interest if the State Lands Commission makes certain findings;
- Permit the San Francisco Bay Conservation and Development Commission to permit redevelopment of Pier 48 consistent with other historic piers north of China Basin.

CURRENT FEDERAL INITIATIVES

USACE, Continuing Authorities Program Section 107 (CAP107), Central Basin Dredging

In September 2009, the Port requested CAP107 dredging assistance from USACE for the Central Basin. A 32' depth Central Basin dredge project has been approved and is scheduled for construction in 2017. The Army Corps will provide up to \$10 million in federal funding, which is 63 percent of the estimated \$15.8 million cost of the dredge project. The Port's supplemental appropriation, approved November 3, 2015, included \$2.9 million and BAE will provide \$2.9 million to fund the project, providing for a \$5.8 million local match. After this initial dredge, the Army Corps will then assume all costs for future dredging of the Central Basin, at an estimated annual savings to the Port of \$850,000.

Because the Central Basin is the approach to the Pier 70 Shipyard's primary drydock facility, dredging this area is critical to operation of the shipyard. While the drydock itself is one of the largest privately operated repair facility of its kind on the west coast of the

Americas, the increasingly restrictive siltation in the Central Basin is limiting the number and type of vessels that can access it.

WRDA07, Removal of P70, Wharves 6, 7 and 8

Falling under the Port's WRDA07 Authority (of which \$20.2 million of the original \$25 million remains), USACE has been able to utilize funding remaining from the Pier 36 project in order to, in coordination with the Port, position this new request at Pier 70 for funding under the President's budget. In October 2016, in collaboration with USACE staff, Port staff completed a key USACE document, the Project Letter Report, identifying the cost of removal of Pier 70, Wharves 6, 7 and 8 to be approximately \$8.6 million. Should the project be funded, USACE would fund 2/3 of the project cost, leaving the Port with a cost of approximately \$2.9 million. Port staff expect to find out whether this project will be funded in early 2017, and will continue to advocate for the project in the interim.

National Flood Insurance Program (NFIP)

The Port's Engineering Division is currently appealing the federal draft Flood Insurance Rate Maps for San Francisco Bay. Special Projects staff is supporting this effort; the NFIP was a major focus of the May 2016 trip to Washington, D.C.

FY 2016-17 LEGISLATIVE INITIATIVES

Local

Over the course of FY2016-17, Port staff anticipates taking to the Board of Supervisors various local resolutions, including lease and contract approvals, and ordinances granting the Port enforcement authority for certain State Water Quality Resource Control Board permits. Having this enforcement authority is a requirement of the Port's Municipal Separate Storm Sewer System.

Port staff also anticipates legislative approvals related to the Mission Rock and Pier 70 Special Use Districts for Seawall Lot 337 and Pier 70. These approvals will include the approval of project transaction documents and the formation of Infrastructure Financing Districts and Community Facilities Districts to finance infrastructure and other facilities to support both of these new neighborhoods. In FY 2016-17, Port staff also expects local legislation related to the following items:

- Pier 38;
- National Park Service Alcatraz Service;
- Real estate leases with a term of 10 years or more or with total rent in excess of \$1 million; and
- Resolutions authorizing the Port to accept and expend grants.

Affordable Housing

The Port and Mayor's Office of Housing and Community Development are pursuing an affordable housing project at Seawall Lot 322-I, which was authorized by state legislation (AB 2649; Assemblymember Ammiano; 2012). State Lands Commission staff and Port staff are discussing technical amendments to AB 2649 to enable the project to include ground floor retail, consistent with direction from the community planning process.

Seawall

The Port's Seawall Resiliency Project will loom large in the Port's legislative agenda over the coming decade. Local, state and federal sources of funding will be required to finance a project of this scale.

In December 2015, the Citi Foundation and Living Cities invited approximately 40 of the nation's largest cities for an opportunity to explore a new set of financing options to help address funding gaps for high priority capital projects. At the encouragement of the Mayor's Office, the Port collaborated with the Mayor's Office and Capital Planning Committee to enter the Seawall Resiliency Project for consideration. The Seawall was selected along with 3 other nationwide projects to participate in the Cohort. This third cohort of the City Accelerator is designed to bring cross-departmental city teams together who are seeking to be at the cutting-edge of financing capital projects but have formidable obstacles to making their initiatives a reality. With expertise provided by an infrastructure finance expert and an 18-month timeframe, city teams will be able to speed their discovery, implementation, and adoption of financing mechanisms that will allow them to flex creatively with existing resources and attract new investments. Through collective ideation and exposure to best-in-class models, cities will be able to try new financing tools and policy levers, taking what works and applying it to scale on the priority projects in their infrastructure pipeline.

In preparation for the Living Cities Cohort, the Port Seawall Resiliency Project team has brainstormed potential local, state and federal funding options for the Seawall project. These options fall into the following categories:

- **Local.** In consultation with the Mayor's Budget Office and the City Administrator's Capital Planning Committee, the Port hopes to explore a potential Seawall General Obligation Bond and funding from potential Infrastructure Financing District tax increment and Community Facilities District special tax sources.
- **State.** In consultation with the City's State and Federal Legislative Committee, the Port hopes to explore capturing the State's Share of property tax growth from Infrastructure Financing Districts on Port property. These are tax increment sources the State does not collect today, which could provide a powerful tool to incentivize investment in the Seawall and which will protect current State tax

revenues. The Port sought this source before (in 2008), and succeeded in obtaining this source for Pier 70 (2010).

- **Federal.** WRDA funding for flood control – particularly to protect Bay Area Rapid Transit and San Francisco Municipal Transportation Agency assets along the Embarcadero – is a potential source of significant federal funding.

The Port is in the process of hiring a Mayor's Senior Fellow who will staff efforts to devise legislative and regulatory approvals necessary to support the Seawall Resiliency Project. Port staff will continue to consult with the Living Cities Cohort and the Port's regulatory partners to recommend a financing and regulatory approval strategy that will realize the Port Commission's Seawall Resilience Project goals.

SUPPORT FOR THE PORT'S WORK PROGRAM

The legislative program supports the Port's work program at the administrative and strategic level. Special Projects staff assist Real Estate, Planning and Development and other staff in the crafting, submitting and shepherding legislation for leasing, development documents, acceptance of granted funds and other items requiring Board of Supervisors approval. These efforts include submitting legislation packages to the Clerk of the Board, arranging and providing briefings to members of the Board, and appearing and presenting at Board Committee hearings.

Special Projects staff analyzes legislation moving through the Board of Supervisors and consults with Port division staff, crafting amendments to take to sponsors to ensure the Port's interests are maintained. The legislative program looks for solutions to specific, identified problems requiring legislative solutions (such as AB 2797 to facilitate financing of parks and infrastructure at Seawall Lot 337), and works through the various processes required to achieve that solution. More broadly, the Port's legislative program looks strategically at long-term issues for which no specific solutions are identified. The Port's engagement with the California State Lands Commission around permissible uses of Port property, Infrastructure Financing Districts, and the coming efforts around the Seawall project are examples of this strategic support.

NEXT STEPS

Port staff welcomes Port Commission direction regarding how to improve and strengthen the Port's legislative program.

Prepared by: Daley Dunham, Special Projects Manager
Executive Division

For: Brad Benson, Director of Special Projects
Executive Division

Attachment A – Washington DC Advocacy Documents

Attachment B – Port Legislative Accomplishments



Port of San Francisco Waterfront Flood Zone Study

Highlights

Study Goal	Determine feasibility of a flood risk management (FRM) project for the entirety of the Port of San Francisco's waterfront to reduce risk to human health and safety and economic damages that result from high tides and storm driven waves.
Project Boundaries	The continuous seven mile Port of San Francisco waterfront and inland areas affected by rising sea levels.
Flood Damages	Floodplain from 100-year tide inundates over 1,200 acres, including local and regional light rail systems, roadways, public open space and utility infrastructure (see attached Areas Of Concern Map, AOC08), including an estimated \$22 billion in public sector assets.
Project Costs	Project costs are still under development.
Demographics	Due to the length of the Port's waterfront, the affected area includes San Francisco's financial district and other dense commercial, residential, and industrial areas, while also impacting economic justice communities.
Status	The Port of San Francisco is currently making an official request for funding to initiate a new General Investigations FRM Feasibility Study of the Port of San Francisco waterfront by the U.S. Army Corps of Engineers, San Francisco District.
Funding History	To date, no federal funds have been appropriated for this study.
Funding Status	<p>The City and County of San Francisco, Capital Planning Committee, has proposed an appropriation to provide required study matching funds.</p> <p>The Port of San Francisco is requesting \$400,000 in federal funding for the U.S. Army Corps of Engineers, San Francisco District to initiate a General Investigations FRM Feasibility Study</p>

of the Port of San Francisco waterfront.



Port of San Francisco Waterfront Flood Zone Study

Overview

Study Goal

The San Francisco waterfront, including major transportation infrastructure and the City's financial district, is at risk of flooding from large coastal storms, extreme high tide events and sea level rise. The study goal is to evaluate the feasibility of alternatives to reduce the risk to human health and safety and economic damages that result from tidal flooding.

Project Boundaries

The project boundaries include the continuous seven mile Port of San Francisco waterfront and inland areas affected by rising sea levels. The areas are identified in the Sea Level Rise and Adaptation Study, Adaptation Alternatives Report (URS/AGS, 2012). See **Figure 1**, attached.

Tidal Flooding and Damages

Some areas of Port property, such as at Mission Creek, Islais Creek, and The Embarcadero/Ferry Building area are at lower elevations than other areas, and are subject to flood risk in a base flood condition from a 100 Year Storm event today, as shown on **Figure 1**.

A preliminary analysis was performed under a federal Continuing Authorities Program, Section 103 federal interest determination (FID). This analysis suggests that the current 1% Annual Chance of Exceedance (ACE) event would result in flooding to The Embarcadero transportation corridor, portions of Third Street, the Third Street and Fourth Street bridges, portions of Market street related downtown business district, Mission Creek and Islais Creek, and access points to the Ferry Building. Severed access and entry to the piers and entry to the Ferry Building terminal could impact ferry service and potential evacuation needs, as well as the functioning of the emergency water transport system.

With increasing frequency and severity, there are traffic impacts to The Embarcadero during king tides and wind driven flood events. The Embarcadero transportation corridor provides access to high use facilities

along the waterfront and to the Ferry Building, which is a hub for retail and professional services.

All lifelines that run along the 4-mile length of The Embarcadero and out to piers are at increasing risk of being severed by flooding. This could include power, wastewater and water services that cross the seawall and serve waterfront businesses; the Transbay tube and transit tunnel and tracks; wastewater outfall structures all along the waterfront including the north shore sewer outfall; and wastewater pumping stations along the waterfront. Other utility systems (electrical, communication, potable water, fire water) are subject to damage or loss of functionality should they be inundated by flooding.

The City Administrator's "Lifelines Council" addresses citywide resilience and post-disaster recovery. The Lifelines Interdependency Study, April 17, 2014, identifies the southeastern reaches of the City, around Mission Creek and Islais Creek, as an infrastructure "hub", where many of the City's lifeline operators have operation yards, fuel storage areas, major pipelines and other critical system facilities and components. These areas are within the subject Areas of Concern, attached in **Figure 1**.

BART and MUNI (regional and local commuter rail, respectively) stations and buildings in the financial district would be subject to flooding in just over a decade under certain sea level scenarios, with a 1% ACE event potentially resulting in significant direct and indirect economic damages that would extend throughout the broader Bay Area economy. This scenario could also disrupt ferry service operations in the area. More information related to traffic flows, ferry usage, and the value and level of exposure of BART and MUNI operations and other adjacent high rise buildings is needed to estimate economic damages.

Cost of Inaction

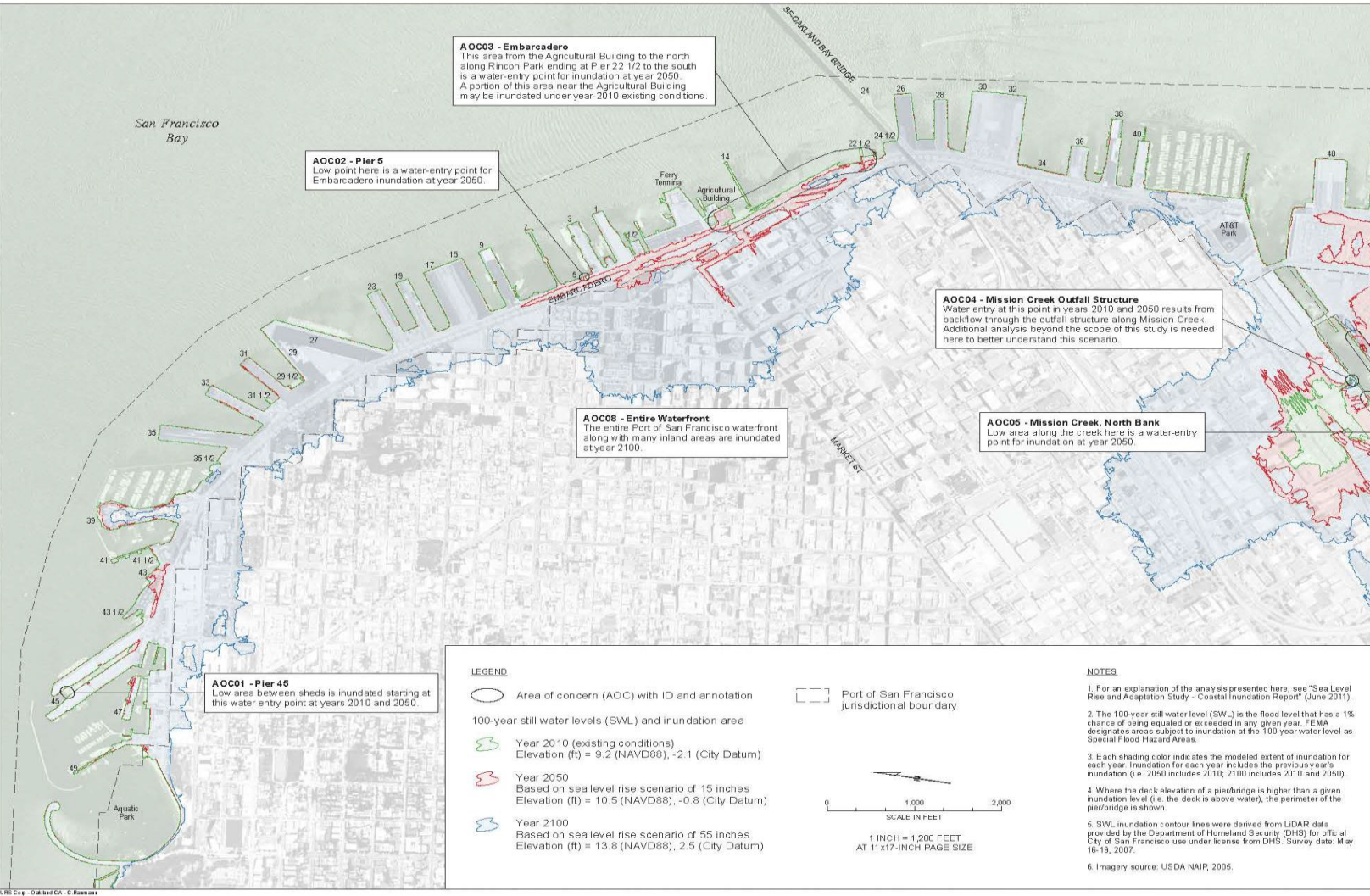
Over the coming decades, the impacts of sea level rise and the increasing frequency and intensity of storms mean that areas currently not subject to flood risk can be expected to experience periodic coastal and/or urban flooding. The City and County of San Francisco's Sea Level Rise Action Plan provides a preliminary estimate of approximately \$22 billion in public sector assets at risk within the Action Plan vulnerability zone (excluding the San Francisco airport).

Funding Request

While the Port of San Francisco's existing, separate Continuing Authorities Program, Section 103, investigation into a portion of the waterfront is moving forward, it will only identify solutions within the statutory limits of that program. The Port of San Francisco therefore is seeking \$400,000 in funding for the U.S. Army Corps of Engineers, San Francisco District, to

initiate a General Investigations FRM Feasibility Study of the greater San Francisco waterfront.

Figure 1: Area of Concern Map AOC08



Attachment B – Port Legislative Accomplishments

Significant local legislative efforts, in coordination with the Port Finance and Administration and Planning and Development, include:

- In 2008, and again in 2012, San Francisco voters approved investments through issuance of general obligation bonds totaling \$68 million in the development of a network of waterfront parks from Fisherman's Wharf to Heron's Head Park adjacent to Pier 96. 2008 represented the Port's first inclusion in a general obligation bond.
- In 2013, the Board of Supervisors adopted Resolution 123-13, adopting Guidelines for the Establishment and Use of an Infrastructure Financing District with Project Areas on Land Under the Jurisdiction of the San Francisco Port Commission (Port IFD Guidelines).
- In 2016, the Board of Supervisors adopted Ordinance 27-16, establishing Infrastructure Financing District No. 2 enabling development of Pier 70's Historic Core, also adopting an Infrastructure Financing Plan (IFP) and making other approvals.

Port State legislative efforts have included:

- In 2005, the California Legislature adopted SB 1085 (Senator Carole Migden), permitting the Board of Supervisors to form Infrastructure Financing Districts (IFD) on Port property that allow the capture of growth in property (or possessory interest) tax increment to fund public improvements along the waterfront.
- In 2007, the California Legislature adopted SB 815 (Senator Carole Migden), authorizing the Port to lease certain seawall lots south of Market Street and north of Pier 50 for non-trust (i.e., commercial and residential) purposes, with net proceeds to fund rehabilitation of Port historic resources and parks required by the San Francisco Bay Conservation and Development Commission ("BCDC"). The largest of these is Seawall Lot 337 in Mission Bay, the site of the Port's current negotiations with Seawall Lot 337 Associates, LLC, to develop a new neighborhood south of AT&T Park.
- In 2010, the California Legislature adopted AB 1199 (Assemblymember Tom Ammiano), permitting the Port to establish a Pier 70 IFD that may issue debt repayable with both the local share of possessory interest tax and the state's share of possessory interest tax (permitted by AB 1199).
- In 2011, the California Legislature adopted AB 664 (Assemblymember Tom Ammiano), with technical amendments following in 2012 (AB 2259), authorizing the Port to capture up to \$1 million annually in state tax revenue to fund the James R. Herman Cruise Terminal and related improvements, if the City demonstrates that the state will earn revenue in excess of this amount from the

34th America's Cup. This legislation applies to the following locations: SWL 330, and Piers 19, 23 and 29. The California Infrastructure Financing Bank (I-Bank) must first find that the net present value of tax benefits of the 34th America's Cup to the State of California exceeds the net present value of tax increment it would forego from these sites.

- In 2011, the California Legislature adopted AB 418 (Assemblymember Tom Ammiano) authorizing the California State Lands Commission to approve a trust swap with Pier 70, allowing the public trust designation of land within the site to be rationalized to allow for development. The Port is negotiating with Forest City California, Inc. to develop the 25 acre Waterfront Site at Pier 70. The Port has negotiated a separate lease with Orton Development, Inc. to develop the Port's historic buildings along 20th Street.
- In 2008, and again in 2012, San Francisco voters approved investments through issuance of general obligation bonds totaling \$68 million in the development of a network of waterfront parks from Fisherman's Wharf to Heron's Head Park adjacent to Pier 96.

Federal legislative efforts include:

- In 2007, the Port, with the assistance of City Hall, successfully sought new spending authority through the Water Resources Development Act of 2007 (WRDA07), allowing the Port to seek up to \$25 million in future appropriations for "rehabilitation or demolition, as appropriate" of a number of the Port's piers. This authority is a unique asset for the Port in that it is a direct construction authority, which has allowed for relatively quick implementation. By contrast, the kind of approvals the Port received for Pier 36 (see below) under this authority would normally require 1) passage of a study authority in WRDA, 2) passage of a study appropriation, 3) passage of a construction authority in WRDA, and 4) passage of a construction appropriation. Future projects eligible for funding by way of this authority, like the project for removal of P70's wharves 6, 7 and 8, all benefit from the unique straight-to-construction legislation.
- In 2009 Port staff successfully sought, through Speaker Nancy Pelosi, funding through a direct Congressional appropriation of \$4.8 million for removal of Pier 36, making way for the Brannan Street Wharf. This appropriation was a part of the \$25 million authorization granted to the Port through WRDA 07.
- In 2009, Port staff successfully sought, through Speaker Nancy Pelosi, a direct Congressional appropriation of \$3 million for removal, remediation and recycling of Drydock #1. This appropriation of funds was key to the success of the project, as it was administrated through the United States Navy which brought with it considerable and specific expertise on a complicated and risky project.
- In 2011, the Port staffed the City's effort to pass federal legislation (the Port's only known stand-alone federal legislation) to enable the 34th America's Cup.

The legislation, passed during an unproductive federal legislative period, established a special process for the America's Cup regattas allowing the U.S. Maritime Administration to issue waivers to various aspects of the Jones Act, including the towing, passenger and cargo carriage statutes.

1 [Port Ground Lease and Port/Mayor's Office of Housing and Community Development
2 Memorandum of Understanding - 88 Broadway Family, L.P. - 735 Davis Street - Seawall Lot
3 322-1 - \$20,000 Annual Base Rent]

4 **Resolution adopting the Mitigation Monitoring and Reporting Program under the**
5 **California Environmental Quality Act for an affordable housing project at Seawall Lot**
6 **322-1 (the "Port Property" or the "Development") along with an affordable housing**
7 **project on city-owned property at 735 Davis Street (collectively, the "Project");**
8 **affirming the Port Commission's Public Trust findings; adopting findings that the**
9 **Project is consistent with the General Plan, and the eight priority policies of Planning**
10 **Code, Section 101.1; and approving and authorizing the execution of a Ground Lease**
11 **for the Property with 88 Broadway Family, L.P. ("Lease") with an annual base rent of**
12 **\$20,000 for a term of 57 years with a 18-year extension option for the development and**
13 **operation of 124 affordable rental housing units, one manager housing unit, and**
14 **ancillary ground level uses, and a Memorandum of Understanding between the Port**
15 **and the Mayor's Office of Housing and Community Development for payment of fair**
16 **market value for the Port Property and other interdepartmental coordination; and**
17 **authorizing and directing the Executive Director of the Port of San Francisco and the**
18 **Director of the Mayor's Office of Housing and Community Development to execute**
19 **documents and take necessary actions to implement this Resolution, as defined**
20 **herein.**

21
22 WHEREAS, California Statutes of 1968, Chapter 1333 ("Burton Act") and Charter,
23 Sections 4.114 and B3.581, empower the City and County of San Francisco, acting through
24 the San Francisco Port Commission ("Port"), with the power and duty to use, conduct,
25 operate, maintain, manage, regulate and control the lands within Port Commission jurisdiction

1 consistent with the public trust for commerce, navigation and fisheries and the Burton Act
2 (collectively, the "Public Trust"); and

3 WHEREAS, The Port owns Seawall Lot 322-1, also known by its street address as "88
4 Broadway" (the "Port Property"), a land parcel with approximately 37,810 square feet area
5 bounded by Broadway, Front, and Vallejo Streets and on its eastern boundary buildings and
6 an adjacent City-own parcel at 735 Davis Street, (the "City Property"); and

7 WHEREAS, The California Legislature has previously found that rectifying the
8 deteriorating conditions along the San Francisco waterfront, the preservation of the numerous
9 historic piers and other historic structures on Port land, and the construction of waterfront
10 plazas and open space, are matters of statewide importance that will further the purposes of
11 the Public Trust; and

12 WHEREAS, To provide funding for these improvements to Port property and to
13 address affordable housing needs, the California Legislature adopted SB 815 (Chapter 660 of
14 the Statutes of 2007) as amended by AB 2649 (Chapter 757 of the Statutes of 2012) and AB
15 2797 (Chapter 529 of the Statutes of 2016) (collectively, the "State Legislation") to allow
16 temporary termination of the Public Trust use restrictions and authorize nontrust leases of
17 designated seawall lots, including Seawall Lot 322-1, on specific conditions, and subject to
18 certain findings by the Port Commission and the California State Lands Commission; and

19 WHEREAS, In November 2012, the Board of Supervisors adopted Ordinance No. 232-
20 12 which allows the Port and the Mayor's Office of Housing and Community Development
21 ("MOHCD") to enter into a Memorandum of Understanding (the "Pre-Development MOU") for
22 development of the Property for affordable housing and providing for Port to receive Jobs
23 Housing Linkage Program ("JHLP") credits equal to the difference in the value of a Port
24 below-market lease and the fair market value of the Property; and
25

1 WHEREAS, Port and MOHCD staff have since decided that the preferred payment
2 strategy for the Development is to utilize the anticipated affordable in lieu fees paid to
3 MOHCD from a future developer of Pier 70 Parcel K North ("PKN"), a site to be sold by the
4 Port in connection with funding the Pier 70 project, with the condition that if the sale of PKN
5 or the construction of the PKN project is delayed or never materializes, MOHCD will need to
6 pay the Port the Property's fair market value from another source; and

7 WHEREAS, Between April 2014 and May 2018, the Port and MOHCD entered into the
8 Pre-Development MOU and completed most of the tasks enumerated, including (i) MOHCD's
9 competitive solicitation and selection of the Developer led by BRIDGE Housing Corporation
10 ("BRIDGE") and the John Stewart Company ("JSCo") which formed 88 Broadway Family LP
11 (the "Developer") to undertake the proposed development; (ii) the Port's consent to MOHCD's
12 selection; (iii) the Developer's submission of its initial development proposal; (iv) the Port's
13 determination to exclude a public parking garage from the development due to financial
14 infeasibility; (v) MOHCD provision of predevelopment funding for the Development; (vi) Port,
15 MOHCD, and the Developer negotiation and drafting required transaction documents ; and
16 (vii) the Developer's completion of a number of entitlement tasks, including completion of
17 CEQA and receipt of other land use authorizations required for the Development; and

18 WHEREAS, Staff of the Port, MOHCD, and the Developer have collectively conducted
19 extensive community outreach and solicited comments and feedback from stakeholders to
20 form a general consensus on the goals/objectives of the Development, including its
21 architectural design, compatibility with the Historic District and its targeting of a wide spectrum
22 of households with limited incomes and MOHCD hired a joint venture team of Mark
23 Cavagnero Architects and Cary Bernstein Architects which conducted site design analysis
24 and held a community design workshop, where design criteria were discussed with the public
25 for the Property, and an adjacent City Parcel was added to provide housing for seniors, and

1 these outreach efforts took over 36 months and resulted in the overall Project consisting of
2 both buildings being supported by almost all stakeholders including members of the
3 Northeastern Waterfront Advisory Group; and

4 WHEREAS, The Developer's initial proposed development had included up to 130
5 affordable, rental family housing units with ground level spaces for retail, commercial, other
6 ancillary uses, and open spaces on the Property (the "Family Project") and, as mentioned
7 above, in response to the community's desire for seniors to benefit from the development as
8 well, MOHCD sought and received City's consent to add the adjacent City property located at
9 735 Davis Street ("City Parcel") to the overall proposal to provide up to 50 to 55 senior
10 housing units (the "Senior Project"); and

11 WHEREAS, The Property and the City Parcel currently operated as surface parking
12 lots will be demolished and then improved with two, new six-story, mixed-use residential
13 buildings for family and senior housing, respectively, and the Family and Senior projects will
14 be connected by open mid-block passageways as shown on the Development Schematic
15 Design, a copy of which is in Board File No. 180683; and

16 WHEREAS, The Family Project will include approximately 18 studio units, 37 one-
17 bedroom units, 45 two-bedroom units, 24 three-bedroom units, and a manager unit for a total
18 of 125 affordable units with approximately 137,100 gross square feet (gsf) of residential
19 dwelling space and approximately 8,700 gsf of nonresidential space with residents having
20 access to a common, community room on the ground floor, an open podium courtyard on the
21 second floor, two open decks on the fifth and sixth floors, a rooftop terrace and garden, and
22 ancillary ground-level uses which could include retail/commercial, a childcare center with an
23 outdoor play area, and a childcare arcade, subject to the passage of AB 1423
24 (Assemblymember Chiu; 2018) which includes technical amendments to the State Legislation;
25 and

1 WHEREAS, The Senior Project will include approximately 23 studio units, 29 one-
2 bedroom units and a manager unit for approximately 53 affordable units with approximately
3 44,136 gsf of residential dwelling space and approximately 1,260 gsf of non-residential space
4 and seniors in this project will have access to a community room, an open courtyard on the
5 first floor, a roof deck on the fifth floor, and ground-level uses which could include
6 retail/commercial and a community room; and

7 WHEREAS, The Department of City Planning ("Planning Department") prepared a
8 Draft Initial Study/Preliminary Mitigated Negative Declaration ("PMND") and Mitigation
9 Monitoring and Reporting Program ("MMRP") for the Project and published the Draft PMND
10 and MMRP for public review on October 25, 2017, which were available for public comment
11 until November 27, 2017; and

12 WHEREAS, The Planning Commission held a public hearing on the PMND and found
13 that the contents of the PMND and the procedures through which the PMND was prepared,
14 publicized, and reviewed complied with the California Environmental Quality Act (California
15 Public Resources Code, Sections 21000 et seq.) (CEQA), 14 California Code of Regulations
16 Sections 15000 et seq. (the "CEQA Guidelines") and Chapter 31 of the San Francisco
17 Administrative Code ("Chapter 31") and finalized the PMND (the Final MND); and

18 WHEREAS, On March 9, 2018, the Environmental Review Officer signed the FMND for
19 the Project and the Final MND was issued in compliance with CEQA, the CEQA Guidelines
20 and Chapter 31; and

21 WHEREAS, On May 3, 2018, the Planning Director found the FMND was adequate,
22 accurate and objective, reflected the independent analysis and judgment of the Planning
23 Director, and adopted the FMND and the MMRP, and authorized the Project in the Affordable
24 Housing Project Authorization; and
25

1 WHEREAS, The Historic Preservation Commission approved with conditions the
2 Certificate of Appropriateness Motion No. 0335) for the Project on April 4, 2018, on file with
3 the Clerk of the Board of Supervisors in File No. 180683, and incorporated herein by this
4 reference; and

5 WHEREAS, The Planning Department Commission Secretary is the custodian of
6 record for the file for Case No. 2016-007850PRJ at 1650 Mission Street, Suite 400, San
7 Francisco, California; and

8 WHEREAS, The FMND and the MMRP has been made available to the public, the Port
9 Commission and the Board of Supervisors for their review and action and which is on file with
10 the Clerk of the Board of Supervisors in File No. 180683, and incorporated herein by this
11 reference; and

12 WHEREAS, The Port Commission, by Resolution 18-42 found that the FMND is
13 adequate for its use as the decision-making body for the Development, that there is no
14 substantial evidence that the Development will have a significant effect on the environment
15 with the adoption of the measures contained in the MMRP to avoid potentially significant
16 environmental effects associated with the Development, and adopted the MMRP and found
17 that all required mitigation measures identified in the FMND and contained in the MMRP will
18 be included in the Port's Lease; and

19 WHEREAS, Port and Developer have negotiated and the Port Commission has
20 approved by Resolution 18-42 an Option to Lease Agreement which includes the form of
21 ground lease (the "Option Agreement") a copy of which is included in Board File No. 180683)
22 to provide the Developer with evidence of site control to support its application for an
23 allocation of low-income housing tax credits from the California Tax Credit Allocation
24 Committee, and Developer must exercise its option by June 30, 2020 subject to extension;
25 and

1 WHEREAS, The Port and MOHCD have negotiated a new Memorandum of
2 Understanding for interdepartmental coordination to be effective during the Lease term (the
3 "Port-MOHCD MOU") including, among other things, the amount and manner in which
4 MOHCD will pay the Port the Property's fair market value, MOHCD's consent to the Lease,
5 and coordination between the departments in administering and enforcing the Lease; and

6 WHEREAS, Under Charter, Section B7.320, the Board of Supervisors may approve a
7 memorandum of understanding between the Port Commission and another department of the
8 City, approved by the Port Commission by resolution; and

9 WHEREAS, A copy of the form of Lease and the Port MOHCD MOU as approved by
10 the Port Commission in Port Commission Resolution 18-42 are in Board File No. 180683 and
11 are incorporated in this resolution by reference; and

12 WHEREAS, The Developer has been formed by BRIDGE and JSCo to lease the Port
13 Property and develop the Family Project and the Senior Project and BRIDGE and JSCo each
14 has the requisite qualifications and the wherewithal to perform as co-developers and project
15 managers and have developed several projects in San Francisco with similar complexity
16 profiles; and

17 WHEREAS, MOHCD is providing the Developer with financial assistance for the
18 development of Family and Senior Projects and to leverage equity from an allocation of low-
19 income housing tax credits and other funding sources to construct and operate the
20 Development; and

21 WHEREAS, The Developer is required to execute the Lease substantially in the form of
22 the Lease attached to the Option Agreement and included in Board File No. 180683; and

23 WHEREAS, The material terms of the Lease include: (i) a term of 57 years with an
24 extension option for 18 additional years; (ii) tenant responsibility for all property taxes and
25 assessments levied against the Property; (iii) use only for affordable housing with residential

1 tenant rent and income levels set at between 30% to 120% of the area median income ("AMI")
2 and other ancillary purposes permitted by the State Legislation and AB 1423 if enacted into
3 law; (iv) annual base rent for the residential portion of \$20,000 with escalation every five years
4 in line with changes to the AMI; (v) except as provided in (vii) residual rent to the Port under
5 certain circumstances in the event of sale or refinancing of the residual portion; (vi) at Lease
6 termination, the Port Property with or without the building, at Port's sole discretion, shall revert
7 to the Port; (vii) 15% of net proceeds from any refinancing or sales of the retail/restaurant
8 space paid to Port as additional rent; (viii) 30% of the net revenues from retail subleases or
9 15% of the gross revenue from all other nonresidential subleases are paid to Port as
10 additional rent; (ix) tenant responsibility for construction, operation and maintenance of the
11 Property; (x) Port ownership fee title to the land and tenant ownership of fee title to all
12 improvements; (xi) Port notice of defaults to the tenant and MOHCD, and the tenant's limited
13 partners and lenders and allow any such parties the right to cure such default; and (xii)
14 encumbrance of the leasehold interest to secure loans, subject to approval by the Port and
15 MOHCD; and

16 WHEREAS, The Director of Property, in consultation with the Port (and the
17 California State Lands Commission through the Port), conducted an appraisal of the
18 Property dated June 29, 2018 with an indicated value of \$14,900,000; and

19 WHEREAS, On July 10, 2018, by Resolution 18-42, the Port Commission found,
20 among other things that: 1) Seawall Lot 322-1 is no longer needed for Public Trust
21 purposes, 2) the combined consideration under the Port MOHCD MOU and Lease is
22 equal to fair market value, and 3) the Lease includes terms that are consistent with
23 prudent land management practices as defined in the State Legislation (collectively, the
24 "Public Trust Findings"); and
25

1 WHEREAS, By letter dated June 15, 2018, the Department of City Planning adopted
2 and issued a General Plan Consistency Finding, a copy of which is on file with the Clerk of the
3 Board in Board File No. 180683 and incorporated in this resolution by reference, wherein the
4 Department of City Planning found that the Project is consistent with the General Plan, and
5 with the eight priority policies under Planning Code, Section 101.1; and

6 WHEREAS, Port Commission Resolution 18-42 also approved the Option
7 Agreement, the form of the Lease and the Port-MOHCD MOU; recommended Board of
8 Supervisors' approval of the Lease and the Port-MOHCD MOU and, subject to
9 approval by the Board of Supervisors and the California State Lands Commission,
10 approved the Lease (collectively, the "Transaction Documents") and authorizes the
11 Port's Executive Director to enter into other additions, amendments, ancillary
12 agreements, consents covenants and property documents necessary to implement the
13 transactions contemplated by the Transaction Documents, and to enter into any
14 additions, amendments or other modifications to the Transaction Documents including
15 preparation and attachment of, or changes to, any or all of the attachments and
16 exhibits that the Executive Director, in consultation with the City Attorney, determines
17 are consistent with approvals made by the California State Lands Commission and,
18 when taken as a whole, are in the best interests of the Port, do not materially decrease
19 the benefits or materially increase the obligations or liabilities of the Port, and are
20 necessary or advisable to complete the transaction; now, therefore, be it

21 RESOLVED, That the Board of Supervisors has reviewed and considered the FMND
22 and the record as a whole, finds that the FMND is adequate for its use as the decision-making
23 body for the Project, that there is no substantial evidence that the Project will have a
24 significant effect on the environment with the adoption of the measures contained in the
25

MMRP to avoid potentially significant environmental effects associated with the Project; and,
be it

FURTHER RESOLVED, That the Board of Supervisors hereby adopts the MMRP incorporated herein as part of this Resolution by this reference thereto and finds that all required mitigation measures identified in the FMND and contained in the MMRP will be included in the Port Lease; and, be it

FURTHER RESOLVED, That the Board of Supervisors hereby finds that the Project is consistent with the General Plan, and with the eight priority policies of Planning Code, Section 101.1 for the same reasons as set forth in the letter of the Department of City Planning, dated June 15, 2018, and hereby incorporates such findings by reference as though fully set forth in this Resolution; and, be it

FURTHER RESOLVED, That the Board of Supervisors hereby adopts the Port Commission's Public Trust Findings as its own and finds that this resolution is consistent with the common law public trust doctrine and the Burton Act, as modified by the State Legislation; and, be it

FURTHER RESOLVED, That the Board of Supervisors approves the form and substance of the Lease, and, if the Developer properly exercises the Option, authorizes the Executive Director of the Port (or her designee) to execute the Lease and the Director of MOHCD (or her designee) to consent to the Lease and any such other documents that are necessary or advisable to complete the lease transaction contemplated by this Resolution; and, be it

FURTHER RESOLVED, That the Board of Supervisors authorizes the Executive Director of the Port (or her designee) to enter into any additions, amendments or other modifications to the form of lease or Lease (including, without limitation, preparation and attachment or, or changes to, any of all of the exhibits and ancillary agreements), and any

1 other documents or instruments necessary in connection therewith, that the Executive
2 Director of the Port in consultation with the City Attorney, determines 1) are consistent with
3 the approval of the form of lease or Lease as approved by the California State Lands
4 Commission, and 2) when taken as whole, are in the best interests of the Port, do not
5 materially decrease the benefits to the Port or the City with respect to the Port Property, do
6 not materially increase the obligations or liabilities of the Port and the City, or materially
7 decrease the public benefits accruing to the Port or City, and are necessary or advisable to
8 complete the transaction contemplated and effectuate the purpose and intent of this
9 Resolution, such determination to be conclusively evidenced by the execution and delivery by
10 the Executive Director of the Port (or her designee) of any such additions, amendments, or
11 other modifications and authorizes the Director of MOHCD (or her designee) to consent to
12 such changes; and, be it

13 FURTHER RESOLVED, That the Board of Supervisors approves the Port MOHCD
14 MOU under Charter, Section B7.320 and authorizes the Executive Director of the Port (or her
15 designee) and the Director of MOHCD (or her designee) to execute and implement the Port
16 MOHCD MOU; and, be it

17 FURTHER RESOLVED, The Board of Supervisors authorizes and delegates to the
18 Executive Director of the Port and the Director of MOHCD, or their designees, the authority to
19 make changes to the Port MOHCD MOU and take any and all steps, including but not limited
20 to, the attachment of exhibits and the making of corrections, which they, in consultation with
21 the City Attorney, 1) are consistent with the approval of the form of MOU as approved by the
22 California State Lands Commission, and 2) determine when taken as whole, are necessary or
23 appropriate to consummate the Port MOHCD MOU in accordance with this Resolution,
24 including entering into subsequent interagency memoranda of understanding regarding the
25 Project; provided, however, that such changes and steps do not materially decrease the

benefits to or materially increase the obligations or liabilities of the City or the Port, and are in compliance with all applicable laws; and, be it

FURTHER RESOLVED, That all actions authorized and directed by this Resolution and heretofore taken are hereby ratified, approved and confirmed by this Board of Supervisors; and, be it

FURTHER RESOLVED, That within thirty (30) days of the execution of the Port MOHCD MOU and Option Agreement and Lease being fully executed by all parties, the Port shall provide copies of the agreements to the Clerk of the Board for inclusion into the official file.



City and County of San Francisco
Tails
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 180683

Date Passed: July 24, 2018

Resolution adopting the Mitigation Monitoring and Reporting Program under the California Environmental Quality Act for an affordable housing project at Seawall Lot 322-1 (the "Port Property" or the "Development") along with an affordable housing project on city-owned property at 735 Davis Street (collectively, the "Project"); affirming the Port Commission's Public Trust findings; adopting findings that the Project is consistent with the General Plan, and the eight priority policies of Planning Code, Section 101.1; and approving and authorizing the execution of a Ground Lease for the Property with 88 Broadway Family, L.P. ("Lease") with an annual base rent of \$20,000 for a term of 57 years with a 18-year extension option for the development and operation of 124 affordable rental housing units, one manager housing unit, and ancillary ground level uses, and a Memorandum of Understanding between the Port and the Mayor's Office of Housing and Community Development for payment of fair market value for the Port Property and other interdepartmental coordination; and authorizing and directing the Executive Director of the Port of San Francisco and the Director of the Mayor's Office of Housing and Community Development to execute documents and take necessary actions to implement this Resolution, as defined herein.

July 12, 2018 Budget and Finance Sub-Committee - AMENDED, AN AMENDMENT OF THE WHOLE BEARING SAME TITLE

July 12, 2018 Budget and Finance Sub-Committee - RECOMMENDED AS AMENDED


July 24, 2018 Board of Supervisors - ADOPTED

Ayes: 9 - Cohen, Brown, Kim, Mandelman, Peskin, Ronen, Safai, Stefani and Yee

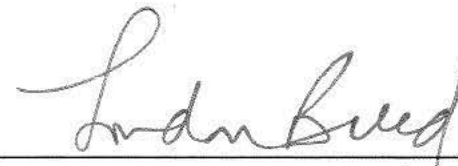
Excused: 2 - Fewer and Tang

File No. 180683


I hereby certify that the foregoing
Resolution was ADOPTED on 7/24/2018 by
the Board of Supervisors of the City and
County of San Francisco.



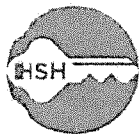
Angela Calvillo
Clerk of the Board



London N. Breed
Mayor



Date Approved



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and **fax the report to 415.355.6321**. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Brian Quinn, Navigation Center Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to Reggie Delos Santos, Online Navigation and Entry System Analyst, at regie.delossantos@sfgov.org**
-

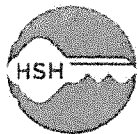
Date of Incident:	Time Incident Occurred:	Type of Incident:
	2:00pm	<u>Death</u>
Navigation Center Name	Civic Center Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		





Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
	N/A	Katie Infusino
		Jasmine Marquez
		Russell Berman
		Abby Khan
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was found unresponsive in his unit. Paramedics were called onsite by staff. Paramedics determined client was dead and called the coroner on site. Cause of death unknown, no signs of violence.		
Describe any injuries observed:	Describe any action taken by staff:	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics called the coroner on site.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 1:45pm Time Arrived: 1:50PM	Name of Police Officer/Badge No.: Where was the client taken: Medical Examiner	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	8-10-17	
Person Who Completed Report (please print)	Jasmine Marquez	
Agency Name/Location/Phone (please print)	Community Housing Partnership Civic Center Hotel	
Supervisor Name and Phone	Anat Leonard 415-852-5300	





DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

CONFIDENTIAL

Page 3 of 3

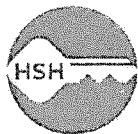
City and County of San Francisco
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415.252.3232

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6898



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- **Brian Quinn, Navigation Center Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to Reggie Delos Santos, Online Navigation and Entry System Analyst, at regie.delossantos@sfgov.org**
-

Date of Incident:	Time Incident Occurred:	Type of Incident:
	4:00 pm	<u>Other Emergency Services</u>
Navigation Center Name	Civic Center Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	John Medina Jr.	

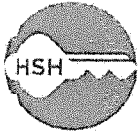
Page 1 of 3

City and County of San Francisco
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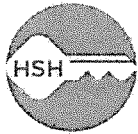


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Names of Witnesses:	Client Witnesses	Staff Witnesses
	None	John Stewart Property Management Staff
		Jasmine Marquez (Program Director)
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>SFPD was called on site to conduct a wellness check on CLIENT A due to the bizarre behavior he was displaying earlier in the day. While SFPD was at CLIENT A's unit conducting wellness check, CLIENT A arrived back at CCH and came upstairs where he encountered SFPD and Case Manager. SFPD asked CLIENT A questions related to his well-being and ultimately decided to call an ambulance. CLIENT A was clearly upset at the presence of SFPD and attempted to walk in his unit on several occasions but was stopped by SFPD each time. CLIENT A was asked to come downstairs by SFPD and he ultimately complied with their request. Case Manager stood by providing support for residence until ambulance/EMT arrived on site. CLIENT A was taken by ambulance to receive further treatment.</p>		
Describe any injuries observed: none	Describe any action taken by staff: Helped deescalate situation	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 3:00 PM Time Arrived: 4:00 PM	Describe what actions were performed by the Paramedics or Police: Resident was asked questions related to his overall well-being by police and EMT staff. Ambulance took CLIENT A to emergency room.	
<input checked="" type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No.: n/a	
	Where was the client taken: Emergency Room	





DEPARTMENT OF
HOMELESSNESS AND
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Time Called: Time Arrived:	
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	09/06/2017
Person Who Completed Report <i>(please print)</i>	John Medina Jr.
Agency Name/Location/Phone <i>(please print)</i>	Community Housing Partnership-Civic Center- 415-713-9409
Supervisor Name and Phone	Jasmine Marquez 415-713-9409

Page 3 of 3

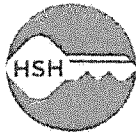
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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

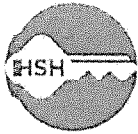
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and **fax the report to 415.355.6321**. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Brian Quinn, Navigation Center Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to Reggie Delos Santos, Online Navigation and Entry System Analyst, at regie.delossantos@sfgov.org**
-

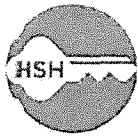
Date of Incident:	Time Incident Occurred:	Type of Incident:
	10:30pm	<u>Other Emergency Services</u>
Navigation Center Name	Civic Center Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.	Unknown	Unknown
Client B.		
Client C.		





Names of Reporting Staff	Jasmine Marquez, LMFT	
Names of Witnesses:	Client Witnesses	Staff Witnesses
	N/A	John Stewart Property Management Staff
		Daivon Lucas (Program Monitor)
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Program Monitor, Daivon Lucas, called Property Manager & Program Director to inform them that she had found child pornography on the community room computers. Staff were unable to confirm the last client who had access to the computers. Program Director called the police at 11am on 9/08/17. Police arrived on site 9/09/17 at 2am. No staff were on site to process a police report. Program Director called again on 9/11/17, and was instructed to call again at 9am 9/12/17.		
Describe any injuries observed:		Describe any action taken by staff: Program Monitor informed Property Manager and Program Director. Program Director called police. Police report pending.
<input checked="" type="checkbox"/> Check if police were involved Time Called: 11:00AM 9-08-17 Time Arrived: 2:00AM 9-09-17		Describe what actions were performed by the Paramedics or Police:
<input type="checkbox"/> Check if paramedics were involved		Name of Police Officer/Badge No.: Unknown
Time Called: Time Arrived:		Where was the client taken:
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		9-11-17





DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Person Who Completed Report <i>(please print)</i>	Jasmine Marquez
Agency Name/Location/Phone <i>(please print)</i>	Community Housing Partnership-Civic Center- 415-713-9409
Supervisor Name and Phone	Anat Leonard 415-852-5300

Page 3 of 3

City and County of San Francisco
Department of Homelessness and Supportive Housing
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6904



Edwin M. Lee, Mayor

 Department of Human Services
 Department of Aging and Adult Services

Trent Rhorer, Executive Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All single adult, family shelters & resource centers should report critical incidents to the Human Services Agency as soon as possible. Examples of critical incidents include: acts of violence, acts of violence with weapon, arrests, death, destruction of property, disruptive behavior, fire, fire alarm, medical, mental health, sexual assaults, suicide attempts, theft, threats of violence, threats of violence with weapon, or any other critical incidents which require the involvement of emergency services. For Family Shelters, removal of a child by Child Protective Services (CPS) is considered a Critical Incident.

A completed Report of Critical Incident form should be forwarded to HSA within **24 hours of the incident** preferably by email or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and **fax the report to 355-2361**. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSA immediately and leave a message detailing the event as well as submit a Report of Critical Incident.**

- **Single Adult Providers:** Cathy Perdue at 557-6486, cathy.perdue@sfgov.org
- **Family Providers:** Jemari Foulis, 557-6304, jemari.foulis@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
12/27/17	9:15am	Medical
Shelter Name	Civic Center Hotel -Navigation Center 2	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME (Indicate Client A, Client B, etc.) LAST FOUR:	
Names of Reporting Staff	Roxana Salazar	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Roxana Salazar, Jim Ally, Moniquica Hatch

Summary of Incident
 (Please do not include client names below. Refer to Client A, Client B, etc.)

At 9:15 am, Jim Ally noticed that someone was lying on the floor in the lobby and asked me who it was. I confirmed that it was Client lying on her back. She was on the floor directly in front of the Front Desk. Paramedics had already been called by Moniquica Hatch by this time. Moniquica reported that Client was standing in the lobby with a cup of coffee when she started to shake and slowly collapsed to the floor, dropping her coffee in the process. 911 was called immediately. Paramedics arrived at 9:20am. I heard Client report that she was diabetic and that she had not yet taken her insulin this morning. The paramedics put Client in the ambulance and stated that they would take her to Kaiser hospital.

Describe any injuries observed: none	Describe any action taken by staff: 911 was called.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics questioned Client M. and stated that they would take her to Kaier hospital.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 9:15 Time Arrived: 9:20	Name of Police Officer/Badge No.: Medic #53 and Engine # 36 Where was the client taken: Kaiser Hospital

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSA	12/27/2017
Person Who Completed Report	Roxana Salazar
Agency Name/Location/Phone	Community Housing Partnership (Civic Center Hotel), 20 12 th Street S.F., CA 94103 415.852.5300
Supervisor Name and Phone	Jim Ally 415.439.9080



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

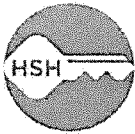
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

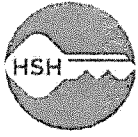
Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/5/2018	1:25am	Violence	
Navigation Center Name	South Van Ness Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Stacy Carvajal		





Names of Witnesses:	Client Witnesses	Staff Witnesses
	NONE	Marlon Richardson Brittney (Security)
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
At 1:20am there was a person loitering outside the facility and started banging on the windows. Staff Alina went outside to address the person and when staff was walking away from addressing him, he grabbed staff Alina by the hair and started assaulting her. Security and another staff member were able to restrain the person from causing further harm until police arrived.		
Describe any injuries observed: Head & Arm injuries		Describe any action taken by staff: Called 911
<input type="checkbox"/> Check if police were involved Time Called: 1:25am Time Arrived: 1:35am		Describe what actions were performed by the Paramedics or Police: Police arrested the person and staff was treated by paramedics
<input type="checkbox"/> Check if paramedics were involved Time Called: 1:45am Time Arrived: 1:55am		Name of Police Officer/ Badge No.: Fotte #740 Where was the client taken: Jail
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/5/18	
Person Who Completed Report (please print)	Stacy Carvajal	
Agency Name/Location/Phone (please print)	St Vincent de Paul 1515 South Van Ness Nav. Center	
Supervisor Name and Phone	Stacy Carvajal (415) 580-7673	





DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

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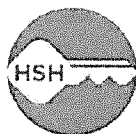
City and County of San Francisco
Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

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6908





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
2/21/2018	9:48 pm	<u>Sexual Assault</u>
Navigation Center Name	Civic Center Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Bobby Brown, Kevin Marquez, Jamal Farr	

Page 1 of 3

City and County of San Francisco
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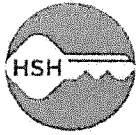


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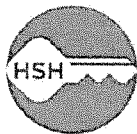
Names of Witnesses:	Client Witnesses	Staff Witnesses
	Shawn Stuart	Bobby Brown
		Jamal Farr
		Kevin Marquez
		Jim Ally
		Sam Woods
		Michael Blount
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>At 9:48pm on 2/21, Client B screamed for help. Client A had entered her (unlocked) room and had his pants down. Staff Bobby Brown physically blocked client A, put himself between clients A & B and barred entry to Client A's room repeatedly. Client Shawn came took client A. to his room, where they remained until police arrived. Police were called at 9:54 at Staff Jamal's request. Police arrived at 10:02 and paramedics arrived at 10:12. Client B was examined and taken to St. Francis Hospital. Client A did not wish to press charges. At 1:56am, Client A returned to the site after being released from the hospital.</p> <p>The following morning at 8:40am, Staff members Sam Woods, Jim Ally and Michael Blount went to Client A's room to issue an immediate denial of service, advise him of his rights to an appeal under the shelter grievance policy and make sure that he left the site asap. Client A claimed to have no recollection of the prior evening's events and denied any wrongdoing. Client A refused to sign the DOS and refused to leave the building. Police were called at 9am to escort Client A off the premises. While Police provided time for Client A to pack some of his belongings, Client A attempted to go to the 4th floor (to Client B's unit). Staff intervened and escorted Client A back to his floor. Police examined video footage from the night before and escorted Client A offsite at 12:30pm without further incident.</p>		
Describe any injuries observed:	Describe any action taken by staff: Physically intervened to prevent sexual assault on a program participant by another program participant who presented as being under the influence of PCP. Staff also called 911 for police/paramedic assistance.	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 9:54pm Time Arrived: 10:02pm	Describe what actions were performed by the Paramedics or Police: Paramedics took participant to St. Francis Hospital. Police investigated incident, did	





	not make an arrest because victim did not wish to press charges.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 9:54pm Time Arrived: 10:12pm	Name of Police Officer/Badge No.: Officer Kelly #211 Officer Leung #450 (officers who escorted Client A offsite on morning of 2/22/18) Where was the client taken: St Francis Hospital
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	2/22/2018
Person Who Completed Report (please print)	Jim Ally
Agency Name/Location/Phone (please print)	Community Housing Partnership, 20 Jones St, SF, CA 94102, 415-852-5300
Supervisor Name and Phone	Anat Leonard, 415-852-5357





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
03/09/18	5:13 pm	Medical Emergency
Navigation Center Name	S.F. Navigation Center/ 1950 Mission St.	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Sup. Jonathan Smith	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		S.C. Candra J.,

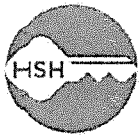
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City and County of San Francisco
Department of Homelessness and Supportive Housing
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SAN FRANCISCO, CA 94103
415.252.3232

<http://hsh.sfgov.org>

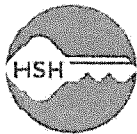


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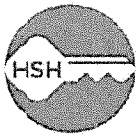
		Peer Advocate Raetrece W.
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>@ 5:13 pm guest Client B ran to the courtyard and stated that Homeward Bound guest Client A was suffering from an overdose. I immediately requested for Peer Advocate Raetrece W. to call 911, I grabbed 2 boxes of Narcan and ran to dorm #7 (bed #13) then administered the first 2 doses. Support Services Manager John Warner administered 1 doses and then I administered 2 more. Fire Department and Engine #7 arrived @ 5:15 pm, medic # 7 arrived @ 5:20 pm. Guest was taken to SFGH @ 5:23 pm. Senior Site Manager John O. was notified. Senior Site Manager notified and</p>		





Describe any injuries observed:	Describe any action taken by staff: Staff called 911 for emergency personnel.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Engine #7 and Medic #7 took client A to SFGH @ 5:25 pm.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 5:13 pm Time Arrived: 5:25 pm	Name of Police Officer/Badge No.: Where was the client taken: S.F.G.H.
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	03/09/18
Person Who Completed Report <i>(please print)</i>	Supervisor Jonathan L. Smith II
Agency Name/Location/Phone <i>(please print)</i>	ECS /1950 Mission St. /(415)-655-9521
Supervisor Name and Phone	Senior Site Manager John Ouertani/ Site Manager Kim Guillory; SSM:415-324-9041/SM:415-225-2703.





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Brian Quinn, Navigation Center Program Manager at, brian.p.quinn@sfgov.org**
- **Email a copy of this form to Reggie Delos Santos, Online Navigation and Entry System Analyst, at regie.delossantos@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
3/9/2018	11:05 pm	<u>Other Emergency Services</u>
Navigation Center Name	Central Waterfront Navigation Center	
Names of Clients Involved Last Four of SSN		LAST FOUR:
Client A.		
Client B.		
Client C.		
Client D.		
Names of Reporting Staff	Michael Johnson - Supervisor	

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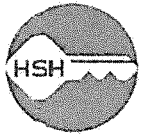
City and County of San Francisco
Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

<http://hsh.sfgov.org>



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6915



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

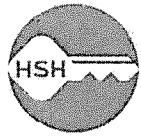
Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/17/2018	6:13 AM	<u>Other Emergency Services</u>	
Navigation Center Name	South Van Ness Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			





Names of Reporting Staff	Luafa Milo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		James Conley
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was on her bed crying out loud when I asked her if she's in pain, client said no its just her stomach that's bothering her, and she doesn't need help but when she started crying again and shaking on her bed I called 911 immediately.		
Describe any injuries observed: No physical injuries observed.	Describe any action taken by staff: Assisted client to the community room and calmed her down until paramedics arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police:	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 6:15 AM Time Arrived: 6:23 AM	Name of Police Officer/Badge No.: Medical 86 Where was the client taken: St. Marys Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/17/2018	
Person Who Completed Report <i>(please print)</i>	Luafa Milo	
Agency Name/Location/Phone <i>(please print)</i>	South Van Ness Navigation Center	
Supervisor Name and Phone	Luafa Milo/(415)580-7673	





DEPARTMENT OF
HOMELESSNESS AND
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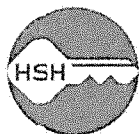
City and County of San Francisco
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6918





San Francisco Housing and Homeless Division Report of Critical Incident

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A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and **fax the report to 415.355.6321**. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Brian Quinn, Navigation Center Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to Reggie Delos Santos, Online Navigation and Entry System Analyst, at regie.delossantos@sfgov.org**
-

Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/20/2018	7:40 pm	<u>Other Emergency Services</u>	
Navigation Center Name	Mission Street Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			

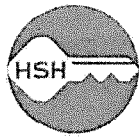
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City and County of San Francisco
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415.252.3232

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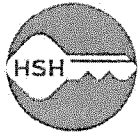


REVISED 08/04/17



	Client Witnesses	Staff Witnesses
Names of Witnesses:		Alex Napitan
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Approximately 7:40 pm client B came to the welcome center saying client A was not breathing saying that she has the flu and is asthmatic. I grabbed the Nar can and ran to Dorm 7 where the guest was. Upon my arrival client A was sitting on her bed with her legs crossed at this point her face was blue and she was not breathing Client C was calling her name and she let out a big breath, then her face began to regained color slowly. Skin was clammy and she was still disoriented. She gradually regained consciousness and began to speak. At this point SFFD and SF Paramedics arrived at 7:50 pm they began to assess the client A. Multiple question were being asked one clear question that was asked was, be honest when was the last time you used. She said one hour ago. Paramedics started to take her vitals, and said that her oxygen levels were low. Paramedics recommended that she goes to the hospital. She refused at first. After speaking to Senior Site Manager I informed Client A. that for her safety she needs to go with the paramedics to get a full assessment. Paramedics took her to General hospital.</p>		
Describe any injuries observed: Did not see any injuries	Describe any action taken by staff: Called 911	
Check if police were involved Time Called: N/A Time Arrived: N/A	Describe what actions were performed by the Paramedics or Police: Took client to General Hospital E86 & E7	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:42 pm Time Arrived: 7:50 PM	Name of Police Officer/Badge No. E86 & E7	
	Where was the client taken: General hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/20/2018	
Person Who Completed Report: Alex Napitan	John Ouertani	
Agency Name/Location/Phone:	Navigation Center - 1 1950 Mission St. San Francisco Ca 94103 (415)655-9521	
Supervisor Name and Phone:	John Ouertani (415)932-6890	





DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

San Francisco
Department of Homelessness and Supportive Housing
Housing Element
2017-2021
Draft
Public Comment Period
January 10, 2017 to February 10, 2017
Comments should be submitted to: hsh@sf.gov

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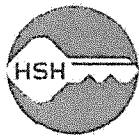
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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Brian Quinn, Navigation Center Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to Reggie Delos Santos, Online Navigation and Entry System Analyst, at regie.delossantos@sfgov.org**
-

Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/20/2018	7:40 pm	<u>Other Emergency Services</u>	
Navigation Center Name	Mission Street Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Alex Napitan		

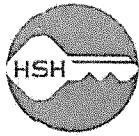
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Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

<http://hsh.sfgov.org>

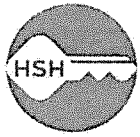


REVISED 08/04/17



Names of Witnesses:	Client Witnesses	Staff Witnesses
		Alex Napitan
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Approximately 7:40 pm client B came to the welcome center saying client A was not breathing saying that she has the flu and is asthmatic. I grabbed the Nar can and ran to Dorm 7 where the guest was. Upon my arrival client A was sitting on her bed with her legs crossed at this point her face was blue and she was not breathing Client C was calling her name and she let out a big breath, then her face began to regained color slowly. Skin was clammy and she was still disoriented. She gradually regained consciousness and began to speak. At this point SFFD and SF Paramedics arrived at 7:50 pm they began to assess the client A. Multiple question were being asked one clear question that was asked was, be honest when was the last time you used. She said one hour ago. Paramedics started to take her vitals, and said that her oxygen levels were low. Paramedics recommended that she goes to the hospital. She refused at first. After speaking to Senior Site Manager I informed Client A. that for her safety she needs to go with the paramedics to get a full assessment. Paramedics took her to General hospital.</p>		
Describe any injuries observed: Did not see any injuries	Describe any action taken by staff: Called 911	
Check if police were involved Time Called: N/A Time Arrived: N/A	Describe what actions were performed by the Paramedics or Police: Took client to General Hospital E86 & E7	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:42 pm Time Arrived: 7:50 PM	Name of Police Officer/Badge No. E86 & E7	
	Where was the client taken: General hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/20/2018	
Person Who Completed Report: Alex Napitan	John Ouertani	
Agency Name/Location/Phone:	Navigation Center - 1 1950 Mission St. San Francisco Ca 94103 (415)655-9521	
Supervisor Name and Phone:	John Ouertani (415)932-6890	





DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

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DATE 08/04/17
BY SP-10/17/17

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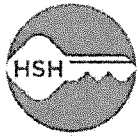
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Department of Homelessness and Supportive Housing
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SAN FRANCISCO, CA 94103
415.252.3232

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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
3/22/2018	3:55pm	Suicide Attempt
Navigation Center Name	Civic Center Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Jim Ally	

Page 1 of 3

City and County of San Francisco
Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

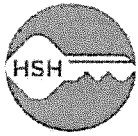
<http://hsh.sfgov.org>



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	shortly thereafter. They examined Client A, stabilized him and transported him to SFGH.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 3:55pm Time Arrived: 3:59pm	Name of Police Officer/Badge No.: Officer O'Keefe #1962 Officer Bautista #4270 Where was the client taken: San Francisco General Hospital
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	03/23/2018
Person Who Completed Report (please print)	Jim Ally
Agency Name/Location/Phone (please print)	Community Housing Partnership, 20 Jones Street San Francisco, CA 94102 415.852.5300
Supervisor Name and Phone	Anat Leonard, 415.852.5357





San Francisco Housing and Homeless Division Report of Critical Incident

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- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
6/14/2018	3:20 PM	<u>Other Emergency Services</u>	
Navigation Center Name	Mission Street Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	John Warner		

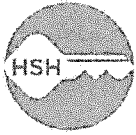
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City and County of San Francisco
Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

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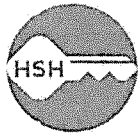
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Schellete Butler
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Schellete was walking by dorm 2 when she heard saying "Stop it, stop it". Schellete walked to the doorway and heard saying to Bushrod "I blow your brains out and light this motherfucker up. I don't give a fuck about going to jail, I did 14 year bid already and don't give a fuck about going back". When noticed Schellete in the door way he continued to say "Well I don't give a fuck that staff is standing right here, motherfucker you going to respect me, fucking keep playing with me I will blow this nigga brains smooth the fuck out." Schellete told him that he is not creating a safe environment and notified the other staff. I quickly talked to and made the decision to call the police based on these threats of violence to escort off grounds and sanction him. 911 was contacted and police (Badge#4512) arrived to escort him out. I entered dorm 2 with the officers and informed that he was being exited for threats of violence made to other guests in front of staff. said that he was joking and should not be taken seriously, but I told him that any statements like that had to be taken seriously and was against the rule: while being told that he should grab some things and go decided to change clothes and empty his pockets, presenting knife which the police took and place on the bed away from him and was told that he could have it back off grounds. I informed the police that weapons are not allowed to be on grounds. took about 10 minutes to change and grab items to take with him when the police told him that he needed to hurry up and leave the grounds. On the way out he attempted to grab the knife which the police grabbed from him. The police escorted outside and told that he could have his girlfriend bring him his things outside. Police stayed outside to watch the area and not let back on grounds.</p>		





Describe any injuries observed: N/A		Describe any action taken by staff: Police called	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 3:38 Time Arrived: 3:35		Describe what actions were performed by the Paramedics or Police: escorted guest off grounds	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:		Name of Police Officer/Badge No.: 4125 & 293 Where was the client taken: Off grounds	
IMPORTANT AGENCY INFORMATION			
Date Form Submitted to HSH		6/14/18	
Person Who Completed Report <i>(please print)</i>		John Warner	
Agency Name/Location/Phone <i>(please print)</i>		Episcopal Community Services/Mission Navigation Center/415-529-2601	
Supervisor Name and Phone		Dennis McCray 415-487-3300 x4101	





San Francisco Housing and Homeless Division Report of Critical Incident

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- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
6-15-18	5:20p.m	<u>Other Emergency Services</u>	
Navigation Center Name	Mission Street Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Jacqueline Williams		

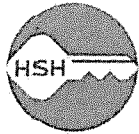
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City and County of San Francisco
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415.252.3232

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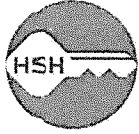


REVISED 12/27/17



Names of Witnesses:	Client Witnesses	Staff Witnesses
		Danielle Belton
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Client A came though the welcome center extremely paranoid and sweaty. When asked if was ok he said yes, I also asked if he needed medical assistance which he said no. After SVC Danielle observed the guest on site and in the dorm she informed me that he may need medical assistance</p>		
Describe any injuries observed: Guest was paranoid and sweaty.	Describe any action taken by staff: Staff called 911 and stayed with guest in a comfortable until paramedics arrived	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Medic 84 arrived and took his vitals and transported him to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 3:10a.m Time Arrived: 3:17a.m	Name of Police Officer/Badge No. N/A Where was the client taken: SF General	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	8/01/18	
Person Who Completed Report (please print)	Jacqueline Williams	
Agency Name/Location/Phone (please print)	Navigation Center 1950 mission St. 415-655-9521	
Supervisor Name and Phone	Jacqueline Williams 415-655-9521	





DEPARTMENT OF
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San Francisco Housing and Homeless Division Report of Critical Incident

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- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
6/21/2018	2:35pm	<u>Other Emergency Services</u>
Navigation Center Name	Civic Center Navigation Center	
Names of Clients Involved Last Four of SSN		
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Jim Ally	

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City and County of San Francisco
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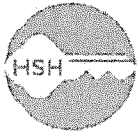


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Names of Witnesses:	Client Witnesses	Staff Witnesses
		Kevin Marquez
		Renee Penton
		Sam Woods
		Jim Ally
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Kevin M. (front door monitor) noticed Client A (by way of one of the cameras) standing near top of 4 th floor stairway with an unsteady gait and requested via walkie-talkie that RSD staff go to check on her. Renee immediately went to check on her and saw that she was in extreme distress; severe gastro-intestinal pain with vomiting and diarrhea. Client A was responsive but unable to walk w/o assistance. Ambulance was called immediately.		
Describe any injuries observed: Client had a very unsteady gait, reported severe gastro-intestinal distress and requested emergency services.		Describe any action taken by staff: Staff noticed Client A. in some distress (barely able to stand/walk) and immediately called for medical help.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: Paramedics arrived and examined Client A and transported her via ambulance to the hospital.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 2:36pm Time Arrived: 2:40pm		Name of Police Officer/Badge No.: N/A
		Where was the client taken: St. Mary's Hospital
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		6/21/2018
Person Who Completed Report (please print)		Jim Ally





DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Agency Name/Location/Phone (<i>please print</i>)	Community Housing Partnership 20 Jones St #200 SE CA 94102 415.852.5300
Supervisor Name and Phone	Renee Penton 415.713.9409

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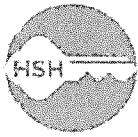
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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
6-27-18		<u>Other Emergency Services</u>	
Navigation Center Name	Mission Street Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Jacqueline W. & Jennifer S.		

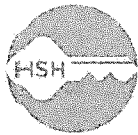
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City and County of San Francisco
Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

<http://hsh.sfgov.org>



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Names of Witnesses:	Client Witnesses	Staff Witnesses
		Jennifer S.
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Client A entered the kitchen when SVC Jennifer was cleaning @ 3:10 a.m. He requested 2 juices and said he needed to go to the hospital because his sugar was low at 22. He then laid down and was asked to stay on the couch as Sup Jacqueline called the 911 When returning to the kitchen he was up and moving but saying he did not want to go due to not having the funds. He then went to his dorm and laid down until the ambulance came. His vitals were checked and he was critical. Client A was then transported to the hospital to receive services.</p>		
Describe any injuries observed: No injuries were observed.	Describe any action taken by staff: Staff called 911 and made sure he stayed in a comfortable position until they arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Engine 83 medic 83 arrived and took his vitals and transported him to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No.: N/A	





DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Time Called: 3:15 a.m. Time Arrived: 3:30 a.m.	Where was the client taken: General Hospital
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	6-27-18
Person Who Completed Report <i>(please print)</i>	Jacqueline Williams
Agency Name/Location/Phone <i>(please print)</i>	Navigation Center 1950 mission St. 415-655-9521
Supervisor Name and Phone	Jacqueline Williams 415-655-9521

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San Francisco Housing and Homeless Division Report of Critical Incident

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- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
6/28/2018	12:33pm	<u>Violence</u>
Navigation Center Name	Civic Center Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	MARJORIE RUSSELL	

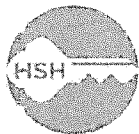
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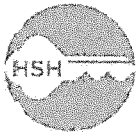


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Names of Witnesses:	Client Witnesses	Staff Witnesses
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Staff saw an unknown male punch client a in clients mouth. Case manager then called the police and police are now on-site. Client a refused police intervention.		
Describe any injuries observed: Client a was bleeding from clients mouth.		Describe any action taken by staff STAFF CALLED 911
<input checked="" type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: Poo
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:		Name of Police Officer/Badge No.: 1122
		Where was the client taken: N/A
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		6/28/18
Person Who Completed Report <i>(please print)</i>		Marjorie Russell
Agency Name/Location/Phone <i>(please print)</i>		Community Housing Partnership
Supervisor Name and Phone		Renee Penton 415-713-9409





San Francisco Housing and Homeless Division Report of Critical Incident

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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
7/8/18	4:20pm	<u>Other Emergency Services</u>
Navigation Center Name	Mission Street Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Tamegee Artis	

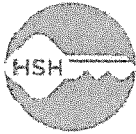
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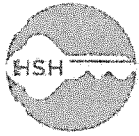


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Names of Witnesses:	Client Witnesses	Staff Witnesses
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A. was on his bed laying down but in the sitting up position and feel of the bed and hit the corner of his right eye on the bed beside him. He had a large cut under his eye medic were called they arrive at 4:30pm medics 91 arrived and took a look at him and took him to SFGH to be seen.		
Describe any injuries observed: No injuries were observed.	Describe any action taken by staff: Staff called 911 and made sure he stayed in a comfortable position until they arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Engine 7 medic 91 arrived and took his vitals and transported him to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 4:25pm Time Arrived: 4:30pm	Name of Police Officer/Badge No.: Where was the client taken: SFGH	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	7/9/18	
Person Who Completed Report (please print)	Tamegee Artis	
Agency Name/Location/Phone (please print)	Navigation Center 1950 mission St. 415-655-9521	
Supervisor Name and Phone	Tamegee Artis 415-655-9521	





DEPARTMENT OF
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San Francisco Housing and Homeless Division Report of Critical Incident

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- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
7-11-2018	4:15p.m	<u>Other Emergency Services</u>
Navigation Center Name	Mission Street Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Sup. Whitney Burnett	

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P.O. BOX 7988
SAN FRANCISCO, CA 94103
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Names of Witnesses:	Client Witnesses	Staff Witnesses
		John Warner
		Antwan Thomas
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Guest A. arrived extremely intoxicated and had 3 cans of beer on him (1 of them was open). Guest A. was advised that we don't allow alcohol on the property. Guest A. threw away open can and turned 2 unopened cans into staff. After intake was complete Guest A. then went in dining area and became very emotional and started crying. Svc Antwan notified Sup Whitney that Guest A was in dining area upset. Sup Whitney went to dining area and Guest A. was crying and unresponsive. Sup Whitney went and notified Supportive Services Manager and described the situation and asked John W. to come to dining area to assist. Guest A. started moving couches and whirling a chair in the air at Support Services Manager John Warner. Guest A. then came on to yard area and started charging at other guests and staff members. Guest A. picked up several items and started throwing them at whomever was present. Guest A. then started to tear down the canopy in front of dorm #9. Sup. Whitney called 911 two times for assistance. Senior Site Manager John Ouertani was notified and arrived on property with Svc _____ at 4:36p.m for support.</p>		
Describe any injuries observed: No injuries were observed.	Describe any action taken by staff: Staff called 911 and made sure guest wasn't able to harm anyone or himself	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 4:15p.m Time Arrived: 4:22p.m	Describe what actions were performed by the Paramedics or Police: Police #386 Officer Sagastume and #610 Officer Padilla arrived and took control of guest A. medic #89 arrived and took his vitals and transported him to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No.: #610 Padilla, #386 Sagastume	





DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Time Called: 4:15p.m Time Arrived: 4:22p.m	Where was the client taken: Guest was taken to hospital for medical evaluation
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	7-11-2018
Person Who Completed Report <i>(please print)</i>	Sup. Whitney Burnett
Agency Name/Location/Phone <i>(please print)</i>	Navigation Center 1950 mission St. 415-655-9521
Supervisor Name and Phone	Whitney Burnett 415-655-9521

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San Francisco Housing and Homeless Division Report of Critical Incident

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- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
7/13/2018	6:30pm	<u>Other Emergency Services</u>	
Navigation Center Name	Civic Center Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Marjorie Russell		

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Names of Witnesses:	Client Witnesses	Staff Witnesses
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
CLIENT A. HAD STAFF COME DOWN TO ALERT CASE MANAGERS THAT CLIENT CALLED 911 BECAUSE CLIENT COULD NOT BREATHE. CLIENT WAS TAKEN TO THE HOSPITAL.		
Describe any injuries observed: NONE	Describe any action taken by staff: COLLECTED ALL INFORMATION AND GREETED AMBULANCE	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police:	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: UNIT 14 Where was the client taken: SAN FRANCISCO GENERAL HOSPITAL	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	7/13/18	
Person Who Completed Report <i>(please print)</i>	Marjorie Russell	
Agency Name/Location/Phone <i>(please print)</i>	COMMUNITY HOUSING PARTNERSHIP 20 12TH STREET S.E. CA 94103	
Supervisor Name and Phone	RENEE PENTON (415)713-9409	





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- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
7-15-18	5:38p.m	Violence	
Navigation Center Name	Mission Street Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Whitney Burnett		

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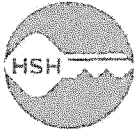


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Names of Witnesses:	Client Witnesses	Staff Witnesses
		Joseph Watson
		Whitney Burnett
		John Ouertani
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Client C borrowed money from Client A and was unable to repay. Client A went to Client C boyfriend (Client B) to try to resolve debt. Client A became upset and blindsided Client B with a piece of marble stone. Client B yelled for staff and tried to get away from Client A. At this time Client A was seen walking towards Client B with piece of marble stone still in his hand. Client B stated that Client A had hit him with the marble stone. Client B asked staff to call the police because he wanted to press charges. Supervisor Whitney called 911 at 5:43p.m and asked that the police and medics be sent to 1950 Mission. Senior Site Manager John Ouertani was notified about violent incident and arrived on site at 6:01p.m for support. Officer McCarter #4187 and Officer Suzuki #1669 returned at 7:20p.m to take pictures of Client B hands and face.</p>		
Describe any injuries observed: Client B neck was scratched.	Describe any action taken by staff: Sup. Whitney called 911 and made sure both parties were separated.	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 5:43p.m Time Arrived: 5:56p.m	Describe what actions were performed by the Paramedics or Police: Police arrived and questioned both parties. After questioning Client A was placed under arrest and escorted off the property at 6:15p.m	
Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No. Officer McCarter #4187, Officer Cummins #4310 Case Number #180525560 Where was the client taken: San Francisco County Jail	
IMPORTANT AGENCY INFORMATION		





DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Date Form Submitted to HSH	7-15-2018
Person Who Completed Report <i>(please print)</i>	Whitney Burnett
Agency Name/Location/Phone <i>(please print)</i>	Navigation Center 1950 mission St. 415-655-9521
Supervisor Name and Phone	415-655-9521

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DEPARTMENT OF
HOMELESSNESS AND
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- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
7/24/18	2 ⁴⁸ pm	Choose one Medical 911
Navigation Center Name	Quinn Navigation Center at Division Circle	
Names of Clients Involved: Last Four of SSN		LAST FOUR:
Client A.		
Client B.		
Client C.		

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DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Names of Reporting Staff		J. Torres/A. Martinez	
Names of Witnesses:	Client Witnesses		Staff Witnesses
			M. Phillips
			M. Alexander
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)			
Guest ^A was seen sitting on his bed by staff, and seconds later he was seen tipping over to the floor. Staff and other guests rushed over and notice he was overdosing due to not breathing and he awoke on the floor. Staff quickly used the Narcan and guest started breathing. 911 arrived minutes later but guest declined to go to the hospital.			
Describe any injuries observed:		Describe any action taken by staff:	
NONE		Applied Narcan/Called 911.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: checked vitals and advised to go to Hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 2:48 Time Arrived: 2:50 pm		Name of Police Officer/Badge No.: Med: 56	
		Where was the client taken: Nowhere guest declined.	
IMPORTANT AGENCY INFORMATION			
Date Form Submitted to HSH		7/24/18	
Person Who Completed Report (please print)		J. Torres	
Agency Name/Location/Phone (please print)		St Vincent de Paul 224 South Van Ness (415)	
Supervisor Name and Phone		[Signature] (415) 848-5616	

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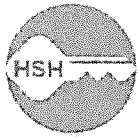
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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

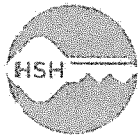
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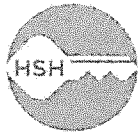
Date of Incident:	Time Incident Occurred:	Type of Incident:
7/24/2018	4:50 AM	<u>Sexual Assault</u>
Navigation Center Name	Central Waterfront Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Dennis McCray	





Names of Witnesses:	Client Witnesses	Staff Witnesses
		Devonte Harvey
		Elena Gracia
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>At 2:05 AM on 7/24/18, an individual was mistakenly allowed entrance to the CWNC facility by ECS staff. Based on CCTV video, the individual appeared to be a Black male approximately 6'2". The individual was questioned regarding his referral source and intake process which staff reported he answered appropriately. At approximately 4:50 AM, the individual was found by resident sitting on her bed rubbing the backside of her body inappropriately. Resident yelled out for the individual to stop and the individual hit her in the head with a coffee cup from a nearby nightstand and threw water on her. Resident fled the dorm where she was met by ECS staff. After was secured, the individual was escorted off the property by staff. Resident contacted SFPD for additional assistance. refused medical attention when offered. was spoken with by Dennis McCray, ECS Director of Shelters regarding her physical and mental condition later in the afternoon and was referred to the DPH Nurse who was on site and to the on-site Therapist on 7/25/18. CWNC staff will follow-up on referrals and document dispositions as needed. ECS is currently conducting an inquiry regarding the details of this incident.</p>		
Describe any injuries observed: No physical injuries observed	Describe any action taken by staff: Secured area, escorted intruder off property, made support services available to resident. Incident is being reviewed by ECS Management.	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 5:00 AM Time Arrived: 6:00 AM	Describe what actions were performed by the Paramedics or Police: Report filed by SFPD; Case #180549528. Officers returned on 7/25/18 to view video, obtained picture of suspect.	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Officer Carr, SFPD, Badge #1530	
	Where was the client taken: Resident did not want medical care	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	July 25, 2018	
Person Who Completed Report (please print)	Dennis McCray, Director of Shelters (415) 487-3300, Extension 4101	
Agency Name/Location/Phone (please print)	Central Waterfront Navigation Center, SF 600 25 th Street, SF, CA	
Supervisor Name and Phone	Kathy Treggiari, Director of Programs (415) 487-3300, Extension 4122	





DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

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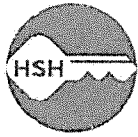
City and County of San Francisco
Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

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6957





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
7/31/2018		<u>Other Emergency Services</u>
Navigation Center Name	Central Waterfront Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		

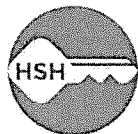
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Names of Witnesses:	Client Witnesses	Staff Witnesses
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was vomiting constantly and very weak, supervisor called 911.		
Describe any injuries observed: N/A	Describe any action taken by staff: Noticed that guest was very ill and vomit on the trash can, asked if need medical attention he stated yes, called 911, placed client on his bed and provided plastic bag to him vomit in and stayed with him until paramedics arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client A had Glycose test and check the signs. Client A was take to the ambulance and after to the Hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived	Name of Police Officer/Badge No.: Paramedic # 61 Eng # 25 Where was the client taken: SFGH	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		
Person Who Completed Report (<i>please print</i>)	Glaucia Ajisaka, Supervisor	
	Central Waterfront Welcome Center 600 25 st San Francisco 94107	
Supervisor Name and Phone	John Ouertani 415 487 3300 Ext • 4222	

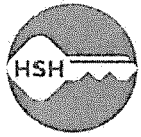
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DEPARTMENT OF
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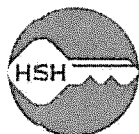
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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

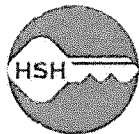
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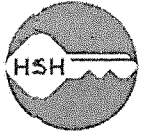
Date of Incident:	Time Incident Occurred:	Type of Incident:
08-01-18	2:55 a.m.	<u>Other Emergency Services</u>
Navigation Center Name	Mission Street Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Jacqueline Williams	





Names of Witnesses:	Client Witnesses	Staff Witnesses
		Danielle Belton
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Client A came though the welcome center extremely paranoid and sweaty. When asked if was ok he said yes, I also asked if he needed medical assistance which he said no. After SVC Danielle observed the guest on site and in the dorm she informed me that he may need medical assistance</p>		
Describe any injuries observed: Guest was paranoid and sweaty.	Describe any action taken by staff: Staff called 911 and stayed with guest in a comfortable until paramedics arrived	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Medic 84 arrived and took his vitals and transported him to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No. N/A	
Time Called: 3:10a.m Time Arrived: 3:17a.m	Where was the client taken: SF General	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	8/01/18	
Person Who Completed Report (please print)	Jacqueline Williams	
Agency Name/Location/Phone (please print)	Navigation Center 1950 mission St. 415-655-9521	
Supervisor Name and Phone	Jacqueline Williams 415-655-9521	





DEPARTMENT OF
HOMELESSNESS AND
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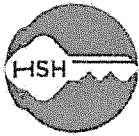
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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
08-05-18	12:03 a.m.	<u>Other Emergency Services</u>	
Navigation Center Name	Mission Street Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Jacqueline Williams		

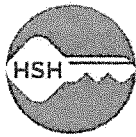
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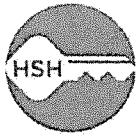


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Names of Witnesses:	Client Witnesses	Staff Witnesses
		Dana Simpson
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
SVC Dana came into welcome center while completing rounds Client A informed her that he was experiencing lower back pain and was having a hard time catching his breath and felt as though he needed medical assistance.		
Describe any injuries observed: Guest was paranoid and sweaty.	Describe any action taken by staff: Sup Jakki called 911 and SVC Dana stayed with guest and kept him comfortable until paramedics arrived	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Engine 2 arrived and took his vitals and Medic#60 arrived to transport him to the hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 12:00 a.m. Time Arrived: 12:05 a.m.	Name of Police Officer/Badge No. N/A Where was the client taken: Davies	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	8/05/18	
Person Who Completed Report (please print)	Jacqueline Williams	
Agency Name/Location/Phone (please print)	Navigation Center 1950 mission St. 415-655-9521	
Supervisor Name and Phone	Jacqueline Williams 415-655-9521	





DEPARTMENT OF
HOMELESSNESS AND
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DEPARTMENT OF
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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
Click here to enter a date 8/13/18	9:45 pm	Choose an item. Police 911
Navigation Center Name	Division Circle Nav. Center Choose A Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		

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Department of Homelessness and Supportive Housing
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DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Names of Witnesses:		Client Witnesses	Staff Witnesses
			A. Oton
			M. Hicks
			A. Martinez
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)			
<p>Client A and C were having an argument that escalated to calling 911. Client A and C were talking to the police to resolve the issue. While that was taking place, Client B tried walking out w/ Client C suitcase. When passing Security Noticed the suitcase moving as if someone was inside. When questioned Client C if that was her suitcase she said yes. Police/staff called her to open it. When she did, there was a kid inside the suitcase alive and well. She then said it was not a suitcase.</p>			
Describe any injuries observed:		Describe any action taken by staff:	
NONE		Escorted Police in investigation.	
<input type="checkbox"/> Check if police were involved Time Called: 945 AM Time Arrived: 10:00 AM		Describe what actions were performed by the Paramedics or Police:	
		Spoke to all	
<input type="checkbox"/> Check if paramedics were involved		Name of Police Officer/Badge No.:	
Time Called: Time Arrived:		Parra 821 / Mr. Martin 2724.	
		Where was the client taken:	
		NO where	
IMPORTANT AGENCY INFORMATION			
Date Form Submitted to HSH		8/15/18.	
Person Who Completed Report (please print)		Ashley Oton	
Agency Name/Location/Phone (please print)		87 Vincent de Paul 224 South Van Ness Ave. 415-268-4004.	
Supervisor Name and Phone		415-268-4004.	

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Department of Homelessness and Supportive Housing
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DEPARTMENT OF
HOMELESSNESS AND
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San Francisco Housing and Homeless Division Report of Critical Incident

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- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
Click here to enter a date <u>8/20/18</u>	<u>2:30 pm</u>	Choose an item. <u>Police 911</u>
Navigation Center Name	<u>Division Navigation Center</u> Choose A Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	<u>J. Torres</u>	

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City and County of San Francisco
Department of Homelessness and Supportive Housing
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DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Client Witnesses		Staff Witnesses
Names of Witnesses:	NONE	M. Hicks
		G. Ferras
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest presented to staff that when fighting with her partner, the reason behind was because he forced her to have sex. She stated that she hadn't told staff because she was scared. She mentioned that it wasn't the first time. Staff contacted police for follow support. Guest filed a Police report and restraining order.		
Describe any injuries observed:	Describe any action taken by staff:	
NONE	Contacted SFPD	
<input type="checkbox"/> Check if police were involved Time Called: 2:30pm Time Arrived: 4:30pm	Describe what actions were performed by the Paramedics or Police: Spoke to guest and staff.	
<input type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No.: Fortie #293	
Time Called: Time Arrived:	Where was the client taken: Nowhere	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	8/21/18	
Person Who Completed Report (please print)	J. Torres	
Agency Name/Location/Phone (please print)	St Vincent de Paul 224 South Van Ness 415 268-4004	
Supervisor Name and Phone	J. Torres 415 268-4004 ext 505	

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DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
Click here to enter a date 8/13/18	9:45 pm	Choose an item. Police 911
Navigation Center Name	Division Circle Nav. Center Choose A Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		

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City and County of San Francisco
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DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Names of Witnesses:		Client Witnesses	Staff Witnesses
			A. Ocon
			M. Hicks
			A. Martinez
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)			
Client A and C were having an argument that escalated to calling 911. Client A and C were talking to the police to resolve the issue. While that was taking place, Client B tried walking out w/ Client C suitcase when passing Security Noticed the suitcase moving as if someone was inside when questioned Client C if that was her suitcase she said yes. Police/staff called her to open it. When she did, there was a kid inside the suitcase alive and well. She then said it was client C suitcase.			
Describe any injuries observed:		Describe any action taken by staff:	
NONE		Escorted Police in investigation.	
<input type="checkbox"/> Check if police were involved Time Called: 945 AM Time Arrived: 10:00 AM		Describe what actions were performed by the Paramedics or Police: Spoke to all	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:		Name of Police Officer/Badge No.: Parra 821 / McManter 2984.	
		Where was the client taken: NO where	
IMPORTANT AGENCY INFORMATION			
Date Form Submitted to HSH		8/15/18.	
Person Who Completed Report (please print)		Ashley Ocon	
Agency Name/Location/Phone (please print)		87 Vincent de Paul 224 South Van Ness Ave. 415-268-4004.	
Supervisor Name and Phone		415-268-4004.	

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DEPARTMENT OF
HOMELESSNESS AND
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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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Date of Incident:	Time Incident Occurred:	Type of Incident:
Click here to enter a date <i>8/20/18</i>	<i>2:30 pm</i>	Choose an item. <i>Police 911</i>
Navigation Center Name	<i>Division Navigation Center</i> Choose A Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	<i>J. Torres</i>	

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DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Client Witnesses		Staff Witnesses
Names of Witnesses:		M. Hicks
NONE		G. Ferras
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest presented to staff that when fighting with her partner, the reason behind was because he forced her to have sex. She stated that she hadn't told staff because she was scared. She mentioned that it wasn't the first time. Staff contacted police for follow up support. Guest filed a Police report and restraining order.		
Describe any injuries observed:	Describe any action taken by staff:	
NONE	Contacted SFPD	
<input type="checkbox"/> Check if police were involved Time Called: 2:30pm Time Arrived: 4:30pm	Describe what actions were performed by the Paramedics or Police: spoke to guest and staff.	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Fortie #293	
	Where was the client taken: Nowhere	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	8/21/18	
Person Who Completed Report (please print)	J. Torres	
Agency Name/Location/Phone (please print)	St Vincent de Paul 224 South Van Ness 415 268 4004	
Supervisor Name and Phone	J. Torres 415 268 4004 ext 505	

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San Francisco Housing and Homeless Division Report of Critical Incident

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- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
8/23/2018	9:10p.m	<u>Other Emergency Services</u>
Navigation Center Name	Mission Street Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Whitney Burnett	

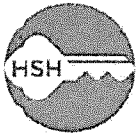
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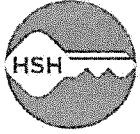


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Names of Witnesses:	Client Witnesses	Staff Witnesses
		Stanley Escobar
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Guest A. was on courtyard and stated he needs help getting to restroom. Guest A. is in a wheelchair so Sup. Whitney went over to give him assistance and he started vomiting on the ground. Sup Whitney pushed guest A. to restroom and Svc. Candra assisted guest while in restroom. 911 was call by Sup Whitney.</p>		
Describe any injuries observed: no injuries	Describe any action taken by staff: Made sure guest A. was comfortable.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took vitals and stabilized guest	
<input type="checkbox"/> Check if paramedics were involved Time Called: 9:14p.m Time Arrived: 9:20p.m	Name of Police Officer/Badge No.: Engine 7 and Medic 73 Where was the client taken: U.C Davis	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	8-23-18	
Person Who Completed Report (please print)	Whitney Burnett	
Agency Name/Location/Phone (please print)	Navigation Center 1950 Mission 415-655-9521	
Supervisor Name and Phone	Whitney Burnett 415-655-9521	





DEPARTMENT OF
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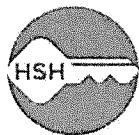
City and County of San Francisco
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6977



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
8/23/2018	9:10p.m	<u>Other Emergency Services</u>
Navigation Center Name	Mission Street Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Whitney Burnett	

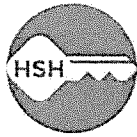
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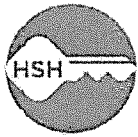


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Names of Witnesses:	Client Witnesses	Staff Witnesses
		Candra Jordan
		Stanley Escobar
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest A. was on courtyard and stated he needs help getting to restroom. Guest A. is in a wheelchair so Sup. Whitney went over to give him assistance and he started vomiting on the ground. Sup Whitney pushed guest A. to restroom and Svc. Candra assisted guest while in restroom. 911 was call by Sup Whitney.		
Describe any injuries observed: no injuries	Describe any action taken by staff: Made sure guest A. was comfortable.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took vitals and stabilized guest	
<input type="checkbox"/> Check if paramedics were involved Time Called: 9:14p.m Time Arrived: 9:20p.m	Name of Police Officer/Badge No.: Engine 7 and Medic 73	
	Where was the client taken: U.C Davis	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	8-23-18	
Person Who Completed Report <i>(please print)</i>	Whitney Burnett	
Agency Name/Location/Phone <i>(please print)</i>	Navigation Center 1950 Mission 415-655-9521	
Supervisor Name and Phone	Whitney Burnett 415-655-9521	





San Francisco Housing and Homeless Division Report of Critical Incident

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- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
8/24/2018	6:00pm	<u>Other Emergency Services</u>
Navigation Center Name	Civic Center Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Marjorie Russell/Senior case manager/8/25/18 CCH NAV. 2	

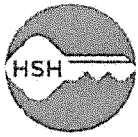
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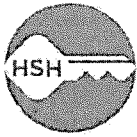


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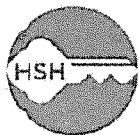
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Larry George
		Mary Kay Chin
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>The property manager called me and informed me that Client A. was on the property and that's when I heard Client A. yelling at Larry George. Myself and Mary Kay Chin went to the lobby of the building to see what the problem was and to ask Client A. to leave the building because Client A. had got Client A's keys to Client A's new housing and had also signed the lease the day before this incident occurred. Client A was yelling why do I have to leave that it isn't fair. I said there's not going to be anymore yelling and again I asked client to quit yelling. Client A. said that Client A. was just frustrated. I told Client A. that Client A. had 20 minutes to be off the property or I was going to call the police. Client A. said fine but I am not leaving. Client A. went up the stairs yelling and using profanity. I again talked to the property manager and let him know that the police were on the way. When the police got here we talked about the situation and the police said that they could not remove her so I had to sign a trespass order to have Client A. removed. The police went upstairs with Larry George and after some time went by Client A. came down with some of Client A's things again yelling profanity. From that point my supervisor told me to go home.</p>		
Describe any injuries observed: NONE	Describe any action taken by staff: The police were called to remove client from the building. I had to sign a trespass order to have client removed.	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 6:05pm Time Arrived: 6:35pm	Describe what actions were performed by the Paramedics or Police: The police talked to client and gave client time to move some of clients things but informed client that client had to leave the premises.	





<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Noehl
	Where was the client taken: N/A
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	8/25/18
Person Who Completed Report <i>(please print)</i>	Marjorie Russell
Agency Name/Location/Phone <i>(please print)</i>	CCH NAV. 2/20 12 th street/415-654-8250
Supervisor Name and Phone	Renee Penton/415-713-9409





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
09-07-18	3:05	<u>Other Emergency Services</u>	
Navigation Center Name	Mission Street Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Jacqueline Williams		

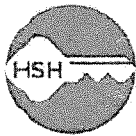
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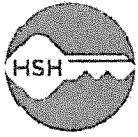


REVISED 12/27/17



Names of Witnesses:	Client Witnesses	Staff Witnesses
		Jennifer Savidge
		Johnny Williams
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Client B was sitting on the bench in front of the men's restroom, he came over to the welcome center to inform me that Client A was laying on the men's restroom floor in pain, once I arrived I asked client A if he needed medical assistance and he replied no, but he'd like for one of us to go and retrieve his Imodium from his bunk area, SVC Jennifer went and got it for him, Client A said he was alright but felt like he had food poisoning. At around 3:00 a.m. Client A yelled help from the men's restroom all staff ran towards the restroom and he stated he needed medical assistance so I called 911 SVC's Jennifer and Johnny stayed with Client A until I returned. I informed client A that the paramedics were on the way, and then he got up off the floor and walked to his dorm and laid on his bunk until paramedics arrived for him</p>		
Describe any injuries observed: No injuries were observed.		Describe any action taken by staff: Staff called 911 and made sure he stayed in a comfortable position until they arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: AMR118 arrived and spoke with the client and transported him to General Hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 3:10 Time Arrived: 3:20		Name of Police Officer/Badge No.: Where was the client taken: General Hospital
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		09-08-18





DEPARTMENT OF
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Person Who Completed Report <i>(please print)</i>	Jacqueline Williams
	Navigation Center 1950 mission St. 415-655-9521
Supervisor Name and Phone	415-655-9521

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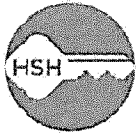
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6985



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
9/9/18	10:30 am	<u>Other Emergency Services</u>
Navigation Center Name	Mission Street Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Tamegee	

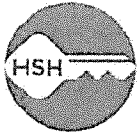
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Department of Homelessness and Supportive Housing
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SAN FRANCISCO, CA 94103
415.252.3232

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Names of Witnesses:	Client Witnesses	Staff Witnesses
		Candra Jordan
		Tamegee Artis
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A. was found in the mens bathroom stall unconscious and unresponsive leaned against the door where we couldn't get in to assist Client A. Medics were called. pulled Client A off the door and got it opened guest was already blue in the face and wasn't breathing rolled him over and the used needle was stuck in between his fingers. Narcan was administered to guest 2 times guest was still not responsive then stuck him 4 times the needle form and guest popped up before Medics treated him Medic 61 and engine 7 arrived to treat Client A.		
Describe any injuries observed:	Describe any action taken by staff: 911 was called	
<input type="checkbox"/> Check if police were involved Time Called: 10:35am Time Arrived: 10:40am	Describe what actions were performed by the Paramedics or Police: Assisted the guest but he refused treatment	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Where was the client taken:	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	9/9/18	
Person Who Completed Report (please print)	Tamegee Artis	
Agency Name/Location/Phone (please print)	1950 Mission st 415-655-9251	
Supervisor Name and Phone	Tamegee Artis 415-655-9251	

Page 2 of 3

City and County of San Francisco
Department of Homelessness and Supportive Housing
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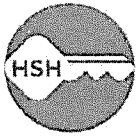
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San Francisco Housing and Homeless Division Report of Critical Incident

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- Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
9/20/2018	5:00p.m	<u>Other Emergency Services</u>
Navigation Center Name	Mission Street Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Whitney Burnett	

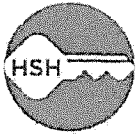
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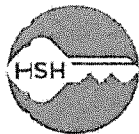


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Names of Witnesses:	Client Witnesses	Staff Witnesses
		Candra Jordan
		Whitney Burnett
		Kim Guillory
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Guest A. was brought in by _____ and _____ and was heavily intoxicated and mentally unstable. Guest A. was just released from Westside Clinic and doesn't have access to his medication. _____ called his supervisor Raneka and Sup Whitney explained how guest A. was unstable and for the safety of the Navigation Center staff and guests it would be best if he was taken to another location. Guest A. was escorted by _____ back to the van and then verbally assaulted _____ and wasn't allowed to get back in the transportation vehicle. Guest A. then sat in front of the Navigation Center on the bench and started preparing his needle for unknown drug. Guest A. was asked to leave area and refused stating Sup Whitney was reason the he couldn't get on the bus. Sup Whitney called the police @5:00p.m to have former _____ removed from front of the property. Police arrived @5:10p.m and guest A. was sitting at the end of the ADA ramp injecting unknown drug substance into his arm.</p>		
Describe any injuries observed: No injuries	Describe any action taken by staff: Guest A. was removed due to being a safety concern	
<input checked="" type="checkbox"/> <input type="checkbox"/> Check if police were involved Time Called: 5:00p.m Time Arrived: 5:10p.m	Describe what actions were performed by the Paramedics or Police: SFPD	
<input type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No.: Unknown	
Time Called: Time Arrived:	Where was the client taken: Guest was asked to leave property.	
IMPORTANT AGENCY INFORMATION		





DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Date Form Submitted to HSH	9-20-2018
Person Who Completed Report <i>(please print)</i>	Whitney Burnett
Agency Name/Location/Phone <i>(please print)</i>	1950 Mission St. Navigation Center
Supervisor Name and Phone	Whitney Burnett 415-655-9521

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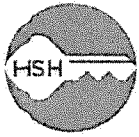
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6991



San Francisco Housing and Homeless Division Report of Critical Incident

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- Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
9/20/2018	7:54p.m	<u>Other Emergency Services</u>
Navigation Center Name	Mission Street Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Whitney Burnett	

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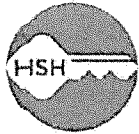


REVISED 08/07/18



Names of Witnesses:	Client Witnesses	Staff Witnesses
		John Ouertani
		Candra Jordan
		Whitney Burnett
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest A. was wheeled up to the gated entrance unable to speak or open his eyes with drool hanging from his lips. Sup Whitney called 911 for medical assistance at 7:54p.m. Ambulance arrived at 8:02p.m and guest A. was placed on gurney and taken to the hospital. Guest A. was very unresponsive and the medic s stated that if help had not been called guest A. could have passed away. Guest A. was heavily under the influence of several drugs fentanyl, benzodiazepine, and meth. Guest was unable to speak or wheel himself around. Guest was taken to SF General by medic 84 from the SFFD.		
Describe any injuries observed: Guest was heavily under the influence of several drugs	Describe any action taken by staff: Guest was wheeled onto the yard and monitored until paramedics arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Medics stabilized guest and took him to SF General	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:54p.m Time Arrived: 8:02p.m	Name of Police Officer/Badge No.: Rescue #2 and medic #84	
	Where was the client taken: SF General	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	9-20-2018	
Person Who Completed Report (please print)	Whitney Burnett	





DEPARTMENT OF
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Agency Name/Location/Phone <i>(please print)</i>	1950 Mission St Navigation Center
Supervisor Name and Phone	Whitney Burnett 415-655-9521

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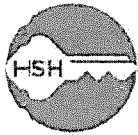
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- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
9-20-18	1:57pm	<u>Other Emergency Services</u>
Navigation Center Name	Mission Street Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Missy Mason	

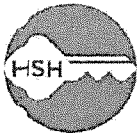
Page 1 of 2

City and County of San Francisco
Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

<http://hsh.sfgov.org>

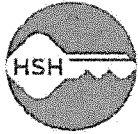


REVISED 08/07/18



Names of Witnesses:	Client Witnesses	Staff Witnesses
		Carlos Morales
		Kim Guillory
		John Ouertani
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was complaining of difficulty breathing		
Describe any injuries observed: None	Describe any action taken by staff: Staff called 911 and kept him in the most comfortable position until fire and medics arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Engine 7 medic 67 arrived and took his vitals and transported him to the hospital.	
<input type="checkbox"/> Check if paramedics were involved Time Called: 1:57pm Time Arrived: 2:01pm	Name of Police Officer/Badge No.: Where was the client taken: SFGH	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	9/20/18	
Person Who Completed Report (please print)	Missy Mason	
Agency Name/Location/Phone (please print)	1950 Mission San Francisco Ca 94103	
Supervisor Name and Phone	Kim Guillory 415-678-7212	





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
9-24-18	10:53am	<u>Other Emergency Services</u>
Navigation Center Name	Mission Street Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Missy Mason	

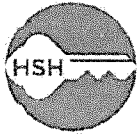
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City and County of San Francisco
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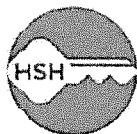


REVISED 08/07/18



Names of Witnesses:		Client Witnesses	Staff Witnesses
			Schelette Butler
			Kim Guillory
			John Ouertani
			Tamegee Artis
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)			
Client A was having difficulty walking and could not apply pressure to his leg. Client A leg was swollen. He had to be transported to the hospital. He was in extreme pain.			
Describe any injuries observed: None		Describe any action taken by staff: Staff called 911 and kept him in the most comfortable position until fire and medics arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: Medic AMR #35318 arrived took his vitals and spoke with him and transported him to the hospital.	
✱ Check if paramedics were involved Time Called: 10:53am Time Arrived: 11:09am		Name of Police Officer/Badge No.: Where was the client taken: SFGH	
IMPORTANT AGENCY INFORMATION			
Date Form Submitted to HSH		9/24/18	
Person Who Completed Report (please print)		Missy Mason	
Agency Name/Location/Phone (please print)		1950 Mission San Francisco Ca 94103	
Supervisor Name and Phone		Kim Guillory (415) 923-8904	





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
10/6/201810		<u>Other Emergency Services</u>
Navigation Center Name	Civic Center Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	LaOshia Tillman/Sr. Case Manager 10/6/18 CCH NAV. 2	

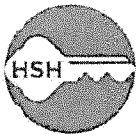
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415.252.3232

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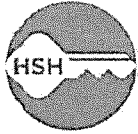


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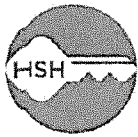
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Megan Rogers
		Joy Hines
		LaOshia Tillman
		Marjorie Russell
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Marjorie walked out of the office and Joy Hines approached Marjorie saying that a women with a dress on said that someone got beat up. As Marjorie was walking out side to see what happened I followed behind her. We saw Megan coming from across the street and she was on the phone. Everybody was trying to figure out what unit the incident happened in and the name of the client that got injured. Megan thought that the unit was either 433 or 432. Megan went back upstairs to find out the unit number and that is when Client B came back into the building. Joy saw that the client was bleeding and told him to came back downstairs so we could call the police to get him looked at. Client B said that he was fine and headed back upstairs. The police arrived and asked what happened and then they went upstairs and as police was going up the stairs Megan, Client A and Client B were coming down the stairs and the meet the police on the third floor stairs. They all come down and the police and Client A went to the RSD office to talk. They were talking to Client A and I called Renee the program Director to see if I could give the police any information about the intruder since the intruder use to be a participate at the Civic Center. Renee said that I could only give out name and birth date. I let Renee know what was going on and how the intruder stab Client B. Renee wanted to know if it happened inside of the building or outside of the building. I asked Client B where did the client get stab and Client B said it happened behind the building in the parking lot. Renee asked if there was an ambulance coming and I confirmed with the police that one was on its way. The ambulance and everybody made their way out to the front of the building. Client B got into the ambulance and the EMT take the client to San Francisco General Hospital. Client A was telling Marjorie what happened and the police was also confirming that address to where the intruder lives. The police asked if I was able to give out any information and I told them that I would only be able to give the name and birth date that we have on file. The police asked if I got the birth date from off and ID or did the intruder tell me this was the birth date. I told the police officer that it was the birth date that the intruder gave when the intruder was a participate here. Another ambulance came and Client A got in and the police went to the ambulance with Client A.</p>		





Describe any injuries observed: Client A's left eye was swollen and bleeding. Client A could not open left eye. Client B was bleeding from the right hand.	Describe any action taken by staff: The police were called by Megan Renee was called by me LaOshia Tillman All staff comfort both clients and help calm the situation down and give as much information without breaking the HIPAA policy.
<input checked="" type="checkbox"/> Check if police were involved Time Called: 10:30am Time Arrived: 10:35am	Describe what actions were performed by the Paramedics or Police: The police talked to both Client A and Client B and took statements one police officer gave Client A information about domestic violence. The Paramedics treated both Client A and Client B and took Client A and Client B to the hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 10:30am Time Arrived: 11am	Name of Police Officer/Badge No.: S. Richardson 412 and badge 1272 1 st : Paramedics Kings America unit 6 2 nd : Paramedics SF Fire department #36 Where was the client taken: Client B: was taken to San Francisco General Client A: unknown where the client was taken
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	10/6/2018
Person Who Completed Report <i>(please print)</i>	LaOshia Tillman
Agency Name/Location/Phone <i>(please print)</i>	CCH NAV. 2/20 12th street/415-423-4979
Supervisor Name and Phone	Renee Penton/415-713-9409





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Brian Quinn, Navigation Centers Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
10/6/2018	10:30am	Violence	
Navigation Center Name	Civic Center Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Marjorie Russell		

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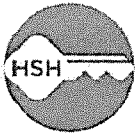
City and County of San Francisco
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415.252.3232

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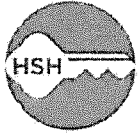
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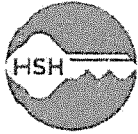
Names of Witnesses:	Client Witnesses	Staff Witnesses
		LaOshia Tillman
		Joy Hines
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>I saw the program monitor with the phone in the lobby so I went to ask what was going on but the program monitor was rushing outside so I went out of the building behind her. She was on the phone calling the police because an intruder got into the building and assaulted Client a. Myself and the program monitor came back in and that is when I asked her what was going on and she said that Client A. had been assaulted by the intruder. Client B. came in bleeding from Client B's hand. Myself and LaOshia Tillman asked if Client B. needed medical attention and Client B. said it was just a cut on Client B's hand and Client B. was ok. The police arrived and went directly to the room. They came back down with Client A. and Client B. Client A. was holding a rag over Client A's. eye and Client B. was holding Client B's. side where Client B. was bleeding from. The police asked to talk to Client A. in the RSD office. The police came out with Client A. and went outside. After I finished talking with another client I went back outside the building to get badge numbers and to check on Client A. Client A. showed me Client A's face and Client A's right eye was swollen shut and Client A. was slightly bleeding from Client A's head. Client A. told me that Client A. was sleeping and the only thing Client A. knew was that Client A. woke up to being hit. The first ambulance came for Client B. and took Client B. to San Francisco General Hospital. I stood outside with Client A. and LaOshia Tillman until the next ambulance came. We went inside and I called my supervisor and started to write the incident report.</p>		
Describe any injuries observed: Client A.'s eye was swollen shut and Client B. was bleeding from Client B's side and hand.		Describe any action taken by staff: The police were called.





<input checked="" type="checkbox"/> Check if police were involved Time Called: 10:30 am Time Arrived: 10:40 am	Describe what actions were performed by the Paramedics or Police: the police collected the information from Clients A and Client B. The paramedics took both Client A and Client B to the hospital. The police also made out a temporary stay away order of protection for both Client A. and Client B.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 10:30am Time Arrived: 10:45am	Name of Police Officer/Badge No.: S. Richardson- 412 Where was the client taken: S.F.G.H.
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	10/06/2018
Person Who Completed Report <i>(please print)</i>	Marjorie Russell
Agency Name/Location/Phone <i>(please print)</i>	Community Housing Partnership
Supervisor Name and Phone	Renee Penton-415-713-9409





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
10-10-18	5:39pm	<u>Other Emergency Services</u>
Navigation Center Name	Mission Street Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Alex Napitan	

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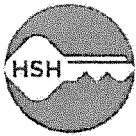
City and County of San Francisco
Department of Homelessness and Supportive Housing
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SAN FRANCISCO, CA 94103
415.252.3232

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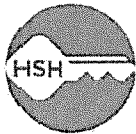
REVISED 08/07/18

7005



Names of Witnesses:	Client Witnesses	Staff Witnesses
		Alex Napitan
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was complaining of shortness of breath and felling faint and requested the paramedics to be called. I dialed 911 and paramedics were dispatched.		
Describe any injuries observed: shortness of breath	Describe any action taken by staff: I dialed 911 and stayed with guest till paramedics came.	
<input checked="" type="checkbox"/> Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: They arrived and checked vitals out and transported her to General hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 5:39pm Time Arrived: :43pm	Name of Police Officer/Badge No.: Engine 7 Medical 56 Where was the client taken: Client A was transported to general hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	10/9/18	
Person Who Completed Report (please print)	Alex Napitan	
Agency Name/Location/Phone (please print)	1950 Mission San Francisco Ca 94103	
Supervisor Name and Phone	Kim Guillory (415) 923-8904	





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
10/13/2018	10:45p.m	<u>Other Emergency Services</u>
Navigation Center Name	Mission Street Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Whitney Burnett	

Page 1 of 3

City and County of San Francisco
Department of Homelessness and Supportive Housing
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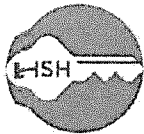
REVISED 08/07/18

7007



Names of Witnesses:	Client Witnesses	Staff Witnesses
		Daryl (Security Guard)
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Guest A. returned from being out all day and was still upset with me about previous incident from earlier in the day. Guest was listening to his music at an extremely loud level when he entered in the Welcome Center to sign in. Guest was asked to step outside the Welcome Center. He step out and grabbed his dog aggressively which caused the dog to respond aggressive. The dog raised up on his hind legs and started to growl and Guest began to curse me out and walk off into dorm #2. Guest returned 1minute later and approached desk in the Welcome Center telling me how he felt about me and that he was 59 years old. I asked guest to leave Welcome Center and to exit the property. Guest turned around and told me to fuck myself and walked off into dorm #2 mumbling to himself. I called 911 and asked for assistance before approaching guest in dorm #2. Police were called at 10:45p.m and arrived at 10:48p.m 8 police officers arrived to assist.</p>		
Describe any injuries observed: none	Describe any action taken by staff: Guest was given a 2 hour time out	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 10:45p.m Time Arrived: 10:48p.m	Describe what actions were performed by the Paramedics or Police: Guest was asked to exit the property and to put his dog on a leash.	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: #994 Opistal #1148 Bryan	
	Where was the client taken: Guest was given a 2 Hour time out	
IMPORTANT AGENCY INFORMATION		





DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Date Form Submitted to HSH	10-13-2018
Person Who Completed Report <i>(please print)</i>	Whitney Burnett
Agency Name/Location/Phone <i>(please print)</i>	1950 Mission St. Navigation Center
Supervisor Name and Phone	Whitney Burnett 415-655-9521

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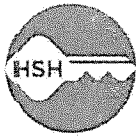
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San Francisco Housing and Homeless Division Report of Critical Incident

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- Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
10-13-18	4:40 a.m.	<u>Violence</u>
Navigation Center Name	Mission Street Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Jacqueline Williams	

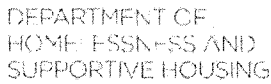
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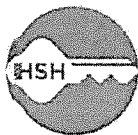
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7011



Time Called: Time Arrived:	Where was the client taken: Client A was escorted off site by SFPD stating he was going to mothers house
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	10/13/18
Person Who Completed Report <i>(please print)</i>	Jacqueline Williams
Agency Name/Location/Phone <i>(please print)</i>	1950 Mission San Francisco Ca 94103
Supervisor Name and Phone	Kim Guillory (415) 923-8904





San Francisco Housing and Homeless Division Report of Critical Incident

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- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
10-15-18	11:05pm	<u>Other Emergency Services</u>
Navigation Center Name	Mission Street Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Alex Napitan	

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City and County of San Francisco
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7013



Names of Witnesses:	Client Witnesses	Staff Witnesses
		Alex Napitan
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A Came to the office with complaints of not feeling well asked if we could check in on her. Approximately 15 min later requested for paramedics. I called 911.		
Describe any injuries observed: Guest was vomiting and defecating on herself.	Describe any action taken by staff: We dialed 911 and kept her comfortable.	
<input checked="" type="checkbox"/> Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: They arrived and checked her out and transported her to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No.:	
Time Called: 11:05pm Time Arrived: 11:15pm	Where was the client taken: Client A was transported to General Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	10/15/18	
Person Who Completed Report (please print)	Alex Napitan	
Agency Name/Location/Phone (please print)	1950 Mission San Francisco Ca 94103	
Supervisor Name and Phone	Kim Guillory (415) 923-8904	





DEPARTMENT OF
HOMELESSNESS AND
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Page 3 of 3

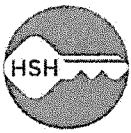
City and County of San Francisco
Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

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REVISED 08/07/18

7015



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

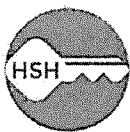
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Scott Walton, Navigation Centers Program Manager at 415.557-5474, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

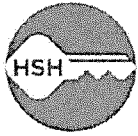
Date of Incident:	Time Incident Occurred:	Type of Incident:
10/17/2018	8:30pm	<u>Choose one</u> <u>Medical</u>
	Bayshore Navigation Center	
	PRINT FIRST NAME AND LAST NAME	LAST FOUR:





Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest A was laying in her bed complaining about she had a severe headache, Guest A was then brought to the supervisor office and 911 was contacted		
Describe any injuries observed: N/A		Describe any action taken by staff: Called 911
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: Took guest to St Luke's hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 8:32pm Time Arrived: 8:50pm		Name of Police Officer/Badge No.: #173 Truck #65 Where was the client taken: St Luke's Hospital
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		
Person Who Completed Report (please print)		John Mcqueen
Agency Name/Location/Phone (please print)		Five Keys Navigation Center
Supervisor Name and Phone		John Mcqueen





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
10/24/2018	5PM	<u>Other Emergency Services</u>
Navigation Center Name	Choose A Navigation Center	
Names of Clients Involved Last Four of SSN		
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Rhonda Reed	

Page 1 of 2

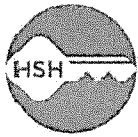
City and County of San Francisco
Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

<http://hsh.sfgov.org>



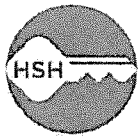
REVISED 08/07/18

7018



Names of Witnesses:	Client Witnesses	Staff Witnesses
		Amos Franklin
		Bobby William
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Describe any injuries observed:	Describe any action taken by staff: Supervisor Rhonda called 911 and the medic showed up	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: They spoke with the guest and then he went to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 5pm Time Arrived: 5:15pm	Name of Police Officer/Badge No.: N/A Where was the client taken: General	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	10/25/18	
Person Who Completed Report (please print)	Rhonda Reed	
Agency Name/Location/Phone (please print)	Center Waterfront	
Supervisor Name and Phone	John O	





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

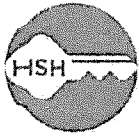
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
Click here to enter a date.	10/25/18	<u>Other Emergency Services</u>
Navigation Center Name	Choose A Navigation Center	
Names of Clients Involved Last Four of SSN		
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Matthew McGill	





Names of Witnesses:	Client Witnesses	Staff Witnesses
		Patrick Harris
		Glaucia Ajisaka
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
At 10:40am Client A was very Delusional, and also urinated on himself. Client A Requested Paramedics. Paramedics arrive, and transported Client A to Veterans Hospital		
Describe any injuries observed:	Glaucia Ajisaka and Patrick Harris Reported to Supervisor Matthew, Supervisor Matthew McGill calls the ambulance	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Ambulance Interacting with client A seeing if everything was ok asked him a couple questions then it took him out in an Ambulance chair/stretcher	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 10:47am Time Arrived: 11:00am	Name of Police Officer/Badge No.: Engine #53	
	Where was the client taken: Veterans hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	10/25/18	
Person Who Completed Report (please print)	Matthew McGill, Supervisor	
Agency Name/Location/Phone (please print)	Central Waterfront Welcome Center 600, 25st, San Francisco ,94107	
Supervisor Name and Phone	John Ouertani (415)487-3300 EXT 4323	





DEPARTMENT OF
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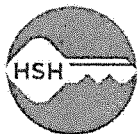
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Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

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7022



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
10/30/2018	10:00am	<u>Other Emergency Services</u>
Navigation Center Name	Choose A Navigation Center	
Names of Clients Involved Last Four of SSN		
Client A.		
Client B.		
Client C.		
Names of Reporting Staff		

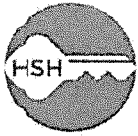
Page 1 of 2

City and County of San Francisco
Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

<http://hsh.sfgov.org>

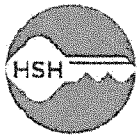


REVISED 08/07/18



Names of Witnesses:	Client Witnesses	Staff Witnesses
		Glaucia Ajisaka- Case Manager
		John Warner –Support Service Manager
		Matthew McGill- Supervisor
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was very Delusional, Laying in urine and also urinated on the wall. His clothes smelt like urine. Client A had blood on his pants, face, and his hands		
Describe any injuries observed: N/A	Glaucia Ajisaka and Patrick Harris help do out the dorm so facilities can come in and clean his bed area	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Paramedics interacted with client A to see if everything is ok, Asked if there any issues going on	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 9:19am Time Arrived: 9:40am	Name of Police Officer/Badge No.: #78 Where was the client taken: Client A requested for a taxi to VA hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	10/30/2018	
Person Who Completed Report (please print)	Matthew McGill, Supervisor	
Agency Name/Location/Phone (please print)	Central Waterfront Welcome Center 600 25th San Francisco 94107	
Supervisor Name and Phone	John Ouertani (415)487-3300 EXT 4311	





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and **fax the report to 415.355.6321**. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Brian Quinn, Navigation Center Program Manager at 415.557-5474, brian.p.quinn@sfgov.org**
- **Email a copy of this form to Reggie Delos Santos, Online Navigation and Entry System Analyst, at regie.delossantos@sfgov.org**
-

Date of Incident:	Time Incident Occurred:	Type of Incident:
	4:40 pm	<u>Suicide Attempt</u>
Navigation Center Name	Mission Street Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Alexander Napitan	

Page 1 of 2

City and County of San Francisco
Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

<http://hsh.sfgov.org>



REVISED 08/04/17



Names of Witnesses:	Client Witnesses	Staff Witnesses
		Antwan T
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A walked out of the navigation center Antwan was standing out and heard her say the she was going. Jump in front of a bus. This all occurred outside of the navigation center. She left on her own will.		
Describe any injuries observed:	Describe any action taken by staff: Call 911	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 4:40 pm Time Arrived: 4:45 pm	Describe what actions were performed by the Paramedics or Police: police called paramedics # 82 came and placed her in the ambulance	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: 199 Where was the client taken: Unknown	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		
Person Who Completed Report (please print)	Alex Napitan	
Agency Name/Location/Phone (please print)	Mission Street Navigation Center/415-655-9521	
Supervisor Name and Phone	John Ouertani	



From: [Heckel, Hank \(MYR\)](#)
To: [Wallace Lee](#)
Cc: [Stewart-Kahn, Abigail \(HOM\)](#); [Cohen, Emily \(DPH\)](#); [RUSSI, BRAD \(CAT\)](#); [PEARSON, ANNE \(CAT\)](#); [Ellis, Tanya \(HOM\)](#)
Subject: RE: Sunshine Ordinance Request (Set #3)
Date: Monday, May 6, 2019 4:53:07 PM
Attachments: Responsive re Request of Wallace Lee # 3.pdf

Dear Wallace,

Please see attached additional information responsive to your request below. This file is from HSH and specifically relates to the portion of your request concerning the March 29, 2019 count.

We are continuing to search for and process additional potentially responsive information regarding the portion of your request concerning the 2017 and 2019 point in time counts. We will provide any such data as it becomes available on a rolling basis.

Regards,

Hank Heckel
Compliance Officer
Office of Mayor London N. Breed
City and County of San Francisco
(415) 554-4796

From: Heckel, Hank (MYR)
Sent: Monday, April 29, 2019 5:26 PM
To: Wallace Lee <wajlee@gmail.com>
Cc: Stewart-Kahn, Abigail (HOM) <abigail.stewart-kahn@sfgov.org>; Cohen, Emily (DPH) <emily.cohen@sfgov.org>; RUSSI, BRAD (CAT) <Brad.Russi@sfcityatty.org>; PEARSON, ANNE (CAT) <Anne.Pearson@sfcityatty.org>
Subject: Sunshine Ordinance Request (Set #3)

Dear Wallace Lee,

This further responds to your requests of April 17, 2019 to the Department of Homelessness and Supportive Housing and Emily Cohen of the Office of the Mayor, referred to as Sunshine Ordinance Request (Set #3), seeking the following documents:

“1. Documents sufficient to provide point-in-time homeless population count data at a block-by-block level for the area bounded by Market Street, The Embarcadero, McCovey Cove and Third Street. Please include data from the January 2019 point-in-time count, the January 2017 point-in-time count, and the count conducted on March 29, 2019 (the results of which were presented at the April 3, 2019 community meeting at the Delancey Street

Foundation).”

We are responding on behalf of HSH and the Office of the Mayor due to the overlapping nature of your requests. We previously responded to you regarding this and other related requests and informed you that we would be treating this as subject to the full time period to respond because it was not simple or routine and sought information that was not readily accessible, despite your later characterization as the request as an Immediate Disclosure Request.

I also informed you in a subsequent phone conversation that the data sought in this request may be partly in the possession of a third party vendor retained to perform the 2017 and January 2019 Point in Time counts you reference. We are continuing to review this issue in consultation with the City Attorney’s Office. Accordingly, HSH and the Office of the Mayor are invoking an extension of time of up to 14 days under Government Code § 6253(c) and San Francisco Admin. Code § 67.25(b) because of the need for consultation with other city departments.

Regarding the March 29, 2019 count, we are providing responsive information in the attached slide deck (see slide 8). Block by block data of the kind you reference regarding this count is not available.

We understand the need to conduct this consultation with all practicable speed and will provide any additional responsive documents on a rolling basis.

Regards,

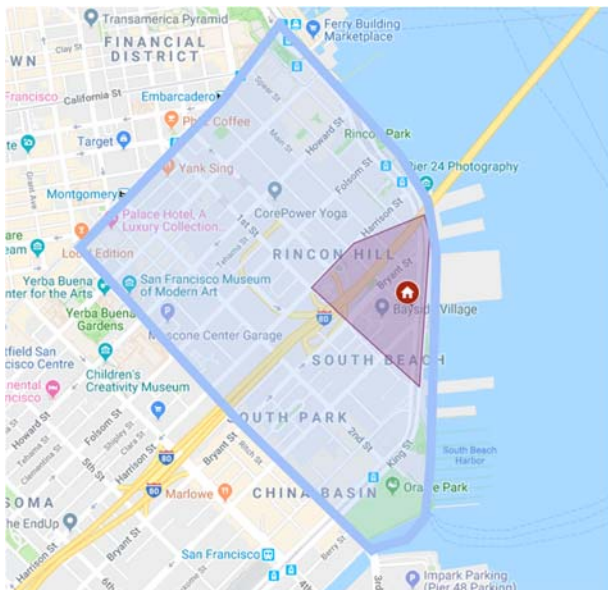
Hank Heckel
Compliance Officer
Office of Mayor London N. Breed
City and County of San Francisco

Friday March 29th 11:30 pm until 3:30 am

Mission to Embarcadero	10 people, 1 Structure, 1 Tent
Embarcadero between Embarcadero plaza and 3 rd st	36 People, 2 Structures, 2 tents
Townsend	2 people
Brannon	4 people
Stewart	3 people
Market from Embarcadero to 3 rd st	35 people
Montgomery	3 people
Jesse	8 people
2 nd	5 people
3 rd market to Embarcadero	17 people
Park st	7 people
Howard	4 people
Minna	9 people
Marina	9 people
Harrison	9 people
Folsom	4 people, 1 tent

Total 165 People 3 Structures 4 Tents*

**assumes two people in each tent/structure. Total: 179*



From: [Heckel, Hank \(MYR\)](#)
To: [Wallace Lee](#)
Cc: [Stewart-Kahn, Abigail \(HOM\)](#)
Subject: RE: Sunshine Ordinance Request (Set #3)
Date: Monday, May 13, 2019 6:15:04 PM
Attachments: Responsive Documents Re Request 3 of Wallace Lee - 2017 Count.pdf

Dear Wallace,

Please see attached additional information provided by HSH, responsive to your request below. Specifically, we are providing the available route data from the January 2017 point-in-time count that most closely approximates the area identified in your request. We are also providing the final report on the 2017 point-in-time count.

Route data for the January 2019 count is not yet available.

We have already provided you with the data for the March 29, 2019 count.

Accordingly HSH and the Office of the Mayor have provided the available data responsive to your request.

This closes the request. Please let us know if you have any questions.

Best,

Hank Heckel
Compliance Officer
Office of Mayor London N. Breed
City and County of San Francisco
(415) 554-4796

From: Heckel, Hank (MYR)
Sent: Monday, May 06, 2019 4:53 PM
To: Wallace Lee <wajlee@gmail.com>
Cc: Stewart-Kahn, Abigail (HOM) <abigail.stewart-kahn@sfgov.org>; Cohen, Emily (DPH) <emily.cohen@sfgov.org>; RUSSI, BRAD (CAT) <Brad.Russi@sfcityatty.org>; PEARSON, ANNE (CAT) <Anne.Pearson@sfcityatty.org>; Ellis, Tanya (HOM) <tanya.ellis@sfgov.org>
Subject: RE: Sunshine Ordinance Request (Set #3)

Dear Wallace,

Please see attached additional information responsive to your request below. This file is from HSH and specifically relates to the portion of your request concerning the March 29, 2019 count.

We are continuing to search for and process additional potentially responsive information regarding the portion of your request concerning the 2017 and 2019 point in time counts. We will provide any such data as it becomes available on a rolling basis.

Regards,

Hank Heckel
Compliance Officer
Office of Mayor London N. Breed
City and County of San Francisco
(415) 554-4796

From: Heckel, Hank (MYR)
Sent: Monday, April 29, 2019 5:26 PM
To: Wallace Lee <wajlee@gmail.com>
Cc: Stewart-Kahn, Abigail (HOM) <abigail.stewart-kahn@sfgov.org>; Cohen, Emily (DPH) <emily.cohen@sfgov.org>; RUSSI, BRAD (CAT) <Brad.Russi@sfcityatty.org>; PEARSON, ANNE (CAT) <Anne.Pearson@sfcityatty.org>
Subject: Sunshine Ordinance Request (Set #3)

Dear Wallace Lee,

This further responds to your requests of April 17, 2019 to the Department of Homelessness and Supportive Housing and Emily Cohen of the Office of the Mayor, referred to as Sunshine Ordinance Request (Set #3), seeking the following documents:

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We are responding on behalf of HSH and the Office of the Mayor due to the overlapping nature of your requests. We previously responded to you regarding this and other related requests and informed you that we would be treating this as subject to the full time period to respond because it was not simple or routine and sought information that was not readily accessible, despite your later characterization as the request as an Immediate Disclosure Request.

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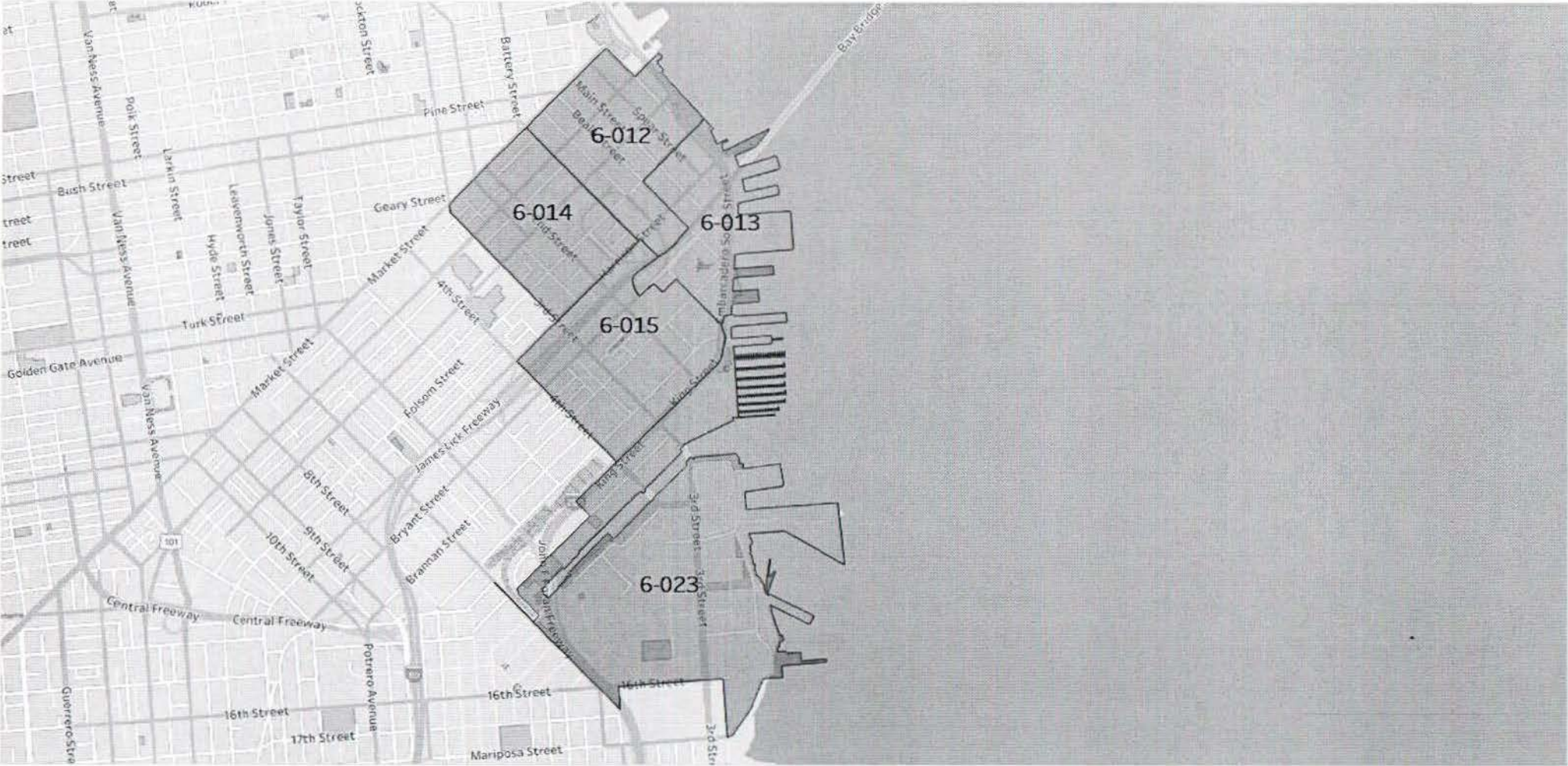
We understand the need to conduct this consultation with all practicable speed and will provide any additional responsive documents on a rolling basis.

Regards,

Hank Heckel
Compliance Officer
Office of Mayor London N. Breed
City and County of San Francisco

2017 Map Routes

PIT count routes best approximating the area bounded by Market Street, Embarcadero, McCovey Cove, and Third Street



2017 Map Routes

PIT count routes best
approximating the area
bounded by Market
Street, Embarcadero,
McCovey Cove, and Third
Street

Route	District	
6-012	6	11
6-013	6	11
6-014	6	37
6-015	6	14
6-023	6	16
Grand Total		89



SAN FRANCISCO

2017 HOMELESS COUNT & SURVEY COMPREHENSIVE REPORT



REPORT PRODUCED BY ASR

ABOUT THE RESEARCHER

Applied Survey Research (ASR) is a social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies. The firm was founded on the principle that community improvement, initiative sustainability, and program success are closely tied to assessment needs, evaluation of community goals, and development of appropriate responses.

HOUSING INSTABILITY RESEARCH DEPARTMENT (HIRD)

Vice President: Peter Connery

Department Director: Samantha Green

Project Lead: Emmeline Taylor

Department Coordinator: Christina Connery

Research Analysts: Connie Chu, Paige Combs, John Connery, Jenna Gallant, and Javier Salcedo

Graphic Design and Layout: Michelle Luedtke and Molly Stene

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tel 831-728-1356

Bay Area:

1871 The Alameda, Suite 180
San Jose, CA 95126
tel 408-247-8319



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Introduction

Every two years, during the last ten days of January, communities across the country conduct comprehensive counts of the local population experiencing homelessness. These counts measure the prevalence of homelessness in each community, and collect information on individuals and families residing in emergency shelters and transitional housing, as well as people sleeping on the streets, in cars, in abandoned properties, or in other places not meant for human habitation.

The biennial Point-in-Time Count is the only source of nationwide data on sheltered and unsheltered homelessness, and is required by the U.S. Department of Housing and Urban Development (HUD) of all jurisdictions receiving federal funding to provide housing and services for individuals and families experiencing homelessness. Currently, the San Francisco Continuum of Care (CoC) receives more than \$32 million in federal funding, a key source of funding for the county's homeless services.

Continuum of Care reports the findings of their local Point-in-Time Count in their annual funding application to HUD, which ultimately helps the federal government better understand the nature and extent of homelessness nationwide. Count data also helps to inform communities' local strategic planning, capacity building, and advocacy campaigns to prevent and end homelessness.

Applied Survey Research (ASR) conducted the 2017 San Francisco Homeless Point-in-Time Count and Survey. ASR is a social research firm with extensive experience in needs assessment and homeless enumeration.

The San Francisco Homeless Point-in-Time Count has two primary components: a point-in-time enumeration of unsheltered homeless individuals and families (those sleeping outdoors, on the street, in parks, or vehicles, etc.) and a point-in-time enumeration of homeless individuals and families residing in temporary shelter (e.g. emergency shelter, transitional housing, or stabilization rooms).

The 2017 San Francisco Homeless Point-in-Time Count was a community effort. With the support of approximately 750 community volunteers, staff from various City and County departments, and nonprofit partners, the entire county was canvassed between the hours of 8 p.m. and midnight on January 26, 2017. This resulted in a visual count of unsheltered homeless individuals and families residing on the streets, in vehicles, makeshift shelters, encampments, and other places not meant for human habitation. Shelters and facilities reported the number of homeless individuals and families who occupied their facilities on the same evening.

San Francisco also conducted a supplemental count of youth under the age of 25 years old. This dedicated count is part of a nationwide effort, established and recommended by HUD, to improve our understanding of the scope of youth homelessness. Trained youth enumerators who currently or recently experienced homelessness conducted the count in specific areas where young people

experiencing homelessness were known to congregate.¹ The supplemental youth count enumerated both unaccompanied children and those under the age of 25 in youth-headed, family households. This is an important year for national data on young people experiencing homelessness as HUD will use 2017 youth count results as a baseline for measuring progress towards ending youth homelessness by 2020.

In the weeks following the street count, an in-depth survey was administered to 1,104 unsheltered and sheltered homeless individuals of all ages. The survey gathered basic demographic details as well as information on service needs and utilization.

This report provides data regarding the number and characteristics of people experiencing homelessness in San Francisco on a single night in January.

To better understand the dynamics of homelessness over time, results from previous years, including 2013 and 2015, are provided where available and applicable.

FEDERAL DEFINITION OF HOMELESSNESS FOR POINT-IN-TIME COUNTS

In this study, the HUD definition of homelessness for the Point-in-Time Count is used. This definition includes individuals and families:

- Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement; or
- With a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

This narrow definition of homelessness is in contrast to the considerably broader definition adopted by the City and County of San Francisco. The definition of homelessness in San Francisco expands HUD's definition to include individuals who were "doubled-up" in the homes of family or friends, staying in jails, hospitals, and rehabilitation facilities, and families living in Single Room Occupancy (SRO) units. While this data is beyond the scope of this project, information on those residing in jails, hospitals, and rehabilitation facilities were gathered and are included in this report where applicable.

PROJECT PURPOSE AND GOALS

In order for the 2017 San Francisco Point-in-Time Count and Survey to best reflect the experience and expertise of the community, ASR held regular planning meetings with local community members. These community members were drawn from County and City departments, community-based service providers, and other interested stakeholders. These individuals comprised the 2017 Planning Committee and were instrumental in ensuring that the 2017 San Francisco Homeless Point-in-Time Count and Survey reflected the needs and concerns of the community. The 2017 Planning Committee identified several important project goals:

- To preserve current federal funding for homeless services and to enhance the ability to raise new funds;

¹ Significant deduplication efforts were made in 2017 to ensure unaccompanied children and youth were not captured in both the youth and general street count efforts. For more information on these efforts and the overall count methodology, please see Appendix 1.

- To improve the ability of policy makers and service providers to plan and implement services that meet the needs of the local homeless population;
- To measure the changes in numbers and characteristics of the homeless population since the 2015 San Francisco Homeless Point-in-Time Count and Survey in order to track progress toward ending homelessness;
- To increase public awareness of overall homeless issues and generate support for constructive solutions; and
- To assess the status of specific subpopulations, including veterans, families, unaccompanied children, transitional-age youth, and those who are chronically homeless.

This report is intended to assist service providers, policy makers, funders, and local, state, and federal government in gaining a better understanding of the population currently experiencing homelessness.



Point-In-Time Count and Survey

The 2017 San Francisco Homeless Point-in-Time Count and Survey included a complete enumeration of all unsheltered and publicly sheltered homeless persons. The general street count was conducted on January 26, 2017 from approximately 8 p.m. to midnight and covered all 47 square miles of San Francisco. The shelter count was conducted on the same evening and included all individuals staying in: emergency shelters, transitional housing facilities, domestic violence shelters, jails, hospitals, and treatment facilities. The general street count and shelter count methodology were similar to those used in 2013 and 2015.

The methodology used for the 2017 San Francisco Homeless Point-in-Time Count and Survey is commonly described as a “blitz count” since it is conducted by a large team over a very short period of time. As this method is conducted in San Francisco, the result is an observation based count of individuals and families who appear to be homeless. The count is then followed by an in-person representative survey, the results of which are used to profile and estimate the condition and characteristics of the local homeless population. Information collected from the survey is used to fulfill HUD reporting requirements and to inform local service delivery and strategic planning efforts.

In this Point-in-Time Count and Survey section, the broader definition of homelessness adopted by the City and County of San Francisco is used. The definition of homelessness in San Francisco expands HUD’s definition to include individuals who were “doubled-up” in the homes of family or friends, staying in jails, hospitals, or rehabilitation facilities, and families living in Single Room Occupancy (SRO) units.

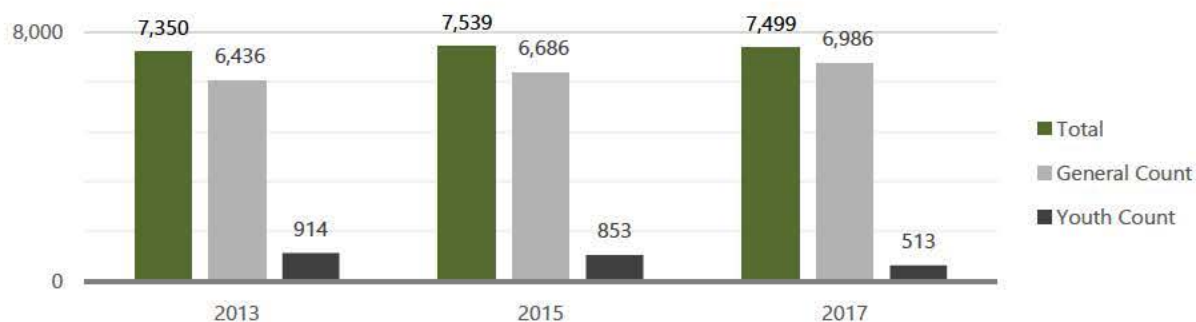
In a continuing effort to improve data on the extent of youth homelessness, San Francisco also conducted a dedicated youth count similar to the ones conducted in 2013 and 2015. The dedicated youth count methodology was improved in 2017 to better count unaccompanied children and transitional-age youth who were not included in both the general street count and youth count. For more information regarding the dedicated youth count methodology, please see Appendix 1.

NUMBER AND CHARACTERISTICS OF HOMELESS PERSONS IN SAN FRANCISCO

The number of individuals counted in the 2017 San Francisco Point-in-Time Count was 7,499. Compared to 2015, this was a one percent decrease. The number of unsheltered individuals counted in the general street count was 3,840. The supplemental youth count identified an additional 513 unsheltered persons: 501 unaccompanied children and transitional-age youth and 12 youth and children in youth-headed, family households. The total number of unsheltered persons counted in on January 26, 2017 was 4,353.

A four-year trend of comparable Point-in-Time count data identified a two percent increase in the number of persons experiencing homelessness in San Francisco between 2013 and 2017.

Figure 1. TOTAL NUMBER OF HOMELESS INDIVIDUALS, SHELTERED AND UNSHELTERED, ENUMERATED DURING THE GENERAL POINT-IN-TIME HOMELESS COUNT AND YOUTH COUNT WITH TREND



Source: Applied Survey Research. (2015-2017). San Francisco Homeless Count. Watsonville, CA.

In 2013, San Francisco adopted a best practice for the Point-in-Time Count: the supplemental youth count. The dedicated youth count is conducted on the same date as the general homeless count, and it is conducted by peers who are currently experiencing homelessness or have recently experienced homelessness. As this population can be especially difficult for volunteers to identify, the youth count methodology is intended to improve the quality of data on homeless youth. As in 2013 and 2015, the 2017 youth count was conducted around the same time in the evening as the general count so as to limit duplication.

Figure 2. TOTAL NUMBER OF HOMELESS INDIVIDUALS ENUMERATED DURING THE POINT-IN-TIME HOMELESS COUNT BY SHELTER STATUS



Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

San Francisco's Point-in-Time Count includes a count of people staying in institutions and settings that fall outside the federal definition of homelessness. Of the 3,146 individuals included in the shelter count, 20% (641 people) were counted in residential programs, jails, and hospitals.

Persons in families with children, including the minor children, represented eight percent (8%) of the total population counted in the Point-in-Time Count, while 92% were individuals without children. In total, six percent (6%) of those counted on January 26, 2017 were under the age of 18, 18% were between the ages of 18-24, and 76% were over the age of 25.

TOTAL NUMBER OF UNSHELTERED AND SHELTERED HOMELESS PERSONS BY DISTRICT

The 2017 San Francisco Homeless Count data are presented below, organized by the 11 County Supervisorial Districts in San Francisco and Golden Gate Park. As in previous years, District 6 had the greatest number of unsheltered homeless individuals.

Figure 3. UNSHELTERED AND SHELTERED POINT-IN-TIME COUNT RESULTS BY DISTRICT

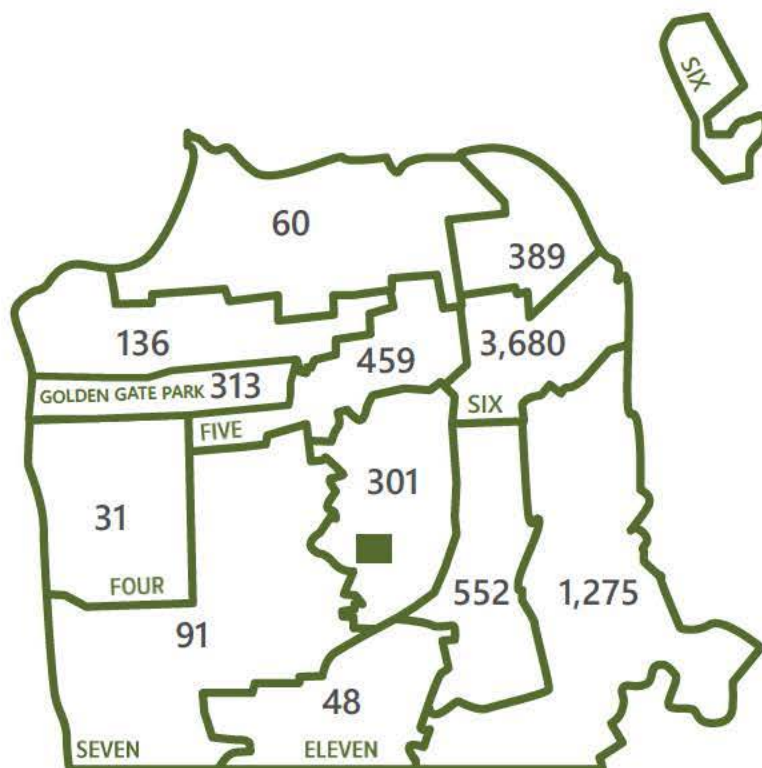


Figure 4. COMPLETE HOMELESS POINT-IN-TIME COUNT POPULATION BY DISTRICT AND SHELTER STATUS (2013-2017)

District	2013			2015			2017		
	Sheltered	Unsheltered	Total	Sheltered	Unsheltered	Total	Sheltered	Unsheltered	Total
1	33	321	354	62	45	107	79	57	136
2	0	24	24	0	60	60	7	53	60
3	84	363	447	45	234	279	96	293	389
4	0	136	136	0	7	7	0	31	31
5	182	284	466	184	310	494	316	143	459
6	1,999	1,364	3,363	2,194	2,011	4,205	1,957	1,723	3,680
7	0	19	19	15	14	29	17	74	91
8	50	163	213	54	322	376	65	236	301
9	194	247	441	136	248	384	271	281	552
10	181	1,278	1,459	227	725	952	174	1,101	1,275
11	0	40	40	0	130	130	0	48	48
Confidential/ Scattered Site Locations in SF	312	76*	388	264	0	264	164	0	164
Golden Gate Park	0	N/A**	0	0	252	252	0	313	313
Total	3,035	4,315	7,350	3,181	4,358	7,539	3,146	4,353	7,499
% of Total	41%	59%	100%	42%	58%	100%	42%	58%	100%

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

Note: Percentages may not add up to 100 due to rounding.

Note: *In 2013, 76 individuals were counted in areas designated as "special outreach locations," and were not assigned to a district. **In 2013, there was no separate count of Golden Gate Park.

Forty-nine (49%) of the unsheltered and sheltered homeless population was identified in District 6. Seventeen percent (17%) of the homeless population was identified in District 10. There is no significant change between 2013 and 2017 in the proportion of homeless individuals living in unsheltered locations such as parks, streets, and outside of bus stations.



Homeless Survey Findings

This section provides an overview of the findings generated from the survey component of the 2017 San Francisco Homeless Point-in-Time Count and Survey. Surveys were administered to a randomized sample of homeless individuals between February 1 and February 21, 2017. This effort resulted in 1,104 complete and unique surveys. Based on a Point-in-Time Count of 7,499 homeless persons, with a randomized survey sampling process, these 1,104 valid surveys represent a confidence interval of +/- 3% with a 95% confidence level when generalizing the results of the survey to the estimated population of homeless individuals in San Francisco. In other words, if the survey were conducted again, we can be confident that the results would be within three percentage points of the current results.

In order to respect respondent privacy and to ensure the safety and comfort of those who participated, respondents were not required to complete all survey questions. Missing values are intentionally omitted from the survey results. Therefore, the total number of respondents for each question will not always equal the total number of surveys conducted.

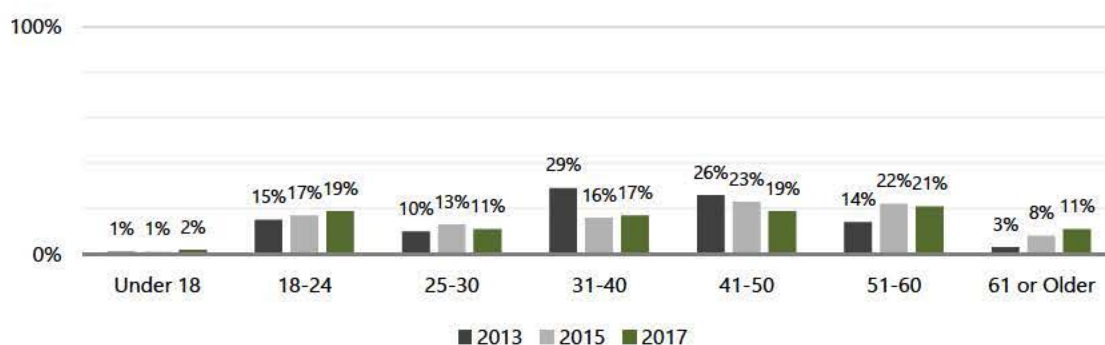
SURVEY DEMOGRAPHICS

In order to gain a more comprehensive understanding of the experiences of individuals and families experiencing homelessness in San Francisco respondents were asked basic demographic questions including age, gender, sexual orientation, and ethnicity.

AGE

Two percent (2%) of survey respondents were under the age of 18, and 19% were between the ages of 18 and 24. Eleven percent (11%) were between the ages of 25 to 30, 17% were 31 to 40, 19% were 41 to 50, 21% were 51 to 60, and 11% were 61 or older.

Figure 5. SURVEY RESPONDENTS BY AGE



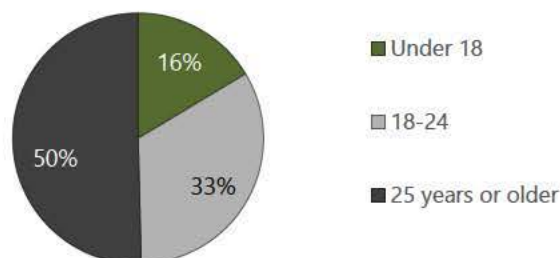
2013 n=924; 2015 n = 1,012; 2017 n = 1,104

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

Note: Percentages may not add up to 100 due to rounding.

In an effort to better understand the experiences and age distribution of those experiencing homelessness, respondents were asked how old they were the first time they experienced homelessness. In response, 16% of respondents reported that they were under the age of 18, 33% reported they were between the ages of 18-24, and 50% reported they were 25 or older.

Figure 6. AGE AT FIRST EXPERIENCE OF HOMELESSNESS



2017 n = 1,068

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

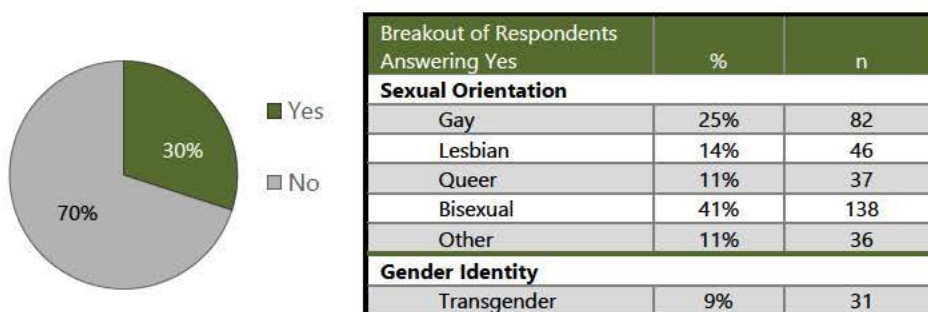
Note: Percentages may not add up to 100 due to rounding.

GENDER AND SEXUAL ORIENTATION

One third of survey respondents (33%) identified as female, 61% male, 5% transgender, and 1% Genderqueer/Gender non-binary. While there are limited data on the number of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals experiencing homelessness, available data at the national level suggests LGBTQ individuals experience homelessness at higher rates, especially those under the age of 25. It is estimated that 14% of San Francisco's population identifies as LGBTQ.² Thirty percent (30%) of homeless survey respondents identified as LGBTQ in 2017. Of those survey respondents, 41% identified as bisexual, 25% gay, 14% lesbian, 11% queer, and 9% transgender.

Respondents who identified as LGBTQ were more likely to report a mental health condition (46%), compared to 39% of respondents who did not identify as LGBTQ. Respondents who identified as LGBTQ also reported a higher incidence of HIV or AIDS related illness (22% compared to 8%). LGBTQ respondents were more likely to have been homeless for less than a year (61%) compared to the non-LGBTQ survey respondents.

Figure 7. SEXUAL ORIENTATION AND GENDER IDENTITY



LGBTQ 2017 n = 1,104; Breakout n = 333

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

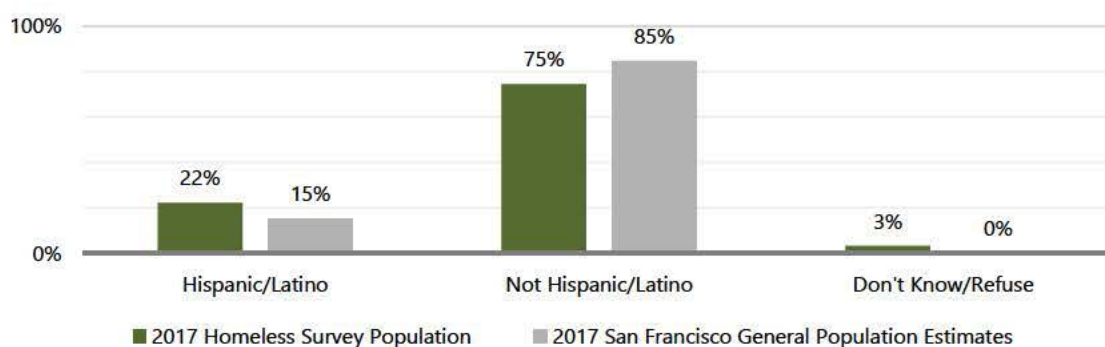
Note: Multiple response question. Percentages may not add up to 100.

² City and County of San Francisco, Office of the Controller (2015). 2015 City Survey Report. [Data set] Retrieved from http://sfcontroller.org/sites/default/files/FileCenter/Documents/6652-2015%20City%20Survey_final.pdf. Calculated by San Francisco Human Services Agency, May 28, 2015.

RACE/ETHNICITY

The U.S. Department of Housing and Urban Development (HUD) gathers data on race and ethnicity in two separate questions, similar to the U.S. Census. When asked if they identified as a Hispanic or Latino ethnicity, three-quarters (75%) of homeless survey respondents reported they did not identify as Hispanic or Latino. In comparison to the general population of San Francisco, a slightly greater percentage of homeless respondents identified as Hispanic or Latino (22% compared to 15%). There is no significant change in the ethnic breakdown of survey respondents between 2015 and 2017. In 2015, 19% of survey respondents identified as Hispanic/Latino.

Figure 8. HISPANIC OR LATINO ETHNICITY



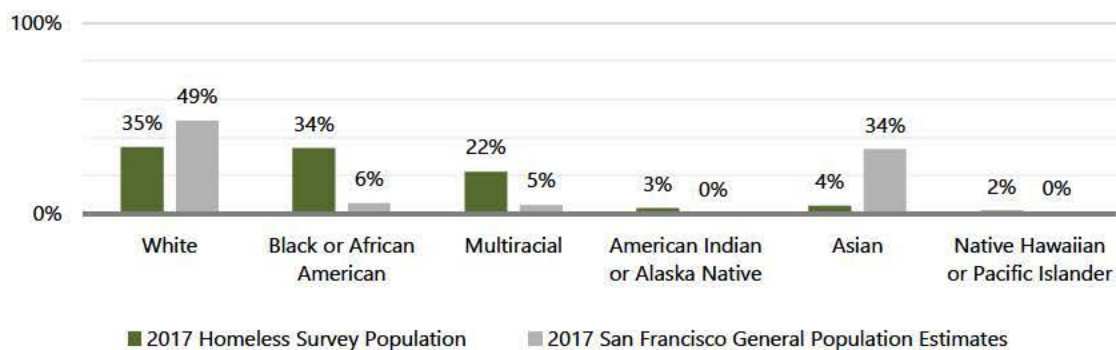
2017 n = 1,017

Source: Applied Survey Research. (2017). *San Francisco Homeless Count*. Watsonville, CA. And U.S. Count Bureau. (April 2015). *American Community Survey 2011-2015 5-Year Estimates*. Table DP05: ACS Demographic and Housing Estimates. Retrieved from <https://factfinder.census.gov>.

Note: Percentages may not add up to 100 due to rounding.

When asked about their racial identity, differences between the general population and those experiencing homelessness were more distinct. A much higher proportion of survey respondents identified as Black or African-American (34% compared to 6% of the general population), and a lower percentage identified as Asian (4% compared to 34% of the general population). This was similar to 2015 when 39% of survey respondents identified as White, 36% as Black or African American, 19% as Multiracial, 5% as American Indian or Alaskan Native, 3% as Asian, and 2% as Native Hawaiian or Pacific Islander.

Figure 9. RACE



2017 n = 1,055

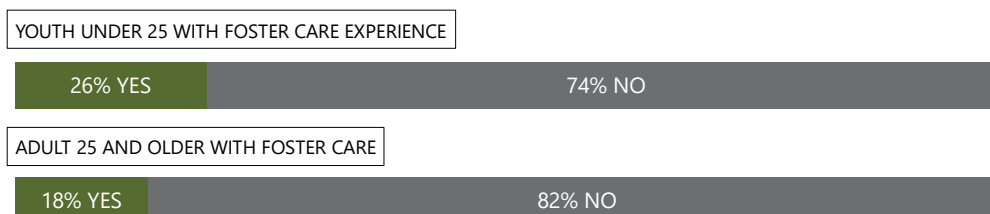
Source: Applied Survey Research. (2017). *San Francisco Homeless Count*. Watsonville, CA. And U.S. Count Bureau. (April 2015). *American Community Survey 2011-2015 5-Year Estimates, Table DP05: ACS Demographic and Housing Estimates*. Retrieved from <https://factfinder.census.gov>.

Note: Percentages may not add up to 100 due to rounding.

HISTORY OF FOSTER CARE

National research estimates one in five former foster youth experience homelessness within four years of exiting the foster care system.³ In San Francisco in 2017, 19% of all survey respondents reported a history of foster care. The percentage of youth under the age of 25 who had been in foster care was much higher than adults over the age of 25; 26% compared to 18%.

Figure 10. HISTORY OF FOSTER CARE



Under 25 n = 208; 25 and Older n = 817

Source: Applied Survey Research. (2015-2017). San Francisco Homeless Count. Watsonville, CA.

³ Fernandes, AL. (2007). Runaway and Homeless Youth: Demographics, Programs, and Emerging Issues. Congressional Research Services, January 2007, <http://www.endhomelessness.org/content/general/detail/1451>.

LIVING ACCOMMODATIONS

Where individuals lived prior to experiencing homelessness and where they have lived since impacts the way they seek services, as well as their ability to access support from friends or family. Previous circumstances can also point to gaps in the system of care, and reveal opportunities for systemic improvement.

Survey respondents reported many different living accommodations prior to becoming homeless, although most lived in or around the San Francisco Bay Area with friends, family, or on their own in a home or apartment.

PLACE OF RESIDENCE

Sixty-nine percent (69%) of respondents reported they were living in San Francisco at the time they most recently became homeless. Of those, over half (55%) had lived in San Francisco for 10 or more years. Eight percent (8%) had lived in San Francisco for less than one year. This is similar to the survey findings in 2015.

Ten percent (10%) of respondents reported that they were living out of state at the time they became homeless. Twenty-one percent (21%) reported they were living in another county in California. California counties that respondents reported living in at the time they most recently became homeless include Alameda County (5%), San Mateo (4%), Contra Costa (3%), Marin (3%), Santa Clara County (1%), and some other California county (5%).

Figure 11. PLACE OF RESIDENCE AT TIME OF HOUSING LOSS



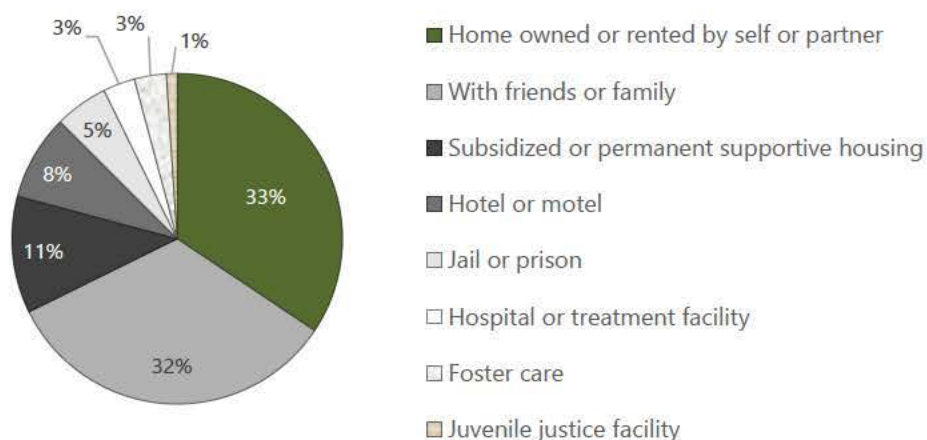
2017 n = 1,089

Source: Applied Survey Research. (2017). *San Francisco Homeless Count*. Watsonville, CA.

PRIOR LIVING ARRANGEMENTS

Thirty-three percent (33%) of respondents reported living in a home owned or rented by themselves or a partner immediately prior to becoming homeless, slightly more than 2015 (30%). Thirty-two percent (32%) reported staying with friends or family, lower compared to 2015 (37%). Eleven percent (11%) reported they were living in subsidized or permanent supportive housing, and 8% were staying in a hotel or motel. Five percent (5%) of respondents reported they were in a jail/prison facility immediately prior to becoming homeless, 3% were in a hospital or treatment facility, 3% were living in foster care, and less than 1% were in a juvenile justice facility.

Figure 12. LIVING ARRANGEMENTS IMMEDIATELY PRIOR TO EXPERIENCING HOMELESSNESS



2017 n= 1,064

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA

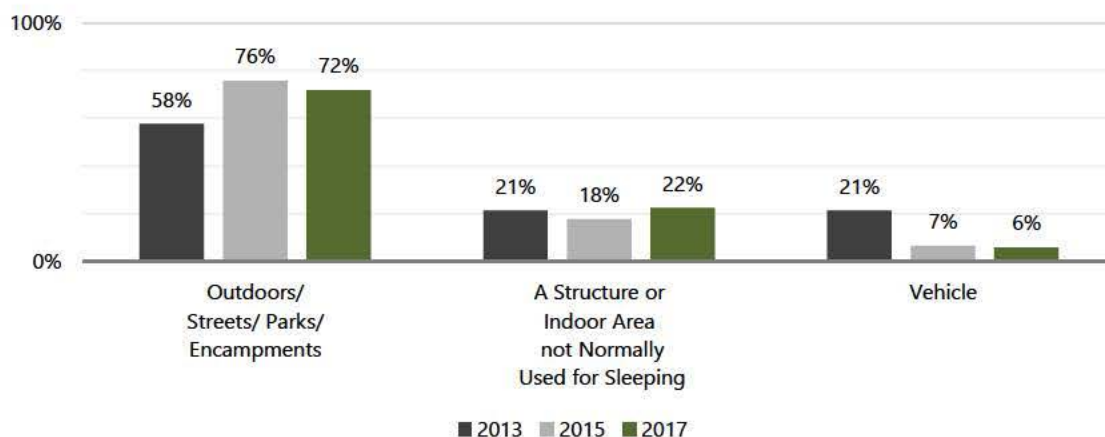
Note: Percentages may not add up to 100 due to rounding.

CURRENT LIVING ARRANGEMENTS OF UNSHELTERED SURVEY RESPONDENTS

While basic information on where individuals were observed during the general street count effort is collected, survey respondents are also asked about their usual nighttime accommodations. Understanding the types of places individuals experiencing homelessness are sleeping can help inform local outreach efforts.

Nearly three quarters (72%) of survey respondents who were unsheltered reported currently living outdoors. Twenty-two percent (22%) reported that they were sleeping in public buildings, foyers, hallways, or other indoor locations not meant for human habitation, and 6% were in a vehicle.

Figure 13. USUAL PLACES TO SLEEP AT NIGHT FOR UNSHELTERED SURVEY RESPONDENTS



2013 n = 943; 2015 n = 1,027; 2017 n = 967

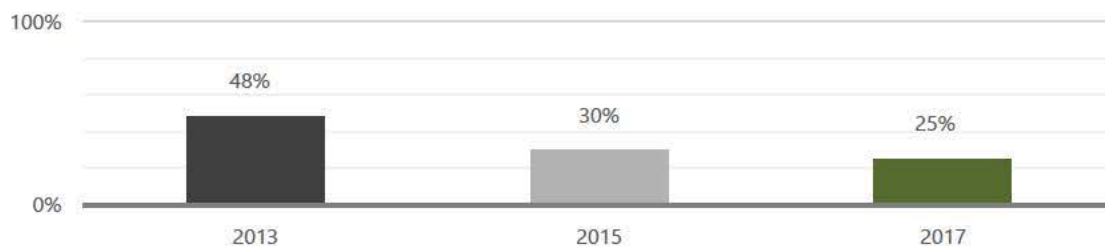
Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

Note: Percentages may not add up to 100 due to rounding.

DURATION AND RECURRENCE OF HOMELESSNESS

For many, the experience of homelessness is part of a long and recurring history of housing instability. Three in four (75%) 2017 survey respondents reported they had experienced homelessness previously.

Figure 14. FIRST TIME HOMELESS (RESPONDENTS ANSWERING "YES")



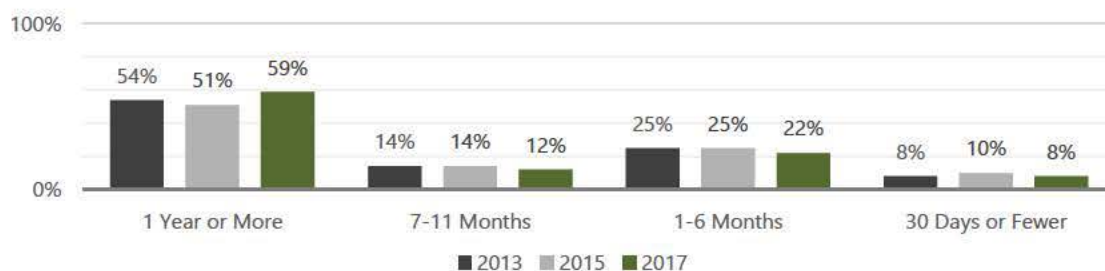
2013 n = 454; 2015 n = 1,022; 2017 n = 1,095

Source: Applied Survey Research. (2009-2017). San Francisco Homeless Count. Watsonville, CA.

DURATION OF HOMELESSNESS

Respondents were asked about their current experience or episode of homelessness. More than half of survey respondents (59%) reported they had been homeless for a year or more, an increase from 2015 (51%). Eight percent (8%) had been homeless for less than a month. Out of the 25% of respondents who reported they were experiencing homelessness for the first time, 33% reported that they had been homeless for a year or more, and 11% reported they had been homeless for less than a month.

Figure 15. LENGTH OF CURRENT EPISODE OF HOMELESSNESS



2013 n = 944; 2015 n = 1,007; 2017 n = 1,095

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

Note: Percentages may not add up to 100 due to rounding.

RECURRENCE OF HOMELESSNESS

Eight percent (8%) of respondents reported they had experienced homelessness four or more times in the past year, much lower than in 2015 when 25% of respondents reported they had experienced homelessness four or more times in the past year. However, when asked how many times they had been homeless in the past three years, nearly half (48%) reported they had been homeless four or more times.

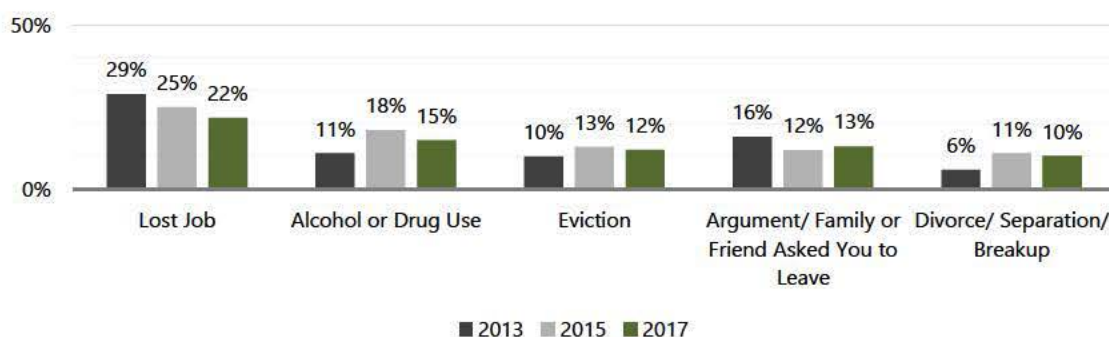
The percentage of respondents who reported having experienced homelessness four or more times in the past three years was higher in 2017 than 2015. In 2015, 34% of respondents reported four or more incidents of homelessness in the three years prior to the study.

PRIMARY CAUSE OF HOMELESSNESS

The primary cause of an individual's inability to obtain or retain housing is difficult to pinpoint, as it is often the result of multiple and compounding causes.

Nearly one quarter (22%) of respondents reported job loss as the primary cause of their homelessness. Fifteen percent (15%) reported drugs or alcohol. Thirteen percent (13%) reported an argument with a friend or family member who asked them to leave, 12% reported eviction, 10% reported divorce or separation, and 7% reported an illness or medical problem.

Figure 16. PRIMARY CAUSE OF HOMELESSNESS (TOP FIVE RESPONSES IN 2017)



2013 n= 931 respondents offering 1,057 responses; 2015 n = 993 respondents offering 1,267 responses; 2017 n= 1,073

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

OBSTACLES TO OBTAINING PERMANENT HOUSING

Many individuals experiencing homelessness face significant barriers in obtaining permanent housing. These barriers can range from housing affordability and availability to accessing the economic and social supports (e.g. increased income, rental assistance, case management) needed to access and maintain permanent housing. An inability to find adequate housing can lead to an inability to address other basic needs, such as healthcare and adequate nutrition.

Respondents were asked what prevented them from obtaining housing. The majority (56%) reported that they could not afford rent. One third (33%) reported a lack of job or income, followed by 25% who reported that there was no housing available. Most other respondents reported a mixture of other income or access related issues, such as difficulty with the housing process (18%), and lack of money for moving costs (16%).

Figure 17. OBSTACLES TO OBTAINING PERMANENT HOUSING (TOP FIVE RESPONSES IN 2017)

	2013	2015	2017
Can't afford rent	55%	48%	56%
No job/income	52%	28%	33%
No housing available	23%	17%	25%
Housing process is too difficult	18%	13%	18%
No money for moving costs	29%	13%	16%

2017 n = 1,056

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

SERVICES AND ASSISTANCE

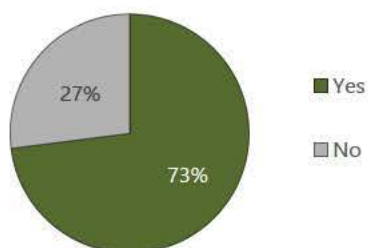
The City and County of San Francisco provides services and assistance to those currently experiencing homelessness through local, state, and federal funding sources. Government assistance and homeless services work to enable individuals and families to obtain income and support.

GOVERNMENT ASSISTANCE

There are a variety of forms of governmental assistance available to individuals experiencing homelessness. However, knowledge of services available, understanding of eligibility requirements, and perceived stigma of receiving governmental assistance can all impact the rate at which eligible individuals access these supports.

Nearly three-quarters (73%) of respondents in 2017 reported they were receiving some form of government assistance. The largest percentage of respondents (35%) reported receiving CalFresh (food stamps) and/or WIC (Special Supplemental Nutrition Program for Women, Infants, and Children). One quarter (25%) of respondents in 2017 reported receiving County Adult Assistance Program (CAAP) or General Assistance (GA). Twenty percent (20%) reported receiving SSI, SSDI, or non-veteran disability benefits, higher than 16% reported in 2015.

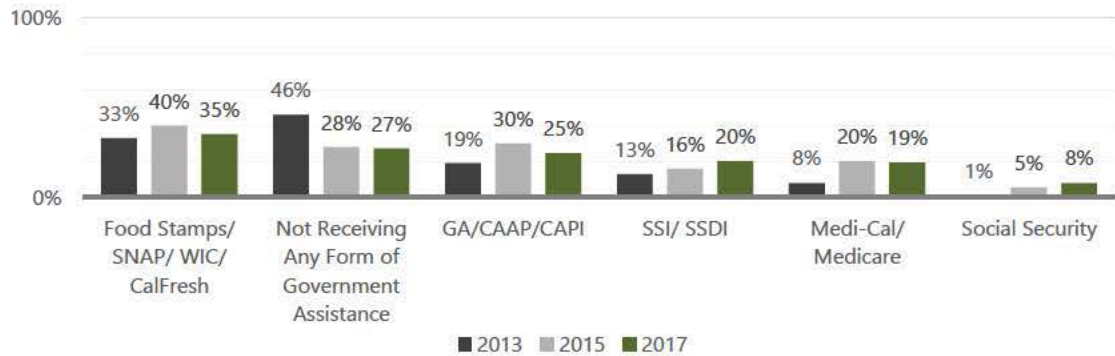
Figure 18. USING GOVERNMENT ASSISTANCE



2017 n = 999

Source: Applied Survey Research. (2017). *San Francisco Homeless Count*. Watsonville, CA.

Figure 19. GOVERNMENT ASSISTANCE RECEIVED



2013 n = 917 respondents offering 1,182 responses; 2015 n = 886 respondents offering 1,317 responses; 2017 n = 999 respondents offering 1,503 responses

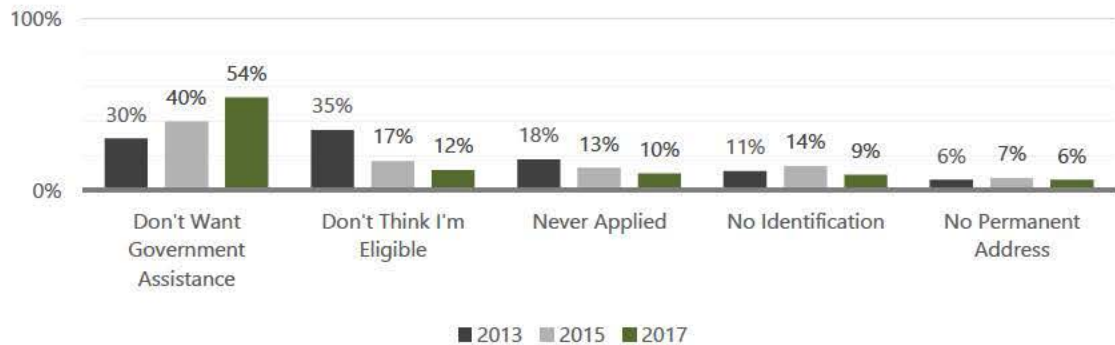
Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

Of the 27% that reported they were not receiving any form of government support, the greatest percentage reported they did not want assistance (54%). Twelve percent (12%) did not think they were eligible for services, 10% reported they had never applied, 4% had applied and were waiting for a response, and 2% reported they were turned down.

Respondents also reported challenges applying for services; 9% reported they did not have the required identification, 6% reported no permanent address to use on their application, and 3% reported that the paperwork was too difficult. Five percent (5%) reported immigration issues as playing role, and 4% reported they did not know where to go to seek assistance.

Figure 20. REASONS FOR NOT RECEIVING GOVERNMENT ASSISTANCE



2013 n = 406 respondents offering 515 responses; 2015 n = 224 respondents offering 275 response; 2017 n = 259 respondents offering 304 responses.

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

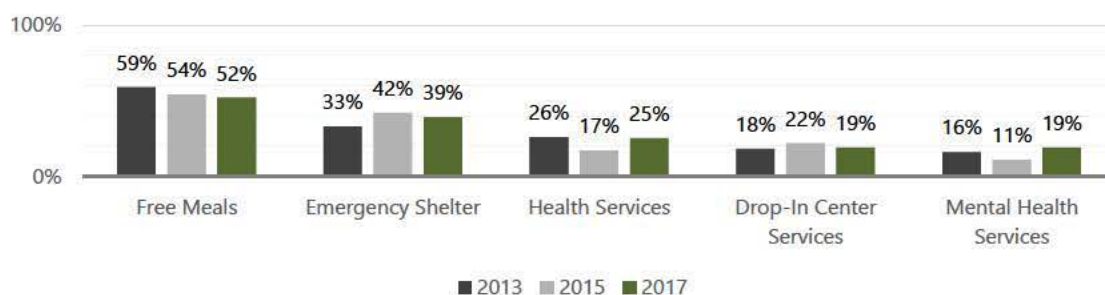
Note: Multiple response question. Percentages may not add up to 100.

SERVICES AND PROGRAMS

In addition to governmental assistance, there are City-funded community-based services and programs made available to individuals experiencing homelessness. These services range from shelters, drop-in centers, and meal programs to job training and healthcare.

More than half of respondents reported using meal services (52%). Thirty-nine percent (39%) of respondents report using emergency shelter services and 19% of respondents reported using drop-in center services. One quarter (25%) of respondents reported using health services, and increase from 17% in 2015. Nineteen percent (19%) reported using mental health services and 15% drug and alcohol counseling. Fifteen percent (15%) of respondents reported they were not using any services.

Figure 21. SERVICES OR ASSISTANCE (TOP FIVE RESPONSES IN 2017)



2013 n = 896 respondents offering 1,992 responses, 2015 n = 956 respondents offering 1,967 responses; 2017 n = 1,037 respondents offering 2,523 responses

Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

EMPLOYMENT AND INCOME

While the majority of survey respondents reported being unemployed, 13% reported part-time or full-time work, and many were receiving some sort of income.

EMPLOYMENT

The unemployment rate in San Francisco in January 2017 was 3%, slightly down from 4% in 2015.⁴ It is important to recognize that the unemployment rate represents only those who are unemployed and actively seeking employment. It does not represent all joblessness, nor does it address the types of available employment. In 2017, the unemployment rate for homeless respondents was 87%. Thirteen percent (13%) of respondents were working full-time, part-time, or with seasonal, temporary, or casual employment.

Of those who were unemployed, the primary barriers to employment included lack of transportation (36%), lack of permanent address (36%), lack of education and/or training (22%), and lack of available work or jobs (16%). Eleven percent (11%) of respondents reported health problems as a barrier, 9% alcohol and/or drug use, and 9% mental health issues. Thirteen percent (13%) of respondents reported that they did not want to work.

Figure 22. OBSTACLES TO OBTAINING EMPLOYMENT (TOP FIVE RESPONSES EACH YEAR)

2013	2015	2017
No Phone (28%)	No Permanent Address (28%)	No Transportation (36%)
Need Education/Training (28%)	Alcohol or Drug Use (20%)	No Permanent Address (36%)
Need Clothing/Shower Facilities (27%)	Disability (17%)	Need Education/Training (22%)
Alcohol or Drug Use (25%)	Age (14%)	No Jobs (16%)
No Jobs (24%)	Need Clothing/Shower Facilities (13%)	Don't Want to Work (13%)

2013 n = 560 respondents offering 1,624 responses; 2015 n = 882 respondents offering 1,752 responses; 2017 n = 45 respondents offering 96 responses

Source: Applied Survey Research. (2015-2017). San Francisco Homeless Count. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

Note: Respondents were challenged by this barriers question and the low response for barriers to employment is subject to a high margin of error.

⁴ State of California Employment Development Department. (2017). Unemployment Rates (Labor Force). Retrieved 2017 from <http://www.labormarketinfo.edd.ca.gov>

INCOME

Income from all sources varied between those with regular employment and those who were unemployed. One third (33%) of unemployed respondents reported an income of \$99 or less per month, in comparison to 13% of those who were employed. Unemployed income was typically from government benefits, recycling, or panhandling. Overall income for those with employment was higher than for people without employment. For example, 55% of employed respondents reported making between \$750 and \$3,000 per month, compared to 33% of unemployed respondents.

Figure 23. EMPLOYMENT AND MEAN MONTHLY INCOME

	2015		2017	
	Employed	Unemployed	Employed	Unemployed
\$0-\$99	14%	48%	13%	33%
\$100-\$449	23%	16%	4%	18%
\$450-\$749	19%	12%	26%	16%
\$750-\$1,099	16%	17%	16%	24%
\$1,100-\$1,499	12%	4%	24%	6%
\$1,500-\$3,000	14%	2%	15%	3%
More than \$3,000	2%	1%	2%	< 1%

2015 employed n = 104, 2015 unemployed n = 860; 2017 employed n = 137, 2017 unemployed n = 917

Source: Applied Survey Research. (2015-2017). San Francisco Homeless Count. Watsonville, CA.

Note: Percentages may not add up to 100 due to rounding.

Note: Respondents were challenged by this income question and the low response for employed income is subject to a high margin of error.

In addition to overall income, respondents were asked specifically about income from panhandling. Nearly half of 2017 survey respondents (49%) reported panhandling, compared to 44% in 2015.

HEALTH

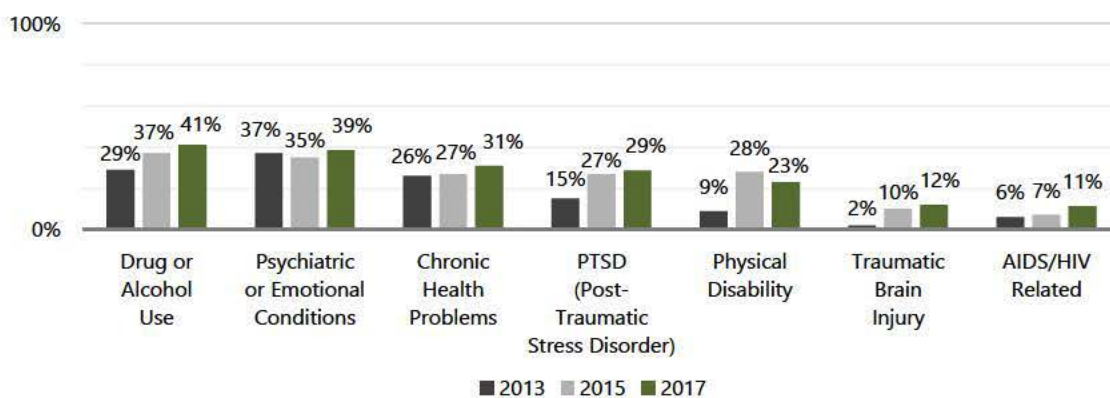
Nationally, the average life expectancy for individuals experiencing homelessness is 25 years less than those in stable housing. Without regular access to healthcare and without safe and stable housing, individuals experience preventable illness and often endure longer hospitalizations. It is estimated that those experiencing homelessness stay four days (or 36%) longer per hospital admission than non-homeless patients.⁵

CHRONIC HEALTH CONDITIONS

More than two-thirds of respondents (68%) reported one or more health conditions, similar to 2015 (67%). These conditions included chronic physical illness, physical disabilities, chronic substance use, and severe mental health conditions. Over half of respondents (53%) reported their condition limited their ability to take care of personal matters or to get and keep a job, much higher compared to 34% in 2015.

The most frequently reported health condition was drug or alcohol abuse (41%), followed by a psychiatric or emotional condition (39%), and then a chronic health problem (31%). Twenty-nine percent (29%) reported Post-Traumatic Stress Disorder (PTSD), 23% a physical disability, 12% a traumatic brain injury, and 11% reported having an AIDS or HIV related illness.

Figure 24. HEALTH CONDITIONS



2013 n = 902; 2015 n = 951-980; 2017 n = 1,027-1,061

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

FOOD SECURITY

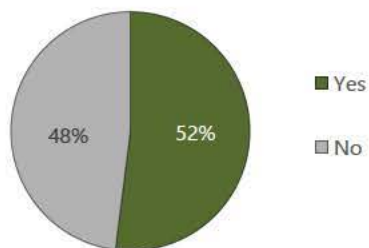
Food insecurity is associated with adverse health outcomes, including increased prevalence of chronic health conditions, and preventing those that are already ill from improving health outcomes.⁶ Respondents were asked if they had experienced a food shortage at any time in the four

⁵ Sharon A. Salit, M. E. (1998). Hospitalization Costs Associated with Homelessness in New York City. *New England Journal of Medicine*, 338, 1734-1740.

⁶ Weiser, S. et al. (2013). Food insecurity is associated with greater acute care utilization among HIV-infected homeless and marginally housed individuals in San Francisco. *J Gen Intern Med*. 28(1), 91-98.

weeks prior to the survey. Fifty-two percent (52%) reported experiencing a food shortage, a decrease compared to 58% in 2015.

Figure 25. FOOD SHORTAGE IN THE PAST FOUR WEEKS



2017 n = 829

Source: Applied Survey Research. (2017). *San Francisco Homeless Count*. Watsonville, CA.

DOMESTIC VIOLENCE AND PARTNER ABUSE

Histories of domestic violence and partner abuse are prevalent among individuals experiencing homelessness, and can be a primary cause of homelessness for many. Survivors often lack many of the financial resources required for housing due to a limited employment history or dependable income. Six percent (6%) of all survey respondents reported they were currently experiencing domestic/partner violence or abuse. When asked about experiences throughout their lifetime, 26% reported domestic/partner violence or abuse.

Domestic violence varied by gender with 25% of genderqueer/gender non-binary respondents and 16% of transgender respondents reporting current experiences of domestic violence, compared to 5% of males and 8% of females. Looking at domestic violence across the lifetime, 88% of transgender and 37% of female respondents reported previous experiences of domestic violence, compared to 17% of male respondents. Of those who had an experience of domestic violence, 12% reported domestic violence as the primary cause of their homelessness. Among individuals in families, 40% had experienced domestic violence, and 30% of those in families who had experienced domestic violence reported domestic violence was the primary cause of their homelessness.

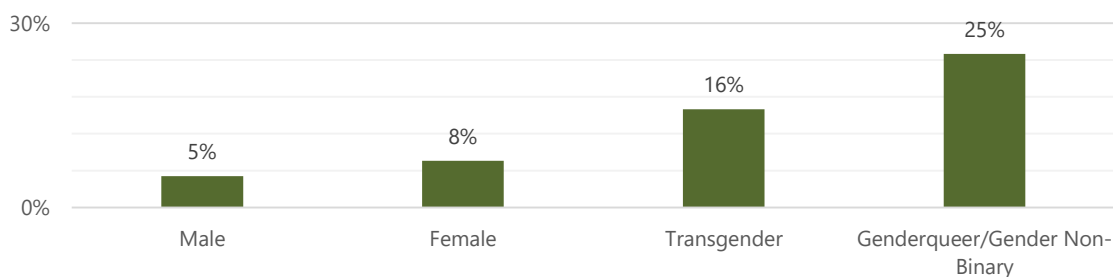
Figure 26. HISTORY OF DOMESTIC VIOLENCE



2017 n= 955

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

Figure 27. CURRENT EXPERIENCES OF DOMESTIC VIOLENCE BY GENDER



2017 n= 942

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

CRIMINAL JUSTICE SYSTEM

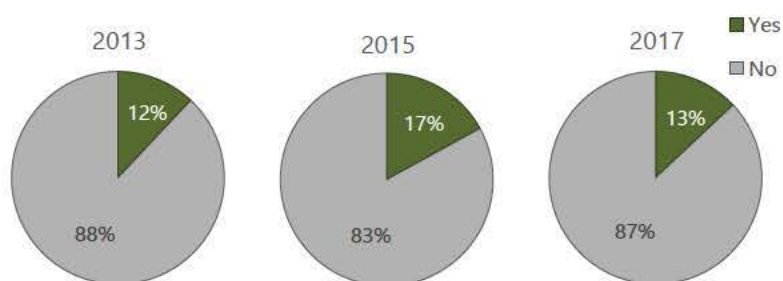
Homelessness and incarceration are often correlative. Individuals without stable housing are at greater risk of criminal justice system involvement, particularly for individuals with mental health issues, veterans, and youth. Individuals with past incarceration face significant barriers to exiting homelessness due to stigmatization and policies that affect both their ability to gain employment and their access housing opportunities.⁷

INCARCERATION

When asked if they had spent a night in jail or prison in the last 12 months, one fifth (20%) of respondents experiencing homelessness reported that they had, compared to 29% in 2015. Of the 20% of respondents who had spent a night in jail or prison in the 12 months prior to the survey, the mean number of nights spent in jail or prison was five.

Thirteen percent (13%) of respondents reported that they were on probation or parole at the time of the survey, lower than 2015 (17%). Similarly, in 2013, 12% of respondents were on probation or parole at the time they became homeless.

Figure 28. ON PROBATION OR PAROLE AT ONSET OF HOMELESSNESS



2013 n = 953; 2015 n = 931; 2017 n = 1,039

Source: Applied Survey Research. (2015-2017). San Francisco Homeless Count. Watsonville, CA.

⁷ Greenberg, GA, Rosenheck, RA. (2008). Jail Incarceration, Homelessness, and Mental Health: A National Study. *Psychiatr Serv*, 2008 Feb;59(2): 170-7.



HUD Report and Subpopulations

Opening Doors: Federal Strategic Plan to Prevent and End Homelessness outlines national objectives and evaluative measures for ending homelessness in the United States. In order to adequately address the diversity within the population experiencing homelessness, the federal government identifies four subpopulations with particular challenges or needs, including: the chronically homeless, veterans, families with children and youth. These subpopulations represent important reportable indicators for measuring local progress toward ending homelessness.

The following sections examine each of these four subpopulations, identifying the number and characteristics of individuals included in HUD submission for the 2017 San Francisco Homeless Point-in-Time Count and Survey. Because this section is focused on the HUD defined subpopulations, the HUD definition of homelessness is used and the numbers reported in this section are consistent with the numbers that San Francisco reports to HUD. The previous section used the expanded definition of homelessness adopted by the City and County of San Francisco. In the following section, the HUD definition of homelessness for the Point-in-Time Count is used and includes:

- Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement; or
- With a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

The table below shows the 2017 San Francisco Report numbers, as well as the numbers reported to HUD in 2017. The differences are due to a broader definition of homelessness adopted by the City and County of San Francisco. The definition of homelessness in San Francisco expands HUD's definition to include individuals who were "doubled-up" in the homes of family or friends, staying in jails, hospitals, and rehabilitation facilities, and families living in Single Room Occupancy (SRO) units. While this data is beyond the scope of this project, the 2015 and 2017 San Francisco Report numbers include those residing in jails, hospitals, and rehabilitation facilities.

Figure 29. DIFFERENCES IN REPORTED NUMBERS BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO AND HUD

	San Francisco Report Numbers		San Francisco HUD Reported Numbers	
	2015	2017	2015	2017
Total number of persons	7,539	7,499	6,775	6,858
Total number of individuals	6,909	6,881	6,175	6,257
Total number of families	226	198	212	190
Total number of persons in families	630	618	600	601
Total number of unaccompanied children and TAY	1,567	1,363	1,473	1,274
Total number of chronically homeless persons	1,803	2,181	1,629	2,138
Total number of veterans	598	744	557	684

Of the 1,104 surveys completed in 2017, the results represent 351 chronically homeless individuals, 122 homeless veterans, 53 individuals in homeless families,⁸ and 213 unaccompanied children and transitional-age youth. Surveys were completed in unsheltered environments and transitional housing settings. The extrapolated population estimate data presented in this section includes only individuals and families that meet the HUD definition of homelessness.

⁸ Homeless families continue to be underrepresented in San Francisco Homeless Survey data. The majority of homeless families in San Francisco are currently residing in shelters and transitional housing facilities.

CHRONIC HOMELESSNESS

The Department of Housing and Urban Development defines a chronically homeless individual as someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years, *and* also has a condition that prevents them from maintaining work or housing. This definition applies to individuals as well as heads of household who meet the definition.

The chronically homeless population represents one of the most vulnerable populations on the street; the mortality rate for those experiencing chronic homelessness is four to nine times higher than the general population.⁹ Data from communities across the country show that public costs incurred by those experiencing extended periods of homelessness include emergency room visits, interactions with law enforcement, incarceration, and regular access to social supports and homeless services. These combined costs are often significantly higher than the cost of providing individuals with permanent housing and supportive services.¹⁰ The U.S. Department of Housing and Urban Development reported that roughly 22% of the national homeless population, or an estimated 77,486 individuals, was chronically homeless in 2016.¹¹

⁹ United States Interagency Council on Homelessness. (2010). Supplemental Document to the Federal Strategic Plan to Prevent and End Homelessness: June 2010. Retrieved 2017 from https://www.usich.gov/resources/uploads/asset_library/BkgrdPap_ChronicHomelessness.pdf

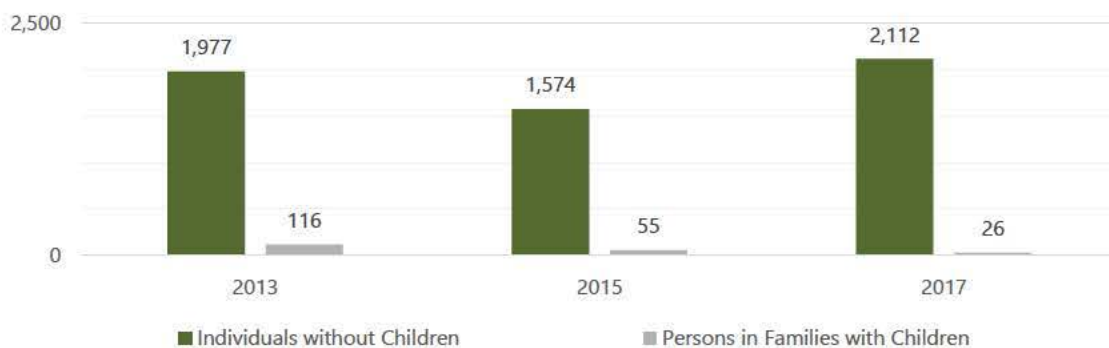
¹⁰ Larimer, E., Malone, D., Garner, D., et al. (2009). Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems. Retrieved 2017 from <http://jamanetwork.com/journals/jama/fullarticle/183666>

¹¹ Department of Housing and Urban Development. (2016). Annual Assessment Report to Congress. Retrieved 2017 from <https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf>

PREVALENCE OF CHRONIC HOMELESSNESS

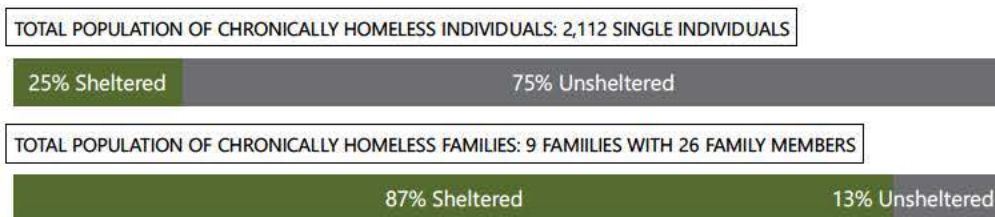
In 2017, the number of chronically homeless individuals in San Francisco increased, while the number of chronically homeless persons in families decreased. Many communities in California, including Los Angeles County and Alameda County, have seen an increase in chronic homelessness between 2015 and 2017. Based on the San Francisco Point-in-Time Count data, it was estimated that there were 2,138 chronically homeless people living in San Francisco on January 26, 2017. Approximately 31% of the homeless population in San Francisco is chronically homeless.

Figure 30. CHRONIC HOMELESS POPULATIONS ESTIMATES OVER TIME



Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

Figure 31. CHRONIC HOMELESS POPULATION ESTIMATES BY SHELTER STATUS

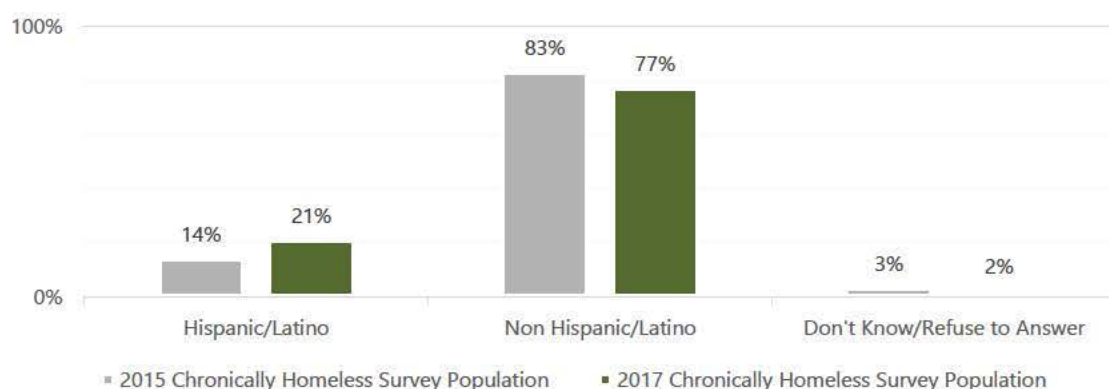


Source: Applied Survey Research (2015-2017). San Francisco Homeless Count. Watsonville, CA.

DEMOGRAPHICS OF CHRONICALLY HOMELESS SURVEY RESPONDENTS

The majority of chronically homeless individuals were male (68%), slightly higher than the non-chronically homeless population (58%). A similar percentage of chronically homeless respondents identified as Hispanic or Latino compared to non-chronically homeless respondents (21% and 23%, respectively). Six percent (6%) of chronically homeless respondents identified as veterans.

Figure 32. ETHNICITY AMONG PERSONS EXPERIENCING CHRONIC HOMELESSNESS

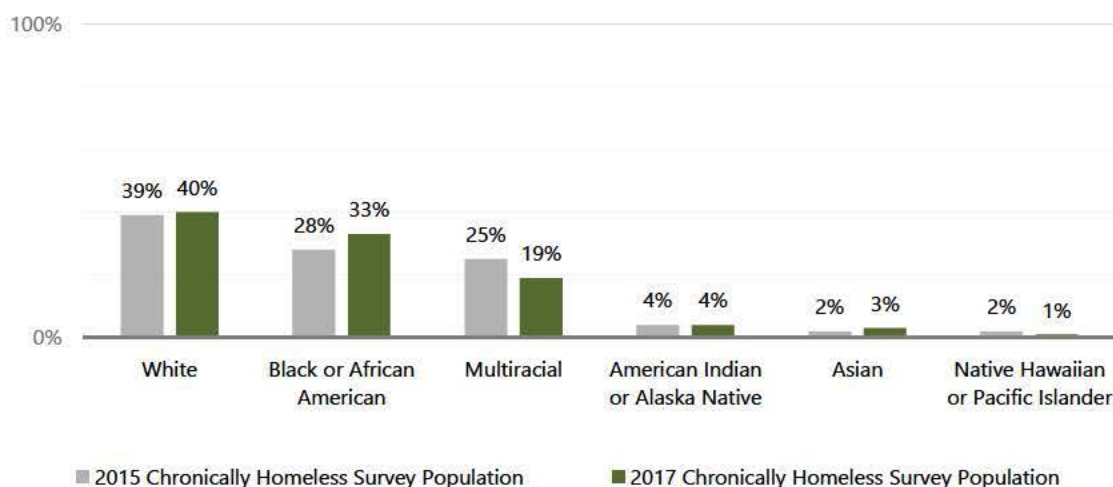


2015 n = 250; 2017 n = 322

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

Note: Percentages may not add up to 100 due to rounding.

Figure 33. RACE AMONG PERSONS EXPERIENCING CHRONIC HOMELESSNESS



2015 n=249; 2017 n=335

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

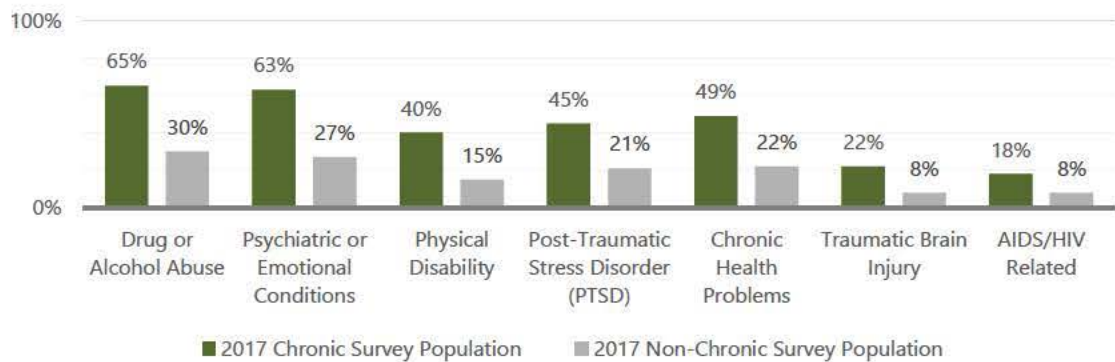
Note: Percentages may not add up to 100 due to rounding.

HEALTH CONDITIONS AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

The definition of chronic homelessness requires a condition that prevents an individual from maintaining work or housing, and many respondents reported experiencing multiple physical or mental health conditions. Sixty-five percent (65%) of chronically homeless survey respondents reported alcohol or substance use. Sixty-three percent (63%) reported a psychiatric or emotional condition. Forty-nine percent (49%) reported a chronic health problem or medical condition. Forty-five percent (45%) reported Post Traumatic Stress Disorder (PTSD).

In general, higher rates of health conditions were reported for those who were chronically homeless compared to their non-chronically homeless counterparts. For example, 40% of chronically homeless individuals reported having a physical disability compared to 15% of non-chronically homeless individuals.

Figure 34. HEALTH CONDITIONS, CHRONIC AND NON-CHRONIC COMPARISON



Chronic n = 331-342; Non-Chronic n = 696-719

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

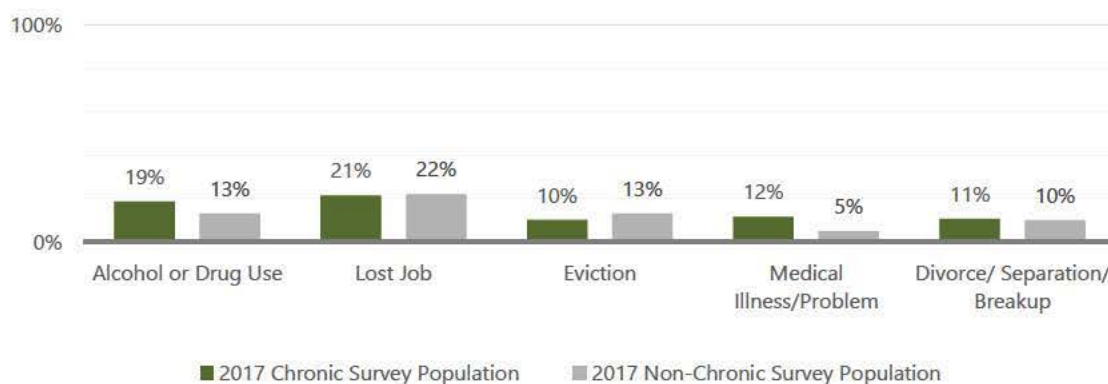
Note: Multiple response question. Percentages may not add up to 100.

PRIMARY CAUSE OF HOMELESSNESS AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

Nearly one-fifth (19%) of chronically homeless survey respondents identified alcohol or drug use as the primary cause of their homelessness; this was a decrease compared to 32% in 2015. Ten percent (10%) of chronically homeless respondents reported mental health issues as a primary cause compared to 4% of non-chronically homeless respondents.

While chronically homeless respondents reported some differences in the initial cause of their homelessness compared to non-chronic respondents, they reported similar barriers to permanent housing. As in 2015, the most common response in 2017 was inability to afford rent (55%). Twenty-nine percent (29%) reported having no job or not enough income, 24% reported a lack of available housing, and 19% reported difficulty with the housing process.

Figure 35. PRIMARY CAUSE OF HOMELESSNESS, CHRONIC AND NON-CHRONIC COMPARISON



Chronic n = 345; Non-Chronic n = 728

Source: Applied Survey Research. (2017). *San Francisco Homeless Count*. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

ACCESS TO SERVICES AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

A higher proportion (19%) of chronically homeless respondents reported they were not using any local homeless services such as food and shelter services, compared to 14% of those who were not chronically homeless. They also reported somewhat higher use of health services, 29% compared to 23% of those who were not chronically homeless.

Twenty-two percent (22%) of chronically homeless respondents reported they were not using government assistance, a slight increase from 20% in 2015. Thirty-one percent (31%) reported receiving SSI, SSDI, or other disability benefits, 27% received CalFresh (food stamps), and 21% received General Assistance (GA). Nineteen percent (19%) reported receiving Medi-Cal/MediCare benefits, a large decrease from 32% in 2015.

Of chronically homeless respondents who were not receiving government services, over half (55%) reported that they did not want government assistance. Ten percent (10%) reported not having a permanent ID, and another 10% reported they had never applied. One percent (1%) reported that the paperwork was too difficult, a large decrease from 17% in 2015.

INCARCERATION AMONG THOSE EXPERIENCING CHRONIC HOMELESSNESS

A slightly higher percentage of chronically homeless respondents reported they had spent one or more nights in jail or prison in the 12 months prior to the survey, 22% compared to 19% of non-chronically homeless respondents. Sixteen percent (16%) of chronically homeless survey respondents reported being on probation or parole at the time of the survey, and 17% reported being on probation or parole at the time they became homeless.

HOMELESSNESS AMONG VETERANS

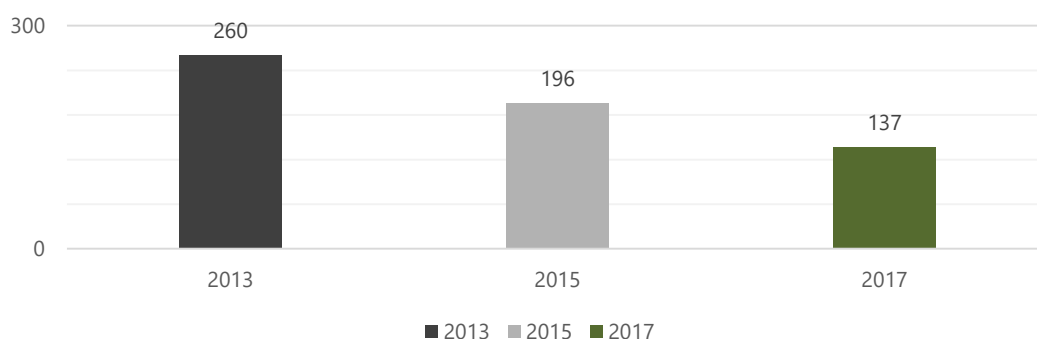
Many U.S. veterans experience conditions that place them at increased risk for homelessness. Veterans experience higher rates of post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), sexual assault, and substance abuse. Nationally, veterans experiencing homelessness are more likely to live on the street than in shelters and often remain on the street for extended periods of time.¹²

The U.S. Department of Veterans Affairs (VA) provides a broad range of benefits and services to veterans of the U.S. Armed Forces. These benefits can involve different forms of financial assistance, including monthly cash payments to disabled veterans, health care, education, and housing benefits. In addition to these supports, the VA and HUD partner to provide additional housing and support services to veterans' currently experiencing homelessness or at risk of experiencing homeless.

NUMBER OF CHRONICALLY HOMELESS VETERANS

San Francisco and its federal and local partner have prioritized ending chronic homelessness for veterans. Due to this increased focus and investment the number of chronically homeless veterans in San Francisco decreased between 2015 and 2017. It was estimated that 137 veterans were chronically homeless in San Francisco in January 2017, a decrease from 196 individuals in 2015.

Figure 36. CHRONICALLY HOMELESS VETERAN POPULATION ESTIMATES



Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

ACCESS TO SERVICES AMONG VETERANS

Overall, the number of veterans connected to any form of government assistance was higher than the non-veteran population, 84% compared to 71%. More veterans reported using health services (29%) and mental health services (23%) than non-veterans (compared to 24% and 18% of non-veterans, respectively).

Twenty-six percent (26%) of veterans reported receiving VA disability compensation, and 19% reported receiving another form of VA benefit. Twenty-four percent (24%) reported they were receiving SSI/SSDI.

¹² National Alliance to End Homelessness (2015). Fact Sheet: Veteran Homelessness. Retrieved 2017 from <http://www.endhomelessness.org/library/entry/fact-sheet-veteran-homelessness>

NUMBER OF HOMELESS VETERANS

While the number of veterans experiencing chronic homelessness has decreased the estimated number of homeless veterans in San Francisco increased between 2015 and 2017. There were an estimated 684 veterans in 2017, compared to 557 in 2015. Forty-eight percent (48%) of veterans identified in the Point-in-Time Count were identified in City shelters or VA facilities.

Figure 37. HOMELESS VETERAN POPULATION ESTIMATES

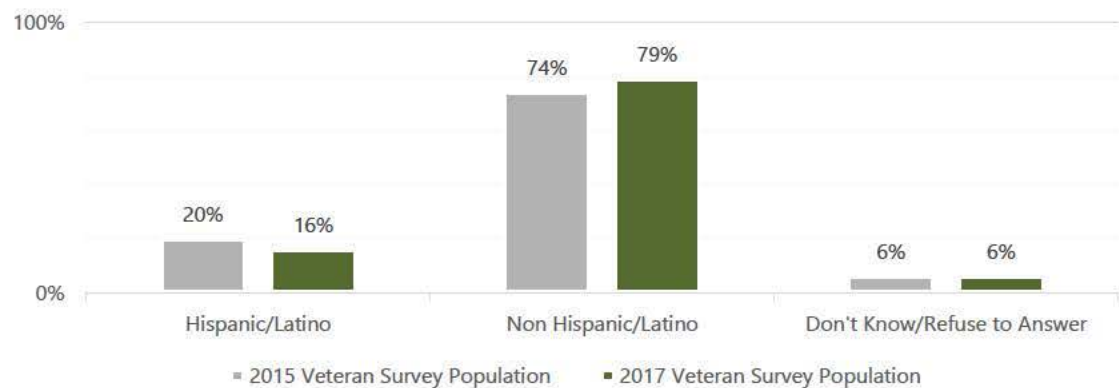


Source: Applied Survey Research. (2017). *San Francisco Homeless Count*. Watsonville, CA.

DEMOGRAPHICS OF HOMELESS VETERANS

Eighty-one percent (81%) of veteran survey respondents identified as male, 16% female, and 3% transgender. Sixteen percent (16%) of veterans identified as Hispanic or Latino, less than the non-veteran respondents (23%). Forty percent (40%) of veterans reported their racial identity as White, 34% Black or African American, and 17% Multiracial.

Figure 38. ETHNICITY AMONG VETERANS

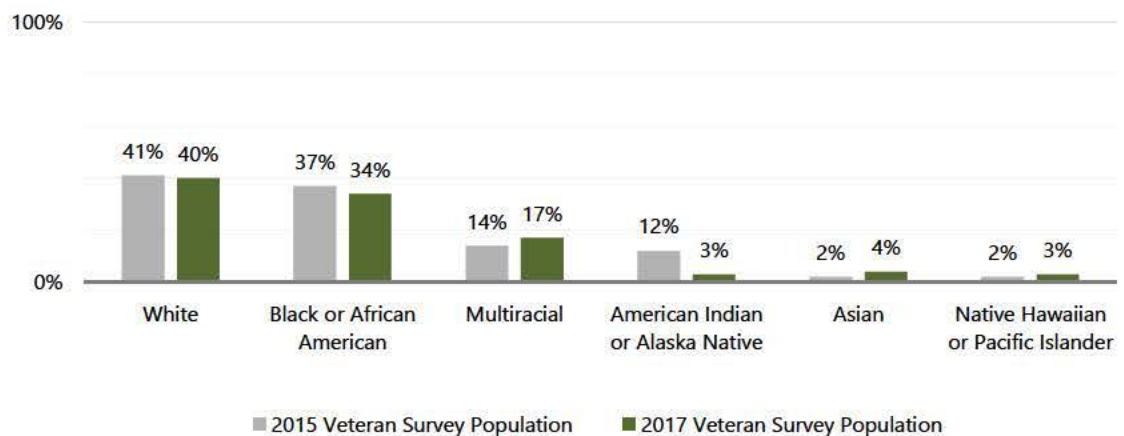


2015 n = 131; 2017 n = 109

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

Note: Percentages may not add up to 100 due to rounding.

Figure 39. RACE AMONG VETERANS



2015 n = 132; 2017 n = 118

Source: Applied Survey Research. (2015-2017). San Francisco Homeless Count. Watsonville, CA.

Note: Percentages may not add up to 100 due to rounding.

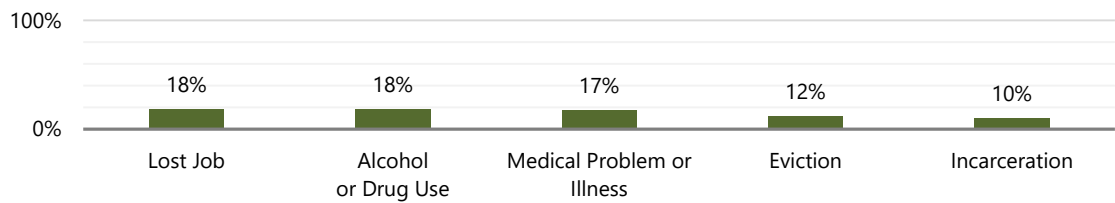
Sixty-four percent (64%) of veterans were living in San Francisco at the time they most recently became homeless, slightly lower than the non-veteran population (69%). Twenty-two percent (22%) were living in another county in California when they became homeless, and 14% reported they were living in another state. Of those who did not live in San Francisco at the time they became homeless, 24% reported coming to San Francisco to access VA services or a clinic.

The greatest number of veterans reported that prior to becoming homeless they were living in a home owned or rented by themselves or a partner (35%), marginally higher than the non-veteran population (33%). Veterans more often reported they were in a hospital or treatment center prior to becoming homeless, 7% compared to 3% of non-veterans.

PRIMARY CAUSE OF HOMELESSNESS AMONG HOMELESS VETERANS

The most frequently cited cause of homelessness among veterans was job loss and alcohol or drug use, each representing 18% of the veteran population. Seventeen percent (17%) reported a medical problem or illness as the primary cause of their homelessness, 12% reported eviction, and 10% reported incarceration.

Figure 40. PRIMARY CAUSE OF HOMELESSNESS AMONG HOMELESS VETERANS (TOP FIVE RESPONSES IN 2017)



2017 n = 160

Source: Applied Survey Research. (2017). *San Francisco Homeless Count*. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

INCARCERATION AMONG HOMELESS VETERANS

Nationally, among those who are incarcerated, veterans are more likely than non-veterans to be first time offenders, to have committed a violent offense, and to have longer prison sentences. Veterans who are incarcerated may also face the loss or decrease in amount of various VA benefits.¹³

Twenty percent (20%) of veteran and non-veteran respondents reported they had spent one or more nights in jail in the 12 months prior to the survey. A slightly higher percentage of veterans (14%) reported they were currently on probation or parole compared to non-veterans (12%).

¹³ Military Benefits. (2014). *Incarcerated Veterans*. Retrieved 2014 from <http://www.military.com/benefits/veteran-benefits/incarcerated-veterans.html>.

HOMELESS FAMILIES WITH CHILDREN

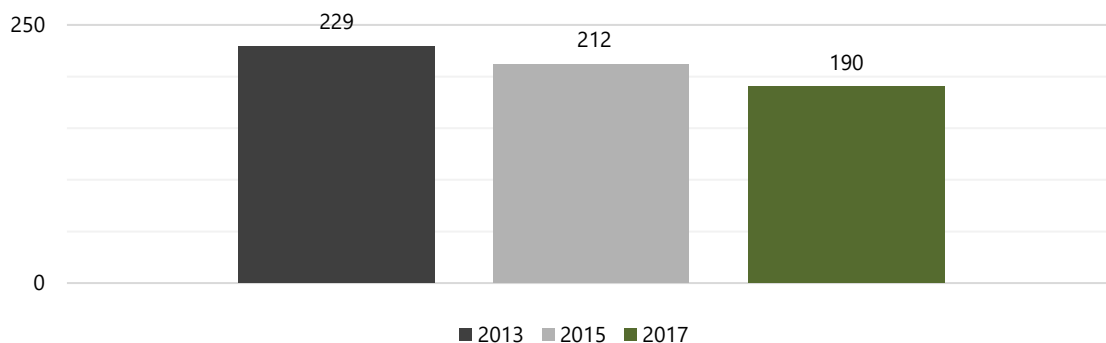
National data from 2016 suggest that 35% of all people experiencing homelessness are persons in families. Very few families experiencing homelessness are unsheltered, as public shelters serve 90% of homeless families in the United States; this is a significantly higher proportion of the population compared to adults without children and unaccompanied youth. Data on families experiencing homelessness suggest that they are not much different from families in poverty.¹⁴

Nationally, the risk of homelessness is highest among households headed by single women and families with children under the age of six.¹⁵ Children in families experiencing homelessness have increased incidence of illness and are more likely to have emotional and behavioral problems than children with consistent living accommodations.¹⁶

NUMBER OF HOMELESS FAMILIES WITH CHILDREN

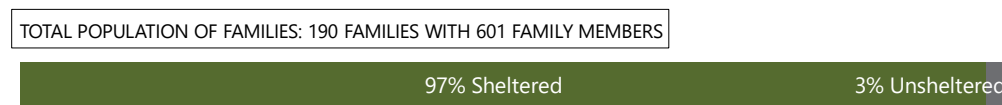
Trend data showed that the distribution of single individuals compared to people in families has remained relatively consistent over time. There were 601 persons in families identified during the 2017 count, nearly identical to the 600 persons in families identified in 2015. Between 2015 and 2017 the number of homeless families enumerated decreased by 10% from 212 to 190. Ninety-seven percent (97%) of families identified during the Point-in-Time Count were staying in shelters or transitional housing programs.

Figure 41. FAMILIES ENUMERATED DURING THE POINT-IN-TIME HOMELESS COUNT



Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

Figure 42. HOMELESS FAMILIES WITH CHILDREN POPULATION ESTIMATES



Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

¹⁴ U.S. Interagency Council on Homelessness. (2015). Opening Doors. Retrieved 2015 from <http://www.usich.gov/>

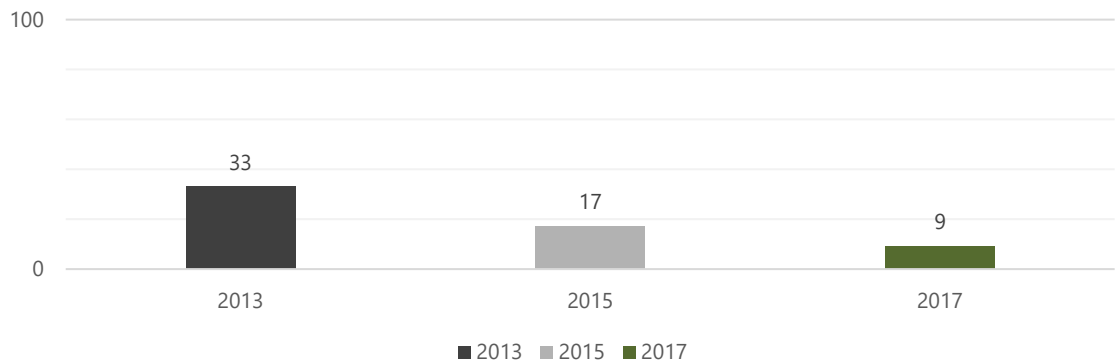
¹⁵ U. S. Department of Health and Human Services. (2007). Characteristics and Dynamics of Homeless Families with Children. Retrieved 2015 from <http://aspe.hhs.gov/>

¹⁶ U.S. Interagency Council on Homelessness. (2015). Opening Doors. Retrieved 2015 from <http://www.usich.gov/>

CHRONICALLY HOMELESS FAMILIES WITH CHILDREN

Chronic homelessness among families has been declining in San Francisco since 2013. Between 2013 and 2017 there was a 78% decrease in the number of people in families experiencing chronic homelessness; in 2013, there were 116 chronically homeless people in families and in 2017 it was down to 26.

Figure 43. NUMBER OF FAMILIES EXPERIENCING CHRONIC HOMELESSNESS BETWEEN 2013-2017



Source: Applied Survey Research. (2013-2017). San Francisco Homeless Count. Watsonville, CA.

CHARACTERISTICS OF HOMELESS FAMILIES WITH CHILDREN

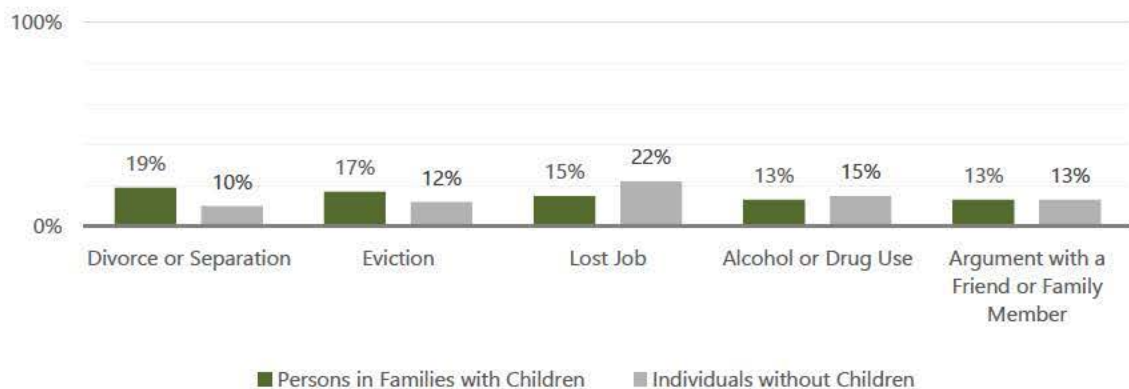
Fifty-three individuals in homeless families with children participated in the San Francisco Survey.¹⁷ Ninety-one percent (91%) of survey respondents in families were female, significantly higher than survey respondents not in families (30%). Twenty-nine percent (29%) of those surveyed in families identified as Hispanic or Latino, slightly higher than those not in families (21%).

¹⁷ Caution should be used when interpreting these data due to small number of surveys conducted with homeless individuals in families with children

PRIMARY CAUSE OF HOMELESSNESS AMONG HOMELESS FAMILIES WITH CHILDREN

Forty percent (40%) of individuals in families with children reported having experienced domestic violence in the past, and 6% reported they were currently experiencing domestic violence at the time of the survey. Eleven percent (11%) reported family or domestic violence as the primary cause of their homelessness. The most frequently reported cause was divorce or separation (19%), followed by eviction (17%) and job loss (15%).

Figure 44. PRIMARY CAUSE OF HOMELESSNESS AMONG HOMELESS FAMILIES WITH CHILDREN (TOP FIVE RESPONSES IN 2017)



Families n = 53; Non-families n = 988

Source: Applied Survey Research. (2017). *San Francisco Homeless Count*. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

LENGTH OF HOMELESSNESS AMONG FAMILIES WITH CHILDREN

Forty-two percent (42%) of individuals in families with children reported they were experiencing homelessness for the first time compared to 24% of single individuals. Slightly over half (55%) had been without housing for more than 6 months, and 37% reported they were living in a home owned or rented by themselves or a partner prior to becoming homeless.

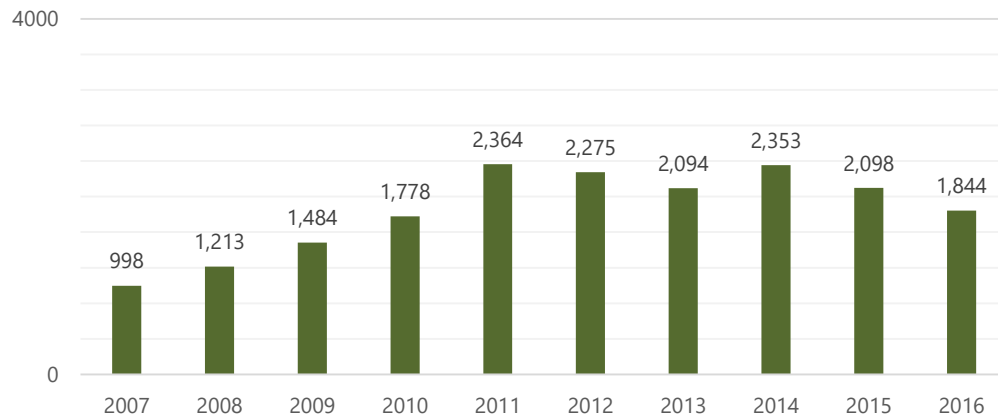
GOVERNMENT ASSISTANCE FOR HOMELESS FAMILIES WITH CHILDREN

Forty-five percent (45%) of respondents reported that in the 4 weeks prior to the survey, they had experienced a food shortage. Over half (62%) reported that they were receiving CalFresh (food stamps), and 46% reported they were receiving Medi-Cal/MediCare.

SAN FRANCISCO UNIFIED SCHOOL DISTRICT

Due to increased investments and targeted interventions, the San Francisco Unified School District has seen a reduction in students experiencing homelessness. Given the difference in definitions of homelessness between HUD and the Department of Education, the San Francisco Unified School District (SFUSD) numbers differ from those reported to HUD. Despite this difference, SFUSD's data on the annual number of students experiencing homelessness is an important source of information and a key indicator of progress on reducing family homelessness.

Figure 45. NUMBER OF STUDENTS IN SFUSD EXPERIENCING HOMELESSNESS



Source: San Francisco Unified School District. This reflects a snapshot of homeless students taken in early October of each school year.

UNACCOMPANIED HOMELESS CHILDREN AND TRANSITIONAL-AGE YOUTH

Due to the often hidden nature of youth homelessness, there are limited data available on unaccompanied children and transitional-age youth experiencing homelessness. Although largely considered an undercount, current federal estimates suggest there are 35,686 unaccompanied children and transitional-age youth on the streets and in public shelters.¹⁸ Young people experiencing homelessness have a harder time accessing services, including shelter, medical care, and employment due to the stigma of their housing situation, lack of knowledge of available resources, and a dearth of services targeted to young people.¹⁹

In 2012, the U.S. Interagency Council on Homelessness amended the federal strategic plan to end homelessness to include specific strategies and supports to address the needs of unaccompanied homeless children and transitional-age youth. As part of this effort, the Department of Housing and Urban Development placed increased focus on gathering data on unaccompanied homeless children and youth during the Point-in-Time Count.

The City and County of San Francisco implemented a supplemental youth count and survey in 2013 to improve data on unaccompanied children and youth in San Francisco. These efforts were replicated, with minor improvements, in 2015 and 2017. The following section provides an overview of the findings on unaccompanied children and youth identified in San Francisco's general point-in-time count, as well as in the specific youth count. More information regarding the youth study can be found in the 2017 San Francisco Homeless Unique Youth Count & Survey.

¹⁸ Department of Housing and Urban Development. (2016). Annual Assessment Report to Congress. Retrieved 2017 from <https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf>

¹⁹ National Coalition for the Homeless. (2011). Homeless Youth Fact Sheet. Retrieved 2011 from <http://www.nationalhomeless.org>.

NUMBER OF UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH

In 2017, 1,274 unaccompanied children and transitional-age youth were identified in the count. Of this, 1,170 of these individuals were transitional-age youth and 104 were unaccompanied children. This was lower than in 2015, when 1,348 transitional-age youth and 125 unaccompanied children were included in the count. Ninety percent (90%) of unaccompanied children and 88% of transitional-age youth counted on January 26, 2017 were unsheltered.

Figure 46. UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH POPULATION ESTIMATES OVER TIME

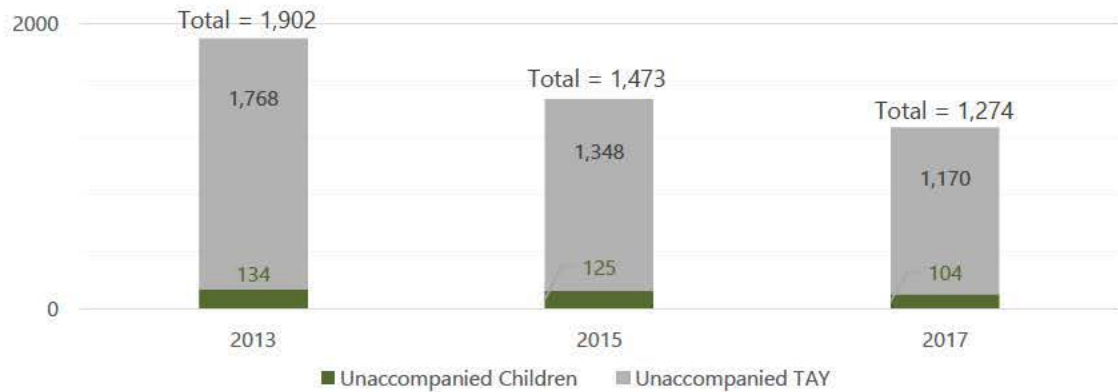
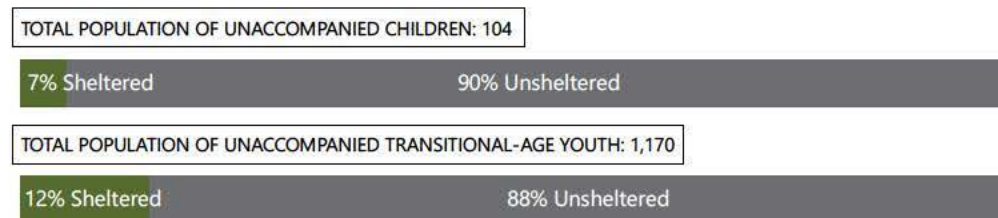


Figure 47. UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH POPULATION ESTIMATES BY SHELTER STATUS



Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

Unaccompanied children and transitional-age youth are enumerated through the shelter count, general street count, and supplemental youth street count. In 2017, 40% of unaccompanied children and transitional-age youth were identified through the youth point-in-time count efforts. It is important to note the youth count is conducted by peer youth enumerators who themselves have or are currently experiencing homelessness. These youth have a clearer understanding of where homeless youth reside and what distinguishes them from non-homeless, unaccompanied children and transitional-age youth seen on the street.

Figure 48. UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH HOMELESS COUNT RESULTS BY AGE GROUP

	Unaccompanied Children Under 18	Transitional-Age Youth 18-24	Total Unaccompanied Youth
Sheltered Count	10	140	150
Street Count	94	1,030	1,124
General Count	47	576	623
Supplemental Youth Count	47	454	501*
Total	104	1,170	1,274

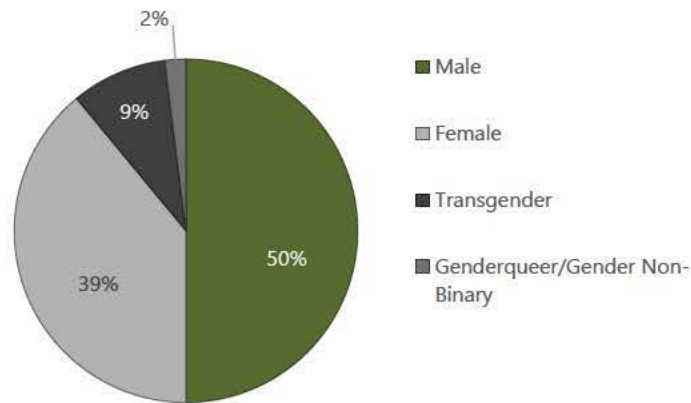
Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

*The youth count identified 513 persons, however 12 of those persons were youth in families. The youth count identified 501 unaccompanied children and youth.

DEMOGRAPHIC CHARACTERISTICS AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH

Half (50%) of the population of youth respondents under the age of 25 identified as male, less than the general population (64%). Nine percent (9%) identified as transgender, 2% as genderqueer/gender non-binary, and 39% as female. Nearly half (49%) of youth respondents identified as LGBTQ, much higher than the adult population (25%).

Figure 49. GENDER IDENTITY AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH

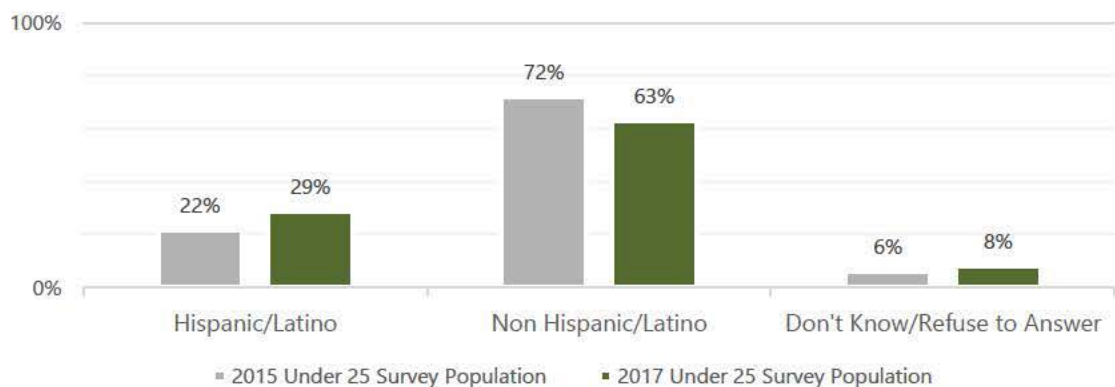


Under 25 n= 1,104

Note: Percentages may not add up to 100 due to rounding.

Twenty-nine percent (29%) of youth respondents reported they were Hispanic or Latino, compared to 20% of respondents 25 years and over. The highest reported race for youth respondents was Multiracial (35%), followed by Black or African American and White, each representing 26% of the youth population.

Figure 50. ETHNICITY AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH

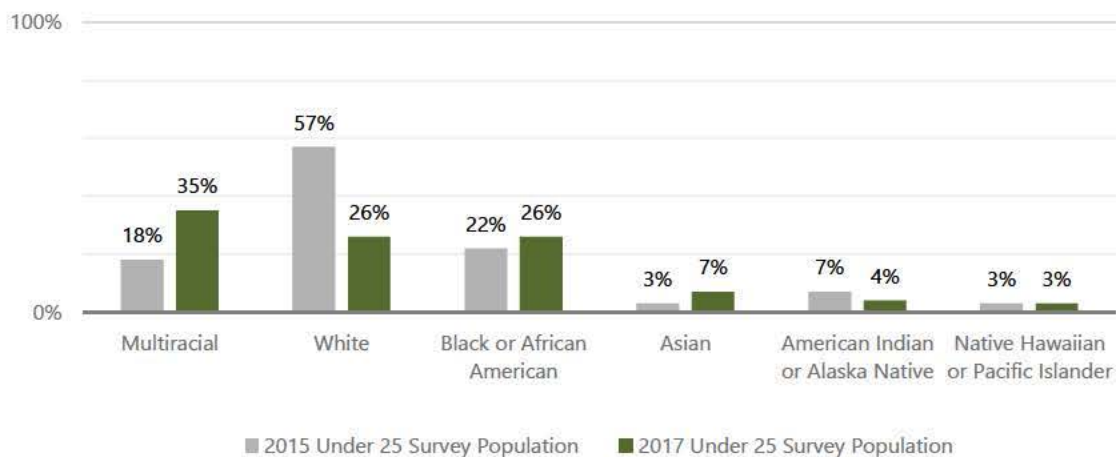


2015 n = 175; 2017 n=211

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

Note: Percentages may not add up to 100 due to rounding.

Figure 51. RACE AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH



2015 n=161; 2017 n = 215

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

Note: Percentages may not add up to 100 due to rounding.

More than half (56%) of youth survey respondents reported they were living in San Francisco at the time they most recently became homeless. Twenty-eight percent (28%) of youth survey respondents reported living in another county in California at the time they most recently became homeless. Sixteen percent (16%) moved to San Francisco out of state compared to 9% of respondents over the age of 25.

Figure 52. PLACE OF RESIDENCE AT TIME OF HOUSING LOSS FOR UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH



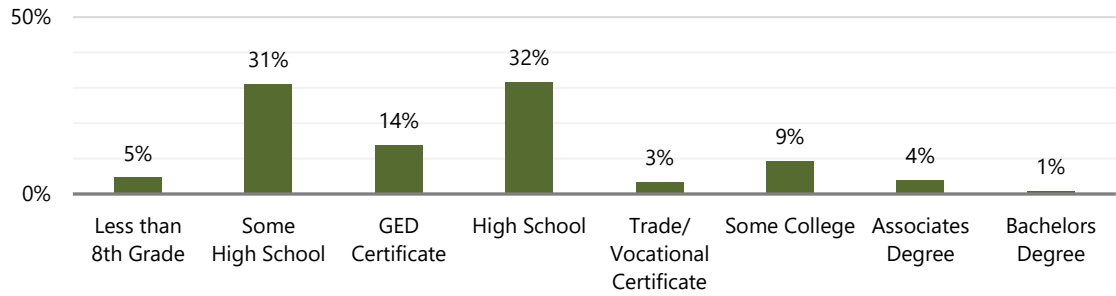
2017 n = 215

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

EDUCATIONAL ATTAINMENT AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH

Approximately 90% of the youth respondents were over the age of 18, yet 36% had not completed high school or received a GED. Thirty-two percent (32%) had completed high school, 4% had attained an associate's degree, and 1% had completed college. Forty-three percent (43%) of youth reported they were currently enrolled in some kind of educational or vocation program.

Figure 53. EDUCATION ATTAINMENT AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH



Under 25 n = 152

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

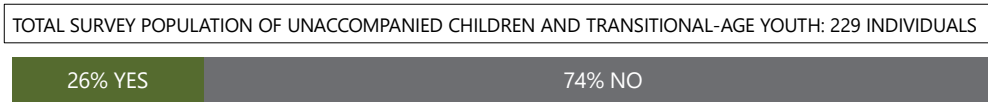
Note: Percentages may not add up to 100 due to rounding.

INSTITUTIONAL INVOLVEMENT AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH

About one quarter (26%) of youth respondents reported they had been in the foster care system, and 7% of those with foster care experience reported aging out of foster care as the primary cause of their homelessness.

Twenty-nine percent (29%) of youth reported they had been involved with the justice system before turning 18, and 10% were on probation or parole at the time they most recently became homeless. Four percent (4%) reported incarceration as the primary cause of their homelessness, and 5% reported their criminal record was preventing them from obtaining permanent housing.

Figure 54. HISTORY OF FOSTER CARE AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH



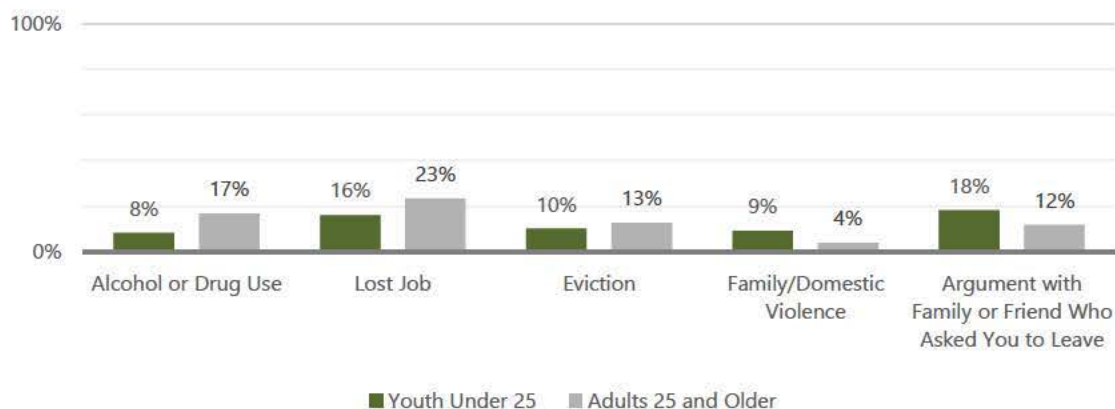
Under 25 n = 208

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA

PRIMARY CAUSE OF HOMELESSNESS AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITIONAL-AGE YOUTH

Homeless youth survey respondents reported some differences in cause of homelessness compared to respondents 25 years or older. Eighteen percent (18%) of youth reported an argument with a friend or family member who asked them to leave as the primary cause of their homelessness, compared to 12% of individuals over 25. Fewer reported a job loss as the primary cause of their homelessness compared to that of adults, 16% compared to 23%, respectively.

Figure 55. PRIMARY CAUSE OF HOMELESSNESS AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH AND ADULTS 25 AND OLDER



Under 25 n = 218; Adults 25 and Older n = 855

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

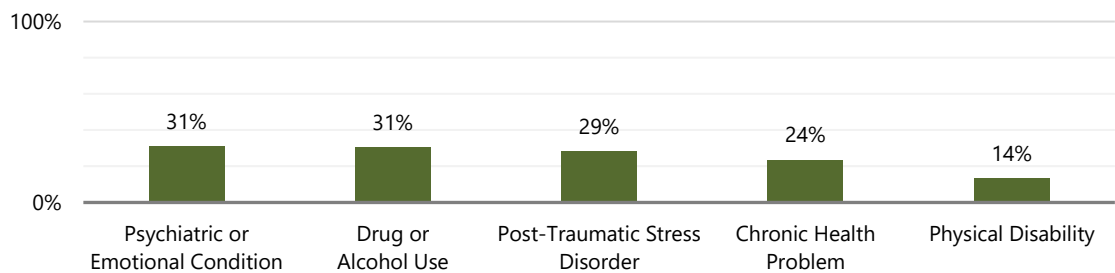
Note: Multiple response question. Percentages may not add up to 100.

HEALTH AND SOCIAL BARRIERS AMONG UNACCOMPANIED HOMELESS CHILDREN AND TRANSITIONAL-AGE YOUTH

Though better than the general homeless population, health is still an issue for homeless youth. Forty-nine percent (49%) of youth reported their physical health was “good” or “very good.” One in five youth (20%) surveyed reported receiving Medi-Cal/MediCare, higher than in 2015 (15%).

Forty percent (40%) of youth reported one or more health conditions, including psychiatric and emotional conditions (31%), drug or alcohol use (31%), and Post-Traumatic Stress Disorder (PTSD) (29%).

Figure 56. HEALTH CONDITIONS AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH (TOP FIVE RESPONSES IN 2017)



Under 25 n = 212-217

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

SERVICES AND SOCIAL SUPPORT NETWORKS AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH

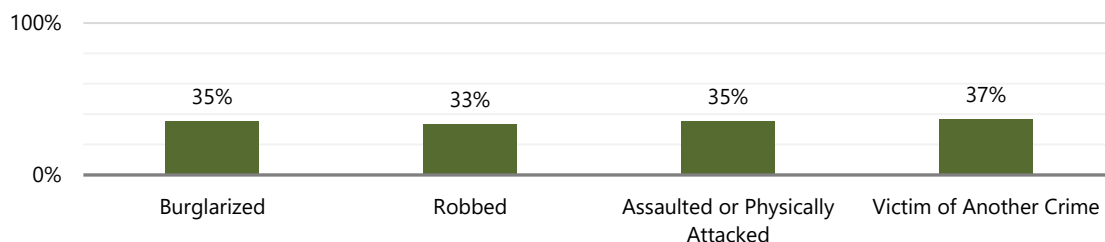
Thirty-nine percent (39%) of homeless youth survey respondents reported having a supportive adult in the Bay Area, an increase from 25% in 2015. Thirty-one percent (31%) of youth reported they had stayed with a friend or family member at least one night in the two weeks prior to the survey, however, three-quarters (75%) reported that they did not usually stay with the same person. Thirty-seven percent (37%) of youth reported using emergency shelter services, and 29% reported using transitional housing services, an increase from 14% in 2015.

Forty-six percent (46%) of youth respondents reported using youth specific services “often” or “always.” Forty-two percent (42%) of youth reported receiving CalFresh (food stamps), and 51% reported using free meal services; however, 64% still reported experiencing a food shortage in the four weeks prior to the survey, and 58% reported food as a current need. Twenty-eight percent (28%) reported they had a job, paid internship, or other type of employment, and 13% were accessing employment services.

EXPERIENCES OF VIOLENCE AND CRIME AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH

One third (33%) of youth survey respondents reported that they felt “a little unsafe” or “very unsafe” in their current living situation, and half (50%) reported that their safety had been threatened at least once in the 30 days prior to the survey. When asked about specific experiences of violence, 35% reported they had been assaulted or physically attacked in the year prior to the survey.

Figure 57. EXPERIENCES WITH VICTIMIZATION IN THE PAST 12 MONTHS AMONG UNACCOMPANIED CHILDREN AND TRANSITIONAL-AGE YOUTH



2017 n = 156-153

Source: Applied Survey Research. (2017). San Francisco Homeless Count. Watsonville, CA.

Note: Multiple response question. Percentages may not add up to 100.

Note: Burglarized means that you were not present at the time.

2017 SAN FRANCISCO HOMELESS UNIQUE YOUTH COUNT & SURVEY

The above section provides an overview of San Francisco HUD reported data on unaccompanied children and youth. The 2017 San Francisco Homeless Unique Youth Count and Survey contains additional information on the number of unaccompanied children and transitional-age youth counted in the Point-in-Time Count using the City of San Francisco’s expanded definition of homelessness, as well as additional information gathered in the youth focused survey effort. The report can be accessed online at hsh.sfgov.org.



Local Context

A NEW DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

On August 15, 2016, the Department of Homelessness and Supportive Housing (HSH) was launched in the City and County of San Francisco. Despite innovative programs and cutting edge practices, the City and County of San Francisco had seen a sustained crisis of homelessness for more than 30 years. Mayor Edwin Lee announced the creation of the new department in a speech on December 11, 2015. He called on the directors of the Department of Public Health, Human Services Agency, and the Mayor's Office of HOPE to build upon our successful efforts by creating a single department. HSH is charged with reducing all homelessness and ending it when possible by uniting programs and staffing from five different agencies and aligning strategies and resources. In short, to create a homeless service system from street outreach and emergency services back to housing. HSH will release a new Strategic Framework to guide these efforts and will be retooling the homelessness response system over the next few years to become a fully coordinated and transparent system that connects people with housing and services based on their unique needs. The goal of the HSH is to reduce homelessness among the various subpopulations and strive for an overall reduction in the Point-in-Time Count.

COORDINATED ENTRY SYSTEM

San Francisco's current homeless system is made up of strong programs and effective micro-strategies. However, the pathways from homelessness to housing are unclear and inconsistent. People experiencing homelessness typically try to access support in multiple locations, and the place where they happen to seek help can determine what type of help they receive, rather than any systematic decision-making about the most appropriate support. Lack of consistency in approach and targeting means that the system's resources are not working together and limited support is not effectively and efficiently allocated. It also means that people who are most able to navigate the confusing system may receive more help, while those with the greatest need for assistance become discouraged and give up.

To build on existing strengths and achieve better results, San Francisco will bring its programs together in a coordinated crisis response system for each major group of homeless people – adults, families, and youth - that creates clear and consistent connections between program components and speeds movement to a housing solution. The core components must each play a part in the overall strategy to respond quickly with the most appropriate resource available.

While many of these components exist now, some will be new to the system, including coordinated entry for all interventions and problem solving assistance. Other components, such as outreach, flexible subsidies, and temporary housing are being retooled or aligned with the rest of the system to increase impact.

Coordinated Entry is a key component of each of these systems. Like the triage nurse in an emergency room, coordinated entry assesses needs and prioritizes available resources while keeping track of all who are seeking help. Coordinated entry provides a standardized assessment that matches the household in need with the most appropriate available resource. Coordinated entry also prioritizes households for assistance to ensure that those with highest need do not fall through the cracks or get lost navigating the complexities of the different programs.

EXPANSION OF TEMPORARY SHELTER

In addition to improving the way our system functions, the City and County of San Francisco is committed to expanding the capacity of the homelessness response system to better meet the needs of people experiencing homelessness. Recent growth includes the expansion of temporary shelter, the development of Navigation Centers, and the expansion of supportive housing and rapid re-housing options.

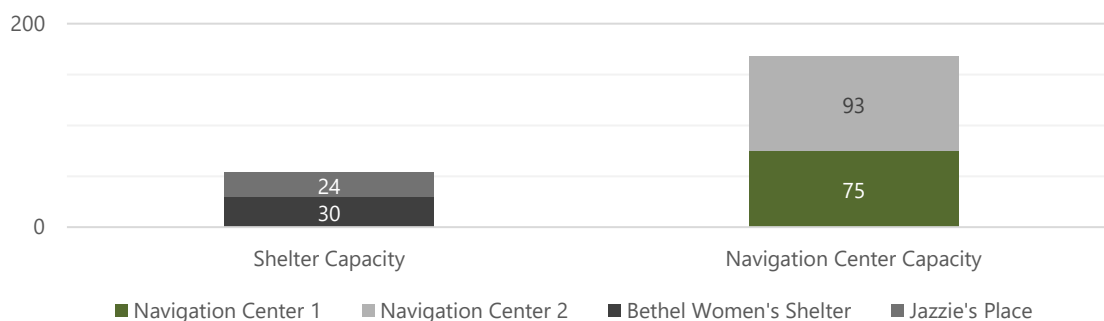
In June 2015, San Francisco opened **Jazzie's Place**, the nation's first LGBTQ shelter for homeless adults. Jazzie's is a 24-bed shelter targeted to serve lesbian, gay, bisexual and transgender homeless adults. Jazzie's is operated by Dolores Street Community Services and is an integral part of our strategy to meet the needs of our diverse community.

In March 2015, the City expanded the Women's Winter Shelter from part of the Interfaith Winter Shelter to a year-round women's shelter. The **Bethel Women's Shelter** now offers 30 beds year-round for women experiencing homelessness.

In 2015, San Francisco opened the first Navigation Center. Navigation Centers provide temporary room and board to San Francisco's highly vulnerable and chronically homeless residents who are often unable to access traditional shelter and services. Navigation Centers are different from traditional shelters in that they have few barriers to entry and intensive support services. Unlike traditional shelters, people with partners, pets, and possessions are welcome at Navigation Centers. The purpose of a Navigation Center is not just to provide a safe place to stay and a warm meal, but to support a person in changing their life by making lasting connections to housing and social services.

Between January 2015 and January 2017, San Francisco opened two Navigation Centers with a combined capacity of **168 beds**. As of April 2017, the Navigation Centers have helped over 1,300 highly vulnerable people get off of the streets, and 68% of these guests have exited to housing.

Figure 58. EXPANSION OF TEMPORARY SHELTERS BETWEEN 2015 AND 2017

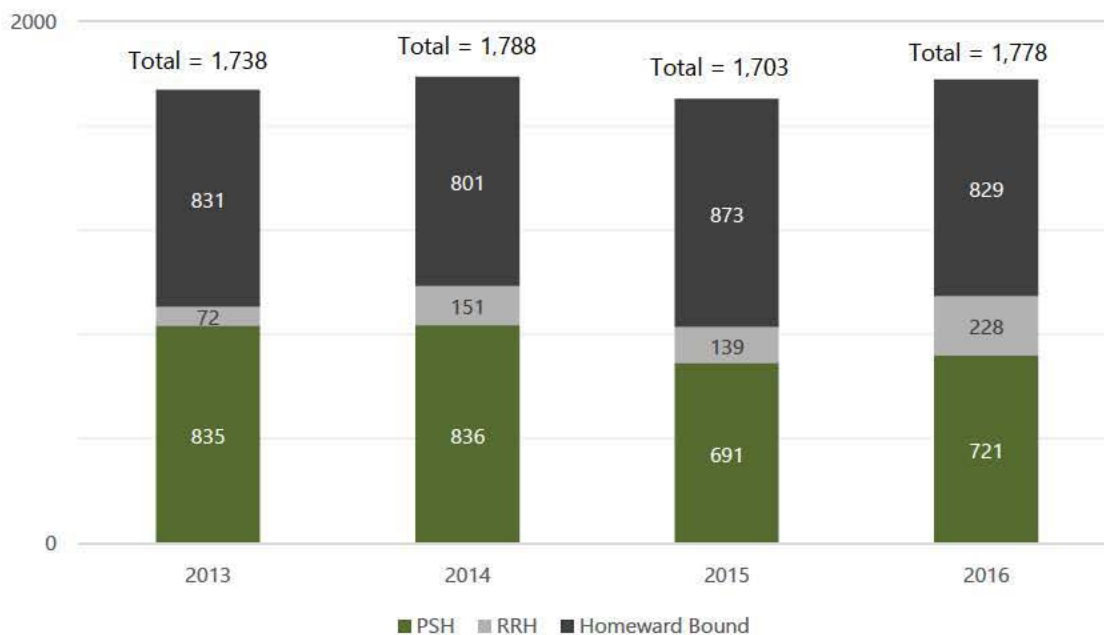


NEW HOUSING & HOUSING PLACEMENTS

Over the past two fiscal years, San Francisco has opened approximately 625 new units of Permanent Supportive Housing (PSH) for families, adults, and transitional-age youth. Between the expansion of housing and turnover in existing PHS units, 1,412 people exited homelessness through placement into PSH between January 2015 and December 2016. During that same time, San Francisco and its partners re-housed 367 families through rapid re-housing. Rapid Re-Housing is a strategy to re-house households experiencing homelessness as quickly as possible in private market housing, with the use of short term rental assistance. Rapid Re-Housing has been highly successful for families, with 93% of the family remaining stably housed at the end of the subsidy. San Francisco is now expanding this approach to transitional age youth and is piloting it for adults.

Additionally, between January 2015 and December 2016, 1,702 people were reunited with family or friends through the Homeward Bound program. Homeward Bound is a program to reconnect people with loved ones in other communities who can house them and help them get back on their feet.

Figure 59. PEOPLE EXITING HOMELESSNESS BETWEEN 2013-2016



TRANSITIONAL AGE YOUTH HOUSING

San Francisco and the youth providers work closely together and offer a range of approaches for addressing youth homelessness that include street outreach, shelter, transitional housing, rental subsidies and permanent housing. Most of the system's resources are focused on transitional programs. While this is aligned with the life stage and needs of some youth, it leaves gaps for youth with both higher and less severe needs, and because transitional programs are long and intensive they limit the number of youth that can be served. A portion of the adult system also currently serves TAY, though that percent is only estimated at less than 10% of the available shelter and housing resources.

San Francisco was recently awarded a two-year demonstration grant from the U.S. Department of Housing and Urban Development (HUD) to plan for a systemic approach to meet the needs of

homeless youth. This grant will provide resources to analyze the current system and identify gaps and develop a detailed plan with articulated vision as goals. It will also allow for the creation of new program models that are more flexible and innovative.

This plan will lay out the specific system improvements, programs and initiatives to effectively reduce homelessness among youth. This will include the design for a coordinated entry process and shared approach to assessment and targeting. Community members, including youth, have called for youth-centered crisis intervention and response services, along with emergency resources for people living outside. Strengthening the system will also include building in more flexibility in program models and allowing youth to move housing programs as their needs change. Potential examples include host home models, engaging networks of extended families and supportive adults; waivers of time limits on rental assistance and transitional programs; extending aftercare and supportive services after rental assistance ends; providing a means for youth to exit from youth-targeted housing assistance into the adult system; and providing youth-targeted mobile case management and support services to better engage individuals in scattered-site rental assistance.

The current system for youth provides a range of temporary and permanent housing, and an additional 69 supportive housing units are already planned and in the development pipeline. It is certain that additional program resources are needed for youth and young adults to effectively end their homelessness.

ADDRESSING FAMILY HOMELESSNESS

The system of programs and services for families experiencing homelessness in San Francisco is robust and includes a range of program types and supports. The providers that serve this population have a strong history of formal and informal collaboration. The family system has had centralized intake for certain shelters for nearly two decades and this has helped to bring the system together and provide data to track need. However, the access process has encouraged many families to wait long periods for shelter before addressing their housing needs and resulted in assistance going often to families that were most persistent, not necessarily those with the greatest needs. The current system also offers little systematic housing problem solving to help families that are doubled up or unstably housed and can avoid becoming unsheltered or entering shelter. And families that do gain shelter tend to remain there for long periods, without resources being immediately identified and connected to hasten the re-housing process. While rapid re-housing is a key intervention with families, it is not available at the scale needed nor routinely offered to every family.

Children should not have to live on the streets of San Francisco or spend months or years in shelter and other temporary places. The US Interagency Council defines ending family homelessness as a state where few families are homeless at any given time and those that cannot be prevented from becoming homeless are quickly rehoused.

During 2016 and 2017, providers, clients, and the City have worked together to design a system for families that will bring all the programs together into a coordinated effort to shelter all families with nowhere to stay and rehouse families quickly. Beginning in fall 2017, the new coordinated entry system for families will be launched. This system will include new Access Points in neighborhoods where families with a housing crisis can go to be assessed and receive problem solving support. These access points will be connected to the mainstream systems that families use such as schools, social services, and employment programs.

To reach a status of no unsheltered families will require using the existing inventory of shelter to ensure that all unsheltered families are immediately sheltered. For temporary housing, there are

currently 99 shelter units available for families and 33 units of transitional housing. The City will add 30 more shelter units for families in the coming year, and will work with transitional housing providers to reduce admission criteria and support more families over time.

Coordinated Entry will be used to prioritize the current stock of 558 supportive housing units and long-term rent subsidies for homeless families and an additional 471 which will come on line in the next four years. New resources for additional rapid re-housing, including 800 opportunities through Heading Home (100 placements have already been made), will form the bulk of the resources to re-housing families, growing rapid re-housing three-fold.

VETERAN'S HOMELESSNESS

San Francisco is committed to functionally ending chronic homelessness for veterans. Between January 2015 and December 2016, San Francisco has housed approximately 335 veterans through HUD-VASH with 91% remaining stably housed. The 2017 Point-in-Time Count enumerated 137 chronically homeless veterans. In January 2017, there were 193 chronically homeless veterans, on San Francisco's By-Name List.

A combination of increased local and federal resources and a systematic approach to matching veterans quickly to programs and resources has reduced chronic homelessness among veterans. Dedicated resources such as the HUD-VASH program which provides supportive housing for veterans and new buildings coming online can assist many these individuals.

STREET HOMELESSNESS & ENCAMPMENTS

The long-term solution to unsheltered or street homelessness is the same as the solution to all homelessness – provide housing exits through a range of interventions tailored to the needs of each individual and offered through a coordinated system. However, in the short-run, the street homelessness crisis requires an immediate response that balances the needs of those with nowhere else to stay with those of their neighbors and the overall health of the city. Therefore, while HSH pursues the long-term solutions, it is also committed to working with other departments to minimize impact on neighborhoods and address health and safety needs of people on the streets.

San Francisco's Homeless Outreach Team (SF HOT) and Encampment Resolution Team (ERT) work in partnership with multiple City departments to respond to street homelessness. The number of complaints related to homelessness has increased dramatically in recent years.

Multiple City agencies are engaged in responding to concerns about street homelessness, with roles ranging from providing health care on the streets, cleaning the streets, and ensuring the safety of our neighborhoods.

Large encampments are too often unsafe places for people experiencing homelessness and for neighborhoods. People living in these encampments often face and create serious public health and life safety hazards. Encampments can be areas of exploitation and violence for people experiencing homelessness. Even at their best, encampments are inadequate and unhealthy places for people to live.

HSH is committed to addressing encampments, not through criminalization, but by connecting people living on the streets with services and housing, partnering with other City departments to address the conditions on the streets. To effectively and compassionately address encampments, the City has created the Encampment Resolution Team (ERT). The ERT is a specialized team of outreach staff. During resolution, ERT collaborates closely with encampment residents, neighbors, property owners and other city departments to close encampments and assist remaining people to connect with places of safety and respite.

In its first nine months of operations, ERT resolved ten encampments. Through this process ERT has engaged over 350 people, 70% of whom were placed into safe residential programs during the resolution. HSH has recently implemented a Re-Encampment Prevention and Response team to ensure that sites addressed by ERT remain clear of tents and structures.



Appendix 1: Methodology

OVERVIEW

The purpose of the 2017 San Francisco Homeless Point-in-Time (PIT) Count & Survey was to produce a point-in-time estimate of people who experience homelessness in San Francisco, a region that covers approximately 47 square miles. The results of the street counts were combined with the results from the shelter and institution count to produce the total estimated number of persons experiencing homelessness in San Francisco on a given night. The subsequent, in-depth qualitative survey was used to gain a more comprehensive understanding of the experiences and demographics of those counted. A more detailed description of the methodology follows.

COMPONENTS OF THE HOMELESS COUNT METHOD

The Point-in-Time count methodology used in 2017 had three primary components:

- The general street count between the hours of 8 PM and midnight – an enumeration of unsheltered homeless individuals
- The youth street count between the hours of 6 PM and midnight – a targeted enumeration of unsheltered homeless youth under the age of 25
- The shelter count on the night of the street count – an enumeration of sheltered homeless individuals

The unsheltered and sheltered homeless counts were coordinated to occur within the same time period in order to minimize potential duplicate counting of homeless persons.

THE PLANNING PROCESS

To ensure the success of the count, many city and community agencies collaborated in community outreach, volunteer recruitment, logistical planning, methodological decision-making, and interagency coordination efforts. Applied Survey Research (ASR), a social research firm, provided technical assistance with these aspects of the planning process. ASR has over 15 years of experience conducting homeless counts and surveys throughout California and across the nation. Their work is featured as a best practice in HUD's publication, *A Guide to Counting Unsheltered Homeless People*, as well as in, *Conducting a Youth Count: A Toolkit*, published by Chapin Hall at the University of Chicago.

COMMUNITY INVOLVEMENT AND INTERAGENCY COORDINATION

Local homeless and housing service providers and advocates have been valued partners in the planning and implementation of this and previous counts. The Local Homeless Coordinating Board (LHCB), the lead entity of San Francisco's Continuum of Care, was invited to comment on the methodology and subsequently endorsed it. The planning team was comprised of staff from the Department of Homelessness and Supportive Housing and consultants from Applied Survey Research. Throughout the planning process, the planning team requested the collaboration,

cooperation, and participation of several government agencies that regularly interact with homeless individuals and possess considerable expertise relevant to the count. Several planning meetings were conducted leading up to the count with individuals, including representatives from the San Francisco Police Department, the Department of Public Health, the Recreation and Park Department, and the Department of Public Works.

STREET COUNT METHODOLOGY

DEFINITION

For the purposes of this study, the HUD definition of unsheltered homeless persons was used:

- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train stations, airport, or camping ground.

METHODOLOGICAL IMPROVEMENTS

The 2017 street count methodology followed an established, HUD approved methodology used in the 2007, 2009, 2011, 2013, and 2015 counts, with the addition of dedicated youth outreach since 2013. In 2007-2011, all areas of San Francisco were fully canvassed by adult community volunteers and service providers with no additional outreach by youth. In 2013, dedicated youth outreach began to help develop a clearer picture of the extent of youth homelessness. Changes were made to the youth count in 2015 to improve these efforts, and a similar methodology was used in 2017. More details on the youth count methodology can be found in the *San Francisco Homeless Unique Youth Count & Survey: Comprehensive Report 2017*.

In 2017, San Francisco tested the utilization of a mobile application and piloted counting on Muni buses with the intention of improving accuracy and efficiency of the count.

VOLUNTEER RECRUITMENT AND TRAINING

Many individuals who live and/or work in San Francisco turned out to support San Francisco's effort to enumerate the local homeless population. Approximately 750 community volunteers and City staff registered to participate in the 2017 general street count. The Department of Homelessness and Supportive Housing led the volunteer recruitment effort. Extensive outreach efforts were conducted, including outreach to local non-profits and volunteer agencies that serve individuals experiencing homelessness.

The count and volunteer participation was publicized through many avenues. For example, the Local Homeless Coordinating Board (LHCB) promoted community participation at all general meetings and subcommittee meetings for several months leading up to the count, the planning committee sent a press release informing the community about the count and making an appeal for volunteer participation, and a Facebook event detailing information about the count and how to register was set up by the Department of Homelessness and Supportive Housing.

Community volunteers served as enumerators on the night of the count, canvassing San Francisco in teams to visually count individuals experiencing homelessness. City staff supported each of the four dispatch centers, greeting volunteers, distributing instructions, maps, and equipment to enumeration teams, and collecting data sheets from returning teams.

In order to participate in the count, all volunteers were required to attend an hour of training immediately prior to the count on January 26, 2017. The training took place from 7 PM to 8 PM, and

in addition to the presentation given by lead staff at the dispatch center, volunteers received printed instructions detailing how to count unsheltered individuals experiencing homelessness.

SAFETY PRECAUTIONS

Every effort was made to minimize potentially hazardous situations. Parks considered too big or densely wooded to inspect safely and accurately in the dark on the night of the count were enumerated by teams of SF Recreation and Parks staff, Police Officers, and SF HOT staff during the dawn hours on January 27. The majority of parks, however, were deemed safe and counted by volunteers on the night of the count. Police officers and law enforcement districts were notified of pending street count activities in their jurisdictions, and volunteers were given a safety briefing by dispatch center leads during their training. Additional safety measures for volunteers included the deployment of an experienced SF HOT outreach worker with teams enumerating high density areas and the provision of flashlights to walking enumeration teams. No official reports were received in regards to unsafe situations occurring during the street count in any area of San Francisco.

STREET COUNT DISPATCH CENTERS

To achieve complete coverage of San Francisco within the four-hour time frame, the planning team identified four areas for the placement of dispatch centers on the night of the count – the Civic Center, Mission, Sunset, and Bayview districts. Volunteers selected their preferred dispatch center at the time of registration, based on familiarity with the area and/or convenience. To facilitate the timely deployment of enumeration teams into the field, the planning team divided up the enumeration routes and assigned them to the dispatch center closest or most central to the coverage area.

LOGISTICS OF ENUMERATION

Volunteers canvassed routes of approximately 6 to 30 blocks in teams of two to six volunteers. Walking teams canvassed routes in commercial areas and other locations known to include sizable homeless populations, while driving teams counted more sparsely populated and residential areas by a combination of driving and walking. Each team received a map, which demarcated the area to be canvassed and clearly showed the boundaries of the counting area. Two smaller inset maps showed the approximate location of the route within the broader context of San Francisco and pinpointed the location of known hotspots for homelessness. Dispatch center volunteers provided each team with tally sheets to record the number of homeless persons observed and basic demographic and location information. Dispatch center volunteers also verified that at least one person on each team had a cell phone available for their use during the count and recorded the number on the volunteer deployment log sheet.

As in previous years, densely populated areas with known large populations of homeless persons were enumerated by experienced outreach workers from SF HOT, a trained outreach team that works with the local homeless population year-round.

YOUTH STREET COUNT METHODOLOGY

GOAL

The goal of the 2017 dedicated youth count was similar to that of past youth counts in 2013 and 2015, to be more inclusive of unaccompanied children and youth under the age of 25 experiencing homelessness. Many of these children and youth do not use homeless services, are unrecognizable to adult street count volunteers and may be in unsheltered locations that are difficult to find. Therefore, traditional street count efforts are not as effective in reaching youth.

HUD has announced that the youth count in 2017 will be the “baseline” for future years, serving as a barometer to gauge the effectiveness of future efforts to end homelessness amongst children and youth. Recognizing that youth have been underrepresented in the past and need special outreach to make sure it doesn’t happen again, ASR worked with San Francisco to develop a localized strategy to better include unaccompanied children and youth under 25 in the count. Just as in past years, the goal was to improve upon the process, not just replicate what was done in past years.

RESEARCH DESIGN

As in 2013 and 2015, planning for the 2017 supplemental youth count included many youth homeless service providers. Local providers identified locations where homeless youth were known to congregate. The youth planning committee identified high density areas that should be enumerated by youth teams. As in past counts, the locations corresponded to areas in the neighborhoods of the Haight, Mission, Tenderloin, Union Square, Castro, SOMA, the Panhandle, Golden Gate Park, the Bayview and the Embarcadero. Service providers familiar with the map areas identified in each neighborhood were asked to recruit currently homeless youth to participate in the count. At the Crossroads, Homeless Youth Alliance, Larkin Street for Youth Services, LYRIC, and the Third Street Youth Center and Clinic recruited more than 75 youth to work as peer enumerators, counting homeless youth in the identified areas of San Francisco on January 26, 2017. Youth workers were paid \$15 per hour for their time, including the training conducted prior to the count. Youth were trained on where and how to identify homeless youth as well as how to record the data. It has been recognized by the Department of Housing and Urban Development as well as the United States Interagency Council on Homelessness that youth do not commonly congregate with homeless adults and are not easily identified by non-youth. For this reason, they have accepted and recommended that communities count youth at times when they can be seen, rather than during general outreach times.

DATA COLLECTION

It was determined that homeless youth would be more prominent on the street during daylight hours, rather than in the evening when the general count was conducted. The youth count was conducted from approximately 6 PM to midnight on January 26, 2017. Youth worked in teams of two to four people, with teams coordinated by youth street outreach workers. Data from the supplemental youth count and general street count were compared and deduplicated by looking at location, gender, and age. In total, 72 persons under the age of 25 were identified as duplicates and removed from the data set.

SHELTER COUNT METHODOLOGY

GOAL

The goal of the shelter and institution count was to gain an accurate count of persons temporarily housed in shelters and other institutions across San Francisco. These data were vital to gaining an accurate overall count of the homeless population and understanding where homeless persons received shelter.

DEFINITION

An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals).

RESEARCH DESIGN

The homeless occupancy of the following shelters and institutions was collected for the night of January 26, 2017. While HUD does not include counts of homeless individuals in hospitals, residential treatment facilities, and jails in the reportable numbers for the Point-in-Time Count, these facilities are included in San Francisco's sheltered count because these individuals meet San Francisco's local definition of homelessness and the numbers provide important supplemental information for the community and service providers in their planning efforts. The following facilities participated in the count:

- Residential Facilities
- Mental Health Facilities and Substance Abuse Treatment Centers: The Department of Public Health and local agencies assisted in collecting counts of self-identified homeless persons staying in various facilities on the night of January 26, 2017.
- Jail: The San Francisco Sheriff's Department provided a recently conducted survey with a count of the number of homeless persons in the County Jail.
- Hospitals: The San Francisco Department of Public Health assisted with the coordination of obtaining count numbers from the hospitals. Staff from individual hospitals collected the number of persons who were homeless in their facilities on the night of January 26, 2017. The numbers reported for the hospitals did not duplicate the inpatient mental health units.

A designated staff person provided the count for each of these facilities; clients were not interviewed. For the emergency shelters, transitional housing programs, resource centers, and stabilization rooms, all persons in the facility on the night of the count were included in the Point-in-Time Count because these are homeless specific programs. For the hospitals and treatment centers, social workers or appropriate staff counted patients who identified as homeless. The San Francisco County Jail referenced a recently conducted survey about housing status to determine the number of people who were homeless prior to incarceration.

CHALLENGES

There are many challenges in any homeless enumeration, especially when implemented by volunteer enumerators in a community as large and diverse as San Francisco. Point-in-Time Counts are "snapshots" that quantify the size of the homeless population at a given point during the year. Hence, the count may not be representative of fluctuations and compositional changes in the homeless population seasonally or over time.

While the risk of an undercount is much greater, it is also important to recognize that the count is conducted over the span of a few hours and people may be counted twice as they travel from one location of the city to another.

SURVEY METHODOLOGY

PLANNING AND IMPLEMENTATION

The survey of 1,104 homeless persons was conducted in order to yield qualitative data about the homeless community in San Francisco. These data are used for the McKinney-Vento Continuum of Care Homeless Assistance funding application and are important for future program development and planning. The survey elicited information such as gender, family status, military service, length and recurrence of homelessness, usual nighttime accommodations, causes of homelessness, and access to services through open-ended, closed-ended, and multiple response questions. The survey

data bring greater perspective to current issues of homelessness and to the provision and delivery of services.

Surveys were conducted by homeless workers who were trained by Applied Survey Research and HSH. Training sessions led potential interviewers through a comprehensive orientation that included project background information and detailed instruction on respondent eligibility, interviewing protocol, and confidentiality. Homeless workers were compensated at a rate of \$7 per completed survey.

It was determined that survey data would be more easily collected if an incentive gift was offered to respondents in appreciation for their time and participation. Socks were given as an incentive for participating in the 2017 Homeless Survey. The socks were easy to obtain and distribute, were thought to have wide appeal, and could be provided within the project budget. This approach enabled surveys to be conducted at any time during the day. The gift proved to be a great incentive and was widely accepted among survey respondents.

SURVEY ADMINISTRATION DETAILS

- The 2017 San Francisco Homeless Survey was administered by the trained survey team between February 1 and February 21, 2017.
- In all, the survey team collected 1,104 unique surveys

SURVEY SAMPLING

The planning team recommended approximately 1,000 surveys for 2017. Based on a Point-in-Time estimate of 7,499 homeless persons, with a randomized survey sampling process, the 1,104 valid surveys represent a confidence interval of +/- 3% with a 95% confidence level when generalizing the results of the survey to the estimated population of homeless individuals in San Francisco.

The 2007 survey was a service-based approach which focused on surveying individuals in drop-in-centers and free meal sites. The 2009 survey was an entirely street-based approach which focused survey efforts on outdoor and street locations. The 2017 continued the practice from 2013 and 2015 of a survey that was an integration of previous approaches and was administered in both transitional housing facilities and on the street. In order to assure the representation of transitional housing residents, who can be underrepresented in a street-based survey, survey quotas were created to reach individuals and heads of family households living in these programs. Individuals residing in emergency shelters were reached through street surveys during the day when some emergency shelters were closed.

Strategic attempts were made to reach individuals in various geographic locations and of various subset groups such as homeless youth, minority ethnic groups, military veterans, domestic violence victims, and families. One way to increase the participation of these groups was to recruit peer survey workers. Like past surveys, the 2017 survey also prioritized a peer-to-peer approach to data collection by increasing the number of currently homeless surveyors.

In order to increase randomization of sample respondents, survey workers were trained to employ an “every third encounter” survey approach. Survey workers were instructed to approach every third person they encountered whom they considered to be an eligible survey respondent. If the person declined to take the survey, the survey worker could approach the next eligible person they encountered. After completing a survey, the randomized approach was resumed. It is important to recognize that while efforts are made to randomize the respondents, it is not a random sample methodology.

DATA COLLECTION

Care was taken by interviewers to ensure that respondents felt comfortable regardless of the street or shelter location where the survey occurred. During the interviews, respondents were encouraged to be candid in their responses and were informed that these responses would be framed as general findings, would be kept confidential, and would not be traceable to any one individual.

DATA ANALYSIS

To avoid potential duplication of respondents, the survey requested respondents' initials and date of birth, so that duplication could be avoided without compromising the respondents' anonymity. Upon completion of the survey effort, an extensive verification process was conducted to eliminate duplicates. This process examined respondents' date of birth, initials, gender, ethnicity, and length of homelessness, and consistencies in patterns of responses to other questions on the survey.

SURVEY CHALLENGES AND LIMITATIONS

The 2017 San Francisco Homeless Survey did not include an equal representation of all homeless experiences. For example, a greater number of surveys were conducted among transitional housing residents than in previous years. However, this provided an increased number of respondents living in families and provided a more comprehensive understanding of the overall population. There may be some variance in the data that the homeless individuals self-reported. However, using a peer interviewing methodology is believed to allow the respondents to be more candid with their answers and may help reduce the uneasiness of revealing personal information. Further, service providers and City staff members recommended individuals who would be the best to conduct interviews and they received comprehensive training about how to conduct interviews. The service providers and City staff also reviewed the surveys to ensure quality responses. Surveys that were considered incomplete or containing false responses were not accepted.

Appendix 2: General Survey Demographic Comparison

Section A: Demographics		2013	2015	2017
Age	Less than 18 years	1%	1%	2%
	18 - 24 years	15%	17%	19%
	25 - 30 years	10%	13%	11%
	31 - 40 years	29%	16%	17%
	41 - 50 years	26%	23%	19%
	51 - 60 years	14%	22%	21%
	61 years or more	3%	8%	11%
Which of the following best represents how you think of your gender? ²⁰	Male	69%	61%	61%
	Female	27%	33%	33%
	Transgender	3%	1%	5%
	Not Listed	<1%	1%	0%
	Genderqueer/Gender Non-Binary	N/A	N/A	1%
Are you Hispanic or Latino? ²¹	Yes	26%	19%	22%
	No	N/A	77%	75%
	Don't know	N/A	5%	3%

²⁰ This answer choice Genderqueer/Gender Non-Binary was not added to the survey until 2017

²¹ This was asked in the same question as race until 2015

Which racial group do you identify with most?				
	White	29%	39%	35%
	Black or African American	24%	36%	34%
	Asian	3%	3%	4%
	American Indian or Alaska Native	3%	5%	3%
	Native Hawaiian or Pacific Islander	1%	2%	2%
	Multiracial	10%	19%	22%
If you identify as LGBTQ, which of the following best represents how you think of your sexual orientation? ²²				
	Bisexual	N/A	34%	41%
	Gay	N/A	22%	25%
	Lesbian	N/A	18%	14%
	Queer	N/A	9%	11%
	Other	N/A	17%	11%
	Transgender	N/A	19%	9%
Have you ever been in foster care?				
	Yes	18%	21%	19%
	No	82%	79%	81%

²² This question was not asked in a comparable way in 2013. Transgender is an answer choice that was given in the survey, however transgender is a gender identity versus a sexual orientation.



Appendix 3: Definitions and Abbreviations

Chronic homelessness – Defined by the U.S. Department of Housing and Urban Development as an unaccompanied individual or head of a family household with a disabling condition who has either continuously experienced homelessness for a year or more, or has experienced at least four episodes of homelessness in the past three years.

Disabling condition – Defined by the U.S. Department of Housing and Urban Development as a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-term and impacts the individual's ability to live independently; a developmental disability; or HIV/AIDS.

Emergency shelter – The provision of a safe alternative to the streets, either in a shelter facility or through the use of stabilization rooms. Emergency shelter is short-term, usually for 90 days or fewer. Domestic violence shelters are typically considered a type of emergency shelter, as they provide safe, immediate housing for survivors and their children.

Family – A household with at least one adult and one child under the age of 18.

Homeless – Under the Category 1 definition of homelessness in the HEARTH Act, includes individuals and families living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements, or with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

HUD – Abbreviation for the U.S. Department of Housing and Urban Development.

Sheltered homeless individuals – Individuals who are living in emergency shelters or transitional housing programs.

Single individual – An unaccompanied adult over the age of 18.

Transitional-age youth – Young people between the ages of 18 and 24 years old who are not accompanied by a parent or guardian and are not a parent presenting with or sleeping in the same place as their own child(ren).

Transitional housing – Housing in which homeless individuals may live up to 24 months and receive supportive services that enable them to live more independently. Supportive services – which help promote residential stability, increased skill level or income, and greater self-determination – may be provided by the organization managing the housing, or coordinated by that organization and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures at one site, or in multiple structures at scattered sites.

Unaccompanied children – Children under the age of 18 who are not accompanied by a parent or guardian and are not a parent presenting with or sleeping in the same place as their own child(ren).

Unsheltered homeless individuals – Individuals who are living on the streets, in abandoned buildings, storage structures, vehicles, encampments, or any other place unfit for human habitation.



SAN FRANCISCO

2017

HOMELESS COUNT & SURVEY
COMPREHENSIVE REPORT



SAN FRANCISCO PORT COMMISSION

**Kimberly Brandon, President
Willie Adams, Vice President
Gail Gilman, Commissioner
Victor Makras, Commissioner
Doreen Woo Ho, Commissioner**

**Elaine Forbes, Executive Director
Office: 415-274-0400**

**Amy Quesada, Commission Affairs Manager
Office: 415-274-0406**

AGENDA PORT COMMISSION MEETING

**TUESDAY, JUNE 11, 2019
1:45 P.M. CLOSED SESSION
3:15 P.M. OPEN SESSION**

**PORT COMMISSION HEARING ROOM, SECOND FLOOR
FERRY BUILDING, SAN FRANCISCO, CA 94111**

The Port Commission Agenda as well as Staff Reports/Explanatory Documents available to the public and provided to the Port Commission are posted on the Port's Website at www.sfport.com. The agenda packet is also available at the Pier 1 Reception Desk. If any materials related to an item on this agenda have been distributed to the Port Commission after distribution of the agenda packet, those materials are available for public inspection at the Port Commission Affairs Manager's Office located at Pier 1 during normal office hours.

1. CALL TO ORDER / ROLL CALL

2. APPROVAL OF MINUTES – May 28, 2019

3. PUBLIC COMMENT ON EXECUTIVE SESSION

4. EXECUTIVE SESSION

- A. Vote on whether to hold a closed session and invoke the attorney-client privilege.

- (1) CONFERENCE WITH LEGAL COUNSEL AND REAL PROPERTY NEGOTIATOR – This is specifically authorized under California Government Code Section 54956.8. *This session is closed to any non-City/Port representative: (Discussion Items)

- a. Property: Seawall lots 323 and 324 and portions of Davis and Vallejo Streets, located at Broadway and The Embarcadero

Person Negotiating: Port: Michael Martin, Deputy Director, Real Estate and Development

*Negotiating Parties: TZK Broadway, LLC: Darius Andersen

Under Negotiations: ____ Price ____ Terms of Payment X Both

As authorized under Resolution 15-31, the Port entered into exclusive negotiations with TZK Broadway, LLC for the lease and development of the Property. In this executive session, the Port's negotiator seeks direction from the Port Commission on factors affecting the price and terms of payment for the lease and development of the Property. The executive session discussions will enhance the capacity of the Port Commission during its public deliberations and actions to address the price and payment terms that are most likely to maximize the benefits to the Port, the City and the People of the State of California.

- b. Property: AB 8719, Lot 002, also known as Seawall Lot 337, AB 9900, Lot 62, also known as China Basin Park, and AB 9900, Lot 048 and AB 9900, Lot 048H, also known as Pier 48 (all bounded generally by China Basin, the San Francisco Bay, Mission Rock Street, and Third Street)

Person Negotiating: Port: Michael Martin, Deputy Director, Real Estate & Development

*Negotiating Parties: SWL 337 Associates, LLC: Jack Bair & Carl Shannon

Under Negotiations: ____ Price ____ Terms of Payment X Both

Pursuant to Resolutions No. 18-03 through 18-10, the Port Commission authorized the Executive Director to enter transaction documents including a Development & Disposition Agreement with the Port for the lease and development of the property. In this executive session, the Port's negotiator seeks direction from the Port Commission on fees which affect land value and other factors affecting the form, manner and timing of payment of the consideration in negotiations with the non-Port party for the lease and development of the property. The executive session will enable the Port Commission to develop a negotiating strategy tailored to maximize the City's return based on these factors. In particular, the executive session discussions will enhance the capacity of the Port Commission during its public deliberations and actions to set the price and payment terms that are most likely to maximize the benefits to the Port, the City and the People of the State of California and more effectively negotiate with the non-Port party on price and payment terms.

5. RECONVENE IN OPEN SESSION

- A. Possible report on actions taken in closed session pursuant to Government Code Section 54957.1 and San Francisco Administrative Code Section 67.12.
- B. Vote in open session on whether to disclose any or all executive session discussions pursuant to Government Code Section 54957.1 and San Francisco Administrative Code Section 67.12.

6. PLEDGE OF ALLEGIANCE

7. ANNOUNCEMENTS

- A. Announcement of Prohibition of Sound Producing Electronic Devices during the Meeting: Please be advised that the ringing of and use of cell phones, pagers and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing of or use of a cell phone, pager, or other similar sound-producing electronic device.
- B. Announcement of Time Allotment for Public Comments: Please be advised that a member of the public has up to three minutes to make pertinent public comments on each agenda item unless the Port Commission adopts a shorter period on any item.

8. PUBLIC COMMENT ON ITEMS NOT LISTED ON THE AGENDA

Public comment is permitted on any matter within Port jurisdiction and is not limited to agenda items. Public comment on non-agenda items may be raised during Public Comment Period. A member of the public has up to three minutes to make pertinent public comments. Please fill out a speaker card and hand it to the Manager of Port Commission Affairs. If you have any question regarding the agenda, please contact the Manager of Port Commission Affairs at 415-274-0406. No Commission action can be taken on any matter raised during the public comment period for items not listed on the agenda other than to schedule the matter for a future agenda, refer the matter to staff for investigation or respond briefly to statements made or questions posed by members of the public. (Government Code Section 54954.2(a))

9. EXECUTIVE

- A. Executive Director's Report
 - American Association of Port Authorities Commissioners Conference Boat Tour – June 20, 2019
 - Water Emergency Transit Authority Boat Tour - July 13, 2019

10. REAL ESTATE & DEVELOPMENT

- A. Informational presentation on the Fiscal Year 2019-20 Monthly Rental Rate Schedule, Monthly Parking Stall Rates and Special Events.

11. ENGINEERING

- A. Informational presentation on Mission Bay Ferry Landing Project to be located at 16th Street and Terry Francois Boulevard.

12. MARITIME

- A. Request authorization for the Port to enter into a Memorandum of Understanding and short term lease with the San Francisco Bay Area Water Emergency Transit Authority ("WETA") and Golden Gate Bridge and Highway District ("Golden Gate"), for the planning, construction, and operational management of the Interim Ferry Landing in Pier 48½ water basin, located generally east of Terry A. Francois Blvd. at Seawall Lot 337. (Resolution No. 19-23)

13. NEW BUSINESS

14. ADJOURNMENT

JULY 9, 2019

	FACILITY/POLICY	ITEM	TITLE
1	Seawall Lot 330 and Piers 30/32	Informational	Presentation on a potential Request for Proposals for Piers 30-32 and Seawall Lot 330
2	Seawall Lot 337 & Pier 48	Informational	Presentation on the Phase Submittal and Phase Budget for Phase 1 of the Mission Rock project at Seawall Lot 337 and Pier 48 between 3rd Street, Mission Rock Street and San Francisco Bay Mission Rock Project
3	Portwide	Informational	Discussion and Possible Action on Port Executive Director Salary Pursuant to Charter Section B3.581(h)
4	Seawall Lot 323 and 324	Informational	Presentation on a proposed Lease Disposition and Development Agreement and a Lease with a term of 50 years with one 16-year extension, with TZK Broadway LLC, a California limited liability company, for the development of a 192-room hotel, a dinner-theater space for Teatro ZinZanni, and a 14,000-square-foot public open space at Seawall Lots 323 and 324 and portions of Vallejo and Davis Street right-of-ways on the west side of The Embarcadero at Vallejo Street
5	Mission Bay Ferry Landing	Action	Authorization to Advertise for CM/GC Prequalification/Request for Proposals for Pre-Construction Contract for the Mission Bay Ferry Landing
6	Portwide	Action	Approval of the 4th bond sale and supplemental appropriation for the final issuance of the 2012 Clean and Safe Neighborhood Parks General Obligation Bond
7	Portwide	Action	Approval of Fiscal Year 2019-20 Monthly Rental Rate Schedule, Monthly Parking Stall Rates, Special Events
8	Portwide	Action	Approval to execute an amendment to the professional services contract with COWI/OLMM Joint Venture for architectural and engineering services for the Mission Bay Ferry Landing Project to increase the contract amount by \$433,465, resulting in an amended contract amount not to exceed \$5,200,000

AUGUST 13, 2019

	FACILITY/POLICY	ITEM	TITLE
1	Mission Rock	Action	Approval of the phase budget for Phase 1 of the Mission Rock project at Seawall Lot 337 and Pier 48 between 3rd Street, Mission Rock Street and San Francisco Bay
2	Seawall Lot 323 and 324	Action	(1) Adoption of environmental findings, including a mitigation monitoring and reporting program; (2) (A) approval of a Lease Disposition and

			Development Agreement and form of Lease for a term of 50 years, with one 16-year extension option, all with TZK Broadway LLC, a California limited liability company, for the development and operation of a 192-room hotel, a dinner-theater space for Teatro ZinZanni, and a 14,000-square-foot public open space (the "Development"); (B) adoption of trust consistency findings for the Development, and (C) approval of Schematic Drawings for the Development, located at Seawall Lots 323 and 324 and portions of Vallejo and Davis Street rights-of-way on the west side of The Embarcadero at Vallejo Street."
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DATE TO BE DETERMINED

	FACILITY/POLICY	ITEM	TITLE
1	Portwide	Informational	Presentation by the City of San Francisco's Office of Economic and Workforce Development (OEWD) on the Southern Bayfront (Mission Bay, Central Waterfront, Bayview Hunters Point, Candlestick areas) interagency coordination to guide community and citywide investment
2	Crane Cove Park	Informational	Update on the Construction Contract 2812, Crane Cove Park: Park Improvements and 19th St Parking Lot Presentation regarding the Crane Cove Park Project
3	South Beach Harbor	Informational	Presentation of Financial and Operational Performance of South Beach Harbor
4	Fisherman's Wharf	Informational	Presentation on the Fisherman's Wharf Community Benefit District's local serving uses to Fisherman's Wharf
5	Portwide	Informational	Presentation on the proposal to increase Port building permit application fees to match the Department of Building Inspection's fee schedule
6	Pier 70 shipyard	Informational	Presentation regarding the Pier 70 shipyard
7	Portwide	Informational	Update on the 2012 Clean and Safe Neighborhood Parks General Obligation Bond and Proposed 4th Sale
8	Portwide	Action	Authorization to award As-Needed Professional Services for Disposal of Hazardous Waste and Abandoned Marine Vessels
9	Portwide	Action	Approval of amendments to Port of San Francisco Tariff No. 5 (Rules, Regulations, Rates, and Charges)

10	Pier 33	Action	Authorization to advertise for competitive bids for Construction Contract No. 2817, Pier 33 New Fire Sprinkler System. (This action constitutes the Approval Action for the project for the purposes of CEQA, pursuant to Section 31.04(h) of the San Francisco Administrative Code)
11	Pier 40½	Action	Approval of lease extension with Java House, LLC, located at Pier 40½
12	Mission Bay Ferry Landing	Action	Authorization to accept and expend \$25 million from WETA and from private contributions for the Mission Bay Ferry Landing, subject to the Board of Supervisors' approval, and authorization to enter in to a Memorandum of Understanding with WETA governing expenditure of the \$25 million
13	Pier 43½	Action	Approval of the proposed terms of a new 15-year lease with two 5-year options to extend with Golden Gate Scenic Steamship Corporation located at Pier 43½ at Fisherman's Wharf

JULY / AUGUST 2019
CALENDAR OF UPCOMING PORT MEETINGS – OPEN TO THE PUBLIC

DATE	TIME	GROUP	LOCATION
JULY 9	2:00 PM Closed Session 3:15 PM Open Session	Port Commission	Port Commission Hearing Room Ferry Building
AUGUST 13	2:00 PM Closed Session 3:15 PM Open Session	Port Commission	Port Commission Hearing Room Ferry Building

NOTES:

The San Francisco Port Commission meets regularly on the second and fourth Tuesday of the month at 3:15 p.m., unless otherwise noticed. The Commission Agenda and staff reports are posted on the Port's Website @ www.sfport.com. Contact Amy Quesada at 415-274-0406 or amy.quesada@sfport.com

Full Commission meetings are replayed on San Francisco cable via SFGovTV2 and streamed on the Internet. Broadband service is recommended for access. The Port Commission is generally broadcast on SFGovTV2, cable channel 78 on the 2nd & 4th Thursday of the month at 9 p.m. SFGovTV archives include a recording of each meeting, an agenda with links to the specific portion of the meeting, a file containing all closed captions for the deaf from the meeting and an MP3 recording of the meeting. The Port Commission meetings can be viewed online at http://sanfrancisco.granicus.com/Vie wPublisher.php?view_id=92

The Fisherman's Wharf Waterfront Advisory Group (FWWAG) meets regularly on a bi-monthly basis, on the third Tuesday of the month. The regular meeting time and place is 9:00 a.m. at Scoma's Restaurant, Pier 47 at Fisherman's Wharf. Contact Rip Malloy @ 415-274-0267 or rip.malloy@sfport.com

The Maritime Commerce Advisory Committee (MCAC) meets every other month, on the third Thursday of the month, from 11:30 a.m. to 1:00 p.m. @ Pier 1. Contact Michael Nerney @ 415-274-0416 or michael.nerney@sfport.com

The Mission Bay Citizens Advisory Committee meets on the second Thursday of the month at 5:00 p.m. in the Creek Room at Mission Creek Senior Building located at 225 Berry Street in San Francisco (along the Promenade just beyond the library.) Contact Hilde Myall @ 415-749-2468 or hilde.myall@sfgov.org.

The Northeast Waterfront Advisory Group (NEWAG) meets regularly on a bi-monthly basis on the first Wednesday of the month from 5:00 p.m. to 7:00 p.m. in the Bayside Conference Room @ Pier 1. Contact Diane Oshima @ 415-274-0545 or diane.oshima@sfport.com

The Central Waterfront Advisory Group (CWAG) meets monthly on an as-needed basis, generally on the third Wednesday of the month from 5 to 7 p.m. in the Bayside Conference Room at Pier 1. Contact Mark Paez @ 415-705-8674 or mark.paez@sfport.com

The Southern Waterfront Advisory Committee (SWAC) meets at the last Wednesday of the month as needed from 6:00 to 8:00 p.m. Location to be determined. Contact David Beaupre @ 415-274-0539 or david.beaupre@sfport.com

The Waterfront Design Advisory Committee (WDAC) meets, as needed, jointly with the Design Review Board of the Bay Conservation and Development Commission on the first Monday of the month at BCDC, 50 California Street, Rm. 2600, at 6:30 p.m. The Committee meets as needed on the fourth Monday of the month at 6:30 p.m. in the Bayside Conf. Rm. @ Pier 1. Contact Dan Hodapp @ 415-274-0625 or dan.hodapp@sfport.com

ACCESSIBLE MEETING INFORMATION POLICY

FERRY BUILDING:

The Port Commission Hearing Room is located on the second floor of the Ferry Building. The main public entrance is from the west (Embarcadero) side and is served by a bank of elevators adjacent to the historic staircase. Accessible public restrooms are on the first floor at the northeast end of the building as well as on the second floor across the lobby from the Port Commission Hearing Room. The main path of travel to the Port Commission Hearing Room is equipped with remote infrared signage (Talking Signs). The Port Commission Hearing Room is wheelchair accessible. Accessible seating for persons with disabilities (including those using wheelchairs) is available.

The closest accessible BART and MUNI Metro station is Embarcadero located at Market & Spear Streets. Accessible MUNI lines serving the Ferry Building area are the F-Line, 9, 31, 32 and 71. For more information about MUNI accessible services, call (415) 923-6142. The nearest accessible parking is provided in the following off-street pay lots: 3 spaces in the surface lot on the west side of the Embarcadero at Washington Street.

Hourly and valet parking is available in the Pier 3 lot. This lot is accessed through the Pier 3 bulkhead building entrance on the east side of the Embarcadero. This lot is located on the pier deck; adjacent to the ferry boat Santa Rosa. Additional covered accessible off-street pay parking is available in the Golden Gateway Garage, which is bounded by Washington, Clay, Drumm and Battery Streets. Entrance is on Clay St. between Battery and Front Streets. There is no high-top van parking. Metered street parking is available on the Embarcadero, Washington, Folsom & Drumm Streets.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

ACCESSIBLE MEETING INFORMATION:

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

DISABILITY ACCOMMODATIONS:

To request assistive listening devices, sign language interpreters, readers, large print agendas or other accommodations, please contact Wendy Proctor, Port's ADA Coordinator at (415) 274-0592 or via email at wendy.proctor@sfport.com or Leah LaCroix at (415) 274-0632 or via email at leah.lacroix@sfport.com at least 72 hours in advance of the hearing. The Port's TTY number is (415) 274-0587.

LANGUAGE ASSISTANCE

311 Free language assistance / 免費語言協助

/ Ayuda gratuita con el idioma / Бесплатная помощь переводчиков / Trợ giúp Thông dịch Miễn phí / Assistance linguistique gratuit / 無料の言語支援 / 무료 언어 지원 / ຄວາມ ງ່າຍດາຍ ໃນການ ບໍາລຸງຮັກສາ / Libreng tulong para sa wikang Tagalog

To request an interpreter for a specific item during the hearing, please contact Port's Language Access Liaison, Matthias Giezendanner at (415) 274-0471 or email him at matthias.giezendanner@sfport.com at least 48 hours in advance of the hearing.

SPANISH:

Agenda para la Comisión de Planificación. Si desea asistir a la audiencia, y quisiera obtener información en Español o solicitar un aparato para asistencia auditiva, llame Matthias Giezendanner al 415-274-0471. Por favor llame por lo menos 48 horas de anticipación a la audiencia.

CHINESE:

規劃委員會議程。聽證會上如需要語言協助或要求輔助設備，請致電Matthias Giezendanner 415-274-0471。
請在聽證會舉行之前的至少48個小時提出要求。

TAGALOG:

Adyenda ng Komisyon ng Pagpapalano. Para sa tulong sa lengguwahe o para humiling ng Pantulong na Kagamitan para sa Pagdinig (headset), mangyari lamang na tumawag kay Matthias Giezendanner sa 415-274-0471. Mangyaring tumawag nang maaga (kung maaari ay 48 oras) bago sa araw ng Pagdinig.

RUSSIAN:

Повестка дня Комиссии по планированию. За помощью переводчика или за вспомогательным слуховым устройством на время слушаний обращайтесь по номеру Matthias Giezendanner 415-274-0471. Запросы должны делаться минимум за 48 часов до начала слушания.

NOTICES

Know Your Rights Under the Sunshine Ordinance:

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Sections 67.1 et seq. of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102-4689; by phone at (415) 554-7724; by fax at (415) 554-7854 or by email at sotf@sfgov.org. Citizens can obtain a free copy of the Sunshine Ordinance by printing Sections 67.1 et seq. of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine>.

Prohibition of Ringing of Sound Producing Devices:

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic device.

Lobbyist Registration and Reporting Requirements:

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (SF Campaign & Government Conduct Code Sections §2.100 – 2.160) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission

at 30 Van Ness, Suite 3900, San Francisco, CA 94102, phone (415) 581-2300 or fax (415) 581-2317; web site: www.sfgov.org/ethics.

CEQA Appeal Rights under Chapter 31 of the San Francisco Administrative Code:

If the Commission approves an action identified by an exemption or negative declaration as the Approval Action (as defined in S.F. Administrative Code Chapter 31, as amended, Board of Supervisors Ordinance Number 161-13), then the CEQA decision prepared in support of that Approval Action is thereafter subject to appeal within the time frame specified in S.F. Administrative Code Section 31.16. Typically, an appeal must be filed within 30 calendar days of the Approval Action. For information on filing an appeal under Chapter 31, contact the Clerk of the Board of Supervisors at City Hall, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102, or call (415) 554-5184. If the Department's Environmental Review Officer has deemed a project to be exempt from further environmental review, an exemption determination has been prepared and can be obtained on-line at <http://sf-planning.org/index.aspx?page=3447>. Under CEQA, in a later court challenge, a litigant may be limited to raising only those issues previously raised at a hearing on the project or in written correspondence delivered to the Board of Supervisors, Planning Commission, Planning Department or other City board, commission or department at, or prior to, such hearing, or as part of the appeal hearing process on the CEQA decision.



February 22, 2019

TO: MEMBERS, PORT COMMISSION
Hon. Kimberly Brandon, President
Hon. Willie Adams, Vice President
Hon. Gail Gilman
Hon. Victor Makras
Hon. Doreen Woo Ho

FROM: Elaine Forbes, Executive Director

SUBJECT: Informational Presentation on Potential Next Steps Regarding Piers 30-32 and Seawall Lot 330

DIRECTOR'S RECOMMENDATION: Information Only; No Action Requested

EXECUTIVE SUMMARY

At its May 8, 2018 and August 14, 2018 meetings, the Port Commission requested a report from Port staff regarding potential next steps for the use and improvement of two sites:

- Piers 30-32
- Seawall Lot 330

This report includes considerations for both sites as the Port Commission deliberates next steps.

At the May 8, 2018 meeting, members of the Port Commission asked why Piers 30-32 was not included in the Request for Interest for Prospective Master and Smaller Tenants for Public Oriented Uses in Historic Piers (the "RFI for Historic Piers," authorized pursuant to Resolution 18-31). Port staff responded that: 1) there is stronger public consensus for rehabilitating the Port's historic finger piers in the Embarcadero Historic District, 2) after unsuccessful past development efforts, the public consensus regarding the future treatment of Piers 30-32 is less clear, 3) the California State Lands Commission ("State Lands") and the San Francisco Bay Conservation and Development Commission ("BCDC") permit greater use flexibility in historic finger pier rehabilitation projects in order to preserve these important historic maritime assets, and 4) the RFI for Historic Piers was designed to elicit feedback to show the kinds of uses that may be responsive to the Port's public trust objectives for these sites.

This Print Covers Calendar Item No. 9B

At its August 14, 2018 meeting, the Port Commission adopted Resolution 18-45, which among other things directed Port staff to prepare draft amendments to the Waterfront Land Use Plan based on the Waterfront Plan Working Group recommendations. During that presentation Port staff made the staff recommendation to the Port Commission that future development proposals for Piers 30-32 should not depend on revenues from developing Seawall Lot 330. While past proposals have used both sites to complement one another, Port staff believes that the decision to apply the value of Seawall Lot 330 towards any particular capital proposal should be intentional and explicit. This would allow for clear consideration of the policy question as to whether the appropriate use of Seawall Lot 330 development revenues would be to support the development of Piers 30-32.

The August 2018 staff recommendation was made due to the significant cost of rehabilitating and developing Piers 30-32. While that cost was not out of scale as compared to the Port's other large master planned projects at Mission Rock and Pier 70, a Piers 30-32 project alone could not generate sufficient revenues to repay the needed private investment. In short, upon completion Mission Rock and Pier 70 will actually increase Port operating revenues from where they are today, while a Piers 30-32 project will decrease Port revenues from where they are today. This staff report provides more detail on the specifics of this analysis.

Because of this need for substantial subsidy, the past three development efforts for Piers 30-32 have incorporated the value of Seawall Lot 330 to improve project feasibility. All of these proposals failed. Based on staff's greater understanding of Port capital needs, staff recommends that the value and development potential of Seawall 330 be considered independently of Piers 30-32. The value realized from this property could fund other, higher-priority Port needs including resilience programs like the Seawall Earthquake Safety program, the Port's historic piers, improvements to the eco-industrial business district, reposition the Pier 70 shipyard, a second shoreside power system for cruise calls, public realm enhancements in the Southern Waterfront, or could be used to enable the redevelopment of Piers 30-32. Port staff also shared the recommendation to consider development of Piers 30-32 and Seawall Lot 330 separately with the public at the Waterfront Land Use Plan Part 3 workshop on Piers 30-32, held on May 2, 2018.

Based on the recommendation to consider the two sites separately at the August 14, 2018 meeting, members of the Port Commission requested potential next steps for development of Seawall Lot 330, which are also discussed in this report. As summarized below, Port staff recommends that the Commission direct staff to formulate and provide to the Commission for its consideration a competitive solicitation strategy that will clearly outline the revenue generation and/or subsidy proposal for each property separately, but still allows for the Port Commission to consider coordinated development of complementary uses at the two sites if there is a proposal that would benefit the Port and the public in doing so.

PIERS 30-32

Site Information

Piers 30-32 is the Port's largest undeveloped pier facility in the South Beach section of the northern waterfront. This pier was altered over time to create the current 13 acre pile-supported platform, which is occupied by only one small structure, Red's Java House; the former historic pier sheds were destroyed in a fire in 1984. Since the 1980s, Piers 30-32 has been proposed in several development projects, along with Seawall Lot 330 across The Embarcadero from the piers. Piers 30-32 is not included in the Embarcadero Historic District. Table 1 provides an overview about site size, condition, and use requirements for Piers 30-32.

Several past Port Commission staff reports and assessments have been presented regarding past development proposals for Piers 30-32 and SWL 330. A summary of these past efforts and findings are presented here with liberal references to these past staff reports, which inform the current analysis and options that Port staff recommend for these two sites in this report.

Table 1 below summarizes information related to potential development of Piers 30-32.

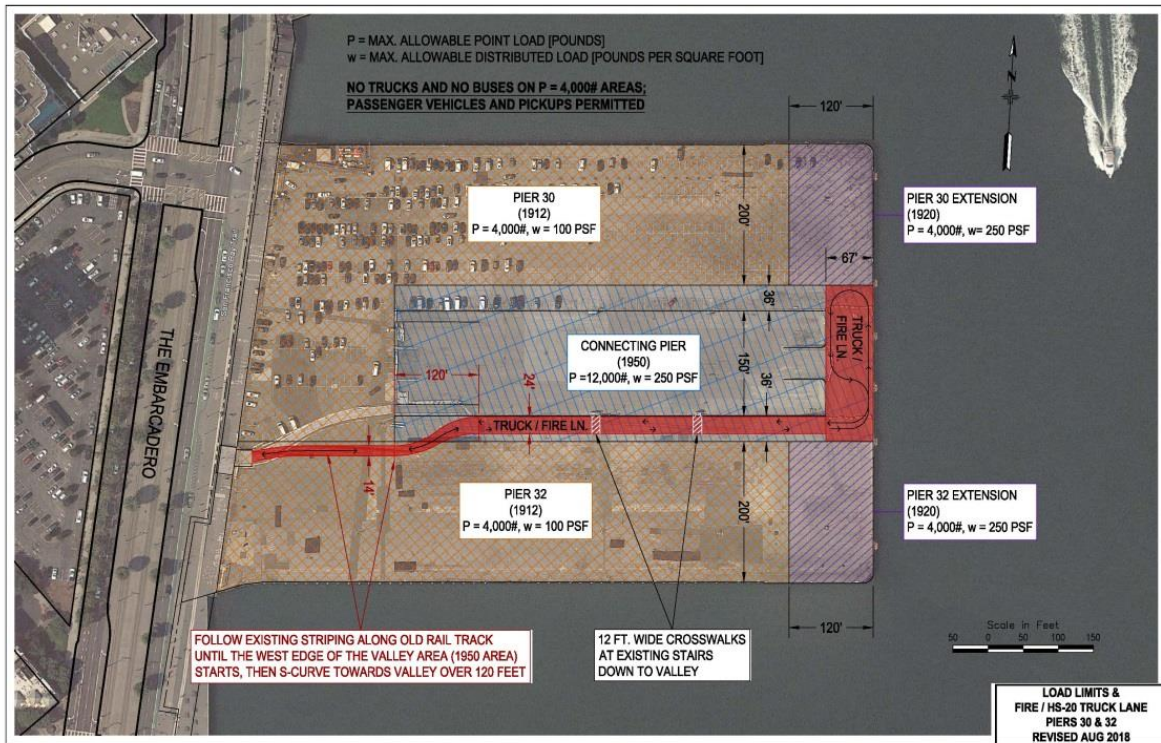
Table 1: Piers 30-32 Site Characteristics

#	Characteristic	Description								
1.	Location	South Beach waterfront, adjacent to The Embarcadero between Bryant and Brannan Streets								
2.	Size	13 acres								
3.	Construction History & Condition	<p>Original Piers 30 and 32 were constructed in 1912. The piers were extended in 1926, and in 1950, the water area between the piers was filled, joining with Piers 30 and 32; in 1984, a fire burned the pier sheds. The only structure that remains is Red's Java House. See the Piers 30-32 site plan in Figure 1.</p> <p>In 2018, the Port's rapid facility assessment rated the overall structural condition of Piers 30-32 as Yellow (load restricted). 1912 piles have minor cracks and spalling; some have more extensive deterioration. 1926 and 1950 piles are in better condition. The 1912 and 1926 decks are typically in good condition, with spalling and corrosion of rebar in some areas. Portions of the depressed 1950 deck that have been frequently exposed to water are in poor condition. Piers 30-32 has not been seismically improved.</p>								
4.	Current Use	Interim commuter parking, layberthing for visiting vessels, and special events								
5.	FY 2017-18 Port Revenue	<table><tr><td>Parking:</td><td>\$1,177,769.93</td></tr><tr><td>Layberthing:</td><td>\$ 180,000.00</td></tr><tr><td>Special Events:</td><td><u>\$ 110,528.00</u></td></tr><tr><td>Total:</td><td>\$1,468,297.93</td></tr></table>	Parking:	\$1,177,769.93	Layberthing:	\$ 180,000.00	Special Events:	<u>\$ 110,528.00</u>	Total:	\$1,468,297.93
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Total:	\$1,468,297.93									

#	Characteristic	Description
6.	Maritime	The Port has long considered this location as a potential for cruise berthing due to the 622-foot dock, deep water, and self-scouring berth at its eastern face. Piers 30-32 was last used as a temporary cruise terminal with passenger staging in 2012, prior to the completion of the James R. Herman Cruise Terminal at Pier 27. <u>In its current condition</u> , the capital and operating cost requirements for a permanent cruise terminal are prohibitive compared to Pier 27 and Pier 35.
7.	Open Space Requirement	Under the BCDC Special Area Plan for the San Francisco Waterfront, development of large piers such as Piers 30-32 have a more significant open space requirement. See Exhibit A.
8.	Permitted Uses & Zoning	The Waterfront Land Use Plan permits a broad list of allowable uses for Piers 30-32 which include a variety of maritime uses, public open space, assembly and entertainment, general office, retail, warehousing, wholesale trade, and community facilities. Piers 30-32 is located in Waterfront Special Use District #2 on the San Francisco Zoning map, zoned M2 (heavy industrial), which permits these uses.
9.	Height Limit	Height limit of 40 feet, which may only be increased by a vote of San Francisco's electorate under Proposition B (2014).
10.	Public Trust	<p>Piers 30-32 is not included in the Embarcadero Historic District. Typically, new construction on non-historic properties must be for trust-consistent uses. The Port, State Lands, and BCDC each have authority to determine public trust consistency of a project. The Port has obtained state legislation on two occasions to permit a broader array of uses at Piers 30-32: 1) AB 1389 (2001, Assemblymember Shelley) was enacted by the California Legislature to facilitate the development of Bryant Street Pier Cruise Terminal and Mixed Use Project; and 2) AB 1278 (2014, Assemblymember Ting) to permit the Warrior's Multi-Purpose Pavilion at Piers 30-32 in 2013, which included public open space, layberthing and a fireboat station.</p> <p>The authorization for AB 1278 expires in 2024. It is unclear whether new state legislation would be required for a new use program at Piers 30-32, but based on past history it is likely that either State Lands or BCDC (or both) would request that the Port seek state legislation if the use program includes substantial non-trust uses and/or substantially differs from the program in AB1278. See policy discussion under Piers 30-32 Competitive Bidding & Development Considerations below.</p>
11.	Regulatory Permitting	<p>BCDC: In addition to its public trust determination authority, BCDC will require a Major Permit for a project at Piers 30-32, which will require maximum feasible public access, bay fill analysis and mitigation, and climate change and sea level rise adaptation. Piers 30-32 is listed as a possible fill removal site in prior BCDC Permit #2006.009 issued for the Exploratorium project at Piers 15-17.</p> <p>San Francisco Bay Regional Water Quality Control Board ("Water Board"): A project at Piers 30-32 will require a stormwater management plan for the piers and a permit from the Water Board regulating in-water construction and new Bay fill.</p> <p>U.S. Army Corps of Engineers ("USACE"): USACE may choose to regulate the substantial number of piles needed to support new development at Piers 30-32 as either piles under the U.S. Rivers and Harbors Act or as fill under the U.S. Clean Water Act. If new piles are regulated as "fill", the allowable uses on the pier are restricted to only those which are "water-dependent" with no feasible upland location.</p>

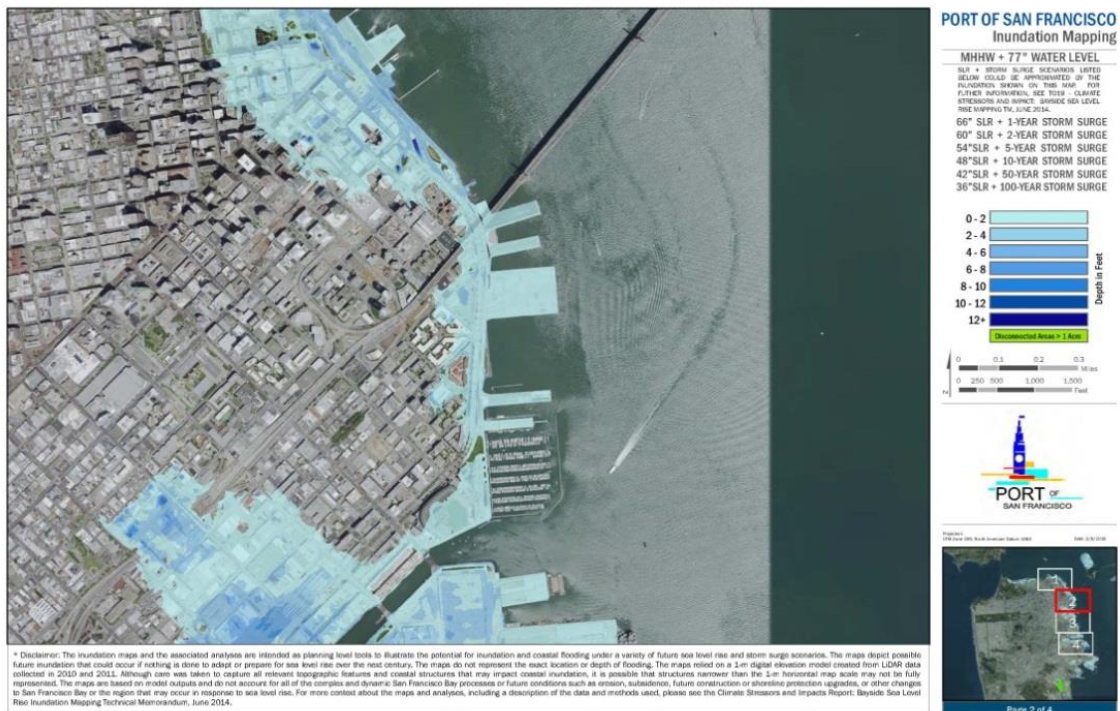
#	Characteristic	Description															
12.	Approvals	<p>In addition to the State Lands Commission, state legislation and regulatory permits described above, a project at Piers 30-32 would be reviewed by the Waterfront Design Advisory Committee and the BCDC Design Review Board.</p> <p>Port Commission and Board of Supervisors approval of a lease.</p> <p>Potential state legislation for a project with nontrust uses.</p>															
13.	Substructure Condition	See Figure 1 below. Most of the original Piers 30-32 footprint cannot support truck traffic and is limited to automobiles only; the 1926 pier extension and the 1950 connector can accommodate truck traffic. Fire access is limited to the area shown in red on Figure 1.															
14.	Estimated Substructure Costs	<table> <tr> <th>Port Capital Plan (2019)</th><th>Last Warrior's Estimate (2013)</th><th>Port Engineering Estimate (2014)</th></tr> <tr> <td><u>Substructure</u></td><td><u>New Pier</u></td><td><u>Substructure</u></td></tr> <tr> <td>\$55 million</td><td>\$165 million</td><td>\$44 million</td></tr> <tr> <td><u>Conditional Seismic</u></td><td></td><td><u>Seismic</u></td></tr> <tr> <td>\$71 million</td><td></td><td>No seismic upgrade cost provided.</td></tr> </table> <p>Seawall: None of these figures includes costs to strengthen the Seawall along the 622' width of Piers 30-32.</p>	Port Capital Plan (2019)	Last Warrior's Estimate (2013)	Port Engineering Estimate (2014)	<u>Substructure</u>	<u>New Pier</u>	<u>Substructure</u>	\$55 million	\$165 million	\$44 million	<u>Conditional Seismic</u>		<u>Seismic</u>	\$71 million		No seismic upgrade cost provided.
Port Capital Plan (2019)	Last Warrior's Estimate (2013)	Port Engineering Estimate (2014)															
<u>Substructure</u>	<u>New Pier</u>	<u>Substructure</u>															
\$55 million	\$165 million	\$44 million															
<u>Conditional Seismic</u>		<u>Seismic</u>															
\$71 million		No seismic upgrade cost provided.															
15.	Embarcadero Historic District	Piers 30-32 is the only major pier in the northern waterfront that is not part of the Embarcadero Historic District. Development at this site is not eligible for federal historic tax credits.															
16.	Sea Level Rise & Flood Risk	<p>Sea Level Rise: See Figure 2 below. Piers 30-32 has a deck elevation of +12.4' above Mean Low Lower Water ("MLLW"). At its current elevation, the piers are on the verge of flooding during the current 100-year storm when considering the influence wind and waves have on the total water level. Under non-storm conditions, the pier is expected to regularly flood with 77 inches of sea level rise, which is currently within the range of potential outcomes for sea level rise by 2100.</p> <p>The Golden State Warriors planned to increase the height of the pier deck by 36" to accommodate sea level rise, essentially by building an entirely new pier over the current pier structure. Earlier development plans did not include an adaptive management strategy.</p> <p>Flood Risk: FEMA has mapped the pier deck as Zone D (meaning possible but undetermined flood hazards). Flood insurance rates are higher in Zone D.</p>															
17.	Seawall Condition	<p>See Figure 3 below. According to the Port's Seawall Vulnerability Study Phase 2 Report (2015), lateral spreading in the vicinity of Piers 30-32 is expected to be up to 1 foot in a magnitude 8.0 seismic event. The Seawall Earthquake Safety Program is conducting further geotechnical analysis along the waterfront to improve the Port's understanding of these risks.</p> <p>Based on the latest cost estimates, currently in the process of being updated by for the Seawall Program, the average costs to repair the 622' length of the Seawall adjacent to Piers 30-32 would be \$79 million. However, with further refinement of the geotechnical analysis and development of innovative solutions, these costs are expected to change as the specific subsurface conditions are taken into consideration. Near Rincon Point at the Pier 30-32 location, the depth to competent soil or rock is quite shallow, potentially driving down the cost of Seawall strengthening.</p>															

Figure 1: Piers 30-32 Site Plan and Load Restrictions



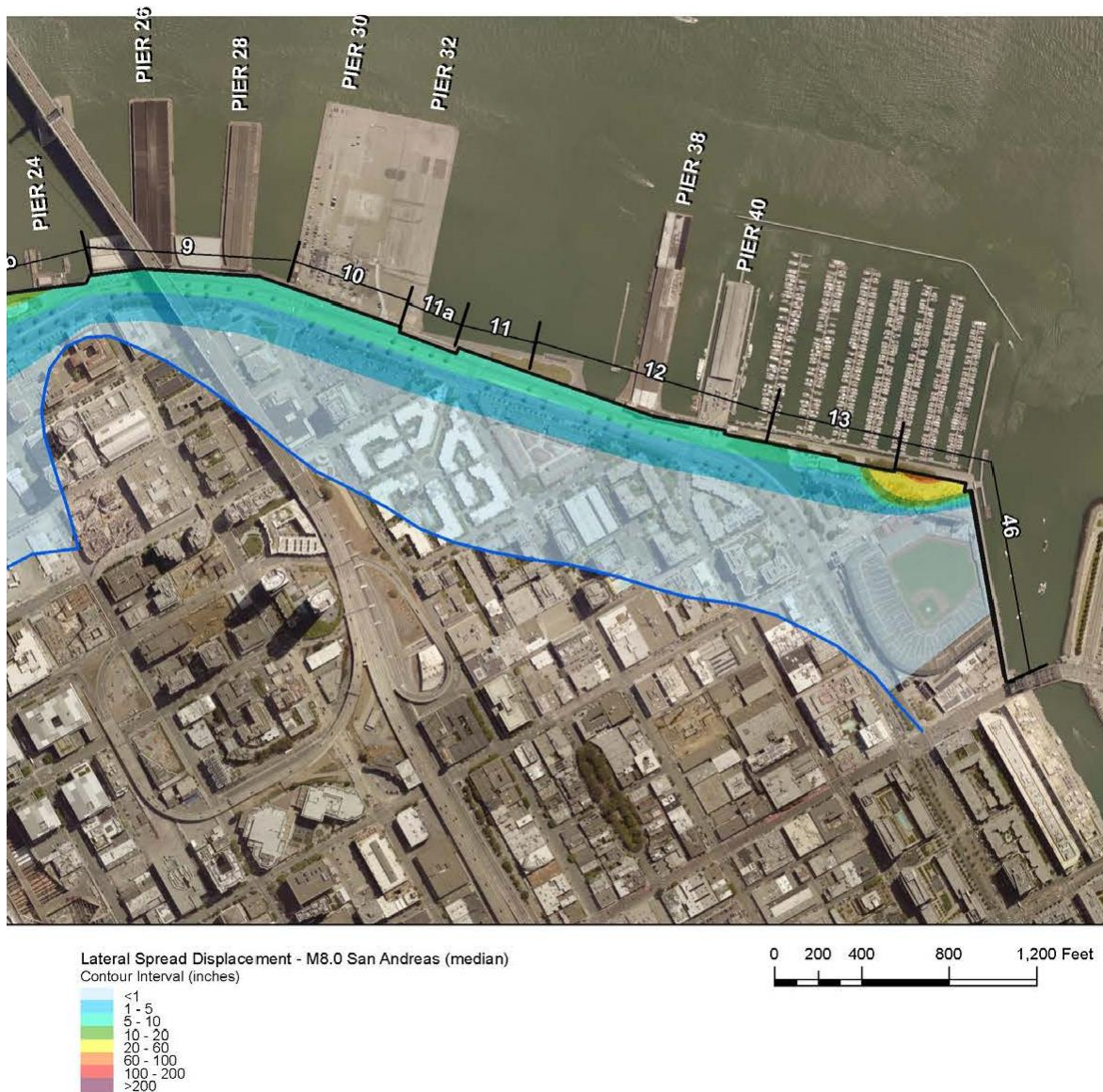
Source: Port of San Francisco Engineering Division.

Figure 2: Piers 30-32 Sea Level Rise Inundation Map (77" Stillwater or 36" + 100 Year Storm Surge)



Source: AECOM, Port of San Francisco Sea Level Rise Inundation Mapping Technical Memo, March 2016

Figure 3: Piers 30-32 Seawall Lateral Spread Risk



Source: GHD-GTC, Earthquake Vulnerability Study for the Seawall Vulnerability Study of the Northern Seawall, July 2016

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Past Piers 30-32 and Seawall Lot 330 Development Proposals & Financial Analysis

Piers 30-32 have been the subject of three major development efforts since adoption of the Waterfront Land Use Plan in 1997, all of which included portions of Seawall Lot 330:

- Bryant Street Pier/James R. Herman Cruise Terminal (2000 – 2006);
- 34th America's Cup (2010-2012) which included Pier 30-32 and Seawall Lot 330 as proposed long-term development sites; and
- Golden State Warriors ("GSW") Piers 30-32 Multi-Purpose Pavilion and Seawall Lot 330 Mixed Use Development.

Appendix B includes additional information about prior attempted development of Piers 30-32 published in the 2015 Waterfront Land Use Plan Review. These reports include a description of why these development projects did not proceed, including lessons learned.

On June 14, 2016, Port staff provided a presentation on Piers 30-32, including:

- a site overview,
- pier construction history,
- current use and condition,
- planning context,
- site planning considerations,
- sea level rise,
- financial feasibility analysis, and
- development history.

For members of the public who are not familiar with the history of Piers 30-32, Port staff recommends reading the June 14, 2016 Piers 30-32 staff report, which is attached as Exhibit C.

Port staff's recommendations on Piers 30-32 are built on its understanding of this past development history. Of the three prior attempts the Port has undertaken to develop Piers 30-32, the only qualified success has been development of the Watermark condominiums on ½ acre of Seawall Lot 330. In that case, the Watermark was meant to generate proceeds to subsidize the Bryant Street Piers project, which was ultimately deemed infeasible by the project sponsor (see discussion under Seawall Lot 330 below for more details).

Prior failures had distinct causes, but all shared a challenge with high substructure and seismic strengthening costs. The remainder of this section describes estimated substructure costs for Piers 30-32 for each development proposal, along with Port and City sources that were negotiated to repay private investment in the Piers 30-32 substructure.

Bryant Street Pier: With the Bryant Street Pier project, the Port agreed to subsidize Piers 30-32, Pier 36 removal, and the Brannan Street Wharf open space with

development of ½ acre of Seawall Lot 330. Had the development of Piers 30-32 proceeded as planned, development of the Watermark condominium project would have contributed \$30 million towards the cost of rehabilitating Piers 30-32, removing Pier 36, and constructing the Brannan Street Wharf. Bovis Lend Lease ultimately determined that this subsidy was insufficient to fulfill these tasks, including Piers 30-32 substructure and seismic upgrade costs estimated at **\$82 million**.

This decision allowed the Port to reinvest the \$30 million in Watermark proceeds in the Pier 27 James R. Herman International Cruise Terminal and the Brannan Street Wharf.

34th America's Cup: Through further analysis of Piers 30-32 accompanying the negotiation of the 34th America's Cup LDDA, the subsidy for strengthening Piers 30-32 increased. The financial structure of this agreement was uniquely complicated, requiring the Port to repay America's Cup Event Authority pre-match expenditures estimated at \$74 million ("Authority Infrastructure Work"), including an estimated \$58.5 million at Piers 30-32, with potential, additional post-match expenditures that the Port estimated at \$31 million, for total Piers 30-32 substructure and seismic investment estimated at **\$89.5 million**.

Under the LDDA, the Port was obligated to repay these pre- and post-match investments, coupled with an 11% annual return, with the following sources:

- a no-rent 66 year lease of Piers 30-32 under a public-trust consistent use program;
- transfer of Seawall Lot 330 (pursuant to AB 418) at no cost;
- Potential leases for Piers 26, 28 and 29 (or another mutually-agreeable pier) at \$6 per square foot;
- Infrastructure Financing District ("IFD") proceeds from Piers 30-32, Seawall Lot 330, and Piers 26, 28 and 29.

Ultimately, the Event Authority rejected this development proposal before the Board of Supervisors considered final action on the agreement.

Golden State Warriors: Under the Conceptual Framework for the proposed Piers 30-32 Multi-Purpose Venue negotiated between the Port and the Golden State Warriors, the Port agreed to reimburse GSW with rent credits for its actual and verifiable costs of seismically retrofitting and rehabilitating Piers 30-32, including public open space and fill removal, up to **\$120 million**, plus a 13% annual return on costs.

Subject to completing an environmental impact report and approval of a Lease Disposition and Development, the Port conceptually agreed to reimburse the pier substructure costs (with 13% annual return) through three sources of funds:

- 1) Rent credits for Piers 30-32 substructure work in the amount of Piers 30-32 appraised annual rent of \$1,970,000, subject to annual increases and periodic market adjustments;
- 2) Rent credits for Piers 30-32 substructure work in the amount of the Seawall Lot appraised purchase price of \$30.4 million; and
- 3) Infrastructure Financing District proceeds from Piers 30-32 and Seawall Lot 330 (projected at \$60 million) to subsidize the remaining Pier 30-32 substructure costs and parks and open space.

Due to the 13% annual return, the Port was not expected to realize rent from Piers 30-32 during the 66-year lease, and the full value of Seawall Lot 330 and the IFD proceeds would also be required to successfully reimburse the GSW investment. The only revenue the Port expected to realize from the transaction were transfer fees of 1% on the second and all subsequent sales of condominiums on Seawall Lot 330.

Piers 30-32 Options

Based on the site and development history summarized above, Port staff has identified four broad strategies for dealing with Piers 30-32:

1. **Continue to lease the piers without a complete substructure seismic upgrade** for parking, layberthing and special events, including new special event proposals received by staff.
2. **Competitively-bid a mixed-use development opportunity** on all or a portion of the piers.
3. **Consider sole-source proposals** for development of Piers 30-32 and Seawall Lot 330, that clearly outlines the revenue generation and/or subsidy proposal for each property separately.
4. **Remove all or part of the piers**, possibly as a mitigation strategy for the Seawall Safety Program.

This portion of this staff report describes strategies and considerations for each option.

Option 1: Lease Piers 30-32 without a Complete Substructure Seismic Upgrade

In FY 2017-18, the Port earned a total of \$1.5 million in revenues from parking, layberthing and special events. Since there are fairly few tenants using this space and there is only one structure on the piers (Red's Java House), this is significant revenue with fairly low overhead costs for the Port. Average annual revenue for the past four years was \$1.2 million.

Recent Piers 30-32 Event Proposals

The Port's approval of the Mission Rock and Pier 70 projects have eliminated two attractive locations for special events (Seawall Lot 337/Lot A and Building 12). Several event operators have reached out to the Port with interest in exploring possible operations at Piers 30-32. While the substructure condition presents an obstacle for many proposals, there may be potential transactions that could target improvements in key locations and allow for code compliance (as was done for the America's Cup team bases), while providing increased revenues to the Port and more opportunities for the public to enjoy the piers. Cirque de Soleil Entertainment Group has proposed to partner with the Port in such an arrangement.

Due to this pending discussion with the Port Commission, staff has not engaged in detailed analysis of these potential projects, but staff does note that these investments could potentially be structured to provide for additional Port benefits such as more durable use of the naturally scouring deep maritime berth on the east face of the piers, while potentially avoiding the lengthy entitlement timeline and cost that a full redevelopment of the site would require.

Piers 30-32 Leasing Considerations

- Substructure conditions and load limitations confine special events uses to short-term uses lasting less than six months.
- Prior event use has included KFOG Kaboom, Fleet Week, and X-Games, among others.
- The lack of activation at Piers 30-32, particularly at night, has made the site an attractive nuisance, with reporting of sideshows (impromptu car shows, with cars that perform "donuts" in parking lots or on streets) which in the Summer and Fall of 2018 resulted in a significant number of complaints from area residents and is a dangerous activity for those attending the gathering. Real Estate and Maintenance staff have worked with the parking operator to install more secure gate facilities, along with speed bumps and other obstructions to limit the attractiveness of the pier for these nuisance activities. The Port has also deployed additional security personnel and San Francisco Police Department 10B coverage which has eliminated these complaints over the last several months.
- In its August 12, 2014 informational presentation to the Port Commission¹, Port Engineering estimated that the remaining useful life of Piers 30-32 is ten years, but the life of the piers could be extended by 50 years with a \$44 million

¹ August 12, 2014 Piers 30-32 Staff Report:

<https://sfport.com/ftp/meetingarchive/commission/38.106.4.220/modules/Item%20%209A%20Pier%2030-32%20Substructure%20Deferred%20Maint%20Cost-documentid=8460.pdf>

investment (with no seismic upgrade). Without further analysis, it is unclear what uses could be expanded on the piers that could potentially justify this investment.

Option 2: Competitively Bid Piers 30-32 for Mixed Use Development

Port staff recommends careful consideration of whether to include Seawall Lot 330 in a future project at Piers 30-32, because the Port Commission may prefer to prioritize the revenues realized from this site for the Port's highest priority capital needs, including resilience programs like the Seawall Earthquake Safety program, the Port's historic piers, improvements to the eco-industrial business district, reposition of the Pier 70 shipyard, a second shoreside power system for cruise calls, and public realm enhancements in the Southern Waterfront.

The following are additional considerations that should inform a future competitive offering:

- Substructure and seismic improvement costs at Piers 30-32 are extraordinarily high. Recent negotiations have resulted in proposed deals requiring the Port to subsidize these costs with rent from the piers, the value of Seawall Lot 330 and tax increment from both sites. The rationale for a subsidy is that substructure costs (including seismic) are the costs of creating a buildable pad, and should be deducted from land value.
- Piers 30-32 is the only undeveloped major pier in the northern waterfront that is not part of the Embarcadero Historic District, permitting distinct architecture at this site.
- State Lands and BCDC have previously permitted nontrust uses at Piers 30-32 only with enabling state legislation. New uses at Piers 30-32 that are not consistent with the public trust for commerce, navigation and fisheries may similarly require state legislation. The time and cost of this effort would be a further obstacle to feasibility.
- The Port has not finalized its planning for the first phase of the Seawall Safety Program. With 622' of pier frontage along the Seawall (roughly three times the length of a typical pier), any plan for development of the site will have to factor in costs and coordination associated with protecting the site from Seawall movement in a major earthquake and/or upgrading the Seawall in this area. Prior development efforts did not have to confront these costs, because the condition of the Seawall was not known at the time.
- If the Port Commission pursues development at this site, some consideration should be given as to whether to remove significant portions of the pier, and focus on a smaller development footprint near the Embarcadero, or removal of the original sections to retain the center section and the naturally scrubbing deep water berth. The last cost to fully remove the pier was \$45 million in 2012.

- Red's Java House on the northern portion of Pier 30, is a popular restaurant in the neighborhood. Future development plans for the piers should evaluate how to treat Red's Java House.
- Development of Piers 30-32 is a complicated undertaking, which has typically required significant staff resources. With two new neighborhoods under construction (or soon to be under construction) at the Port, and the various development efforts underway, the Real Estate and Development Division will need to examine staffing constraints and the best method of delivering a project at this site.
- Consideration should be given to the type of offering for any development at Piers 30-32. Prior efforts have left the Port locked into exclusive negotiating agreements for long periods of time, while developers struggled to develop financially feasible approaches to the piers, or to gain public acceptance or permits for proposed development plans. Other options could include:
 - A non-exclusive due diligence period allowing multiple developers to examine the piers and available reports, including prior seismic analysis, prior to bidding;
 - A bid process with fixed financial terms that establish rent based on appraised value with limited rent credits and tax increment from the piers to pay for substructure upgrades, and
 - Include a schedule of performance, a non-refundable deposit and periodic payments in any agreement to develop the site.
- The Waterfront Plan Working Group recommended the following steps for competitively bidding future development proposals:

Competitive Solicitation

50. Port staff should provide Community Input Process for Competitive Solicitation for:

- Long-term, non-maritime development opportunities for Embarcadero Historic District piers (including bulkhead buildings), Seawall Lots, and other Port properties.
- Intermediate-term master lease opportunities for majority or entire Embarcadero Historic District piers (including bulkhead buildings) except for intermediate-term leases for maritime only businesses in the Embarcadero Historic District and other Port facilities.
- Lease opportunities that would convert maritime/industrial/PDR space to new retail, restaurant or other public-oriented use in bulkhead buildings, piers or other Port facilities. *(Solicitations to re-tenant existing retail/restaurant spaces are not subject to this request)*

Recommended steps for competitive solicitation opportunities should include:

- a. Port Commission meeting and public comments to consider preparation of a competitive lease/development solicitation opportunity after review of Port staff report describing competitive solicitation opportunity, including requirements and key Waterfront Plan and public trust goals and objectives.
- b. Community review and input by Port Advisory Committee, city and regional stakeholders to determine community and public trust values and priorities to be reflected in the lease/development solicitation opportunity.
- c. Port Commission meeting and public comments, and authorization to issue the competitive lease/development solicitation opportunity, and establish a Review Panel process to evaluate and score response submittals consistent with City Contract Monitoring Division rules and standards. Review Panel should include a development expert, Port staff member, a PAC member, and a member providing city or regional stakeholder perspective. PAC representatives and public should attend Port Commission meeting to provide public comments prior to Port Commission authorization of competitive solicitation opportunity.
- d. Evaluation of responding lease/development proposals by Port staff for compliance with minimum qualifications, financial capability, and references; and by Review Panel for scoring developer interviews and responses.
- e. Port Commission informational public meeting to receive presentations from qualified developer respondents, receive Port Commission, PAC and public comments.
- f. Port Commission consideration of developer selection, after review of Port staff report of Review Panel and Port staff scores and recommendation.

Option 3: Consider a Sole-Source Proposal for Piers 30-32 and Seawall Lot 330

From time to time project sponsors have informally approached the Port with proposals for the development of Piers 30-32 and Seawall Lot 330. At the Port Commission's direction, Port staff could encourage these groups to formally submit a proposal under the procedures recently recommended by the Waterfront Plan Working Group and endorsed by the Port Commission for sole source proposals.

Waterfront Plan Working Group Recommendations for Competitive Bidding and Sole Source Proposals

Only the Board of Supervisors may approve sole source proposals for the use of City property under agreements that the Board of Supervisors approves. The two most recent proposals to develop Piers 30-32 – the 34th America's Cup and the Golden State Warriors Multi-Purpose Venue – both required sole source approvals from the Board of Supervisors.

The Waterfront Plan Working Group had a lively discussion about sole source proposals. In general, the Working Group favored competitive bidding, strong engagement by Port Advisory Committees in the development process, and sole source projects only for unique development opportunities and after following a four-step process. The following are the recommendations of the Waterfront Plan Working Group related to sole source projects.

Sole Source Proposals

51. Under the San Francisco Administrative Code and the Waterfront Plan, it is City and Port policy to competitively-bid development opportunities. If and when the Port receives unsolicited proposals for unique development opportunities, the Port may only enter a sole source lease for such opportunities if the Board of Supervisors finds that it would be impractical or impossible to follow competitive bidding procedures. These are recommended steps for Port Commission consideration of unsolicited (Sole Source) proposals:
 - a. Require developer to provide written submittal that describes the proposal, any community outreach completed to date, specific ways in which the project will achieve Waterfront Plan and public trust goals and objectives, and reasons that support waiving the competitive solicitation process.
 - b. Port Advisory Committee meeting(s), for review and comment on the proposal, if not already completed and described above.
 - c. Port Commission informational meeting and public comments on Sole Source proposal, including review of information in Item a above.
 - d. Board of Supervisors public hearing and consideration of waiving City competitive solicitation leasing policy provisions.

Piers 30-32 Sole Source Considerations

- Port staff notes the expressed policy preference of the City and the waterfront Plan working group for competitive solicitation. Accordingly, staff recommends leaving the policy decision as to whether any proposed project merits a sole source waiver to the Board of Supervisors, since the Board of Supervisors adopted the competitive bidding requirements for leasing and property sales, and the sole source waiver provisions for when bidding is “impractical or infeasible.”
- Aside from the competitive bidding policy, development considerations for Piers 30-32 under a sole source proposal are largely the same as those described above under the competitive bidding option:
 - substructure costs are high;
 - the Port Commission may wish to focus development near The Embarcadero;
 - the site provides for a unique opportunity for creative architecture;
 - the Seawall along the piers needs strengthening and the informal proposal presents an opportunity to leverage private investment with the Seawall program, but also is a significant financial and engineering coordination challenge;
 - new uses should complement the existing Red’s Java House, a popular destination; and
 - state legislation may be required if the proposal includes any nontrust uses.
- Development considerations for Seawall Lot 330 are discussed in the second section of this staff report.

Option 4: Remove all or part of Piers 30-32

The Bryant Street Pier project included a plan to remove approximately 175,000 square feet of Pier 32 (approximately 4 acres), which was a requirement under AB 1389.

In 2009, the Port and the Exploratorium negotiated with BCDC and local stakeholders conditions that were included in the Exploratorium BCDC Permit #2006.009 to allow the Exploratorium project to retain some of the fill between Piers 15 and 17. The permit designated Piers 30-32 as a potential alternative fill removal site, along with other potential alternative fill removal sites at Pier 70, wharves 6, 7 and 8.

In 2012, after the development component of the 34th America’s Cup failed, Port Engineering estimated that the cost to remove Piers 30-32 would be \$45 million.

Under the Golden State Warriors proposal, the plan included significant removal of old piles and portions of the old deck to compensate for installation of new super-piles and a new deck. Negotiation of the exact amount of fill removal was never finalized because permits for that project were never finalized.

There are three agencies that issue permits for fill in San Francisco Bay: the U.S. Army Corps of Engineers, BCDC and the Water Board. Typically, permits for new fill require mitigation in the form of removal of old Bay fill at the same or a different location.

Seawall Safety Program

The team leading the Seawall Safety Program is developing recommended alternatives for strengthening the Seawall. The Port has also undertaken an effort with the U.S. Army Corps of Engineers to study flood control along the Port's waterfront. Both of these efforts are in the planning stage and have not selected preferred alternatives. Alternative will be developed for both projects in 2019.

Depending on the alternatives selected, the Port may need to identify public benefits or mitigation measures including fill removal – particularly for alternatives that involve in-water construction – that will increase public support and/or enable regulatory approvals for the preferred project alternative. Removing all or a part of Piers 30-32 could be a part of the solution. These public and regulatory discussions will occur later in the process, after the selection of a preferred alternative and the commencement of environmental review.

Considerations related to removing all or a part of Piers 30-32

- Removing all or a part of Piers 30-32 can be combined with development of a portion of the site or operation on an interim basis as described above.
- Since Piers 30-32 has negative land value, as described above, a partial removal strategy is likely to be less expensive than repairing and seismically strengthening the entire 13-acre site, but it would also reduce potential development square footage. Therefore the net financial impact of removal on a project will depend on the particular development program.
- Removing all or a part of Piers 30-32 would significantly enhance Bay views in this area of the waterfront (similar to removal of Pier ½ as part of the 34th America's Cup).
- Removing all or a part of Piers 30-32 could be part of an entitlement strategy for the Seawall Safety Program or flood control projects developed with the U.S. Army Corps of Engineers.
- Removing all of Piers 30-32 would deny the Port and the City a naturally deep-water berth that does not require dredging which is a significant operating expense for most other berthing locations.

SEAWALL LOT 330

Site Information

Seawall Lot 330 has been the subject of three major development efforts since adoption of the Waterfront Land Use Plan in 1997, including the Bryant Street Pier/Piers 30-32 James R. Herman Cruise Terminal (2000 – 2006), the 34th America's Cup, and the Golden State Warriors ("GSW") Piers 30-32 Multi-Purpose Pavilion and Seawall Lot 330 Mixed Use Development.

Development of the Watermark condominium project on ½ acre of Seawall Lot 330 as part of the Bryant Street Pier project was the only successful development during these prior efforts.

The Watermark is a 22 story, 136 unit condominium building with 16 inclusionary, below-market units constructed in 2004. The project was intended to subsidize the Piers 30-32 cruise terminal, removal of Pier 36, and construction of Brannan Street Wharf. Because the Piers 30-32 cruise terminal did not proceed, the Port ultimately used these proceeds to build the Pier 27 James R. Herman International Cruise Terminal and the Brannan Street Wharf (along with other sources).

After the ½ acre for the Watermark was sold, the remaining area of Seawall Lot 330 is 2.3 acres.

Exhibit D includes the last rendering of a proposed project on Seawall Lot 330, produced by the Golden State Warriors.

Table 2: Seawall Lot 330 Characteristics

#	Consideration	Description
1.	Location	South Beach, bounded by the Embarcadero roadway, Beale and Bryant Streets
2.	Size	101,330 square feet (2.33 acres)
3.	Current Use	Interim commuter parking.
4.	FY 2017-18 Port Revenue	\$831,992.40
5.	Assessor's Lot	Block 3771, Lot 002 and a portion of Block 3770, Lot 002
6.	Permitted Uses & Zoning	<p>The Waterfront Land Use Plan permits a broad list of allowable uses for Seawall Lot 330, including residential use.</p> <p>Under the Planning Code, the site is zoned SB-DTR: South Beach Downtown Residential Mixed Use District, in the Eastern Neighborhoods Plan Area and Waterfront Special Use District #3. The site is not entitled.</p> <p>There is no designated maximum density for residential uses in this district. Nonresidential uses are permitted up to a ratio of one to six square feet of</p>

#	Consideration	Description
		residential use. Certain non-residential uses are prohibited or require a conditional use. Parking is not required for residential uses, and is permitted up to a maximum of 0.75 stalls per unit. Parking above grade level is not permitted.
7.	Height Limit	The height limit for the subject site is 65/105-R (meaning 65' at locations near the Embarcadero, stepping up to 105'), which may only be increased by a vote of the people under Proposition B (2014).
8.	Yield	Based on the last detailed site analysis, the site has capacity for up to 315 units, with approximately 40,000 square feet of ground floor space for retail and other uses, for a total of 413,400 of above-ground development square footage and a maximum of 325 off-street parking spaces.
9.	Public Trust	<p>The California Legislature has terminated public trust use restrictions on Seawall Lot 330.</p> <p>Under SB 815 (Senator Migden, 2007), the Port may lease the site for nontrust purposes for periods of up to 75 years.</p> <p>Under AB 418, Assemblymember Ammiano, the Port may sell the fee interest in Seawall Lot 330 free of the public trust, the Burton Act trust, and the restrictions of Senate Bill 815, if the consideration received by the Port is equal to or greater than the fair market value of the fee interest conveyed and is used by the Port for trust purposes. If the Port sells Seawall Lot 330, the Port is required to cause the public trust to be impressed upon other lands situated on or adjacent to the San Francisco Bay that have a total area equal to or greater than the area of Seawall Lot 330 and have been determined by the California State Lands Commission to be useful for trust purposes.</p>
10.	Approvals	<p>Design review by the Waterfront Design Advisory Committee.</p> <p>Planning Commission Conditional Use approval required for certain uses or building bulk designs, as specified in the San Francisco Planning Code.</p> <p>Port Commission and Board of Supervisors approval of a lease or sale.</p> <p>State Lands Commission approval of a lease or sale.</p>
11.	Development Impact Fees	<p>Affordable Housing Fees (Planning Code §415)</p> <p>Child Care Fees (Planning Code §414A)</p> <p>Eastern Neighborhoods – Infrastructure Fee – Tier 1 (Planning Code §423.3)</p> <p>School Impact Fees (State Ed. Code Section 17620)</p> <p>Transportation Sustainability Fees (Planning Code §411A)</p>
12.	Sea Level Rise	See Figure 2 on page 6. Seawall Lot 330 is subject to potential future flood risk with 24" of sea level rise and a 100 year storm surge.

Seawall Lot 330 Options

Seawall Lot 330 is a valuable piece of property.

Seawall Lot 330 was last appraised as part of the Golden State Warriors process. The appraised value was \$30,400,000. During the 34th America's Cup, Seawall Lot 330 was appraised at \$33,050,413.

Since these appraisals, many factors that would affect the value of Seawall Lot 330 have changed, including impact fee levels, construction costs, and residential values, including rents. Port staff believes that based on the current market an appraisal of the highest and best use of the site would exceed the prior appraisals, with the magnitude of the increase depending on if it is appraised as a fee simple or ground lease interest.

Development of Seawall Lot 330 could also generate property tax increment that the Port could capture to fund other Port improvements, including the Seawall Safety Program. Based on a notional \$300 million development on Seawall Lot 330 (for reference, the Warriors projected a \$215 million development on the site in 2012), the annual tax increment available for bonding would be approximately \$2 million.

If all or a portion of the site is developed for for-sale condominiums, the Port could require transfer fees equal to 1.5% of the sales value of the second and each subsequent sale, which would provide the Port an ongoing revenue stream for use at other Port properties.

Mixed-Income or Affordable Housing

The Office of Economic and Workforce Development and the Mayor's Office of Housing and Community Development are always looking for publicly-owned sites for potential mixed income and affordable housing.

Subject to consultation with the local community, one potential strategy for Seawall Lot 330 would be to examine the site in consultation with these City agencies for housing development, including a significant amount of affordable housing.

It is important to note that existing state legislation governing nontrust uses of the site requires a fair market value transaction for the use of the site. The Port pursued this approach with Seawall Lot 322-1 for the 88 Broadway affordable housing project.

The Department of Homelessness and Supportive Housing, in consultation with the Department of Public Works, is also examining potential sites for an additional 1,000 beds for homeless individuals. Subject to the same fair market value considerations and a community outreach process, Seawall Lot 330 could be a candidate for this use.

Piers 30-32 Competitive Bidding & Development Considerations

- If the Port Commission wishes to pursue market-rate development of Seawall Lot 330, the Port should follow the competitive bidding procedures vetted by the

Waterfront Plan Working Group (see page 14 above) and endorsed by the Port Commission.

- Another option may be to explore affordable housing, or mixed-income housing development of the site, in consultation with the Office of Economic and Workforce Development and the Mayor's Office of Housing and Community Development.
- Prior development efforts indicate that the approach to massing on the site is critical to gaining broad public support for development.
- If the Port Commission wishes to quickly realize the value of Seawall Lot 330, it could offer the site for sale through a competitive bidding process, which would require a purchaser to pursue project entitlements, largely without the involvement of Port staff. This approach may not realize the full value of the site, because the site is not fully entitled for development, and this approach would not provide for more aggressive approaches to affordable housing development than current code requirements.

Market-rate development of all or a portion of the site could generate significant annual property tax increment (estimated to be \$2 million) to support the Seawall Safety Program or other Port capital needs.

STAFF RECOMMENDATION, PUBLIC OUTREACH AND NEXT STEPS

Based on the information provided in this report, Port staff seeks the Port Commission's direction as to next steps for Piers 30-32 and Seawall Lot 330. A summary of the options for each site is set forth below:

Piers 30-32

Options include:

1. Continue to lease the site for parking, layberthing and special events. Explore other special event options to activate the site. Wait for the Seawall Safety Program to identify a recommended approach for the first \$500 million phase of the Program, including preferred options for addressing Seawall movement due to lateral spreading risk before deciding on next steps for the piers. This is expected to occur by late 2019.
2. Competitively offer all or part of the site for development, with subsidies limited to rent credits against Piers 30-32 rent and tax increment generated from development of the piers.

3. Invite sole source proposers for Piers 30-32 and Seawall Lot 330 to formally submit their ideas for consideration by the Public, the Port Commission and Board of Supervisors.
4. Wait for the Seawall Safety Program and evaluate whether removal of all or a part of the piers is a potentially useful public benefit or regulatory strategy for the Program, which may take 1-2 years.

Seawall Lot 330

Options include:

1. Combine the site with Piers 30-32 as described above, either in association with a competitive offering or in pursuit of the a sole source proposal.
2. Competitively offer the site for market rate development under a lease or sale option. Sale of the site will require the Port to identify other nontrust property along the waterfront which could be impressed with the public trust.
3. Consult with the Office of Economic and Workforce Development and the Mayor's Office of Housing and Community Development regarding potential uses of the site.
4. Form an Infrastructure Financing District over the site to capture growth in tax increment, if any, from future development of the site.

Based on the considerations set forth above, Port staff recommends that the Commission direct staff to formulate and provide to the Commission for its consideration a competitive solicitation strategy that will clearly outline the revenue generation and/or subsidy proposal for each property separately, but still allows for the Port Commission to consider coordinated development of complementary uses at the two sites if there is a proposal that would benefit the Port and the public in doing so. Port staff further recommends vetting these options with the Central Waterfront Advisory Group and conducting further outreach in the South Beach area and incorporating that feedback into the strategy that is brought back for consideration.

Staff looks forward to feedback from the public and direction from the Port Commission regarding these options.

Prepared by: Brad Benson
Director of Special Projects

Rebecca Benassini,
Assistant Deputy Director of Development

Diane Oshima,
Deputy Director of Planning and Development

and

Matt Wickens,
Project Engineer

For: Michael Martin,
Deputy Director of Real Estate and Development

Exhibit A: Excerpts from the Waterfront Land Use Plan and the BCDC Special Area Plan Related to Piers 30-32 and Seawall Lot 330

Exhibit B: Summary of Prior Piers 30-32 Development Efforts

Exhibit C: Item 12A Piers 30-32 Port Commission Staff Report, June 2016

Exhibit D: Golden State Warriors Code Compliant Design for Seawall Lot 330

Exhibit A: Excerpts from the Waterfront Land Use Plan and the BCDC Special Area Plan Related to Piers 30-32 and Seawall Lot 330

Piers 30-32

Waterfront Plan

Piers 30-32 Acceptable Uses:

Maritime Uses; Public Open Space and Public Access; Commercial Uses (Assembly & Entertainment, General Office; Museums, Accessory Parking, Retail and Restaurants, Recreational Enterprises, Visitor Services, Warehouse/storage, Wholesale Trade/Promotion Center); Other Uses (Community Facilities)

The Bryant Street Pier Mixed Use Opportunity Area:

The 13-acre pier and three-acre Seawall Lot 330 together represent the Port's largest potential development site. Unlike many of the Port's piers, Pier 30-32 is supported by concrete piles and is in good structural condition. In contrast, adjacent Pier 34 is condemned and should be removed as part of new development on Pier 30-32. The vast size of Pier 30-32, which can berth 800 foot long ships on two sides, offers untold possibilities for providing public entertainment and attractions with a highly visible maritime element. In addition, Pier 30-32 should be a highlight on the PortWalk which would extend the pedestrian path along The Embarcadero onto the pier. Because the site is both prominent and yet somewhat isolated from an architectural standpoint, new development here could become a signature piece in this neighborhood, and should set a standard for other architectural improvements along the shoreline. This site has been proposed as a possible location for a modern cruise terminal, if market conditions and changes in regulations lift the constraints that have limited the number of ships calling in San Francisco. Support services such as parking and neighborhood-serving businesses can be incorporated into development on the seawall lot which also would provide a buffer zone for residents of Bayside Village.

Bryant Street Pier Development Standards for Piers 30-32:

- Provide activities on Pier 30-32 which attract residents of the City and region, but also include businesses which cater to nearby residents and employees.
- Due to the extraordinary size of Pier 30-32, provide significant maritime and public access uses together with a multi-faceted mix of commercial activities, all oriented around a common theme (such as family-oriented entertainment, or a trade and promotion center for California food and agricultural products), rather than a singular commercial attraction.
- Encourage new activities that do not generate peak traffic volumes during commute periods, to minimize congestion on roadway and public transit systems.

- Require a high standard of architectural design which is appropriate to the prominence of the site and establishes a new architectural identity and standard for waterside development in the South Beach area.
- Incorporate expansive public access on the piers that builds upon and enhances the PortWalk through the South Beach area.
- Apply “Good Neighbor” standards to bars, restaurants which sell alcohol, large fast food restaurants, and assembly and entertainment uses on Piers 30-32 and SWL 330, unless the Port Commission makes a specific finding that a particular condition is unnecessary or infeasible (see Waterfront Plan, p.5 for description of 5 Good Neighbor standards).
- The design of any new development on Piers 30-32 should provide appropriate buffers, setbacks or other design solutions for open air bars, restaurants, and nighttime entertainment activities that front The Embarcadero as necessary to mitigate noise impacts from such uses on residential neighbors.”

BCDC Special Area Plan for the San Francisco Waterfront

“6. Public Access for Major Projects on Piers.

b. Large Piers (Piers 30-32, and Piers 27-29 if redeveloped as a Large Pier):

- i) Large Piers should have a higher proportion of their area devoted to public access and open space than Finger Piers;
- ii) Public access provided should consist of:
 - Perimeter access
 - Significant park(s)/plaza(s) on the pier perimeter
 - Additional areas, e.g., small parks or plazas integrated into the perimeter access
 - Significant view corridors to the Bay from points on the pier which by their location have more of a relationship to the water than to the project
- iii) Public open spaces within the interior of large piers that do not provide physical or visual proximity to the Bay should not be included in the determination of maximum feasible public access to be provided on the pier.”

Seawall Lot 330

Waterfront Plan

Seawall Lot 330 Acceptable Uses:

Residential and Commercial Uses (Assembly & Entertainment, Hotel, Parking, Retail & Restaurants)

The Bryant Street Pier Mixed Use Opportunity Area Development Standards for SWL 330:

- On Seawall Lot 330, freestanding bars and restaurants which sell alcohol and which are within 100 feet of a residential dwelling on adjoining blocks shall close no later than 12 midnight Sunday through Thursday, and 2 am on Friday, Saturday, and evenings before a holiday, unless such uses are established inside a hotel. Outdoor seating and service along Beale Street shall close and the establishment shall stop service in those areas between the hours of 10:00 pm and 6:00 am. New patrons shall not be seated in such outdoor seating and service areas later than 45 minutes before closing time. In the outdoor service and seating areas, lighting shall be appropriately screened and diffused.

**Exhibit B: Summary of Prior Piers 30-32 Development Efforts
from the 2014 Waterfront Plan Review**

14 - 34th Americas Cup

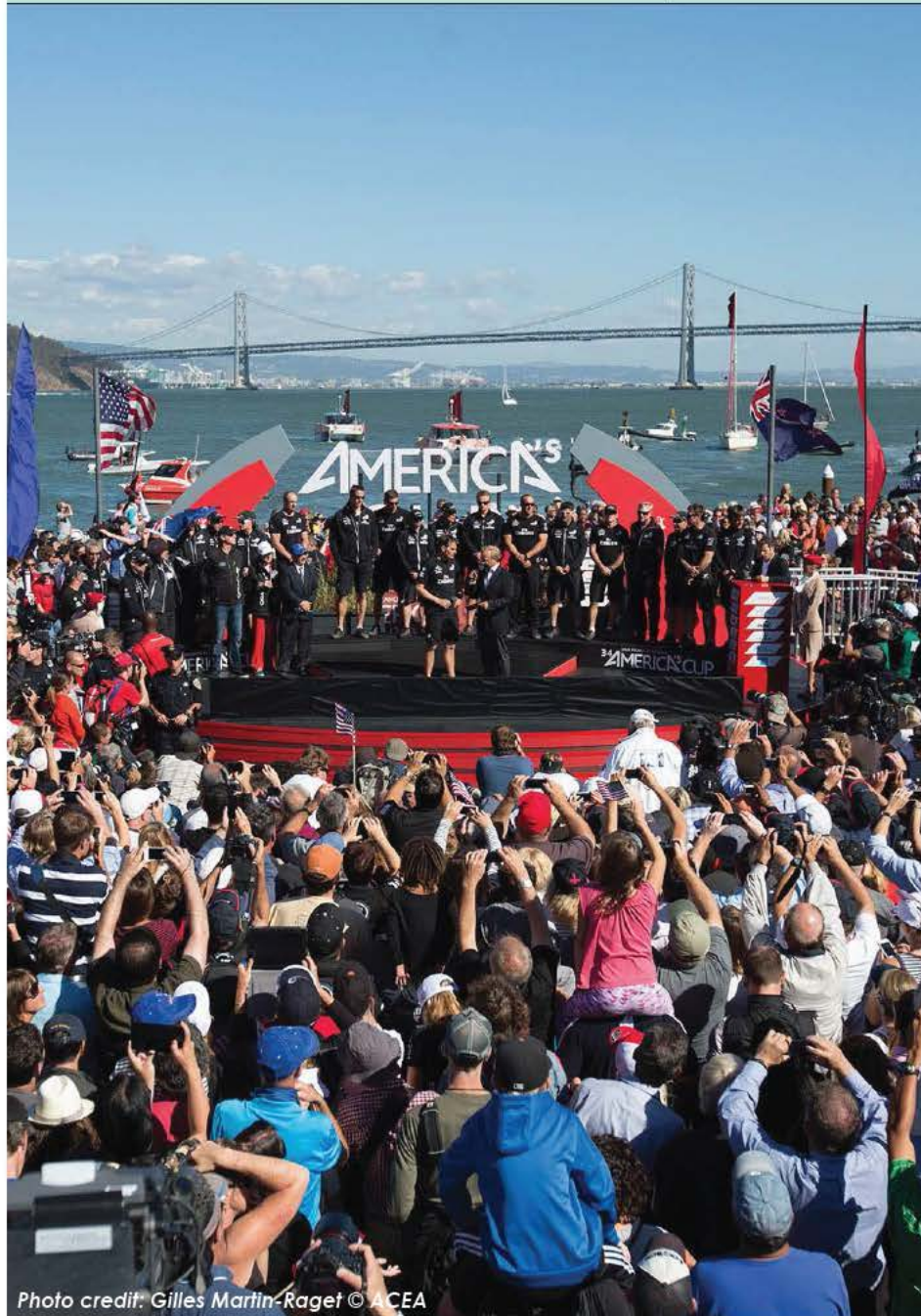


Photo credit: Gilles Martin-Raget © ACEA

In February 2010, BMW Oracle Racing, sailing for the Golden Gate Yacht Club (“GGYC” and together, the “Team”), won the 33rd America’s Cup in Valencia, Spain and, as Defender of the America’s Cup, organized the 34th America’s Cup and related activities. The team created the America’s Cup Event Authority, LLC (the “Event Authority”) for purposes of organizing the event and the America’s Cup Race Management (“Race Management”) to adjudicate the event.

The Event Authority conducted a bidding process to host the event, which largely centered on negotiations with the City to hold races in San Francisco Bay, but later included discussions with Newport, Rhode Island. Newport hosted America’s Cup races from 1930 to 1983.

City negotiations, led by the Office of Economic and Workforce Development, but later including the Port, focused on an offer of development rights as a means to reimburse the Event Authority for improvements required and services the City would provide to enable the event in exchange for commitments to hold preliminary AC World Series races, Louis Vuitton Cup races (to determine the Challenger to Oracle Racing), and the 34th America’s Cup in San Francisco.

From late 2010 until the Event Authority’s recent decision not to host the 35th America’s Cup, negotiations and preparations for the event have consumed much of the Port’s attention. In the end, Oracle’s come-from-behind win over Team Emirates New Zealand on September 25, 2013 to capture the 34th America’s Cup was among the great comebacks in sports history. The event justified the hard work and effort of so many Port and City staff.

Given how much has been written about the America’s Cup, this report is not intended to be an exhaustive analysis of the City’s planning for the event, nor is it intended to draw conclusions about whether the City should seek to host international sporting events and under what circumstances the City should spend money as host to such events. Those decisions belong to the Mayor and the Board of Supervisors. Instead, this analysis is intended to briefly examine the impact of the proposed development deal (which did not go forward) and the event itself on the Port. It is clear that the event helped produce or accelerate major changes along the Port’s waterfront.

HOST AND VENUE AGREEMENT NEGOTIATIONS

The City and the Event Authority initially agreed on a plan to offer Pier 28, Piers 30-32, Seawall Lot 330, and Pier 50 as sites to host the event, with a grant of long-term development rights at Piers 30-32, Seawall Lot 330, and Pier 50 with no base rent or option consideration as a means of repaying an estimated \$150 million in waterfront improvements required to prepare the waterfront for the event. The Board of Supervisors endorsed a Term Sheet based on this plan in October 2010.

City analysis of the Term Sheet proposal indicated significant financial impacts of this plan to the Port, as well as a need to relocate numerous Port tenants, including major maritime tenants and the Port's maintenance facility at Pier 50. The City developed another plan focused in the northern waterfront – the location of most existing foot traffic on The Embarcadero, and ultimately closer to planned racing – which located the America's Cup Village at Piers 27-29 and accommodated the Port's plan to build the James R. Herman Cruise Terminal prior to the event. The publication of the City's northern waterfront plan almost caused event organizers to move the event to Newport, but ultimately became the basis of the Host and Venue Agreement ("Host Agreement") signed by the Event Authority and Mayor Gavin Newsom, and approved by the Board of Supervisors in December 2010.

The Host Agreement also provided for use of Piers 30-32 for team bases and other event-related uses at Piers 19, 19½, 23, 29½ and portions of Pier 80. The Host Agreement assumed that the Event Authority would spend at least \$55 million on waterfront improvements, and provided a formula for long-term development rights at Piers 30-32, Seawall Lot 330, Piers 26 and 28, depending on final Event Authority investment, and marina rights in open water basins next to Rincon Park and the future Brannan Street Wharf park. In late stages of negotiation to secure

the event, the City agreed to offer additional long-term development rights if needed to repay Event Authority investment, including Pier 29 and potentially Piers 19, 19½ and 23.

The final negotiated Lease Disposition and Development Agreement ("LDDA") concluded in early 2012, provided long-term development rights at Piers 30-32 and Seawall Lot 330 rent free in exchange for the Event Authority's initial \$55 million investment. If investment exceeded that amount, the LDDA allowed rent credits against 10 year lease rights to Piers 26 and 28 and a long-term development right to Pier 29, along with potential marina rights. The LDDA included a City pledge to form an infrastructure financing district to fund public improvements associated with future development at long-term development sites. There was no proposed development program for these sites articulated in the LDDA.

Pursuant to the Host Agreement, the City was responsible for managing and securing all regulatory approvals. The land and water improvements triggered required permits from numerous federal, state and local regulatory and policy agencies. The required environmental review of the 34th America's Cup races and the James R. Herman Cruise Terminal at Pier 27 had to be completed in an amazingly short time frame. The level of collaboration, strategic alignment and regulatory solutions that emerged from the public agency review of the project was itself an extraordinary accomplishment. The interagency coordination efforts would not have been possible without the work of additional dedicated staff loaned by the SFPUC and Planning Department. All project permitting, including federal environmental review necessary to support permitting by the U.S. Army Corps of Engineers and the U.S. Coast Guard, as well as use of Golden Gate National Recreational Area lands were completed on time. BCDC approved permits and a Special Area Plan amendment for the event requiring a broad range of improvements to the waterfront. City staff prepared a range of plans for the event



including the People Plan (the transportation plan for the event), the Security Plan, the Zero Waste Plan, the Youth Involvement Plan, the Workforce Development Plan, the Ambush Marketing Plan, the Water and Air Traffic Plan, and the Sustainability Plan. There was significant public involvement in all of the project planning and entitlement efforts.

After extremely challenging negotiations yielded one positive vote at the Board of Supervisors, the Event Authority announced its withdrawal from LDDA negotiations, giving up on the proposition of long-term development as a means of financing waterfront improvements. The Port and OEWD subsequently negotiated a plan with the Event Authority whereby the City would fund all necessary waterfront improvements for the event and provide venues rent-free, without long-term development rights. The Port Commission and the Board of Supervisors approved this plan, which the Event Authority executed, and the focus shifted to preparations for the event and racing on San Francisco Bay.

The following improvements were made to Port property or the immediate vicinity:

- The Port and the Department of Public Works managed construction of the cruise terminal on an accelerated basis, including removing the Pier 27 shed and finishing core and shell improvements in time to allow the Event Authority to use the space in early 2013
- The Port and America's Cup Race Management oversaw minor, marginal wharf upgrades to Piers 30-32 to enable strategic placement of tent structures for team industrial bases and cranes to lift AC72 vessels out of the water
- The Event Authority and Race Management designed, and Port staff permitted, the America's Cup Village at Piers 27-29 – including pop-up retail along The Embarcadero, a 9,000 seat venue for concerts and a unique mix of uses open to the public in Pier 29, including the America's Cup museum and a café in the open end of Pier 29 facing the Bay
- Port Real Estate staff relocated 75 Port tenants to other locations (primarily) on Port property, to enable use of northern waterfront venues
- Port Finance staff negotiated a quick insurance settlement and Port Engineering oversaw an emergency rebuild of the Pier 29 Bulkhead building consistent with original building plans after a fire destroyed the bulkhead; the project met Secretary of the Interior Standards and received an historic rehabilitation award
- The Army Corps of Engineers removed Pier 36 utilizing federal and Port funding

- Port Engineering staff oversaw timely construction of the Pier 43 Bay Trail Promenade and the Brannan Street Wharf public open space projects
- Port Maintenance staff prepared the northern waterfront sheds for occupancy by the Event Authority and Race Management, including shed repairs, ADA improvements, exiting, asbestos and lead remediation, painting and new lighting
- Port Maintenance staff rebuilt the Pier 19 south apron as BCDC permitted public access
- The Port managed dredging south of Piers 30-32 to facilitate mooring of AC72s
- The Department of Public Works improved Jefferson Street, between Hyde and Jones Streets to transform it in advance of the event to create expand pedestrian sidewalks and incorporate new bicycle access through Fisherman's Wharf
- Port staff negotiated a funding plan and lease amendments with the Port's ship repair operator to install shoreside power at Pier 70 to enable ships in drydock to turn off their engines while undergoing repair; environmental analysis showed this action fully offset all event-related air emissions
- Port Engineering staff oversaw the removal of Pier ½ consistent with BCDC requirements
- Port Planning staff oversaw the development of pocket parks along The Embarcadero
- San Francisco Municipal Transportation Agency staff oversaw implementation of the People Plan, which afforded excellent public access to the waterfront
- Port and Department of Public Works staff kept the waterfront clean during the event
- Port environmental staff drafted a Port Commission-approved Zero Waste Event Policy for large events on Port property prohibiting the use of single use plastic water bottles and balloons and promoting the use of compostable food ware; Recology helped the Event Authority recycle and compost in accordance with the Zero Waste Event Policy
- The Port and City spent a total of \$31.6 million on capital improvements in advance of the racing; all of this preparation enabled the public to watch the amazing AC72 catamarans racing on San Francisco Bay, hydrofoiling above the waves in the final match

LESSONS LEARNED AND RECOMMENDATIONS

Port staff offers the following high level lessons learned and recommendations based on the Port's experience with the 34th America's Cup.

- Race preparations, including building the James R. Herman Cruise Terminal, constructing several Port parks and new public access areas, rebuilding the Pier 29 Bulkhead building, and removal of Pier ½ and the remnants of Pier 64 (currently underway) substantially improved the Port.
- The acceleration of the James R. Herman Cruise Terminal through the CEQA process, BCDC permitting and associated Special Area Plan amendments and construction allowed the Port to bid the project in 2011 — early in the economic recovery and at a time when the Port received a very favorable bid for the project. As a normal public works project, CEQA and BCDC permitting could have collectively taken several years longer than it did, resulting in added project costs.
- BCDC permit requirements for the James R. Herman Cruise Terminal created substantial new — and costly — public access requirements at Piers 19, 23 and 29 that the Port is required to complete within 5-10 years. For the first time, BCDC included more flexible time lines to allow the Port to develop funding sources to pay for these improvements.
- In hindsight, undefined long-term development rights did not seem like the correct way to fund improvements needed to ready the waterfront for racing, and the public was relieved when the long-term development rights were eliminated from the arrangement. It is also conceivable that without the initial offer of development rights, the City would not have been selected to host the event.
- The Port's offer of marina rights in the Rincon Point Open Water Basin and the Brannan Street Wharf Open Water Basin in the Host Agreement was a major conflict with the BCDC Special Area Plan. The Port struggled to correct this problem in negotiations with the Event Authority over the subsequent 13 months.
- For future waterfront events, the City should consider hiring independent firms to produce independent analysis of required event-related improvements and associated costs.
- Working in advance with the community stakeholders, the appropriate city and regional agencies and with strategic marketing has proven, through the People Plan example, that the transportation needs for large special events can be accommodated effectively, with results that meet or exceed the sustainability targets set by the Port.
- The San Francisco Planning Department and the Port's regulatory partners, including State Lands, BCDC, the San Francisco Bay Regional Water Quality Control Board, the U.S. Coast Guard, the U.S. Army Corps of Engineers, and the National Marine Fisheries Service collectively stepped up to deliver needed project approvals on time — exceeding everyone's expectations.

15 - Golden State Warriors Piers 30-32 Multi-Purpose Pavilion



Photo credit: Golden State Warriors

In 2012, the City and the Golden State Warriors (GSW) partnered on a proposal to develop and build a premiere sports and entertainment pavilion on the waterfront pursuant to sole source negotiations authorized unanimously by the Board of Supervisors and the Port Commission. The project was proposed at Piers 30-32, south of the Bay Bridge, between the Ferry Building and AT&T Park. GSW proposed to repair and seismically upgrade 13 acres of deteriorating piers to build a multi-purpose venue with private funds and develop Seawall Lot 330 with a mix of residential, hotel and retail uses. The project included open space for public access, while also providing enhanced amenities and maritime facilities for the San Francisco Bay. Total project costs were estimated at over \$1 billion.

The facility was designed to host the Bay Area's NBA basketball team, as well as provide a new venue for concerts, cultural events and conventions, and other prominent events that the City currently cannot accommodate with

existing facilities. The cost of repairing and seismically upgrading Piers 30-32 for these uses was estimated at \$165 million. The City's contribution to project pier substructure costs was capped at \$120 million, with funding to come from project-generated Infrastructure Financing District (IFD) tax increment proceeds, rent credits against the fair market value rent of Piers 30-32 and the fair market land value of Seawall Lot 330. In response to permitting challenges and the expected need for voter approval of the project, in Spring 2014 GSW dropped plans to build at Piers 30-32 and purchased the Salesforce.com site in Mission Bay for their new facility.

Concurrent with the unanimous approval of sole source negotiations, the Board of Supervisors and the Port Commission initiated a public Piers 30-32 Citizen Advisory Committee ("CAC") at the outset to vet the project and make recommendations, which held many full committee and subcommittee meetings and heard from a broad cross-section of the public.

ANALYSIS

Land Use

In the wake of terminated negotiations with the America's Cup Event Authority over development of Piers 30-32, and given the success of AT&T Ballpark, Port staff welcomed the proposed use as a publicly-oriented use and believed that the project could afford to tackle the high substructure costs at Piers 30-32 – the principal cause of failure of the Bryant Street Piers Project at the site in 2006.

The design of the facility by Snøhetta was generally recognized as being world class and responded to virtually all comments from Port, Planning Department and BCDC staff. The proposed facility's maritime program included a new fire station to house the San Francisco Fire Department's marine unit, currently housed at Pier 22½ and would have preserved the deep water vessel berth at the east end of the pier. The public nature of the project, with its emphasis on

entertainment and public open space would have enlivened this area of the waterfront. Many residents, however, see the neighborhood as a predominantly residential neighborhood that could not handle the twin pressures of baseball games at AT&T Park and events hosted at GSW's proposed pavilion. Many members of the public viewed the project – which would have required rezoning from 40 feet to approximately 128 feet – as inappropriate for the site, and not in keeping with an established consensus for waterfront heights. Others made a distinction between an open air baseball park with Bay views, and a closed basketball arena, and concluded that a basketball arena could not be a public trust use.

Site due diligence revealed that Piers 30-32 substructure costs exceeded the City's sources to repay the private investment in that public infrastructure. As a result, the project dealt with a clear capital need for the Port, but generated no future base rent.

The GSW proposal responded proactively to projected sea level rise by elevating the pier to deal with projected sea level rise of 55 inches. The GSW planned a LEED Gold facility that sought to comply with the Port's aggressive Zero Waste Event Policy.

There was controversy about the proposal to build mixed use development on Seawall Lot 330 higher than existing heights. In response, the GSW began developing a code compliant project within existing height limits.

The San Francisco Municipal Transportation Agency coordinated a Waterfront Transportation Assessment with the Transportation Subcommittee of the CAC to address transit and related improvements necessary to get people to and from the facility and to avoid seriously exacerbating traffic conditions along The Embarcadero.

The Quality of Life subcommittee of the CAC collaborated with City staff to identify a range of potential services (street cleaning, graffiti removal) and potential funding mechanisms to address impacts of crowds on the South Beach neighborhood.

Process

GSW's initial public announcement of the move to San Francisco, and to Piers 30-32 specifically, surprised members of the South Beach neighborhood.

The CAC and members of the public who attended were frustrated at their inability to discuss other potential sites for the multi-purpose venue. The CAC operated under Brown Act and Sunshine Act public meeting rules that limited CAC interaction with the public and public comment time allocations, and created a stilted format for a project planning forum. By contrast, most Port advisory committees are advisory to Port staff, and allow for an exchange of ideas between CAC members, staff and the public that is more casual and conversational.

GSW committed significant resources and time engaging the public and the Port's regulatory partners. Despite this significant investment, there was a strong sense that the project was being rushed due to the need to open a facility by 2017.

Regulatory Approvals

Early outreach by City staff to State Lands and BCDC staff indicated the need for state legislation to address the consistency of the proposal with the public trust for commerce, navigation and fisheries. The California Legislature adopted AB 1273 setting standards for the facility and making findings of project trust consistency after lengthy negotiations with both State Lands staff and BCDC. The legislative approval of AB

1273 and BCDC hearings on the topic generated significant controversy.

The project required approvals from BCDC and the Army Corps of Engineers. BCDC staff determined that its Special Area Plan would need to be amended to address the height and scale issues raised by the proposed pavilion. The Army Corps of Engineers suggested a 3 to 5 year timeline for permitting new pile installation for the pier substructure. In both cases the approach was different than anticipated based on past projects and added years to the schedule – a fundamental conflict with the project sponsor’s timeline.

LESSONS LEARNED & RECOMMENDATIONS

Port staff offers the following high level lessons learned and recommendations based on the Port’s experience with the GSW Piers 30-32 Multi-Purpose Pavilion project.

- For high profile projects such as major sports facilities, a public site selection process with clear selection criteria such as cost, availability, transportation access, infrastructure requirements & cost and compatibility with surrounding uses can help build consensus for a selected site, which can then be authorized for sole source negotiations.
- The Waterfront Plan and other adopted Port policies do not include a formal policy articulating how unique development opportunities that are not the product of a development RFP process should be handled through the public process. To address this shortcoming, the Port Commission should consider adoption of a policy articulating how the public process for such unique opportunities should be evaluated, and incorporating it into the Waterfront Plan.
- The Port and the San Francisco Municipal Transportation Agency should

continue to collaborate on the Waterfront Transportation Assessment and related efforts to address current congestion along The Embarcadero. The Port and the Department of Public Works should continue to work with the South Beach and Mission Bay neighborhoods to address quality of life concerns arising from crowds coming to and from AT&T Ballpark.

- Port staff, the public and the Port Commission should evaluate whether the Piers 30-32 designation in the Waterfront Plan as a mixed use development opportunity site is still appropriate. Development may be possible on a portion of the site near The Embarcadero, but is likely financially infeasible for the whole 13 acre site.
- Early consultation with State Lands, BCDC and the Army Corps of Engineers is a key to project success. The Port should consult with State Lands, BCDC and the Army Corps of Engineers about a project proposal before the City authorizes negotiations between the Port and a specific developer for a particular Port site. As the Port learned with the Exploratorium project, amendments to the BCDC Special Area Plan developed through a public planning process are better received than those that arise through planning for specific projects.

Exhibit C: Item 12A Piers 30-32 Port Commission Staff Report, June 2016

MEMORANDUM

June 9, 2016

TO: MEMBERS, PORT COMMISSION
Hon. Willie Adams, President
Hon. Kimberly Brandon, Vice President
Hon. Leslie Katz
Hon. Eleni Kounalakis
Hon. Doreen Woo Ho

FROM: Elaine Forbes
Interim Executive Director

SUBJECT: Informational presentation on site conditions and assessment of trust use options for Piers 30-32, located adjacent to The Embarcadero between Bryant and Brannan Streets

DIRECTOR'S RECOMMENDATION: Information Only; No Action Requested

EXECUTIVE SUMMARY

This staff report provides an overview of Piers 30-32, including land use context, prior development efforts, permitting challenges, and financial feasibility analysis of public-trust consistent uses on the piers. The report responds to the Port Commission's request for an update about Piers 30-32 and is also intended as a resource to support the Waterfront Plan Working Group's process to recommend updates to the Port's Waterfront Land Use Plan.

OVERVIEW

As one of the Port's largest piers on the northern waterfront, Piers 30-32, a 13 acre open site, was designated in the 1997 Waterfront Land Use Plan as a mixed use development site. At the August 12, 2014 Port Commission meeting, Port Engineering staff gave a report on Piers 30-32 facility condition¹. This report describes the regulatory environment, and key site concepts to analyze development feasibility, as well as the attempts to develop the site since 1997. These concepts are overlaid with recent findings and approaches for addressing a rising sea level in the Bay. This report

THIS PRINT COVERS CALENDAR ITEM NO. 12A

¹ Item 9A Staff Report:

<http://sfport.com/ftp/meetingarchive/commission/38.106.4.220/index.aspx-page=2483.html>

presents a few preliminary options for how the Pier 30-32 site could be used given the regulatory framework.

Piers 30-32 is a challenging development site. As discussed further in this report, a combination of factors – preliminary Federal Emergency Management Agency (“FEMA”) flood hazard designations, projected sea level rise and the cost of substructure and seismic improvements – suggests that new development options will be costly and that uses will be constrained by the public trust doctrine and may be further limited by federal rules.

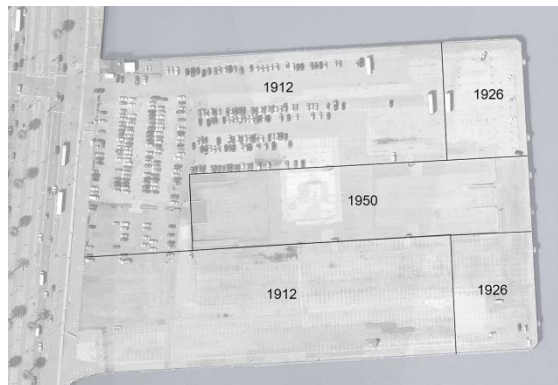


The current Waterfront Land Use Plan Update process will examine potential uses of this site when Port staff engages waterfront stakeholders in a focused look at uses of undeveloped sites in the South Beach area in order to develop public recommendations for Port Commission consideration. This report’s examination of Piers 30-32 is intended to inform and support that forthcoming public process.

Given the costs of developing the Piers, Port staff’s preliminary analysis focuses on trust consistent uses such as parks and maritime activities, and recognizes that any financially-feasible development may be limited to a different, as yet unknown “big idea” – where location matters much more than cost – with a development partner who is willing to obtain state legislation authorizing their project and has the patience to navigate a complicated State and City regulatory process. Although Piers 30-32 is a challenging development site, it is a one of a kind location with sweeping Bay views in the vibrant South Beach neighborhood.

CONSTRUCTION HISTORY OF PIERS 30-32

Located just south of the Bay Bridge in the South Beach area, Piers 30-32 is a 13 acre pier that was originally built as two separate pile supported finger piers. Prior to building the piers, the Port constructed the seawall in this area from 1910 to 1912, which extended the City out to its current location at the Embarcadero.



The wharf at Piers 30-32 is the pile supported portion of the structure adjacent to the seawall and was built at about the same time as the seawall. Immediately thereafter, Piers 30-32 were constructed as two piers extending approximately 750 feet into the bay to

facilitate shipping of sugar. In 1926 the piers were extended 124 feet further into the bay, and in 1950 the space between the two Piers was filled for its entire length with a pile supported section built at a lower loading dock height. In 1984 a fire broke out destroying the Piers' timber warehouse shed buildings. Soon after the remains of those buildings were removed leaving the concrete substructure similar to how it exists today. In preparation for the 34th America's Cup in 2013, the Port spent approximately \$1.9 million to repair isolated sections of the Piers 30-32 wharf adjacent to the seawall. Prior to the 2013 repairs, the Port had made no significant structural repairs or improvements to the Piers substructure since the 1950 addition.

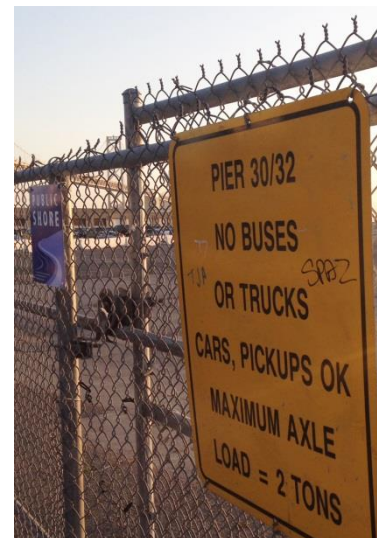
LEASING AND DEVELOPMENT EFFORTS

During the past 15 years, Piers 30-32 has seen grand development proposals, spectacular special events, and daily life as commuter parking. Proposals have included a new cruise terminal in the early 2000s that included a mix of office and commercial uses, and more recently a proposal for a major sports arena/event center. Proponents abandoned major development projects for a combination of reasons including the high cost of renovating the Piers and the uncertainty of being able to receive project entitlements. A summary of those projects is provided in Exhibit 1. Detailed discussion of past Piers 30-32 development efforts was included in a comprehensive review of changes under the Waterfront Land Use Plan Review from 1997- 2014².

Since 2000 the Piers have been the site of various temporary uses such as the 'X Games', the annual Fleet Week celebration, a backup cruise terminal for the Port, commissioning of the USS America, and berthing of many visiting ships. Between events, the east berth frequently is used for lay-berthing. On a daily basis the Piers are a commuter parking lot during the day and are closed in the evening. More recently, special events and parking have been scaled back due to deteriorating substructure conditions resulting in weight limits on the Piers.

CURRENT USE AND CONDITION

Piers 30-32 are currently used for lay-berthing, auto parking, limited special events, and back-up cruise terminal berthing. In 2011 the Port's engineering consultant recommended repairs to the structural concrete slab, concrete girders and beams, and concrete piles that have deteriorated due to the presence of salt water and the porous nature of concrete. The Piers have long since survived beyond their anticipated design life, which at the time of construction was a 50 year expected lifespan. Given the unpredictable nature of deterioration, in 2014 the Port's Engineering Division estimated the remaining useful life of



² Waterfront Land Use Plan Review: http://sfport.com/sites/default/files/FileCenter/Documents/9896-WLUP_Review_Chapter4_June2015_part2.pdf

the Piers at about 10 years. During this period and beyond, the Piers are expected to suffer localized failures at random points throughout the 13 acres. When such failures occur, Port engineers will reassess the Piers and likely barricade the failed areas, taking them out of use. The Piers may also suffer serious damage during a moderate to major earthquake. As a result of a recent Port structural assessment load restrictions now limit vehicle access to parts of the Piers.

PLANNING CONTEXT

Historic District

The Embarcadero Historic District runs adjacent to Piers 30-32 and includes Pier 28 and the Embarcadero seawall. Piers 30-32 is not a contributing resource to the District because the Pier bulkheads and sheds burned down in the 1980's. Red's Java House, located on the northwest edge of Pier 30 near the Embarcadero, is not a contributing historic resource to the Embarcadero Historic District, but is a valued community resource.

State Lands

Piers 30-32 and most all property under the jurisdiction of the Port of San Francisco are subject to use limitations described in the Burton Act (which granted the Port to the City) and the common law public trust (together, the Public Trust). Uses allowed under the Public Trust include maritime, environmental preservation and recreation and ancillary or incidental uses that promote Trust uses or that facilitate the public's use and enjoyment of the waterfront. Common revenue generating uses such as private office and neighborhood serving retail (dry cleaners, barber and beauty shops) are not consistent with the Public Trust, except in the context of historic rehabilitation projects when combined with other Public Trust uses. Uses such as ship berthing, recreational marinas, public open space, and visitor serving retail are typically found to be consistent with the Public Trust.

Any proposed use of Piers 30-32 that includes significant uses that are not consistent with the Public Trust will likely require state legislation with California State Lands Commission (State Lands) and the Bay Conservation and Development Commission (BCDC) review and comment, similar to the legislation for the Bryant Street Pier and Golden State Warriors Multi-Purpose Arena projects (see Exhibit 1 for more detail).

Waterfront Land Use Plan

On August 11, 2014 the Port of San Francisco released the *Draft – Port of San Francisco Waterfront Land Use Plan 1997 – 2014 Review* (WLUP Review). The WLUP Review looked back at the Port's Land Use Plan and cited how the Port has implemented the Plan in the 17 years since its adoption. The WLUP Review also provided high level policy recommendations for Port Commission consideration and specific recommendations for Port properties including those in the South Beach area and Piers 30-32.

Addressing Piers 30-32, the WLUP Review stated:

“Given the current understanding about the extraordinary expense of pile-supported pier repairs and new utilities and infrastructure, the Port and the local community should evaluate next steps for Piers 30-32. Until the Port Commission makes a decision about the disposition of this site, Piers 30-32 should continue to generate revenue from daily parking and provide periodic lay berthing access, including Fleet Week and other dignitary, scientific or visiting vessels.”

While development plans have not succeeded at Piers 30-32, the WLUP Review states that “The Port Commission has directed Port staff to take stock of the challenge and return with a proposed strategy for Piers 30-32.” The WLUP Review acknowledges the extent of deterioration that limits use opportunities and that more intense levels of use would trigger seismic upgrades, and that parking, layberthing on the east end, and interim special events will continue until the Port Commission decides on a more permanent use.

Currently the Waterfront Land Use Plan states a broad list of allowable uses for Piers 30-32 which include a variety of maritime uses, public open space, assembly and entertainment, general office, retail, warehousing, wholesale trade, and community facilities.

San Francisco Planning Code

Piers 30-32 is located in Waterfront Special Use District #2 on the San Francisco Zoning map, zoned M2 with a height limit of 40 feet.

Bay Conservation and Development Commission (BCDC)

BCDC has jurisdiction of land within 100 feet of the shoreline band and also is obligated to find a project consistent with the Public Trust principles when granting a permit. For example, BCDC policies require that any development proposal achieve “maximum feasible public access” within 100 feet of the edge, and that a project should not include new fill or bay cover. The BCDC *Special Area Plan for the San Francisco Waterfront* assumes Piers 30-32 is a development site, but also calls it out as a potential *fill removal* site.

Army Corps of Engineers (ACOE)

Piers 30-32 are subject to ACOE permitting for work in the Bay that involve installing piles or placing or removing fill. As described above, the ACOE may choose to regulate a substantial number of piles that have the effect of impeding water flow as fill under the Clean Water Act.

Federal Emergency Management Agency (FEMA)

FEMA's recently released draft flood insurance rate maps show that Piers 30-32 are in a Coastal High Hazard area (VE Zone). The current Base Flood Elevation (BFE) of Piers 30-32 with respect to North Atlantic Vertical Datum (NAVD) is 14.0 feet, which is about 1.3 feet higher than the existing Piers 30-32 deck. Subject to further direction from the Port Commission, Port staff is planning to appeal the BFE for Piers 30-32 and nearby piers to FEMA based on it being substantially higher than that of piers to the north and south.

In a Coastal High Hazard Zone, FEMA regulations prohibit construction of new buildings seaward of the mean high tide, with exceptions for water dependent uses. If a new project were to include construction of buildings that are not for water dependent uses, the proposal would need to address the current and future flooding associated with sea level rise and a remap of the Piers from the Coastal High Hazard Zone to a less hazardous flood zone.

SITE PLANNING CONSIDERATIONS

The following are key concepts when the future of Piers 30-32 is considered. These concepts express the values of the Port's Public Trust mission, compatibility with the Embarcadero Historic District, desires by many City and waterfront visitors, and the natural environment of the Bay.

A Berth for Large Ships

Piers 30-32 has one of the Port's best deep water berths due to the tidal flushing action of the Bay. Reuse or reconstruction of the Piers should maintain the eastern edge in approximately its current location.

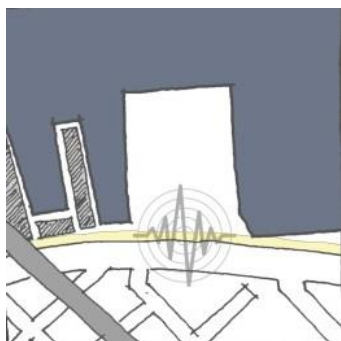


Views from and through the Piers

The South Beach waterfront features expansive views of the Bay Bridge, Yerba Buena Island and the East Bay hills. New structures should be positioned to maintain or frame significant views from Brannan Street Wharf, the Embarcadero and Spear Street. Development on the Piers could also provide new view opportunities across the Bay.

Reinforce the Waterfront Pattern of Buildings at the Embarcadero

Bulkhead buildings located at the seawall are one of the strongest and most defining features of the Embarcadero Historic District. Development on Piers 30-32 could consider reinforcing this built form with new structures.

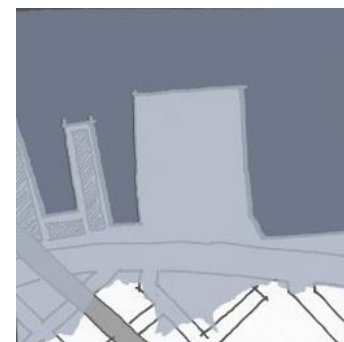


Seismically Reinforce the Seawall and the Piers

To improve safety and the City's resilience in a major earthquake, strengthen the seawall and the Piers.

Plan for Sea Level Rise

The Port with the City continues to study sea-level-rise and its potential impacts on the San Francisco waterfront. As described in greater detail below, redevelopment of Piers 30-32 should accommodate the anticipated rise and consider the Piers' role in protecting the City.



SEA LEVEL RISE

As per most of the buildings within the Embarcadero Historic District, Piers 30-32 were built adjacent to the seawall when it was constructed from about 1910 to 1912. The deck elevation was set to provide adequate protection from tides and wave surge, while being at a height to allow loading and unloading of ships. Most piers are not currently prone to flooding even in the highest tide and storm conditions, however, sea levels are expected to rise in the coming years.

The City is in the process of determining the extent of impacts of sea level rise and is exploring options to adapt to a higher water level. At this time the City is planning for a sea level rise of about 16 inches by 2050, and 36 to 66 inches by 2100. By 2050 many of the Port's historic piers will experience regular flooding. A rise of 16 inches at Piers 30-32 could impact Piers 30-32 several times per year. When the Port's piers begin to experience flooding, so will the Embarcadero Roadway. The Mayor's Sea Level Rise Coordinating Committee has initiated long-range planning to examine possible solutions to the problem of coastal flooding due to sea level rise, including a planned design competition called Resiliency by Design. The City's sea level rise planning will examine options to protect the Port.

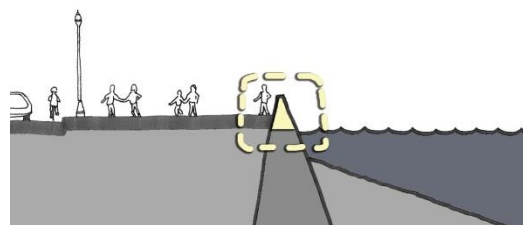
Sea level rise will likely create difficulties with pier maintenance and accelerate damage to piers. With rising sea levels, the available time windows to work under the piers to

perform inspection, repair, and maintenance of pier substructure deck and piles, will slowly be reduced, thus incrementally increasing time and expense for conducting these activities. Also, due to increased exposure to the corrosive marine environment, concrete degradation is expected to accelerate.

Several approaches are explored here for how Piers 30-32, or the area now occupied by Piers 30-32, could be changed to accommodate the anticipated sea level rise in 2050 or possibly 2100.

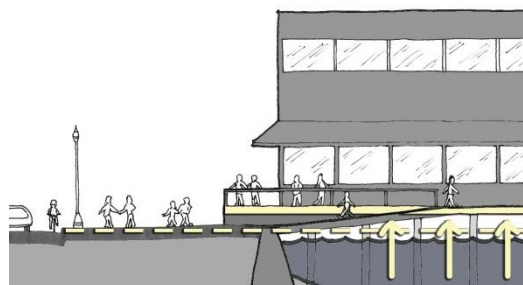
Raise the Seawall

Construct or modify the seawall, now located at the edge of the Embarcadero Promenade, to a higher elevation to limit City flooding. Raising the seawall could be part of a larger seismic strengthening project along the waterfront.



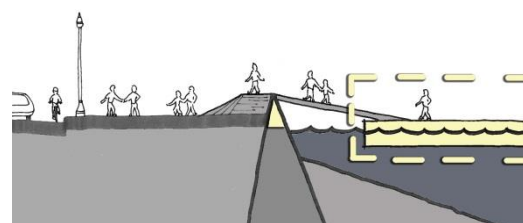
Build a Higher Wharf

The wharf, the pile supported area immediately adjacent to the seawall could be reconstructed at a higher elevation in conjunction with a raised seawall. A new adjoining pier could also be reconstructed at a higher elevation.



Floating Pier

Remove the existing Piers 30-32, raise the seawall as described above, and provide a new floating pier. The float could be sized for its intended use, whether as a simple walkway to provide access to a ship berth, or as a larger surface to accommodate a building or open uses.



FINANCIAL FEASIBILITY ANALYSIS OF PRELIMINARY TRUST-CONSISTENT OPTIONS

There are many ways that Piers 30-32 could be configured that would meet the suggestions described in Site Planning Considerations while also improved for projected sea level rise.

This section of the staff report enumerates several site options which would be consistent with the Public Trust and therefore would not require state legislation. Staff developed these options in response to the Port Commission's request, and to further

inform planning for Piers 30-32 as part of the Waterfront Plan Update process. Port Engineering and Finance staff provided assistance in the development of conceptual design, construction cost estimates, and revenue projections for each alternative. Not examined in this report is a mixed-use program (with significant non-trust uses) that in order to proceed would require state legislation.

Port staff expects that the Port Commission and the public will have further ideas about the future of Piers 30-32. The concepts discussed in this report are illustrative, based in part on ideas that members of the public have previously mentioned. The purpose of this analysis is to demonstrate an approach to site planning and financial feasibility analysis that can inform future land use recommendations in the subarea planning process planned for South Beach in 2017, and the Port Commission's future land use decisions for Piers 30-32 as it considers updates to the Waterfront Land Use Plan.

Based on staff's preliminary analysis, most of the preliminary options presented in this report are financially infeasible without significant public subsidy. Given the need to address the Port's seawall and steward the Port's historic resources, there are very important competing needs along the Port that also require public subsidy. The Port's 10 Year Capital Plan FY 2016-2025 identifies \$1.1 billion of unmet need of which Piers 30-32 represents \$102 million for substructure and seismic improvements. These estimates do not include costs for sea level rise adaptation improvements.

The following diagrams are concepts that respect the general framework of the current regulatory environment. None are intended to be a design for a project, but are rather intended as a springboard for Port Commission and public discussion about the future of Piers 30-32.

Each diagram presents a program of uses that would be consistent with the Port's Public Trust requirements. Each scenario would provide significant public space and access along the Pier's edges, and often in larger areas or in combination with other uses. Each scenario is configured to remain within the footprint of the existing Piers. In addition, most scenarios meet the following criteria:

- Provide an opportunity for a ship berth at the deep, east end of the Piers
- Continue an Embarcadero built edge
- Consider views, and
- Provide an approach to accommodate a rising sea level

An approach for dealing with the deteriorated condition of Piers 30-32 is addressed in each of the options except in Option A, which would continue to use the Piers in their current condition. The analysis for each is based on a conceptual layout of uses. If a more complete understanding of project costs is desired the land use concepts would need to be developed into a design and analyzed further. Port staff has developed a planning level feasibility analysis that includes 2015 construction costs (without escalation), revenue estimates, operating cost estimates and financial assumptions which are summarized at a high level in this report.

Several use programs were tested, assuming a seismic upgrade of the existing Piers, or new construction. New construction is explored through both pile supported piers and floating piers. The concepts presented here are a starting point to assist others in imagining reuse possibilities.

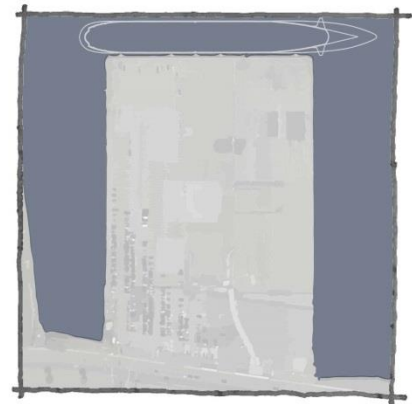
Importantly, the analysis below does not assume that public subsidies are available to underwrite the costs of Piers 30-32. In the past, the Port has offered development of a portion of Seawall Lot 330 for mixed use development as a source of subsidy for Piers 30-32. Recent efforts have demonstrated that even with this subsidy, the costs associated with Piers 30-32 yield a *negative land value*. The Port's capital needs associated with its historic resources and the Seawall are so significant that staff recommends that the value of Seawall Lot 330, and associated tax increment, be reserved for high priority Port capital needs that will score well under the Port Commission's adopted capital planning criteria.

Option A **Continue Existing Uses**

Option A Assumptions:

Continue to use for commuter parking

- Evaluate condition every 5 to 10 years
- Periodic structural repairs
- Cordon off unsafe areas
- Functional life likely will end in 20-30 years
- Red's Java House remains



The existing 13 acre Piers would continue with their present uses: special events, parking for Giants games and commuters on a daily basis; periodic ship berthing for cruise and other visiting ships; and special events about six times per year. Parking generates almost all of the \$750,000 in annual revenue. The Piers would not be upgraded for assembly uses, but could continue with occasional special events. Red's Java House is located on the north edge of Piers 30-32 adjacent to The Embarcadero Promenade and would continue in operation as long as this section of the pier is safe.

The pier structure should be evaluated every 5 to 10 years to determine the viability of continuing existing uses. It may be determined that the Piers are no longer able to be used and would need to be removed from service. The financial analysis assumes that the Port would perform \$1M in repairs to the substructure every five years to extend the useful life. Because of the limited amount of investment and not addressing sea level rise, portions of the Piers could fail as soon as 5 or 10 years, and it is unlikely that the Piers could continue to be used beyond 20 to 30 years from this time.

Option A Financial Summary (Years 1-30)

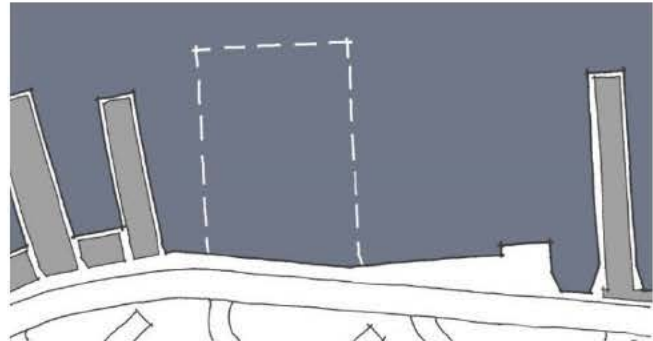
NPV (Sum of Cash Flow PV)	\$9,999,377
Net Income	\$21,000,833
Total Capital Costs	\$6,000,000
ROI	350%

Option B

Remove Existing Piers

Option B Assumptions:

- Demolish existing piers and wharf
- New 13 acres of open water between Pier 28 and Brannan Street Wharf



The entire pier would be demolished to create a substantial new open water area. Because this option does not include any revenue producing uses the cost of removal likely would need to be publicly funded. Removal would require substantial public investment and the Port would need to absorb the loss of current revenue, which is not considered in the total capital cost assumption.

Option B Financial Summary

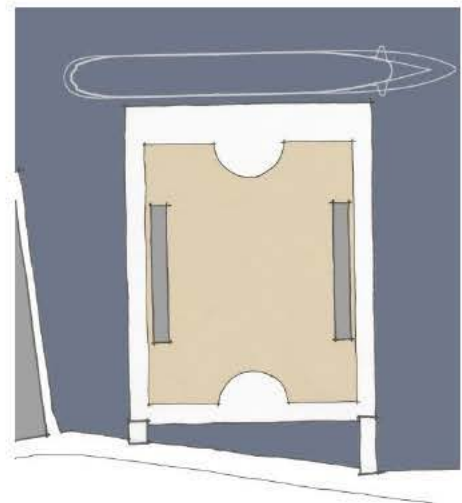
Total Capital Costs	\$40,180,000
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Option C

Removal with Floating Open Space

Option C Assumptions:

- Remove existing pier and wharf
- Raise seawall for flood protection and improve for earthquake safety
- Construct new 11 acre float for public open space
- New ship berth
- New event building



The entire pier would be demolished and the historic seawall would be strengthened for earthquake safety and raised for sea level rise protection. A new 480,000 square foot (11 acres) float would be constructed for use as a premier public open space. A 30,000 square foot multi-use event building is included at the ship berth.

Revenue from the event building and ship berth would not be enough to significantly offset the project cost. Construction would require substantial public investment.

Option C Financial Summary	
NPV (Sum of Cash Flow PV)	(\$504,184,025)
Total Construction Cost	\$453,830,000
Total Capital Cost (1)	\$722,222,641
ROI	-96%

(1) Capital cost is projected to be higher than construction cost due to ongoing capital costs to maintain a floating pier over its lifespan.

Option D

Pier Removal and New Marina

Option D Assumptions:

Remove existing pier and wharf

- Raise seawall for flood protection and improve for earthquake safety
- Construct new wharf for commercial uses and public access
- Construct a new floating walkway and ship dock
- New recreational marina and ship berth

The entire pier would be demolished, and the historic seawall would be strengthened for earthquake safety and raised for sea level rise protection. A new 130,000 square foot wharf would be constructed at a higher elevation with bulkhead buildings that would reinforce the built pattern along the Embarcadero seawall. The buildings assume a mix of retail uses. A new 220 berth recreational marina and ship berth would be built and accessed via large floats. Marina users would drop-off passengers and supplies on the pier, and parking would need to be supplied off pier. As part of pier demolition dredging would be required for the marina. Construction would require substantial public investment.



Option D Financial Summary	
NPV (Sum of Cash Flow PV)	(\$266,062,128)
Total Construction Cost	\$256,415,000
Total Capital Cost (2)	\$446,524,454
ROI	-85%

(2) Capital cost is projected to be higher than construction cost due to ongoing capital costs to maintain a new wharf, marina and berth over its lifespan.

CONCLUSIONS AND NEXT STEPS

Staff has prepared this preliminary site analysis to assist the Port Commission and the public in forthcoming discussions regarding potential uses of this unique site. Staff welcomes feedback on the analysis from the Port Commission.

Prior proposals for Piers 30-32 required state legislation – developed with input from State Lands and BCDC – to authorize non-trust uses contemplated to make the developments financially feasible. Those development use programs were much more intensive than the options examined in this report. With the exception of continued use of the piers for parking, the public trust-consistent uses analyzed in this report require public subsidy ranging from \$40 million for pier removal to hundreds of millions of dollars for marina or floating park uses. There are likely more financially feasible locations for such uses along the waterfront.

Port staff did not examine costs and financial feasibility for the next “big idea” that may be proposed for Piers 30-32. For such a use to be successful at the site, location must matter more than cost, and patience will be required to obtain public support and to navigate the very challenging regulatory process for this unique site. New state legislation developed in consultation with State Lands and BCDC may very well be required for such an effort. In the view of Port staff, the Port’s other capital needs, including the Seawall, will preclude Port subsidy of such a redevelopment effort,

The Port Commission has already directed staff to engage the public in a focused discussion of land use in South Beach, including the Piers 30-32 site; staff expects that this subarea planning effort will commence in 2017 after the Waterfront Plan Working Group completes its 2016 analysis of waterfront-wide land use policies. Staff will report back to the Port Commission with Piers 30-32 discussions as they unfold in this process.

Prepared by: Dan Hodapp,
Senior Waterfront Planner

Brad Benson,
Director of Special Projects

For: Byron Rhett,
Deputy Director of Planning
and Development

Exhibit 1: Major Piers 30-32 Development Efforts

Exhibit 1: Major Piers 30-32 Development Efforts

Bryant Street Pier/ Piers 30-32 James R. Herman Cruise Terminal (2000 – 2006)

Following a 1998 Port report that found that both Piers 27-29 and Piers 30-32 were strong candidates for a new cruise terminal, the Port Commission authorized a request for proposals for a mixed- use development at Piers 30-32 and Seawall Lot 330 in which the Port's primary objective was to develop a state-of-the art James R. Herman cruise terminal facility, with a hotel on Seawall Lot 330. In May 1999, the Port issued a request for proposals and in January 2000, the Port Commission approved the recommendation by Port staff to enter into exclusive negotiations with San Francisco Cruise Terminal, Inc. ("SFCT"), a subsidiary of Bovis Lend Lease.

Port staff and SFCT negotiated a three-phase, \$347 million, 16-acre project at Piers 30-32 and Seawall Lot 330 featuring:

- a 22-story condominium tower known as the Watermark with 136 units (16 of which are below market rate units) on Seawall Lot 330, intended to generate proceeds to fund later project phases;
- demolition of Pier 36 and construction of the Brannan Street Wharf, utilizing funds generated from the Watermark and development of Piers 30-32;
- a 100,000 square foot, state-of-the-art international cruise terminal served by an 850 foot long berth along the pier's northern edge and a 1,000 foot long berth along the eastern edge, approximately 325,000 square feet of office space and 195,000 square feet of retail space, and 425 parking spaces, with 35% of Piers 30-32 dedicated to public access.



In attempting to become an economically viable project, the Port and SFCT pursued and obtained State Legislation (AB 1389) to allow a greater amount of office space to support the Trust consistent maritime uses. The project received environmental clearance, but did not receive all permits required for in-water construction. The Watermark was constructed and opened in 2006. Despite better than expected revenues from condominium sales, SFCT determined that the cost of the piers and the cruise terminal had escalated by 45% and 24%, respectively, and that the pier project was not financially feasible - a finding later confirmed by DeBartolo Development. Port revenues from the Watermark were used to fund construction of the Brannan Street Wharf and the James R. Herman International Cruise Terminal at Pier 27.

34th America's Cup (2010-13)

In December 2010, the BMW Oracle Racing, sailing for the Golden Gate Yacht Club selected San Francisco as the host city for the 34th America's Cup and created the America's Cup Event Authority, LLC (the "Event Authority") for purposes of organizing the event and the America's Cup Race Management ("Race Management") to adjudicate the event.

The City and the Event Authority concluded negotiations on a Lease Disposition and Development Agreement ("LDDA") in early 2012, which provided long-term development rights at Piers 30-32 and Seawall Lot 330 rent free in exchange for the Event Authority's initial \$55 million investment for improvements to support the America's Cup race events, and provisions for lease and development rights affecting Piers 26, 28 and 29 if investment exceeded \$55 million. The LDDA included a City pledge to form an infrastructure financing district to fund public improvements associated with future development at long-term development sites. There was no proposed development program for these sites articulated in the LDDA. Negotiations and the entitlement process sought to define the details of temporary improvements required for the America's Cup race events, and lease and development parameters for the other piers.

The Event Authority expended considerable effort analyzing Piers 30-32 and the costs to seismically strengthen and improve the piers – first to host team bases for competitors in the event – and then as a platform for future development. Costs to improve Piers 30-32 rose throughout the negotiations. While the City managed to permit the America's Cup race improvements in time, City staff had real concerns about the ability to construct Piers 30-32 improvements in time for the event.



The rising cost estimates for long-term development and Board of Supervisors and community stakeholder concerns made the negotiations challenging. There was controversy regarding Port and City expenditures to support the event compared to the tax and economic benefits of the event which were originally forecast. Ultimately, the Event Authority's withdrew from the LDDA negotiations and gave up on the proposition of long-term development as a means of financing waterfront improvements.

The Port and Office of Economic and Workforce Development subsequently negotiated a plan with the Event Authority whereby the City would fund all necessary waterfront improvements for the event and provide venues rent-free, without long-term development rights. The Port implemented strategic repairs and improvements to serve

the race events and ongoing uses thereafter, which were financed primarily through Port sources. This included \$1.9 M spent on Piers 30-32 to repair a portion of the marginal wharf and pier to support industrial truck access and permit team bases to occupy the Piers. The Port Commission and the Board of Supervisors approved this plan, which City staff executed, and the focus shifted to the 34th America's Cup sailboat racing events on San Francisco Bay.

Golden State Warriors Piers 30-32 Multi-Purpose Pavilion and Seawall Lot 330 Mixed Use Development



In 2012, the City and the Golden State Warriors (GSW) partnered on a proposal to develop and build a premiere sports and entertainment pavilion at Piers 30-32 pursuant to sole source negotiations which the Board of Supervisors and Port Commission authorized unanimously. GSW proposed to repair and seismically upgrade 13 acres of deteriorating piers to build a multi-purpose venue with private funds and develop Seawall Lot 330 with a mix of residential, hotel and retail uses. The project included open space for public access, while also providing enhanced amenities and maritime facilities for the San Francisco Bay. Total project costs were estimated at over \$1 billion.

The facility was designed to host the Bay Area's NBA basketball team, as well as provide a new venue for concerts, cultural events and conventions, and other prominent events that the City currently cannot accommodate with existing facilities. The cost of repairing and seismically upgrading Piers 30-32 for these uses eventually rose to \$165 million. The City's contribution to project pier substructure costs was capped at \$120 million, with funding to come from project-generated Infrastructure Financing District (IFD) tax increment proceeds, rent credits against the fair market value rent of Piers 30-32 and the fair market land value of Seawall Lot 330.

The design of the facility by Snøhetta was generally recognized as being world class and responded to virtually all comments from Port, Planning Department and San Francisco Bay Conservation and Development Commission ("BCDC") staff. The proposed facility's maritime program included a new fire station to house the San Francisco Fire Department's marine unit, currently housed at Pier 22½ and would have preserved the deep water vessel berth at the east end of the pier. The public nature of the project, with its emphasis on entertainment and public open space would have enlivened this area of the waterfront. Many residents, however, see the neighborhood as a predominantly residential neighborhood that could not handle the twin pressures of baseball games at AT&T Park and events hosted at GSW's proposed pavilion. Some members of the public made a distinction between an open air baseball park with Bay views, and a closed basketball arena, and concluded that a basketball arena could not be a public trust use. Others viewed the project – which would have required rezoning from 40 feet to approximately 128 feet – as inappropriate for the site, and not in keeping with an established consensus for waterfront heights. In June, 2014, voters approved Proposition B – a measure requiring voter approval of height increases on Port property

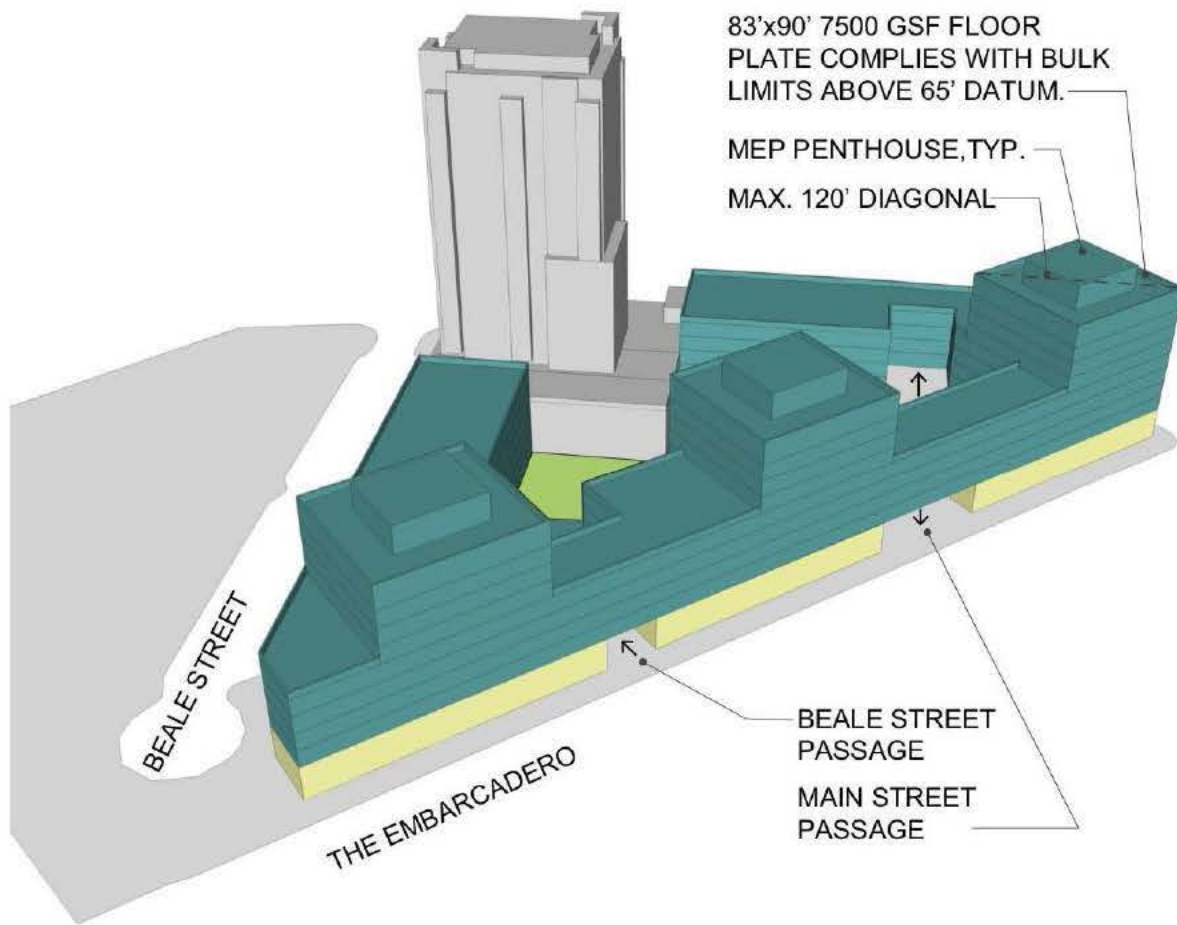
Site due diligence revealed that Piers 30-32 substructure costs exceeded the City's sources to repay the private investment in that public infrastructure. As a result, the project dealt with a clear capital need for the Port, but generated no future base rent. Early outreach by City staff to California State Lands Commission ("State Lands") and BCDC staff indicated the need for state legislation to address the consistency of the proposal with the public trust for commerce, navigation and fisheries. The California Legislature adopted AB 1273 setting standards for the facility and making findings of project trust consistency after lengthy negotiations with both State Lands and BCDC staff. The legislative approval of AB 1273 and BCDC hearings on the topic generated significant controversy.

The project required approvals from BCDC and the Army Corps of Engineers. BCDC staff determined that its Special Area Plan would need to be amended to address the height and scale issues raised by the proposed pavilion – a very lengthy process that requires the BCDC Commission to find that plan amendments are "necessary to the health, safety or welfare of the public in the entire Bay Area." Staff of the Army Corps of Engineers suggested a 3 to 5 year timeline for permitting new pile installation for the pier substructure, and also suggested that due to the number of piles proposed, the Corps retained the discretion to regulate the project as fill under the Clean Water Act. Placement of fill under the Clean Water Act requires three important findings:

- The fill is required for flood control purposes or to support a water-dependent use;
- There is no feasible upland location for the project; and
- The project is the least damaging practicable alternative.

In response to permitting challenges and the expected need for voter approval of the project, in Spring 2014 GSW changed plans to build at Piers 30-32 and purchased a site in Mission Bay for their new facility.

Exhibit D: Golden State Warriors Code Compliant Design for Seawall Lot 330



GOLDEN STATE WARRIORS

SEAWALL LOT 330 - CODE COMPLIANT ALTERNATE
VIEW FROM SOUTH
NTS

SNØHETTA BARARCHITECTS

CEQA SUBMITTAL

12/17/13 - CEQA NEEDS REF. DF

Heckel, Hank (MYR)

From: Forbes, Elaine (PRT)
Sent: Wednesday, May 08, 2019 1:56 PM
To: Quesada, Amy (PRT)
Subject: Fw: Working Group Agenda

From: Marc Dragun [REDACTED]
Sent: Sunday, April 14, 2019 5:14 PM
To: Cohen, Emily (DPH); Ritika puri
Cc: Wallace Lee; Elsbernd, Sean (MYR); Sunny Schwartz; Katy Liddell [REDACTED]
[SouthBeachRinconMissionBayNeighAssn]; Rogers Alice; Rick Dickerson; [REDACTED] Mahesh Khatwani; Stephanie Muller; hidive@sbcglobal.net; Robinson Andrew; Quesada, Randolph (PRT); Forbes, Elaine (PRT); Kilstrom, Kari (PRT); McDonald, Courtney (BOS)
Subject: Re: Working Group Agenda

Hi Emily,

I am fully in support of the comments by Wallace, Mahesh and Ritika. Specifically, any City announcement at the Monday evening SBRMBNA meeting should not, in any way, imply that our Working Group approved or even influenced any proposed plan. This entire process has been rushed with little, if any, acknowledgement of the concerns raised by our Working Group.

To be safe, I recommend that our Working Group not be mentioned at the SBRMBNA meeting less an incorrect inference be made by the audience.

Marcamy

On Saturday, April 13, 2019, 10:39:41 AM PDT, Ritika puri [REDACTED] wrote:

Emily,

I'm sorry but I've started to question the purpose of this working group meetings. I strongly feel the voices and concerns of the South Beach neighborhood (Watermark, Brannan, Portside and Delancey), directly being impacted are not being heard and addressed. I'm happy to represent Watermark, but as long as I can take some constructive feedback from these meetings, back to the residents to assure City, Port and Community are working together on solving Homelessness problem. I've been repetitively asking for meeting minutes to keep a track of what has been discussed, action items for next meeting so all the group members are fully aware of the discussions and are well prepared when they come for the next.

I completely agree with Wallace's statement - **"It would be disingenuous to present any proposal as a "compromise" that came from this working group. If your office continues to plow ahead at the current pace, it will be to community opposition, not support"**

Regards,

Ritika

On Sat, Apr 13, 2019 at 9:23 AM Mahesh Khatwani <[REDACTED]> wrote:
Emily,

I agree with Wallace, the City is moving too fast on this without giving the working group information requested at several meetings, we have had no time to discuss the details with the community and our presence at these meetings should not be used as a confirmation of acceptance of any proposals which we still have not had a lot of questions answered. I hope this group will get sometime beyond the 23rd to review and discuss the plans that are being presented.

Thanks

Mahesh Khatwani
President
MK Capital Groups
433, Airport Blvd, Suite 224,
Burlingame, CA 94010
Tel: 650-344-4767

On Fri, Apr 12, 2019 at 11:44 PM Wallace Lee <[REDACTED]> wrote:
Emily and Sean,

I note that the working group meeting time is set for just before the SBRMBNA meeting at 6 P.M. I can only assume that you plan to present the updates at the NA meeting and want to be able to say that you have run it by the working group. Please realize that two hours is not sufficient to evaluate any proposal in a meaningful way, particularly to the extent that members of the working group represent other constituencies beyond their individual capacities. While I, along with others, plan to attend the 4 P.M. meeting, I hope you will refrain from using our attendance to suggest that we have had the opportunity to review the renewed proposal.

On a related note, I have heard that you and others have been calling the renewed proposal a "compromise" with the working group. If what I've heard is accurate, I want to make it clear that the ideas thrown out at our meetings are just that--ideas. They do not represent buy-in from the community at large, or even the person with the idea. We've all heard Marc's favorite phrase--that he is "making this up on the fly." That kind of approach is not ideal, but has been necessitated by the lack of information that the working group has repeatedly asked for but not received.

Just as you say that you have to go through a process to commit to anything, so do we. Until then, any ideas you hear are at most the opinions of an individual. More likely, it is a poorly informed and preliminary opinion because there is a dearth of information available to us. In particular, the idea for a pilot program starting with 64 beds in a facility built for 200+ beds falls into this category. It does not have buy-in from the community. Please do not represent it as a compromise plan because it isn't. It would be disingenuous to present any proposal as a "compromise" when it is really a continuation of an old proposal, created in secrecy, updated by cherry-picking one or two off-the-cuff remarks while all but ignoring the concerns raised in weeks of working group meetings and countless community meetings.

To get to a true compromise, you would first need to make sure that all members of the working group know about the plan. As at least five members were not able to make the last meeting (in fact, it was the one with the lowest attendance I can recall) and as minutes are not circulated, many don't even know what was discussed. Second, the members would need to check with the constituencies they represent as to any proposal. Third, a lot of other details would need to be worked out as I mentioned in my last email.

All of this takes time, which is why I will now repeat my request (which has been echoed by most of the working group) that this process be slowed down past April 23 to allow for real community engagement. If your office continues to plow ahead at the current pace, it will be to community opposition, not support.

Best,
Wallace

On Fri, Apr 12, 2019 at 6:29 PM Cohen, Emily (DPH) <emily.cohen@sfgov.org> wrote:
Good Afternoon Everyone,

Thank you all for a very productive meeting on Wednesday. I appreciate everyone's openness, ideas and recommendations. These discussions have given us a lot to think about. I'd like to schedule a time to meet with everyone on Monday to check in on some updates to the plan.

Can we meet on Monday from at 4pm? The Port has agreed to host us again at Pier 1, Embarcadero Room.

I understand that this is short notice and I will set up a conference call line if people are not able to meet in person.

Thank you and have a good weekend,
Emily

From: Ritika puri [mailto: [REDACTED]]
Sent: Thursday, April 11, 2019 8:25 PM
To: Sunny Schwartz [REDACTED]
Cc: Katy Liddell [REDACTED] [SouthBeachRinconMissionBayNeighAssn] < [REDACTED] >; Rogers Alice [REDACTED]; Wallace Lee [REDACTED]; Rick Dickerson [REDACTED]; Quezada, Randolph (PRT) <randolph.quezada@sfport.com>; Cohen, Emily (DPH) <emily.cohen@sfgov.org>; Mahesh Khatwani [REDACTED]; Stephanie Muller [REDACTED] <hidive@sbcglobal.net>; Robinson Andrew <arobinson@theeastcut.org>; [REDACTED] Dragon Marc [REDACTED]; DelCarlo, Ed (POL) <Ed.DelCarlo@sfgov.org>; Forbes, Elaine (PRT) <elaine.forbes@sfport.com>; Kilstrom, Kari (PRT) <kari.kilstrom@sfport.com>; Lazar, David (POL) <David.Lazar@sfgov.org>; Leung, Sally (POL) <sally.leung@sfgov.org>; McDonald, Courtney (BOS) <courtney.mcdonald@sfgov.org>
Subject: Re: Working Group Agenda

Emily,

Missed yesterday's meeting but I agree with all the comments made below. I too think we need more time to flesh out details and clearly define "measures of success" of these navigation centers before city experiments with one at this large scale in a residential neighborhood.

Best,
Ritika

On Apr 11, 2019, at 7:07 PM, Sunny Schwartz [REDACTED] wrote:

Hi All:

I am very sorry I have yet to be able to make a meeting, I sure would like to attend and roll up my sleeves with you should there be future meetings.

That said, next weds I will be traveling back east to be with family for our Passover holiday—

Please advise if I can assist in between these meetings-

I hope to meet you in the near future-

Thank you for looking out for both our community and those in need.

All the best,

Sunny

Sunny Schwartz
Consultant
Founder of SF Sheriff's Department's
Resolve to Stop the Violence Project and
Five Keys Charter School

<https://vimeopro.com/onyxash/five-keys/>

2004 (RSVP) and 2015 (Five Keys)

Recipients of Harvard University, Kennedy School of Governance, Innovations in American Government Award

2015, California Attorney General, Kamala Harris' Smart on Crime Award (Five Keys)

sunnyschwartz.com

On Apr 11, 2019, at 4:19 PM, Katy Liddell [REDACTED] wrote:

As do I.

Katy

On Apr 11, 2019, at 4:16 PM, Alice Rogers [REDACTED] wrote:

I do also support Rick and Wallace's comments!

Alice

On Apr 11, 2019, at 3:51 PM, Wallace Lee [REDACTED] wrote:

Some great ideas were exchanged yesterday, but there is still a long way to go. We heard that there are many inter-related moving pieces. For example, Kaki mentioned that measures like funding two new SFPD positions 24/7 only make fiscal sense for the city if the Navigation Center is a certain size. There are also open questions on things like whether we can get a commitment from the DA to support strict enforcement in the safety zone. I also know that some working group members who want to bring up other mitigation measures have not had the chance to do so yet because of the lack of time.

All that is to say that one more meeting is not enough to accomplish all that needs to be done given the complexity of the issues. Now that progress is being

made, I certainly think it makes a lot of sense to delay the April 23 Port Commission vote.

Wallace

On Thu, Apr 11, 2019 at 3:03 PM Rick Dickerson
[REDACTED] wrote:

Emily,

Sorry that I had to leave the meeting a bit early yesterday to get to the townhall meeting with Supervisor Haney at 72 Townsend Street. I am not sure how the discussion on size/occupancy went, or if there was any indication of when we might get further feedback and have further discussion on the points raised and others which there may not have been time to raise yesterday.

While I did not feel the first couple of committee meetings were really productive in airing out the issues at hand, I do believe the past two meetings have yielded productive discussion from both sides of the issue, and yet we are still in the beginning phases and facing a deadline of April 23rd for a Port Commission meeting and vote. This would provide us only one more meeting to work through everything, which I do not believe is reasonable or doable. I strongly urge your office and the port to push off the date that the navigation center comes back before the Port Commission, by at least another month, to provide time for progress to continue to be made on working through areas of disagreement, and determining and structuring mitigations to the anticipated neighborhood issues associated with a SAFE Navigation Center on Seawall Lot 330.

Rick Dickerson

From: Quezada, Randolph (PRT)
<randolph.quezada@sfport.com>
Sent: Wednesday, April 10, 2019 12:33:26 PM
To: Cohen, Emily (DPH); Rick Dickerson;

[REDACTED]
[REDACTED] Wallace Lee; Katy Liddell
Cc: DelCarlo, Ed (POL); Forbes, Elaine (PRT);
Kilstrom, Kari (PRT); Lazar, David (POL); Leung, Sally (POL); McDonald, Courtney (BOS)
Subject: RE: Working Group Agenda

Hi all,

We will be in the Embarcadero Room at Pier 1.

RQ

From: Cohen, Emily (DPH)
Sent: Wednesday, April 10, 2019 12:06 PM
To: Rick Dickerson; [REDACTED]

[REDACTED]
[REDACTED] Wallace Lee; Katy Liddell
Cc: DelCarlo, Ed (POL); Forbes, Elaine (PRT);
Kilstrom, Kari (PRT); Lazar, David (POL); Leung,
Sally (POL); Quezada, Randolph (PRT); Mcdonald,
Courtney (BOS)
Subject: RE: Working Group Agenda

Yes we are confirmed for 4:30pm at the Port
Offices. Randy, can you please confirm which room
we will be meeting in?

Thank you all!
Emily

From: Rick Dickerson [mailto:[REDACTED]]
Sent: Wednesday, April 10, 2019 11:55 AM
To: Cohen, Emily (DPH) <emily.cohen@sfgov.org>;

[REDACTED]
[REDACTED] Wallace Lee
[REDACTED] Katy Liddell
[REDACTED]
Cc: DelCarlo, Ed (POL) <Ed.DelCarlo@sfgov.org>;
Forbes, Elaine (PRT) <elaine.forbes@sfport.com>;
Kilstrom, Kari (PRT) <kari.kilstrom@sfport.com>;
Lazar, David (POL) <David.Lazar@sfgov.org>; Leung,
Sally (POL) <sally.leung@sfgov.org>; Quezada,
Randolph (PRT) <randolph.quezada@sfport.com>;
Mcdonald, Courtney (BOS)
<courtney.mcdonald@sfgov.org>
Subject: Re: Working Group Agenda

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Emily,

Just checking in to confirm the time and location of our
committee meeting today. Is it back to 4:30pm at the
Port offices again? Thanks.

Rick Dickerson

From: Cohen, Emily (DPH)

[<emily.cohen@sfgov.org>](mailto:emily.cohen@sfgov.org)

Sent: Tuesday, April 2, 2019 6:04:32 PM

To: 

Wallace Lee; Katy Ludden

Cc: DelCarlo, Ed (POL); Forbes, Elaine (PRT);
Kilstrom, Kari (PRT); Lazar, David (POL); Leung, Sally
(POL); Quezada, Randolph (PRT); McDonald,
Courtney (BOS)

Subject: Working Group Agenda

Hi All,

Looking forward to our working group meeting tomorrow afternoon. Reminder that we will be meeting at the Delancey Street Restaurant in the private dining room from 4:00pm -5:30pm.

Tomorrow's meeting will be focused on safety and we will have Commander Lazar and Captain Del Carlo join us to discuss safety related to the SAFE Navigation Center.

Thank you all,
Emily

Emily Cohen | Policy Advisor, Homelessness
Office of Mayor London N. Breed
City and County of San Francisco
415-554-5179

Heckel, Hank (MYR)

From: Beal, Kimberley (PRT)
Sent: Tuesday, April 16, 2019 2:12 PM
To: Quezada, Randolph (PRT) (randolph.quezada@sfport.com); MATHAI, ANNETTE (CAT); Haddix, Lindsay (HOM); Alonso, Rachel (DPW); Anderson, Raven (MYR); Whitley, Gigi (HOM)
Subject: Rental Rate Calculations
Attachments: SWL 330 revenue 7-2016 to 6-2019.xlsx

In addition to base rent, the parking lot operator pays percentage rent during each calendar month where the gross receipts exceed base rent. The current base rent paid is \$.46 psf and the percentage rent Port receives is equal to 66% of the gross receipts after parking taxes.

I have attached a spreadsheet which shows the gross receipts reported for fiscal years 16/17, 17/18 and YTD 18/19. This sheet also breaks down the base rent paid per month, any percentage rent paid and summarizes the total rent paid to Port.

In asking the parking lot operator about Port's share of projected revenue for 18/19 based on half the lot, I was given a figure of \$495,000 per year which would be equivalent to \$.81 psf/mo. based on 50,665 sq. ft. (the total square footage of the lease area is approximately 101,330 sq. ft.). I then looked at the rent paid to Port for 16/17 vs 17/18 which showed a 17% increase. I then compared YTD 18/19 to 17/18 for the same period which thus far is an 18% increase over prior year. Increasing the prior year's rent by 17% equals \$.79 psf which is slightly less than the projected revenue given by the parking lot operator. This was concluded to be a fair rent and the figure is supported by the actual amounts received.

Please let me know if you have any additional questions.



Kimberley Beal
Property Manager

Pier 1, The Embarcadero
San Francisco, CA 94111
Direct: (415) 274-0523
Fax: (415) 544-1795

Month	Reported Sales	Base rent	Perc Rent	Total rent
FY 16-17				
Jul-16	104,773.95	44,064.13	25,086.68	69,150.81
Aug-16	109,620.01	44,064.13	28,285.08	72,349.21
Sep-16	83,971.45	44,064.13	11,357.03	55,421.16
Oct-16	70,034.05	45,409.53	813.00	46,222.53
Nov-16	34,696.95	45,409.53	0.00	45,409.53
Dec-16	32,334.55	45,409.53	0.00	45,409.53
Jan-17	43,173.83	45,409.53	0.00	45,409.53
Feb-17	44,754.84	45,409.53	0.00	45,409.53
Mar-17	56,320.84	45,409.53	0.00	45,409.53
Apr-17	121,131.65	45,409.53	34,537.36	79,946.89
May-17	117,876.04	45,409.53	32,388.66	77,798.19
Jun-17	105,719.48	45,409.53	24,365.33	69,774.86
Up to date	924,407.64	540,878.16	156,833.14	697,711.30

FY 17-18

Jul-17	109,782.43	45,409.53	27,046.87	72,456.40
Aug-17	122,711.60	45,409.53	35,580.13	80,989.66
Sep-17	111,565.45	45,409.53	28,223.67	73,633.20
Oct-17	87,833.72	46,772.56	11,197.70	57,970.26
Nov-17	65,709.04	46,772.56	0.00	46,772.56
Dec-17	60,837.11	46,772.56	0.00	46,772.56
Jan-18	68,673.92	46,772.56	0.00	46,772.56
Feb-18	71,520.04	46,772.56	430.67	47,203.23
Mar-18	87,085.39	46,772.56	10,703.80	57,476.36
Apr-18	156,825.23	46,772.56	56,732.09	103,504.65
May-18	123,831.86	46,772.56	34,956.47	81,729.03
Jun-18	154,854.73	46,772.56	55,431.56	102,204.12
Up to date	1,221,230.52	557,181.63	260,302.96	817,484.59

FY 18-19

Jul-18	159,974.23	46,772.56	58,810.43	105,582.99
Aug-18	142,477.86	46,772.56	47,262.83	94,035.39
Sep-18	134,361.91	46,772.56	41,906.30	88,678.86
Oct-18	93,106.64	46,772.56	14,677.82	61,450.38
Nov-18	68,473.75	46,772.56	0.00	46,772.56
Dec-18	62,572.08	46,772.56	0.00	46,772.56
Jan-19	69,572.62	46,772.56	0.00	46,772.56
Feb-19	68,063.03	46,772.56	0.00	46,772.56
Mar-19	N/A	46,772.56	N/A	46,772.56

Apr-19	N/A	46,772.56	N/A	46,772.56
May-19	N/A	N/A	N/A	-
Jun-19	N/A	N/A	N/A	-
Up to date	798,602.12	467,725.60	162,657.38	630,382.98

SWL 330		Imperial Parking		4.9.2019			
Month	Reported Sales	Base rent	Perc Rent	Total rent	YTD Running	Y-o-Y	
16-Jul	104,773.95	44,064.13	25,086.68	69,150.81	69,150.81		
16-Aug	109,620.01	44,064.13	28,285.08	72,349.21	141,500.02		
16-Sep	83,971.45	44,064.13	11,357.03	55,421.16	196,921.18		
16-Oct	70,034.05	45,409.53	813	46,222.53	243,143.71		
16-Nov	34,696.95	45,409.53	0	45,409.53	288,553.24		
16-Dec	32,334.55	45,409.53	0	45,409.53	333,962.77		
17-Jan	43,173.83	45,409.53	0	45,409.53	379,372.30		
17-Feb	44,754.84	45,409.53	0	45,409.53	424,781.83		
17-Mar	56,320.84	45,409.53	0	45,409.53	470,191.36		
17-Apr	121,131.65	45,409.53	34,537.36	79,946.89	550,138.25		
17-May	117,876.04	45,409.53	32,388.66	77,798.19	627,936.44		
17-Jun	105,719.48	45,409.53	24,365.33	69,774.86	697,711.30		
Up to date	924,407.64	540,878.16	156833.14	697,711.30			
FY 17-18							
17-Jul	109,782.43	45,409.53	27,046.87	72,456.40	72,456.40	104.78%	
17-Aug	122,711.60	45,409.53	35,580.13	80,989.66	153,446.06	108.44%	
17-Sep	111,565.45	45,409.53	28,223.67	73,633.20	227,079.26	115.31%	
17-Oct	87,833.72	46,772.56	11,197.70	57,970.26	285,049.52	117.23%	
17-Nov	65,709.04	46,772.56	0	46,772.56	331,822.08	115.00%	
17-Dec	60,837.11	46,772.56	0	46,772.56	378,594.64	113.36%	
18-Jan	68,673.92	46,772.56	0	46,772.56	425,367.20	112.12%	
18-Feb	71,520.04	46,772.56	430.67	47,203.23	472,570.43	111.25%	
18-Mar	87,085.39	46,772.56	10,703.80	57,476.36	530,046.79	112.73%	
18-Apr	156,825.23	46,772.56	56,732.09	103,504.65	633,551.44	115.16%	
18-May	123,831.86	46,772.56	34,956.47	81,729.03	715,280.47	113.91%	
18-Jun	154,854.73	46,772.56	55,431.56	102,204.12	817,484.59	117.17%	
Up to date	1,221,230.52	557,181.63	260,302.96	817,484.59			
FY 18-19							
18-Jul	159,974.23	46,772.56	58,810.43	105,582.99	105,582.99	145.72%	
18-Aug	142,477.86	46,772.56	47,262.83	94,035.39	199,618.38	130.09%	
18-Sep	134,361.91	46,772.56	41,906.30	88,678.86	288,297.24	126.96%	
18-Oct	93,106.64	46,772.56	14,677.82	61,450.38	349,747.62	122.70%	
18-Nov	68,473.75	46,772.56	0	46,772.56	396,520.18	119.50%	
18-Dec	62,572.08	46,772.56	0	46,772.56	443,292.74	117.09%	
19-Jan	69,572.62	46,772.56	0	46,772.56	490,065.30	115.21%	
19-Feb	68,063.03	46,772.56	0	46772.56	536,837.86	113.60%	
19-Mar	N/A	46,772.56	N/A	46772.56	583,610.42	110.11%	
19-Apr	N/A	46,772.56	N/A	46772.56	630,382.98	99.50%	
19-May							

19-Jun

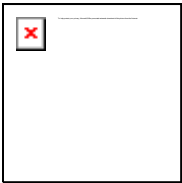


Wong, Jocelyn (BOS)

From: Peter Prows <pprows@briscoelaw.net>
Sent: Wednesday, June 19, 2019 11:31 AM
To: Mchugh, Eileen (BOS); HSHSunshine; Calvillo, Angela (BOS); Ng, Wilson (BOS); GIVNER, JON (CAT); BOS-Legislative Services; Yee, Norman (BOS); Somera, Alisa (BOS)
Subject: RE: Response to Records Request re "incident reports for Navigation Centers"
Attachments: REPLACEMENT Supplemental Production Re Wallace Lee Request 4 - Redactedpdf

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Please also include these documents in the administrative record.



PETER PROWS
155 Sansome Street, Seventh Floor
San Francisco, California 94104
Direct: (415) 402-2708 Cell: (415) 994-8991

From: Peter Prows
Sent: Saturday, June 15, 2019 12:19 AM
To: Mchugh, Eileen (BOS) <eileen.e.mchugh@sfgov.org>; HSHSunshine <HSHSunshine@sfgov.org>; Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>; Ng, Wilson (BOS) <wilson.l.ng@sfgov.org>; GIVNER, JON (CAT) <Jon.Givner@sfcityatty.org>; BOS-Legislative Services <bos-legislative_services@sfgov.org>; Yee, Norman (BOS) <norman.yee@sfgov.org>; Somera, Alisa (BOS) <alisa.somera@sfgov.org>
Subject: Re: Response to Records Request re "incident reports for Navigation Centers"

Please also include these documents in the administrative record.

Heckel, Hank (MYR)

From: Meskan, Brenda (HOM)
Sent: Monday, March 25, 2019 9:04 AM
To: Rachowicz, Lisa (HOM); Streets, Healthy (DEM); Walton, Scott (HOM); Marshall, Kaki (HOM)
Cc: Cannariato, Umecke (HOM)
Subject: Re: Tents on Barneveld - outside Nav Center

This is a SFPD issue first to assess the danger of weapons before HOT ERT is going to address. Please let me know when the area is safe and clear.

Thank you,
brenda



Brenda Meskan, MFT

Encampment Resolution Team Lead

San Francisco Homeless Outreach Team (SFHOT)

San Francisco Department of Homelessness and Supportive Housing

brenda.meskan@sfgov.org | 415.580.8591

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From: Rachowicz, Lisa (HOM)
Sent: Thursday, March 21, 2019 3:58:18 PM
To: Streets, Healthy (DEM); Walton, Scott (HOM); Marshall, Kaki (HOM)
Cc: Cannariato, Umecke (HOM); Meskan, Brenda (HOM)
Subject: FW: Tents on Barneveld - outside Nav Center

Hello all,

Here is additional information on the tent situation outside the Bayshore Navigation Center. This email below and the attached photos outline the interaction and concerns by the storage business owner about issues related to tents, homeless individuals, and damage to his property.

It sounds like the business owner is expecting contact from HSH or another entity to discuss his complaints. Kaki and Scott, how should we move forward with this contact? Please advise if you would like me to reach out directly to this person, or if we should involve Abigail, or another plan.

Thanks,
Lisa



Lisa Rachowicz, LCSW

Navigation Centers Program Manager

San Francisco Department of Homelessness and Supportive Housing

lisa.rachowicz@sfgov.org | [REDACTED] F: 415.355.7408

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From: Artie Gilbert <artieg@fivekeys.org>

Sent: Thursday, March 21, 2019 3:05 PM

To: Rachowicz, Lisa (HOM) <lisa.rachowicz@sfgov.org>

Cc: Lena Miller <lenam@fivekeys.org>; Tony Chase <tonyc@fivekeys.org>

Subject: Fwd: Encampments

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Hi Lisa,

I'm sending you a photo copy of the owner of Stop n Stor on JERROLD AVE & BARNEVELD AVE [REDACTED] work card. Here are several photos of encampments on JERROLD AVE & BARNEVELD AVE. Here are photos of items left by guests. Here is a photo of a tree well with several needle caps. Here are several photos of a burnt down tent along with the damage that the fire from the tent caused to Mr. [REDACTED] property. David came to our facility Thursday 3.14.19 and expressed to me his complaints about the several tents setup on JERROLD AVE & BARNEVELD AVE. He told me that the several tents that are setup on JERROLD AVE & BARNEVELD AVE started when our Navigation Center opened. Mr. [REDACTED] told me that his property caught on fire from the burning tent. David took me on his property to show me the damage from the fire. He said he have several photos of individuals living in tents threatening his employees with weapons and verbally threatening to harm them. David said he would like to work together to get JERROLD AVE & BARNEVELD AVE back. I told David that you will be contacting him.

Best,

Artie

----- Forwarded message -----

From: Artie Gilbert <artieg@fivekeys.org>

Date: Thu, Mar 21, 2019 at 12:44 PM

Subject: Encampments

To: <artieg@fivekeys.org>

Sent from my iPhone



ARTIE GILBERT (he/him)
ASST. DIRECTOR OF OPERATIONS
D: 415.734.3310
F: 415.734.3314
E: artieg@fivekeys.org



A: 70 Oak Grove Street, San Francisco, CA 94107

W: www.fivekeys.org

Heckel, Hank (MYR)

From: Rachowicz, Lisa (HOM)
Sent: Friday, March 22, 2019 11:51 AM
To: Meskan, Brenda (HOM); Cannariato, Umecke (HOM); Streets, Healthy (DEM);
wdolcini@chp.ca.gov
Cc: Marshall, Kaki (HOM); Walton, Scott (HOM)
Subject: RE: Tents around Bryant Navigation Center - 5th and Bryant

Thanks Brenda! This is very helpful!

Take care,
Lisa



Lisa Rachowicz, LCSW

Navigation Centers Program Manager
San Francisco Department of Homelessness and Supportive Housing
lisa.rachowicz@sfgov.org | [REDACTED] F: 415.355.7408

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From: Meskan, Brenda (HOM) <brenda.meskan@sfgov.org>
Sent: Friday, March 22, 2019 11:05 AM
To: Rachowicz, Lisa (HOM) <lisa.rachowicz@sfgov.org>; Cannariato, Umecke (HOM) <umecke.cannariato@sfgov.org>; Streets, Healthy (DEM) <healthystreets@sfgov.org>; wdolcini@chp.ca.gov
Cc: Marshall, Kaki (HOM) <kaki.marshall@sfgov.org>; Walton, Scott (HOM) <Scott.Walton@sfgov.org>
Subject: Re: Tents around Bryant Navigation Center - 5th and Bryant

Hi Lisa,

We just resolved this yesterday and took everyone out except for the one woman in the corner up behind the NC. Please allow her to stay as she is not bothering anyone and she is very mentally ill. It will take us some time to engage, and we do not want to lose her. You can barely tell there is someone there and she is "safe" there.

Those 2 tents are from 4th St at Perry and they refused NC. They do not want our help and they were told SFPD would be coming through and may cite them. They moved under the freeway.

In Collaboration,
Brenda



Brenda Meskan, MFT

Encampment Resolution Team Lead

San Francisco Homeless Outreach Team (SFHOT)

San Francisco Department of Homelessness and Supportive Housing

brenda.meskan@sfgov.org | 415.580.8591

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From: Rachowicz, Lisa (HOM)

Sent: Friday, March 22, 2019 10:00 AM

To: Cannariato, Umecke (HOM); Meskan, Brenda (HOM); Streets, Healthy (DEM); wdolcini@chp.ca.gov

Cc: Marshall, Kaki (HOM); Walton, Scott (HOM); wdolcini@chp.ca.gov

Subject: FW: Tents around Bryant Navigation Center - 5th and Bryant

Hi all,

Please see the below info and photos of tents around Bryant Nav Center.

These tents are located in 2 areas, as reported this morning. 2 tents behind the Bryant Nav Center in the CalTrans land area near the auto shop building and 1 pile of possibly abandoned belongings (unclear if someone is sleeping there) leaning up against the back fence behind Bryant Nav Center in the CalTrans land area. Also, several tents (at least 4) in the Circle near Bryant Nav Center between the freeway ramps on 5th.

Contact at Bryant Navigation Center regarding this report is John Warner 415-324-9092.

311 reports:

<http://mobile311.sfgov.org/reports/10632741>- For the Circle

<http://mobile311.sfgov.org/reports/10632776>- Behind Bryant Navigation









Thanks for your assistance!

Take care,
Lisa



Lisa Rachowicz, LCSW

Navigation Centers Program Manager
San Francisco Department of Homelessness and Supportive Housing
lisa.rachowicz@sfgov.org | [REDACTED] F: 415.355.7408

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From: John Warner <jwarner@ecs-sf.org>
Sent: Friday, March 22, 2019 9:35 AM
To: Rachowicz, Lisa (HOM) <lisa.rachowicz@sfgov.org>
Subject: FW: Bryant photo

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<http://mobile311.sfgov.org/reports/10632741>- For the Circle

<http://mobile311.sfgov.org/reports/10632776>- Behind Bryant Navigation

let me know if you need any other information

John Warner
Interim Associate Director of Navigation Centers
ECS Navigation Centers
Office number: 415-487-3300 X4423
Work cell: [REDACTED]
<http://www.ecs-sf.org>
Connect with us:   

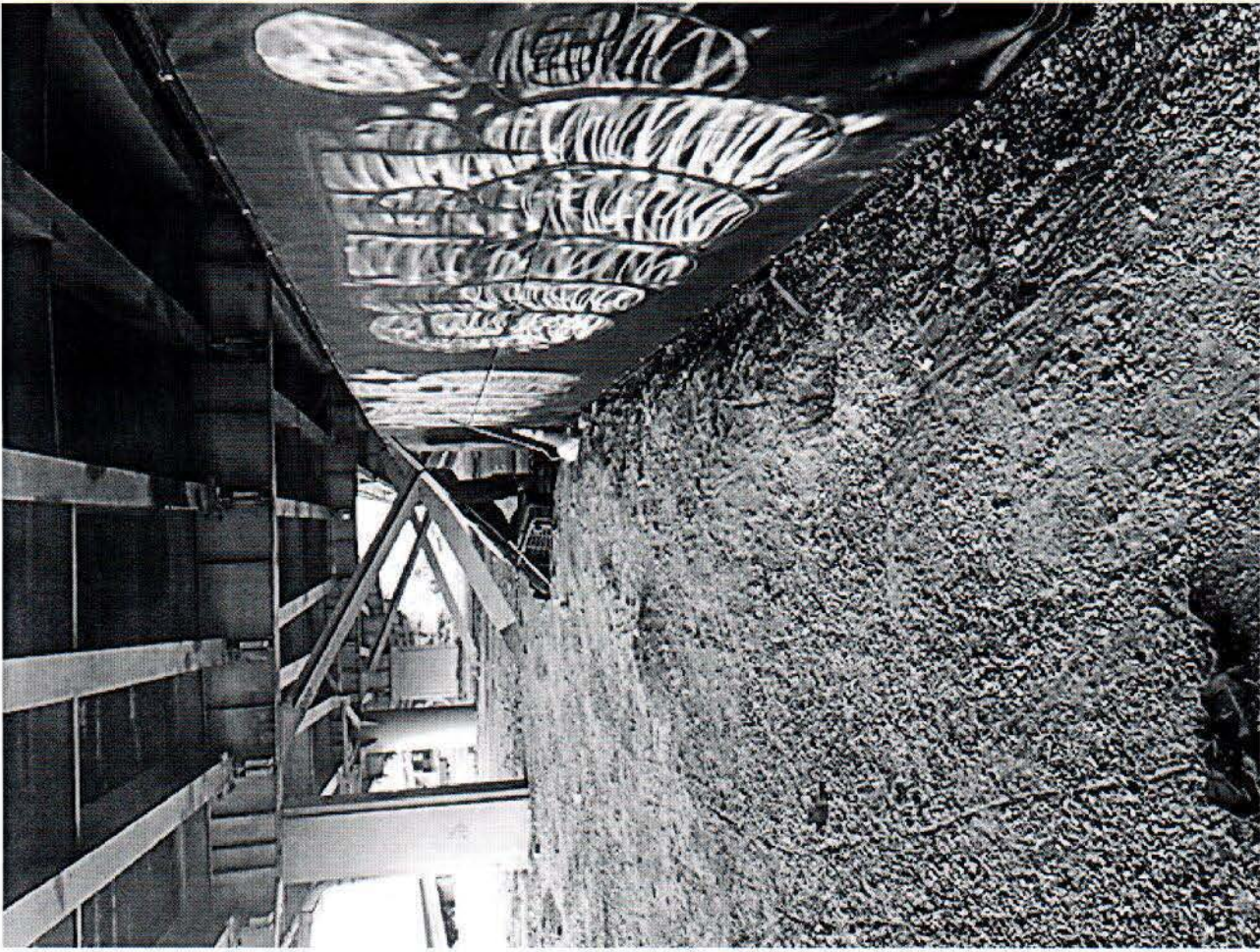


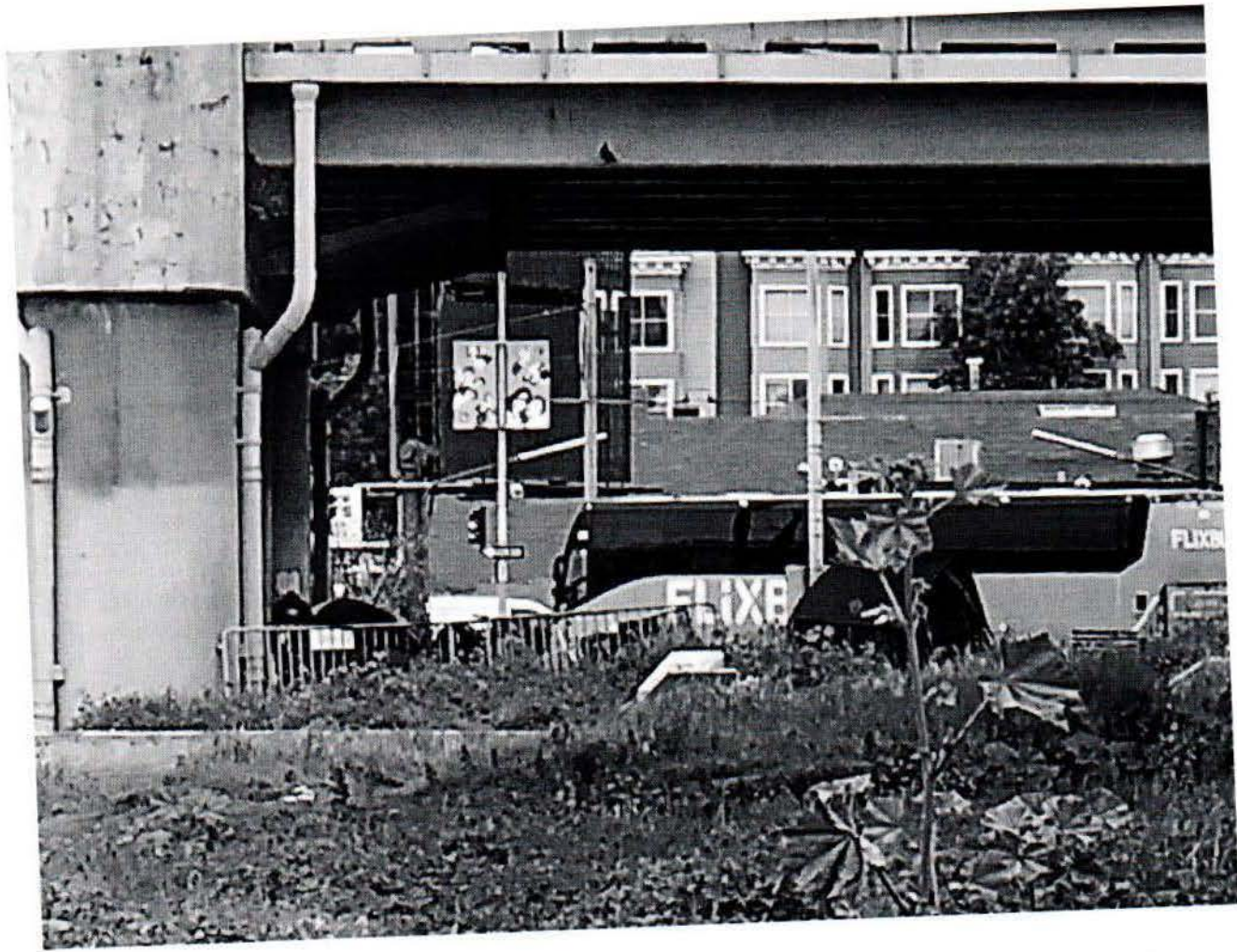
Tickets can be purchased at www.chefsgalasf.org

From: john warner [<mailto:john.warner.3rd@gmail.com>]
Sent: Friday, March 22, 2019 9:22 AM
To: John Warner <jwarner@ecs-sf.org>
Subject: Bryant photo









Sent from my iPhone

Heckel, Hank (MYR)

From: Rachowicz, Lisa (HOM)
Sent: Friday, March 22, 2019 8:47 AM
To: Streets, Healthy (DEM); Marshall, Kaki (HOM); Walton, Scott (HOM)
Cc: Cannariato, Umecke (HOM); Meskan, Brenda (HOM)
Subject: Re: tent report- outside Central Waterfront Nav Center

Here is more info about this tent and homeless individual:

Name: [REDACTED]

DOB: [REDACTED]

The tent is on the sidewalk. Next to the Sheedy business.



Thanks,

Lisa Rachowicz, LCSW
Navigation Centers Program Manager
Department of Homelessness and Supportive Housing
City and County of San Francisco
1360 Mission St.

San Francisco, CA 94102

Cell: [REDACTED]
lisa.rachowicz@sfgov.org

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On Mar 21, 2019, at 4:58 PM, Rachowicz, Lisa (HOM) <lisa.rachowicz@sfgov.org> wrote:

Hi all,

Here is a report from the Central Waterfront Nav Center that there is a tent on Michigan between 24th and 25th. CWNC staff have reported this to 311. The confirmation number from 311 is: 10630280

This person is a former Nav guest and believed to be using drugs in his tent with other current Nav guests. I will report back once I get the individual's name from the program staff.

Thanks,
Lisa

<image005.png>

Lisa Rachowicz, LCSW

Navigation Centers Program Manager

San Francisco Department of Homelessness and Supportive Housing

lisa.rachowicz@sfgov.org | [REDACTED] F: 415.355.7408


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From: John Warner <jwarner@ecs-sf.org>
Sent: Thursday, March 21, 2019 2:26 PM
To: Rachowicz, Lisa (HOM) <lisa.rachowicz@sfgov.org>
Subject: tent report- CWNC

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#10630280- 1 tent around the corner from CWNC. Believed former guest and current guests visiting to use. On Michigan between 24th and 25th.

John Warner
Interim Associate Director of Navigation Centers
ECS Navigation Centers
Office number: 415-487-3300 X4423
Work cell: 

<http://www.ecs-sf.org>
Connect with us: <image001.jpg> @ <image003.jpg>

<image004.jpg>

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Heckel, Hank (MYR)

From: Rachowicz, Lisa (HOM)
Sent: Friday, March 22, 2019 8:56 AM
To: John Warner
Subject: Re: tent report- CWNC

Thanks John! This is VERY helpful!

HSOC has the info, so I expect a response today. Most likely it will be SFPD. Please let me know if this tent or the individual is still around CWNC on Monday.

Thanks,

Lisa Rachowicz, LCSW
Navigation Centers Program Manager
Department of Homelessness and Supportive Housing
City and County of San Francisco
1360 Mission St.
San Francisco, CA 94102

Cell: [REDACTED]
lisa.rachowicz@sf.gov

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On Mar 21, 2019, at 6:20 PM, John Warner <jwarner@ecs-sf.org> wrote:

It's on the sidewalk. Next to the Sheedy business.

<image001.jpg>

John Warner

Interim Associate Director of Navigation Centers

ECS Navigation Centers

Office number: 415-487-3300 X4423

Work cell: [REDACTED]

<http://www.ecs-sf.org>

Connect with us: <image002.jpg> <image003.jpg> <image004.jpg>

<image006.jpg>

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From: Rachowicz, Lisa (HOM) [<mailto:lisa.rachowicz@sfgov.org>]
Sent: Thursday, March 21, 2019 4:59 PM
To: John Warner <jwarner@ecs-sf.org>
Subject: RE: tent report- CWNC

Also a photo of the tent and more description of location, if possible.

I really appreciate these reports!

Thanks,
Lisa

<image007.png> **Lisa Rachowicz, LCSW**
Navigation Centers Program Manager
San Francisco Department of Homelessness and Supportive Housing
lisa.rachowicz@sfgov.org | [REDACTED] F: 415.355.7408

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From: John Warner <jwarner@ecs-sf.org>
Sent: Thursday, March 21, 2019 2:26 PM
To: Rachowicz, Lisa (HOM) <lisa.rachowicz@sfgov.org>
Subject: tent report- CWNC

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

#10630280- 1 tent around the corner from CWNC. Believed former guest and current guests visiting to use. On Michigan between 24th and 25th.

John Warner
Interim Associate Director of Navigation Centers
ECS Navigation Centers
Office number: 415-487-3300 X4423
Work cell: [REDACTED]

<http://www.ecs-sf.org>
Connect with us: <image002.jpg> <image003.jpg> <image004.jpg>

<image006.jpg>

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Heckel, Hank (MYR)

From: John Warner
Sent: Thursday, March 21, 2019 6:11 PM
To: Rachowicz, Lisa (HOM)
Subject: RE: SECURE: RE: tent report- CWNC

This message was sent securely using Zix®

Here is the name: [REDACTED]

--- Originally sent by lisa.rachowicz@sfgov.org on Mar 21, 2019 4:53 PM ---

This message was sent securely using Zix®

Hi John, thanks for this info! Do you know the individual's name who is the former guest? DOB would also be helpful.

Thanks,

Lisa

Lisa Rachowicz, LCSW

Navigation Centers Program Manager

San Francisco Department of Homelessness and Supportive Housing

lisa.rachowicz@sfgov.org | [REDACTED] F: 415.355.7408

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From: John Warner <jwarner@ecs-sf.org>
Sent: Thursday, March 21, 2019 2:26 PM
To: Rachowicz, Lisa (HOM) <lisa.rachowicz@sfgov.org>
Subject: tent report- CWNC

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

#10630280- 1 tent around the corner from CWNC. Believed former guest and current guests visiting to use. On Michigan between 24th and 25th.

John Warner

Interim Associate Director of Navigation Centers

ECS Navigation Centers

Office number: 415-487-3300 X4423

Work cell 

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Heckel, Hank (MYR)

From: Rachowicz, Lisa (HOM)
Sent: Wednesday, March 20, 2019 5:40 PM
To: Dodge, Sam (DPW); Lena Miller
Cc: Matthews, Valerie (POL); Lazar, David (POL); artieg@fivekeys.org; tonyc@fivekeys.org; Stringer, Larry (DPW); Elyse Graham; Walton, Scott (HOM)
Subject: RE: Bayshore Navigation center

Hi Lena,

HSH has established a protocol for reporting tents in the area of Nav Centers. The process begins with your team reporting any tents seen in the area to 311 and to myself. Photos are very helpful. Reporting this info allows me to know that this is an ongoing problem for your program. I send this information to both SFHOT and the Healthy Streets Operations Center (HSOC) to determine the system response. HSOC and SFHOT are very responsive, as long as they have specific and real-time information.

Please, in the future, reach out to me directly about these types of concerns. HSH has established relationships with all of these city partners, and we have a forum at HSOC to work on these issues together. In addition, your Navigation Center is also part of a larger system of Nav Centers, and we would like to tailor our response to these issues towards that whole system. Reaching out to myself at HSH first will allow us to take a system's approach to these issues, and to inform you of any protocols/resources that are already in place.

I am happy to discuss this further with you directly, as I know how important community relationships are for your program. Let's try to touch base tomorrow on a phone call.

Thanks,
Lisa



Lisa Rachowicz, LCSW

Navigation Centers Program Manager
San Francisco Department of Homelessness and Supportive Housing
lisa.rachowicz@sfgov.org | [REDACTED] F: 415.355.7408

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From: Dodge, Sam (DPW) <sam.dodge@sfdpw.org>
Sent: Wednesday, March 20, 2019 5:06 PM
To: Lena Miller [REDACTED]
Cc: Matthews, Valerie (POL) <Valerie.Matthews@sfgov.org>; Rachowicz, Lisa (HOM) <lisa.rachowicz@sfgov.org>; Lazar, David (POL) <David.Lazar@sfgov.org>; artieg@fivekeys.org; tonyc@fivekeys.org; Stringer, Larry (DPW)

<Larry.Stringer@sfdpw.org>

Subject: Re: Bayshore Navigation center

Hi Lena,

I would be happy to be part of that meeting. This sounds like an issue that we can help handle with HSOC. I've included Commander Lazar on this. Given that we are working hard to expand the Navigation Centers at the direction of the Mayor I think this is especially timely and important.

Thanks
Sam Dodge

On Mar 20, 2019, at 3:35 PM, Lena Miller [REDACTED] wrote:

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Greetings

I'm hoping to set up a meeting with community stakeholders in order to develop and establish a process for how we deal with encampments in the immediate vicinity. It's becoming a pretty serious issue, particularly with the storage company across the street. I'm hoping we can deal with the issue proactively before it becomes a larger issue where the community makes the Nav Center a scapegoat for the issues that have historically plagued the area.

Thank you

Lena Miller
Sent from my iPhone

Heckel, Hank (MYR)

From: Meskan, Brenda (HOM)
Sent: Tuesday, March 19, 2019 6:42 PM
To: Cannariato, Umecke (HOM); Rachowicz, Lisa (HOM)
Cc: Streets, Healthy (DEM)
Subject: Re: 311 report

We were there today and I could not see from the inside and I asked the front desk person about whether there were tents in the back and she did not know. I thought HOT just cleared that area? I will add it to the list and try to get to it by Friday.

Brenda



Brenda Meskan, MFT

San Francisco Department of Homelessness and Supportive Housing

brenda.meskan@sfgov.org | 415.580.8591

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From: Cannariato, Umecke (HOM)
Sent: Tuesday, March 19, 2019 10:45:55 AM
To: Rachowicz, Lisa (HOM)
Cc: Streets, Healthy (DEM); Meskan, Brenda (HOM)
Subject: Re: 311 report

Hi Lisa. I would forward them to Health Streets so they can assist with tracking and prioritizing.

I will also ask ERT / Brenda to have her team outreach and assess.

Thanks.

Mecca Cannariato, LCSW, MPA
Outreach Manager
San Francisco Department Homelessness & Supportive Housing
City & County of San Francisco
umecke.cannariato@sfgov.org | phone 415-525-1257

From: Rachowicz, Lisa (HOM)
Sent: Monday, March 18, 2019 6:08:49 PM
To: Cannariato, Umecke (HOM)
Subject: Fwd: 311 report

Hi Mecca, do you know who the best person is for me to forward this info to at HSOC? Should I send it directly to Kaki?

Thanks,

Lisa Rachowicz, LCSW
Navigation Centers Program Manager
Department of Homelessness and Supportive Housing
City and County of San Francisco
1360 Mission St.
San Francisco, CA 94102

Cell: [REDACTED]
lisa.rachowicz@sfgov.org

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Begin forwarded message:

From: John Warner <jwarner@ecs-sf.org>
Date: March 18, 2019 at 2:42:52 PM PDT
To: "Rachowicz, Lisa (HOM)" <lisa.rachowicz@sfgov.org>
Cc: John Ouertani <jouertani@ecs-sf.org>
Subject: 311 report

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#10616531- Report about two tents in "the circle" by Bryant

#10616564- Report about these behind Bryant Nav/storage. There is a concern that the platform could be used to gain entry to storage.





John Warner
Interim Associate Director of Navigation Centers
ECS Navigation Centers
Office number: 415-487-3300 X4423
Work cell: [REDACTED]
<http://www.ecs-sf.org>

Connect with us:   



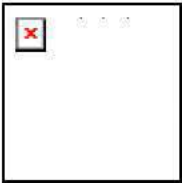
Tickets can be purchased at www.chefsgalasf.org

Wong, Jocelyn (BOS)

From: Peter Prows <pprows@briscoelaw.net>
Sent: Saturday, June 15, 2019 12:19 AM
To: Mchugh, Eileen (BOS); HSHSunshine; Calvillo, Angela (BOS); Ng, Wilson (BOS); GIVNER, JON (CAT); BOS-Legislative Services; Yee, Norman (BOS); Somera, Alisa (BOS)
Subject: Re: Response to Records Request re "incident reports for Navigation Centers"
Attachments: Responsive Documents re Request for CIRs Volume 6.pdf; ATT00001.htm

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

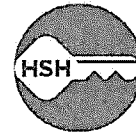
Please also include these documents in the administrative record.



PETER PROWS
155 Sansome Street, Seventh Floor
San Francisco, California 94104
Direct: (415) 402-2708 Cell: (415) 994-8991



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

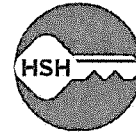
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident** occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
3/7/2019	9:20am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT RST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

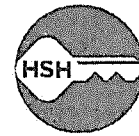
Client C.		
Names of Reporting Staff	Denise Bradford	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Fagis Carter

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A stated she could not walk and was having pains in her body. She asked staff to call the paramedics.		
Describe any injuries observed: Guest said she could not walk and pain in her body.		Describe any action taken by staff: Guest asked staff to call 911
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police:
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 9:20am Time Arrived: 9:35am		Name of Police Officer/Badge No.: E #7-8
		Where was the client taken: SFGH
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		3/8/19
Person Who Completed Report <i>(please print)</i>		Denise Bradford
Agency Name/Location/Phone <i>(please print)</i>		DCNC 224 South Van Ness 415-268-4004
Supervisor Name and Phone		Denise Bradford 415 268-4004 ext 514



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
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SUPPORTIVE HOUSING

Jeff Kositsky
Director

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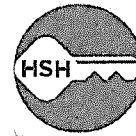
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
3/8/2019	7:15pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
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DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

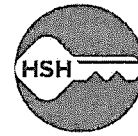
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Tiffany Jones

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A stated that he was having a hard time breathing after dinner, 911 was called at 7:15pm.		
Ambulance arrived at 7:20pm and client A was taken to the hospital.		
Describe any injuries observed: None		Describe any action taken by staff: 911 was called
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: Client A was taken to hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:15pm Time Arrived: 7:20pm		Name of Police Officer/Badge No.: E#36 Where was the client taken: Unknown
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		3/11/19
Person Who Completed Report <i>(please print)</i>		Linliang Situ
Agency Name/Location/Phone <i>(please print)</i>		DCNC/224 S Van Ness/415-268-4004
Supervisor Name and Phone		Linliang Situ/415-268-4004 ext.514



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
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Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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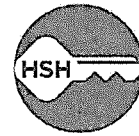
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Date of Incident:	Time Incident Occurred:	Type of Incident:
3/9/2018	Approx.. 3:15am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
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Jeff Kositsky
Director

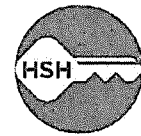
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Larry Braynen

CONFIDENTIAL

		Larry Mobley
		Felton Watson
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
While performing a dorm check I was called over by Guest A and asked to call an ambulance. Guest A complained of having severe stomach pains. 911 was called and Guest A was taken to the hospital.		
Describe any injuries observed: No injuries observed	Describe any action taken by staff: Staff observed Guest until paramedics arrived	
<input type="checkbox"/> Check if police were involved Time Called: N/A Time Arrived: N/A	Describe what actions were performed by the Paramedics or Police: Paramedics were already Familiar with Guest A and took her to the hospital.	
<input checked="" type="checkbox"/> involved Medic 59Check if paramedics were involved Time Called: approx. 3:15am Time Arrived: approx. 3:25 am	Name of Police Officer/Badge No.: N/A Where was the client taken: Guest was taken to St. Mary's hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/11/19	
Person Who Completed Report (please print)	Larry Braynen	
Agency Name/Location/Phone (please print)	SVDP/224 S.Van Ness S.F. CA/415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004/ext. 514	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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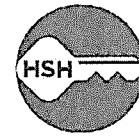
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Date of Incident:	Time Incident Occurred:	Type of Incident:
3/9/2019	11:15am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



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City & County of San Francisco



DEPARTMENT OF
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SUPPORTIVE HOUSING

Jeff Kositsky
Director

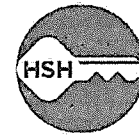
Client C.		
Names of Reporting Staff	Denise Bradford	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Denise Bradford

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A came to the front desk and stated that he had a procedure done at the hospital and that he felt his bandages were leaking fluid or blood from the left side of his buttocks.		
Describe any injuries observed:		Describe any action taken by staff: 911 were called for him.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police:
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 11:15am Time Arrived: 11:46am		Name of Police Officer/Badge No.: Where was the client taken: Davies Campos
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		3/11/19
Person Who Completed Report <i>(please print)</i>		Denise Bradford
Agency Name/Location/Phone <i>(please print)</i>		DCNC
Supervisor Name and Phone		Denise Bradford 415 268-4004 Ext514



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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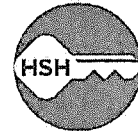
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- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
3/10/2019	1:30pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

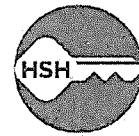
Client C.		
Names of Reporting Staff	Denise Bradford	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Marlene Cowherd

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A asked us to call 911 because he wasn't feeling well. He was complaining of pain all over his body and wasn't able to move.		
Describe any injuries observed:		Describe any action taken by staff:
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police:
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 1:30pm Time Arrived: 1:50pm		Name of Police Officer/Badge No.: Where was the client taken: SFGH
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/11/19	
Person Who Completed Report <i>(please print)</i>	Denise Bradford	
Agency Name/Location/Phone <i>(please print)</i>	DCNC 224 South Van ness	
Supervisor Name and Phone	Denise Bradford 415-268-4004 Ext 514	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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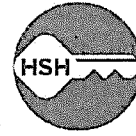
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Date of Incident:	Time Incident Occurred:	Type of Incident:
3/12/2019	08/21/19	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
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Jeff Kositsky
Director

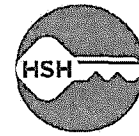
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Mary Jones

CONFIDENTIAL

		David Albizo
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest A asked staff for an ambulance as he could not walk. It appeared that Guest A had		
some swelling on his left foot and calf area. Paramedics arrived and took Guest A to the		
Hospital.		
Describe any injuries observed: There appeared to be swelling on the left foot and calf.	Describe any action taken by staff: Staff reported the issue to me, the supervisor, and I determined that medical attention was need.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Paramedics observed the foot and calf area and took Guest A to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved EMT 78 Time Called: 8:21am Time Arrived: 8:39am	Name of Police Officer/Badge No.: N/A Where was the client taken: Guest A was taken to San Francisco General Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	03/12/19	
Person Who Completed Report (please print)	Larry Braynen	
Agency Name/Location/Phone (please print)	SVDP/224 S. Van Ness SF Ca./415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004 ext. 514	



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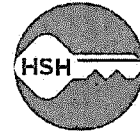
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Date of Incident:	Time Incident Occurred:	Type of Incident:
3/16/2019	9:25AM	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN		
Client A.		
Client B.		



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City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

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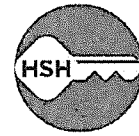
Client C.		
Names of Reporting Staff	Alma Martinez	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Alma Martinez

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A complained that she had a severe stomach pain.		
Describe any injuries observed: She is pregnant and she's complain for stomach pain	Describe any action taken by staff: Contacted San Francisco Fire Department	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Take SF GENERAL HOSPITAL	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 9:27 am Time Arrived: 9:35 am	Name of Police Officer/Badge No.: #51 Where was the client taken: Sf. General Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/18/19	
Person Who Completed Report (please print)	Alma Martinez	
Agency Name/Location/Phone (please print)	DCNC/224 S. Van Ness Ave/ 415-268-4004	
Supervisor Name and Phone	Alma Martinez 415-268-4004 ext 514	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
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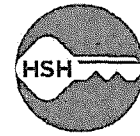
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Date of Incident:	Time Incident Occurred:	Type of Incident:
3/16/2019	10:35pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



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City & County of San Francisco



DEPARTMENT OF
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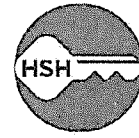
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Domingo Mercado

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A came to the front desk and stated that her wound hurt and that she couldn't suffer anymore, so we called 911 at 10:35pm.		
The ambulance arrived at 10:55pm and client A was taken to the hospital.		
Describe any injuries observed: None	Describe any action taken by staff: 911 was called	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client A was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 10:35pm Time Arrived: 10:55pm	Name of Police Officer/Badge No.: E#83 Where was the client taken: St. Mary's hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/18/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



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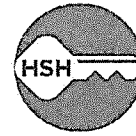
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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
3/27/2019	10:15	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

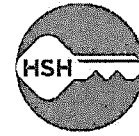
Client C.		
Names of Reporting Staff	Truenetta Webb	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Truenetta Webb

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest A was in the bed area crying and saying “call the paramedics, I’m in pain” so 911 was called.		
Describe any injuries observed: Swelling at the leg	Describe any action taken by staff: staff called 911	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: They checked her leg and took her to the hospital	
<input checked="" type="checkbox"/> <input type="checkbox"/> Check if paramedics were involved Time Called: 10:15 Time Arrived: 10:25	Name of Police Officer/Badge No.: medic #118 Where was the client taken: St Mary Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/27/19	
Person Who Completed Report <i>(please print)</i>	Truenetta Webb	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S. Van Ness Ave/ 415-268-4004	
Supervisor Name and Phone	Truenetta Webb 415-268-4004 ext. 514	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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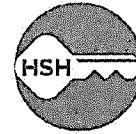
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Date of Incident:	Time Incident Occurred:	Type of Incident:
3/28/2019	1:00AM	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

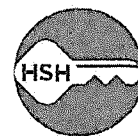
Client C.		
Names of Reporting Staff	David Albizo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		David Albizo

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest A came to the front desk and reported a high fever. Guest had been at San Francisco		
General Hospital and Haight Ashbury Free Clinic for treatment of abscess on right wrist		
and infections on shin areas of both the right and left legs on 3/27/19. Medic 75 responded		
and transported guest to UCSF for further evaluation.		
Describe any injuries observed: Abscess on right wrist, infections on shin areas of right and left legs.	Describe any action taken by staff: 911 was called.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: SFFD Medic 75 responded, evaluated and took guest to UCSF	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 1:00AM Time Arrived: 1:10AM	Name of Police Officer/Badge No.: Where was the client taken: UCSF	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/28/19	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/ 224 S. Van Ness Ave/ (415) 268-4004	
Supervisor Name and Phone	Alma Martinez (415) 268-4004 x514	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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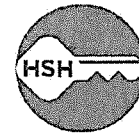
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Date of Incident:	Time Incident Occurred:	Type of Incident:
4/1/2019	6:25pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

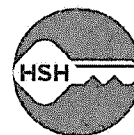
Client C.		
Names of Reporting Staff	David Albizo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Tiffany Garrett

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest A advised that he had taken drugs earlier in the day and was having a bad reaction.		
911 was called and SFFD Medic 65 was dispatched to the scene. Guest was evaluated and transported to hospital for further evaluation.		
Describe any injuries observed: No visible injuries. Client had bad reaction due to acid use.	Describe any action taken by staff: Called 911 for further evaluation of guest.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Guest was evaluated and transported to hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 6:25pm Time Arrived: 6:40pm	Name of Police Officer/Badge No.: Where was the client taken: Unknown	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/2/19	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S. Van Ness Ave/ 415-268-4004	
Supervisor Name and Phone	Magda Baltodano (415) 268-4004 ext. 514	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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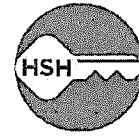
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
4/10/2019	6:30pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

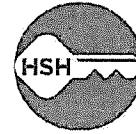
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Truenetta Webb

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A came to the front desk and stated that she was experiencing back and chest pain, we called 911 for her at 6:30pm.		
The ambulance E#36 arrived at 6:37pm and client was taken to hospital at 6:50pm.		
Describe any injuries observed: None	Describe any action taken by staff: 911 was called	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 6:30pm Time Arrived: 6:37pm	Name of Police Officer/Badge No.: E#36 Where was the client taken: St. Mary	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/11/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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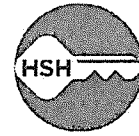
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Date of Incident:	Time Incident Occurred:	Type of Incident:
4/12/2019	3:19am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

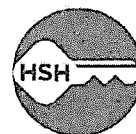
Client C.		
Names of Reporting Staff	David Albizo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Larry Mobley, David Albizo

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest A reported difficulty breathing, due to asthmatic condition. Guest was monitored		
by a staff member for any worsening of his condition until medics arrived. SFFD Engine 36		
and SFFD Medic 71 arrived on scene, evaluated, and transported guest to CPMC – Bernal.		
Medics in ambulance said that guest became verbally abusive and SFPD was called.		
Call to SFPD was cancelled, after guest began to cooperate.		
Describe any injuries observed: None. Guest having problems breathing	Describe any action taken by staff: Staff monitored guest for any worsening of condition until SFFD arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: SFFD Engine 36 and Medic 71 arrived on scene and transported guest to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 3:19 Time Arrived: 3:25	Name of Police Officer/Badge No.: N/A Where was the client taken: California Pacific Medical Center SF Ca	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4-12-19	
Person Who Completed Report (please print)	David Albizo	
Agency Name/Location/Phone (please print)	DCNC/224 S. Van Ness Ave/415 268-4004	
Supervisor Name and Phone	Lawrence Braynen (415) 268-4004 x514	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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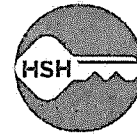
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Date of Incident:	Time Incident Occurred:	Type of Incident:
4/12/2019	3:30am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

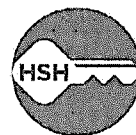
Client C.		
Names of Reporting Staff	David Albizo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Terrance Smith

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest A was reporting extreme pain to right leg area where amputation was performed		
two years ago. Guest was brought to the front desk until medics arrived. AMR – Unit 120		
arrived on scene, evaluated guest and transported to St. Mary's for further evaluation.		
Describe any injuries observed: Possible infection to amputation site of right leg.	Describe any action taken by staff: Staff monitored guest until paramedics arrived.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived: N/A	Describe what actions were performed by the Paramedics or Police: Asked a few questions and took Guest away	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 3:30 Time Arrived: 3:49	Name of Police Officer/Badge No.: N/A Where was the client taken: Guest was transported to St. Mary's Hospital for further evaluation.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	4/12/19	
Person Who Completed Report <i>(please print)</i>	David Albizo	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/ 224 S. Van Ness SF CA/ 415-268-4004	
Supervisor Name and Phone	Lawrence Braynen (415) 268-4004 x514	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
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Director

San Francisco Housing and Homeless Division Report of Critical Incident

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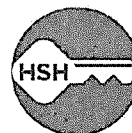
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Date of Incident:	Time Incident Occurred:	Type of Incident:
2/1/2019	7:00 pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
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Jeff Kositsky
Director

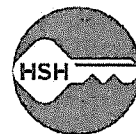
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Monica Cobbins

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
At 7:00 pm, staff Monica reported client A had argument with client B, I went to checked,		
client A was cursing client B and staff, I told her need to calm down or go out to cool down,		
but client A still no stop, so we called 911. At 8:35 pm, 2 officers arrived, client A finally calm and want to have a second chance, so I told her not to do it again and she stated understood.		
Describe any injuries observed: None observed	Describe any action taken by staff: 911 was called, and we tried to calm client down	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 7:05 pm Time Arrived: 8:35 pm	Describe what actions were performed by the Paramedics or Police: Officers leave when they saw client calm down	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: McCarter/4187 Where was the client taken:	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/4/19	
Person Who Completed Report (please print)	Linliang Situ	
Agency Name/Location/Phone (please print)	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext. 514	



Mayor London Breed
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DEPARTMENT OF
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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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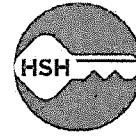
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Date of Incident:	Time Incident Occurred:	Type of Incident:
2/2/2019	7:00 pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
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SUPPORTIVE HOUSING

Jeff Kositsky
Director

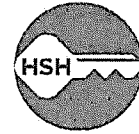
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Domingo Mercado

CONFIDENTIAL

		Tiffany Garrett
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
At 7:00 pm, staff Domingo told me that client A need the ambulance, I went to checked and		
found client A was crying by suffering the pains, client A stated she has pains of her		
kidney, client A said she had kidney stone and she just came back from the hospital but she		
didn't get any medicines for it, now she can't suffer from the pain anymore, so she need to		
go to hospital again.		
Describe any injuries observed:	Describe any action taken by staff: 911 was called	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:07 pm Time Arrived: 7:13 pm	Name of Police Officer/Badge No.: E#36 & King 140 Where was the client taken: Unknown	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/4/19	
Person Who Completed Report (please print)	Linliang Situ	
Agency Name/Location/Phone (please print)	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



Mayor London Breed
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SUPPORTIVE HOUSING

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Director

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INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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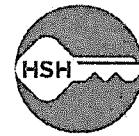
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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
2/5/2019	5:00am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

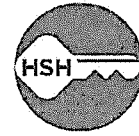
Client C.		
Names of Reporting Staff	Larry Braynen	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		David Albizo

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest A fell out of his bed flat on his face. For fifteen or so minutes, Guest A refused to go		
To the hospital. After encouraging Guest A to at least let medical staff come out to take a look at him, he agreed.		
Guest has a six inch cut on his lip that we couldn't stop bleeding.		
911 was called and Guest allowed them to take him to the hospital.		
Describe any injuries observed: Cut on his lip	Describe any action taken by staff: Staff provided paper towels to apply pressure on the cut per 911 instructions	
<input type="checkbox"/> Check if police were involved Time Called: NA Time Arrived: NA	Describe what actions were performed by the Paramedics or Police: Paramedics arrived and took him to UCSF	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 5:00am Time Arrived: 5:15am	Name of Police Officer/Badge No.: Where was the client taken: UCSF	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/5/19	
Person Who Completed Report <i>(please print)</i>	Larry Braynen	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/ 224 S. Van Ness SF CA/ 415-268-4004	
Supervisor Name and Phone	Larry Braynen 415-268-4004 ext. 514	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
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Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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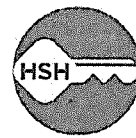
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Date of Incident:	Time Incident Occurred:	Type of Incident:
2/9/2019	Approx. 2:55am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
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Jeff Kositsky
Director

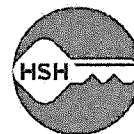
Client C.		
Names of Reporting Staff	Larry Braynen	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Felton Watson

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
On February 9, 2019 at approximately 2:50am I was summons to the Dorm area. When I arrived I was told by staff that Guest A was requesting an ambulance and wanted to go to the hospital. I asked Guest A what was wrong and Guest A stated that they was having a hard time breathing. I instructed dorm staff to stay with Guest A, front desk to call 911 and I proceeded outside to meet the paramedics. As I was going outside a rescue unit arrived. I led them to the Guest, they asked some vital questions and took her away.		
Describe any injuries observed: No injuries observed	Describe any action taken by staff: Guest was observed and made comfortable until paramedics arrived.	
<input type="checkbox"/> Check if police were involved Time Called: N/A Time Arrived: N/A	Describe what actions were performed by the Paramedics or Police: Paramedics asked questions and took Guest A away	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: approx.. 2:55am Time Arrived: 2:59am	Name of Police Officer/Badge No.: N/A Where was the client taken: Guest was taken to San Francisco General Hospital.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/11/19	
Person Who Completed Report <i>(please print)</i>	Larry Braynen	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/224 S. Van Ness S.F CA./415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004 ext 514	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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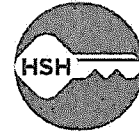
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Date of Incident:	Time Incident Occurred:	Type of Incident:
2/9/2019	6:47 pm	<u>Violence</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
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Jeff Kositsky
Director

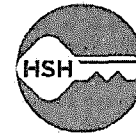
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
	Richard York	Madame Philip

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
At 6:47pm, client B had an argument with client C in community area, client B punched client C's face and left, client A was sitting in front of them so he saw everything.		
At 6:50pm, client B came back to the community area, client A became very aggressive and tried to fight client B, I (Linliang Situ) told him to go out, but client A refused and picked up a chair threw it at client B. Two officers (called by client before) saw this, they took client A to the police station until he calmed down. And the officers called ambulance for client C.		
Client A left after he got the DOS notice.		
Client B was taken to the police station after he got the DOS notice.		
Client C was taken to hospital.		
Case Number of SFPD: 190100580.		
Describe any injuries observed:	Describe any action taken by staff: Client A was DOS for rule#A1 Client B was DOS for rule#A2	
<input checked="" type="checkbox"/> Check if police were involved Time Called: Unknown Time Arrived: 6:45pm	Describe what actions were performed by the Paramedics or Police: Client B was taken to police station, Client C was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: Unknown Time Arrived: 7:00pm	Name of Police Officer/Badge No.: Ma/1249 Where was the client taken: Unknown	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/11/19	
Person Who Completed Report (please print)	Linliang Situ	
Agency Name/Location/Phone (please print)	DCNC/224 S Van Ness/415-269-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



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San Francisco Housing and Homeless Division Report of Critical Incident

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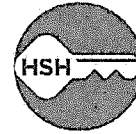
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Date of Incident:	Time Incident Occurred:	Type of Incident:
2/11/2019	9:10pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



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DEPARTMENT OF
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Director

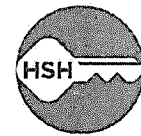
Client C.		
Names of Reporting Staff	TRUENETTA WEBB	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Trevor Evans

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Staff said guest had been in bed all day and he started to throw up and asked staff to call 911.		
Describe any injuries observed:		Describe any action taken by staff: Staff sat with guest until paramedics came
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: Helped guest get out of bed
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called:9:10pm Time Arrived:9:30pm		Name of Police Officer/Badge No.14 Where was the client taken UCSF
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		2/13/19
Person Who Completed Report <i>(please print)</i>		Truennetta Webb
Agency Name/Location/Phone <i>(please print)</i>		DCNC/224 SOUNTH VANNESS/415 268-4004
Supervisor Name and Phone		TRUENETTA WEBB/415 268-4004 EXT.514



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
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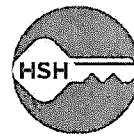
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Date of Incident:	Time Incident Occurred:	Type of Incident:
2/12/2019	Approx. 3:21am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
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Director

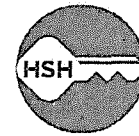
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Daniel Harris-Lucas

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
On February 12, 2019 at approximately 3:21am I received a call over the radio that Guest		
A was requesting an ambulance . I responded to Guest A's bed and Guest A requested		
an ambulance. Guest A was experiencing some extensive pain in the leg area. 911 was		
Called. Paramedics arrived shortly after the call and Guest A was taken to St. Francis		
Hospital.		
Describe any injuries observed: No injuries were observed	Describe any action taken by staff: Staff called the supervisor of the shift and 911 was called	
<input type="checkbox"/> Check if police were involved Time Called: N/A Time Arrived: N/A	Describe what actions were performed by the Paramedics or Police: Paramedics looked at Guest A's leg put her on the gurney and took her away.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: approx. 3:25am Time Arrived: approx. 3:30am	Name of Police Officer/Badge No.: N/A Where was the client taken: Guest A was taken to St. Francis Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/12/19	
Person Who Completed Report <i>(please print)</i>	Larry Braynen	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/224 S. Van Ness S.F. CA/415-268-4004	
Supervisor Name and Phone	Larry Braynen 415-268-4004 ext. 514	



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San Francisco Housing and Homeless Division Report of Critical Incident

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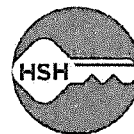
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Date of Incident:	Time Incident Occurred:	Type of Incident:
2/13/2019	7:00am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



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DEPARTMENT OF
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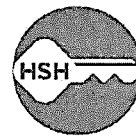
Client C.		
Names of Reporting Staff	Larry Braynen	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Daniel Harris-Lucas

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest A began vomiting in the men's dorm. Guest appeared to be very sick so 911 was called.		
Describe any injuries observed: None	Describe any action taken by staff: Staff called 911 and followed the instructions given until paramedics arrived	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Helped guest get out of bed	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called:7:06am Time Arrived:7:22am	Name of Police Officer/Badge No. Where was the client taken SF General	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/14/19	
Person Who Completed Report <i>(please print)</i>	Larry Braynen	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 SOUNTH VANNESS/415 268-4004	
Supervisor Name and Phone	TRUENETTA WEBB/415 268-4004 EXT.514	



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Director

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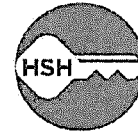
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Date of Incident:	Time Incident Occurred:	Type of Incident:
2/13/2019	4:55pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



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DEPARTMENT OF
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SUPPORTIVE HOUSING

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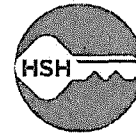
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Truennetta Webb

CONFIDENTIAL

		Suritha Tucker
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
At 4:55pm, client A continued to be disruptive toward case manager supervisor Cecily, I told her to go out for a walk to calm down but she refused, so we called 911. 2 officers arrived at 5:30pm, we talked with client A and she promised not to continue this behavior, so I gave her a second chance. At 7:51pm, staff Suritha reported that client A was passed out by her bed, we called 911 for her again, and paramedics arrived at 7:57pm, client A was taken to the hospital.		
Describe any injuries observed: none	Describe any action taken by staff: 911 was called for Client A	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 4:55pm Time Arrived: 5:30pm	Describe what actions were performed by the Paramedics or Police: Client was taken to the hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:51pm Time Arrived: 7:57pm	Name of Police Officer/Badge No.: Portillo/1276 Ambulance#64 Where was the client taken: Unknown	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/14/19	
Person Who Completed Report (please print)	Linliang Situ	
Agency Name/Location/Phone (please print)	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



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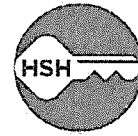
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Date of Incident:	Time Incident Occurred:	Type of Incident:
2/14/2019	5:30pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



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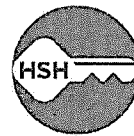
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Madame Phillips

CONFIDENTIAL

		Trevor Evans
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A was continuing to be disruptive toward other guests and staff.		
Client A threw her medicines at staff Madame in the dorm area. Client A then began yelling at another		
guest who had argument with her before. Client A kicked the door of the conference room		
and began arguing with Case Managers. Client A was DOS for rule#A2: Act of Violence, but she refused to leave, when I (Linliang Situ) blocked her way to the dorm area, she pushed me. 911 was called, 4 officers arrived and escorted her out.		
Describe any injuries observed: None	Describe any action taken by staff: Client A was DOS for rule#A2 911 was called	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 5:35pm Time Arrived: 6:04pm	Describe what actions were performed by the Paramedics or Police: Guest was escorted out by the officers	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Cooke/#4020 Where was the client taken: Unknown	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/15/19	
Person Who Completed Report (please print)	Linliang Situ	
Agency Name/Location/Phone (please print)	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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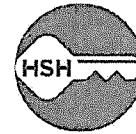
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
2/14/2019	7:00pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

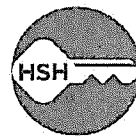
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Madame Phillips

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
At 7:00pm, staff Madame reported that bed bugs were found on bed#27, I (Linliang Situ)		
went to check and saw many bugs on client A's bed and her clothes, but client A was not in		
the facility, so I bagged up her clothes with linen and discarded them.		
At 9:55pm, client A came back, I told her the situation, client A stated she understood, so		
we called an ambulance for her and client A was taken to the hospital at 10:10pm.		
Describe any injuries observed: None	Describe any action taken by staff: 911 was called	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client A was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 9:55pm Time Arrived: 10:04pm	Name of Police Officer/Badge No.: E#81 Where was the client taken: SFGH	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/15/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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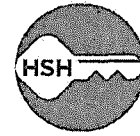
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Date of Incident:	Time Incident Occurred:	Type of Incident:
2/15/2019	3:00am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

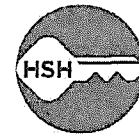
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Larry Braynen

CONFIDENTIAL

		David Albizo
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest A complained of having stomach issues and that his colostomy bag was full and he didn't have a replacement. I called HOT transport and they only transport from and not to the hospital. I then called 911 and explained the situation and they were kind enough to dispatch a Medical Unit.		
Describe any injuries observed: No injuries observed	Describe any action taken by staff: Staff allowed Guest A to take and shower and gave him clean clothing.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Guest A was taken outside in the Paramedics vehicle and accessed for quite a while before taking him to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 3:00am Time Arrived: 3:10am	Name of Police Officer/Badge No.: N/A	
	Where was the client taken: San Francisco General Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/15/19	
Person Who Completed Report (please print)	Larry Braynen	
Agency Name/Location/Phone (please print)	SVDP/224 South Van Ness SF Ca 415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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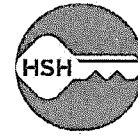
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/19/2019	4:15am	Other Emergency Services	
Navigation Center Name	Division Circle Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			



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City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

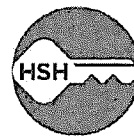
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Larry Braynen

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Guest A came to the front desk and asked us to call 911 because he was having trouble		
breathing. He explained that he has asthma and couldn't find his inhaler. Firemen		
arrived shortly and then called paramedics in the Medic Vehicle. The Medic Vehicle		
arrived and took Guest A to the hospital.		
Describe any injuries observed: No injuries observed	Describe any action taken by staff: We had Guest remain at the front desk so we could watch him until paramedics arrived	
<input type="checkbox"/> Check if police were involved Time Called: N/A Time Arrived: N/A	Describe what actions were performed by the Paramedics or Police: Guest was accessed and taken to SF General	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: Approx. 4:15am Time Arrived: Apprx. 4:20am	Name of Police Officer/Badge No.: N/A	
	Where was the client taken: Guest was taken to San Francisco General Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	2/19/19	
Person Who Completed Report (please print)	Larry Braynen	
Agency Name/Location/Phone (please print)	SVDP/224 S. Van Ness SF Ca/415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004 ext. 514	



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City & County of San Francisco



DEPARTMENT OF
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SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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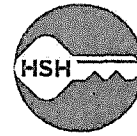
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- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
2/20/2019	11:35pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

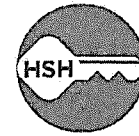
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Truennetta Webb

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A came to the front desk and stated that he felt pains around his wound for a couple days, he asked staff to call the paramedics.		
Describe any injuries observed:		Describe any action taken by staff: 911 was called
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: Client A was taken to hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 11:35pm Time Arrived: 11:45pm		Name of Police Officer/Badge No.: AMR 116 Where was the client taken: St. Luke
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		2/21/19
Person Who Completed Report <i>(please print)</i>		Linliang Situ
Agency Name/Location/Phone <i>(please print)</i>		DCNC/224 S Van Ness/415-268-4004
Supervisor Name and Phone		Linliang Situ/415-268-4004 ext.514



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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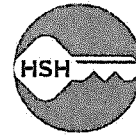
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- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
3/1/2018	12:30pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

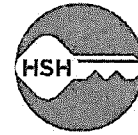
Client C.		
Names of Reporting Staff	Luafa Milo	
Names of Witnesses:	Client Witnesses	Staff Witnesses

CONFIDENTIAL

		Keyanna Hobson
		Dale Jacobs
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Body lice were found on Client A 2/27/19. Client was sent to hospital and came back with proof that she received treatment. This morning, lice were found on bed. Ambulance came and picked up client and transported to hospital.		
Describe any injuries observed:		Describe any action taken by staff: Called ambulance
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police:
<input type="checkbox"/> Check if paramedics were involved Time Called: 12:30pm Time Arrived: 12:45pm		Name of Police Officer/Badge No.: Medic. 86 Where was the client taken: San Francisco General Hospital
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/1/19	
Person Who Completed Report (please print)	Luafa Milo	
Agency Name/Location/Phone (please print)	DCNC/224 S Van Ness Avenue/415-268-4004	
Supervisor Name and Phone	Luafa Milo, 415-268-4004 ext. 514	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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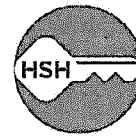
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Date of Incident:	Time Incident Occurred:	Type of Incident:
3/5/2019	10:45pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

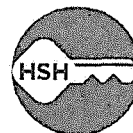
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Truennetta Webb

CONFIDENTIAL

		Suritha Tucker
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
At 10:45pm, client A stated he felt uncomfortable and needed the paramedics, 911 was called. Client A went to shower and used hot water to rinse his hands, but couldn't describe what he was feeling. Ambulance E#79 arrived at 11:05pm, client A was taken to CPMC at 11:10pm.		
Describe any injuries observed: None	Describe any action taken by staff: 911 was called Client A was escorted to front desk	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client A was taken to the hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 10:45pm Time Arrived: 11:05pm	Name of Police Officer/Badge No.: E#79 Where was the client taken: CPMC	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/6/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



Mayor London Breed
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DEPARTMENT OF
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SUPPORTIVE HOUSING

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Director

San Francisco Housing and Homeless Division Report of Critical Incident

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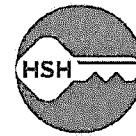
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Date of Incident:	Time Incident Occurred:	Type of Incident:
3/6/2019	8:45pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

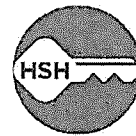
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Truennetta Webb

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A stated he had a lot of pains all throughout his body and couldn't suffer anymore.		
He asked me to call the paramedics, so I called 911 for him and the ambulance arrived at 8:55pm. Client A was taken to SFGH.		
Describe any injuries observed: None	Describe any action taken by staff: 911 was called	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client A was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 8:45pm Time Arrived: 8:55pm	Name of Police Officer/Badge No.: King#3 Where was the client taken: SFGH	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	3/7/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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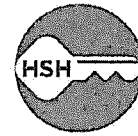
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Date of Incident:	Time Incident Occurred:	Type of Incident:
12/29/2018	11:30 PM	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
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SUPPORTIVE HOUSING

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Director

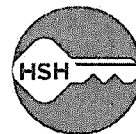
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Truenetta

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client was found lying on the floor of community area, 911 was called at 11:30 pm, we		
called 911 for him. Client said he didn't need the paramedics when we calling 911, but		
911		
operator said client need to be examine. 2 ambulances arrived at 11:36pm, the		
paramedics		
checked client and leave.		
Describe any injuries observed:	Describe any action taken by staff: 911 was called	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client was examined by the paramedics	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 11:31 pm Time Arrived: 11:36 pm	Name of Police Officer/ Badge No.: E# 36 & 94 Where was the client taken:	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1.10.19	
Person Who Completed Report (please print)	Linliang Situ	
Agency Name/Location/Phone (please print)	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



Mayor London Breed
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Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

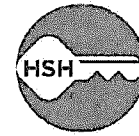
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
1/9/2019	9:05 PM	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

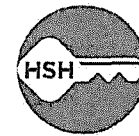
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Jose

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client was asked staff to call paramedics for him, client stated he can't move his leg 2 days.		
Describe any injuries observed:		Describe any action taken by staff: 911 was called
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: Paramedics checked with client
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 9:05 pm Time Arrived: 9:20 pm		Name of Police Officer/Badge No.: E#93 Where was the client taken: Client refused go to hospital
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		1/10/19
Person Who Completed Report <i>(please print)</i>		Linliang Situ
Agency Name/Location/Phone <i>(please print)</i>		DCNC/224 S Van Ness/415-268-4004
Supervisor Name and Phone		Linliang Situ/415-268-4004 ext.514



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

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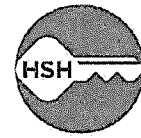
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Date of Incident:	Time Incident Occurred:	Type of Incident:
1/12/2019	7:00 PM	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
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Director

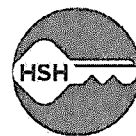
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Trevor

CONFIDENTIAL

		India
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client had a hard time for breathing, his face color was changed, and he asked staff to call paramedics for him.		
Describe any injuries observed:	Describe any action taken by staff: 911 was called	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:00 pm Time Arrived: 7:03 pm	Name of Police Officer/Badge No.: E# 88 Where was the client taken: Unknow	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/14/19	
Person Who Completed Report (please print)	Linliang Situ	
Agency Name/Location/Phone (please print)	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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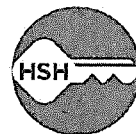
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Date of Incident:	Time Incident Occurred:	Type of Incident:
1/12/2019	10:27 PM	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
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Jeff Kositsky
Director

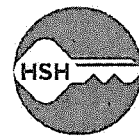
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Trevor

CONFIDENTIAL

		India
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client came to me stated he was throw up and feeling stomach pains for 4 hours, he need Paramedics to help him.		
Describe any injuries observed:	Describe any action taken by staff: 911 was called	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Client was taken to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 10:27 pm Time Arrived: 10:36 pm	Name of Police Officer/Badge No.: King 3 Where was the client taken: Unknow	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/14/19	
Person Who Completed Report <i>(please print)</i>	Linliang Situ	
Agency Name/Location/Phone <i>(please print)</i>	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



Mayor London Breed
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DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

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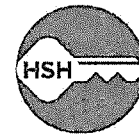
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Date of Incident:	Time Incident Occurred:	Type of Incident:
1/15/2019	12:17AM	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
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Jeff Kositsky
Director

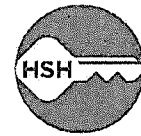
Client C.		
Names of Reporting Staff	Luafa Milo	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Malikka Sanders

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client was found lying on the couch conscious but unable to move or speak. Client		
Was able to speak and move after rubbing his chest, 911 was called immediately.		
Describe any injuries observed:	Describe any action taken by staff: Staff stayed with client until paramedics arrive.	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police:	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 12:17AM Time Arrived: 12:27AM	Name of Police Officer/Badge No.: Engine 36/Medic 86 Where was the client taken: Unknown	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/15/19	
Person Who Completed Report (please print)	Luafa Milo	
Agency Name/Location/Phone (please print)	Division Circle Nav Center/224 S. Van Ness/415.268-4004	
Supervisor Name and Phone	Luafa Milo/415.268-4004	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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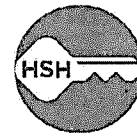
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Date of Incident:	Time Incident Occurred:	Type of Incident:
1/15/2019	8:15am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

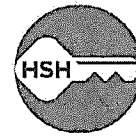
Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Linliang Situ

CONFIDENTIAL

		Larry
		India
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client came to front desk and asked to pick up his property in storage. I, (Linliang Situ) checked the discarded property log and found his property had already been discarded.		
Client did not believe me, so I informed him to check in with manager tomorrow, but client		
Refused to leave. 911 was called so the officers could escort client out at 8:20am.		
Client left at 9:30pm before the officers arrived so 911 was cancelled.		
Describe any injuries observed:	Describe any action taken by staff: 911 was called at 8:20pm but cancelled because client left.	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 8:15pm Time Arrived:	Describe what actions were performed by the Paramedics or Police:	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.:	
	Where was the client taken:	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/16/19	
Person Who Completed Report (please print)	Linliang Situ	
Agency Name/Location/Phone (please print)	DCNC/ 224 S. Van Ness/ 415-268-4004	
Supervisor Name and Phone	Linliang Situ/ 415-268-4004 ext. 514	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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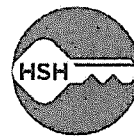
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Date of Incident:	Time Incident Occurred:	Type of Incident:
1/16/2019	4:15 PM	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

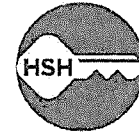
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Fagis Carter

CONFIDENTIAL

		Johnny Thurman
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client was found had a hard time for breathing on his bed, and he stated he feeling chest		
pains.		
Describe any injuries observed:		Describe any action taken by staff: 911 was called
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: Client was taken to hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 4:15 pm Time Arrived: 4:20 pm		Name of Police Officer/Badge No.: E# 6 Where was the client taken: CPMC
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		1/17/19
Person Who Completed Report (please print)		Linliang Situ
Agency Name/Location/Phone (please print)		DCNC/224 S Van Ness/415-268-4004
Supervisor Name and Phone		Linliang Situ/415-268-4004 ext.514



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
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San Francisco Housing and Homeless Division Report of Critical Incident

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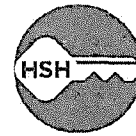
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Date of Incident:	Time Incident Occurred:	Type of Incident:
1/16/2019	10:50 PM	Violence
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

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Director

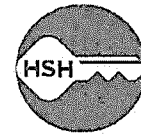
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Larry Mobley

CONFIDENTIAL

		Jose Ortega
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
At 10:50pm, client A was very drunk and yelling at dorm area, staff Larry reported to me,		
I (Linliang Situ) asked client A to leave for cool down, but client A refused, so we called 911		
at 10:55pm to involved the officers to escorted him out. But client became lost control, he got up and punched locker, and he tried to attacked client B, client B pushed client A for defense. 6 officers arrived at 11:03pm, they escorted client A out. And I informed client A		
he was DOS for rule#2, he didn't sign the DOS notice and didn't request the hearing.		
Describe any injuries observed:	Describe any action taken by staff: 911 was called	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 10:55 PM Time Arrived:11:03 PM	Describe what actions were performed by the Paramedics or Police: Guest was escorted out	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Sandoval/ #1499 Where was the client taken: Unknown	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/17/19	
Person Who Completed Report (please print)	Linliang Situ	
Agency Name/Location/Phone (please print)	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004	



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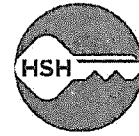
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Date of Incident:	Time Incident Occurred:	Type of Incident:
1/22/2019	Approx. 3:30am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



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DEPARTMENT OF
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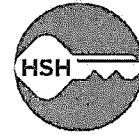
Client C.		
Names of Reporting Staff	Larry Braynen	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		David Albizo

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
I was called to the women's restroom where I saw Guest A laying on the floor		
Unconscious. I radioed the front desk to call 911. Staff David then administered the two		
Narcans that I had with me. I ran back to my office twice and five more Narcans were		
administer along with two narkan injections. Finally the paramedics arrived. Guest A		
was already conscious when paramedics arrived and was able to get up and get on the		
Gurney. Guest A was then taken to the hospital.		
Describe any injuries observed: Guest A was unconscious	Describe any action taken by staff: Narkan was administered until Guest was revived	
<input type="checkbox"/> Check if police were involved Time Called: N/A Time Arrived: N/A	Describe what actions were performed by the Paramedics or Police: Paramedics put Guest A on the gurney and took her to the hospital.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: N/A Where was the client taken: San Francisco General Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/22/19	
Person Who Completed Report (please print)	Larry Braynen	
Agency Name/Location/Phone (please print)	SVDP/Division Circle Nav Cntr/415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004 ext 514	



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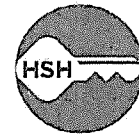
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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
1/23/2019	6:35pm	Arrests
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

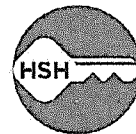
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Jose Ortella

CONFIDENTIAL

		Suritha Tucker
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
At 6:30 pm, Staff member Jose reported Client A and Client B were fighting together in the dorm area. I, (Linliang Situ) went to check and found staff had already separated them.		
Client A went out of the dorm area. I asked what happened, and staff Suritha reported that Client A said he would “knock the baby out” of Client C. So Client B came and stopped Client A from walking up to Client C.		
911 was called and 4 officers arrived at 6:40pm. They arrested Client A but Client A was		
Throwing up, so they called an ambulance for him and Client A was taken to the hospital.		
Describe any injuries observed:	Describe any action taken by staff: 911 was called	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 6:35pm Time Arrived: 6:40pm	Describe what actions were performed by the Paramedics or Police: Police arrested client A and called an ambulance for him.	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Chiu #1307 Where was the client taken: SFGH and officer said he would be taken to jail after the hospital.	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/24/19	
Person Who Completed Report (please print)	Linliang Situ	
Agency Name/Location/Phone (please print)	DCNC/224 S. Van Ness/ 415-268-4004	
Supervisor Name and Phone	Linliang Situ/ 415-268-4004 ext. 514	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

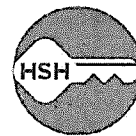
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
1/24/2019	11:00pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

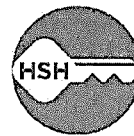
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Suritha Tucker

CONFIDENTIAL

		Trevor Millar
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A tried to slip in the facility at 11pm, I (Linliang Situ) informed him he was DOS		
yesterday so he can't come back and need to leave immediately, but client A refused and		
starting cursing me. 911 was called to involved the officers to escort him out, then he told		
me he want to ask another client to get his medicines and leave, so I checked the facility		
around but could not found the client he said. He went out at 11:18pm, 2 officers arrived		
at		
the same time, I told the officers client A was broke the rules so he cannot come back		
until the time of DOS over, and the officers went to talk with client A.		
Describe any injuries observed:	Describe any action taken by staff: 911 was called	
<input checked="" type="checkbox"/> Check if police were involved Time Called: 11:10pm Time Arrived: 11:18pm	Describe what actions were performed by the Paramedics or Police: The officers went to talk with him but didn't do anything else	
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Gilman/#483 Where was the client taken: Client still waiting outside after the officers leave	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/25/19	
Person Who Completed Report (please print)	Linliang Situ	
Agency Name/Location/Phone (please print)	DCNC/224 S Van Ness/415-268-4004	
Supervisor Name and Phone	Linliang Situ/415-268-4004 ext.514	



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

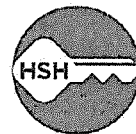
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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
1/25/2019	7:40pm	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

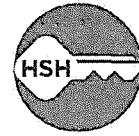
Client C.		
Names of Reporting Staff	Linliang Situ	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Domingo Mercado

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
At 7:40pm, client A asked staff Domingo to call the paramedics for him, client A stated he keep feeling pains of his leg and he can't suffer anymore, 911 was called at 7:42pm, 2 ambulances arrived at 7:49 pm, client A was taken to hospital.		
Describe any injuries observed:		Describe any action taken by staff: 911 was called
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police:
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:42pm Time Arrived: 7:49pm		Name of Police Officer/Badge No.: E36 & 52 Where was the client taken: Unknow hospital
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH		1/28/19
Person Who Completed Report <i>(please print)</i>		Linliang Situ
Agency Name/Location/Phone <i>(please print)</i>		DCNC/224 S Van Ness/415-268-4004
Supervisor Name and Phone		Linliang Situ/415-268-4004 ext.514



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

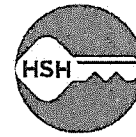
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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident:	Time Incident Occurred:	Type of Incident:
1/26/2019	7:00am	<u>Other Emergency Services</u>
Navigation Center Name	Division Circle Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:
Client A.		
Client B.		



Mayor London Breed
City & County of San Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

Client C.		
Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Daniel Harris-Lucas

CONFIDENTIAL

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
I received a call from staff in the women's dormitory informing me that Guest A was asking for an ambulance because she is out of her medication and feeling light headed. 911 was called. Guest A would not stay in the bed area as 911 instructed that we make Guest A comfortable where Guest A was and not move Guest A. Guest A decided to walk to the front desk area on there own. We made Guest A comfortable there until paramedics arrived.		
Describe any injuries observed: None observed	Describe any action taken by staff: Staff made Guest comfortable until paramedics arrived	
<input type="checkbox"/> Check if police were involved Time Called: N/A Time Arrived: N/A	Describe what actions were performed by the Paramedics or Police: Blood pressure and vitals were cchecked along with blood sugar	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:00am Time Arrived: 7:10am	Name of Police Officer/Badge No.: N/A Where was the client taken: San Francisco General Hospital	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	1/28/19	
Person Who Completed Report <i>(please print)</i>	Larry Braynen	
Agency Name/Location/Phone <i>(please print)</i>	SVDP/Division Circle Nav Cntr/415-268-4004	
Supervisor Name and Phone	Larry Braynen/415-268-4004 ext. 514	

Wong, Jocelyn (BOS)

From: Somera, Alisa (BOS)
Sent: Wednesday, June 12, 2019 10:36 AM
To: Peter Prows; Mchugh, Eileen (BOS)
Cc: HSHSunshine; Calvillo, Angela (BOS); GIVNER, JON (CAT); Ng, Wilson (BOS); BOS-Legislative Services; Yee, Norman (BOS)
Subject: RE: Appeal of CEQA Exemption Determination - Proposed Project at Seawall Lot 330
Attachments: CCSF 005764.pdf

Mr. Prows,

Your attached document will be included in the legislative file for the appeal hearing on the proposed project at Seawall Lot 330 (File No. 190611).

Leg Clerks... please add to the file. Thank you.

Alisa Somera

Legislative Deputy Director
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102
415.554.7711 direct | 415.554.5163 fax
alisa.somera@sfgov.org



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The [Legislative Research Center](#) provides 24-hour access to Board of Supervisors legislation, and archived matters since August 1998.

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---

**From:** Peter Prows [mailto:[pprows@briscoelaw.net](mailto:pprows@briscoelaw.net)]  
**Sent:** Tuesday, June 11, 2019 8:25 PM  
**To:** Mchugh, Eileen (BOS) <[eileen.e.mchugh@sfgov.org](mailto:eileen.e.mchugh@sfgov.org)>  
**Cc:** HSHSunshine <[HSHSunshine@sfgov.org](mailto:HSHSunshine@sfgov.org)>; Calvillo, Angela (BOS) <[angela.calvillo@sfgov.org](mailto:angela.calvillo@sfgov.org)>; GIVNER, JON (CAT) <[Jon.Givner@sfcityatty.org](mailto:Jon.Givner@sfcityatty.org)>; Ng, Wilson (BOS) <[wilson.l.ng@sfgov.org](mailto:wilson.l.ng@sfgov.org)>; BOS-Legislative Services <[bos-legislative\\_services@sfgov.org](mailto:bos-legislative_services@sfgov.org)>; Yee, Norman (BOS) <[norman.yee@sfgov.org](mailto:norman.yee@sfgov.org)>; Somera, Alisa (BOS) <[alisa.somera@sfgov.org](mailto:alisa.somera@sfgov.org)>  
**Subject:** Re: Appeal of CEQA Exemption Determination - Proposed Project at Seawall Lot 330

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Please also include the attached document, which relates to utilities and other issues, in the administrative record in this matter.



**PETER PROWS**

155 Sansome Street, Seventh Floor

San Francisco, California 94104

Direct: (415) 402-2708 Cell: (415) 994-8991

**From:** Friedman, Neil (PRT) <neil.friedman@sfport.com>  
**Sent:** Wednesday, March 20, 2019 10:25 AM  
**To:** Iwashita, Rod (PRT) <rod.iwashita@sfport.com>  
**Subject:** RE: Port Permits

---

Hi Rod-

I just had a phone conversation with Rachel Alonso at DPW about the SWL 330 project. I don't know about a 'list' of permits per se, but they will need building and encroachment permits and separate Fire permits for sprinklers, fire alarm system and tensile structures greater than 400 square feet. There is a time limit period of 180 days for tensile structures; I'll talk with Ken about that. Unlike the trailer mounted structures at the 25<sup>th</sup> Street Navigation center, these will be all tensile except for trailer mounted restroom/shower facilities.

They are under pressure to get the project going by May 15, in order to have it open by summertime.

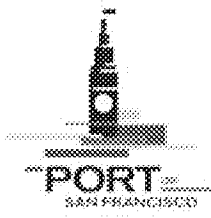
I was going to ask if I should give a 'heads up' to various engineering members that this is coming and that the project will have to be expedited? Rachel said that she would start sending their drawings as soon as possible and will likely schedule a pre-application meeting to discuss any issues.

They are already anticipating a problem with PG&E/PUC about power. At 25<sup>th</sup> Street, there was a month or more delay for the power, during which time a generator had to be used.

*Neil Friedman*

Chief Building Inspector  
Port of San Francisco  
*MA Architecture*

Desk: (415) 274-0564  
Fax: (415) 732-0420  
[Neil.Friedman@sfport.com](mailto:Neil.Friedman@sfport.com)



---

**From:** Iwashita, Rod (PRT)  
**Sent:** Tuesday, March 19, 2019 5:45 PM  
**To:** Friedman, Neil (PRT)  
**Subject:** FW: Port Permits

Hi Neil,

Do you have a list of permits the Port will require for the proposed temporary Navigation Center at Seawall Lot 330?

Best Regards,

Rod K. Iwashita, P.E., F.ASCE

Deputy Director, Chief Harbor Engineer | Port of San Francisco | Pier 1, The Embarcadero | San Francisco, CA 94111

Office: 415-274-0570 | Fax: 415-544-1770 | Email: [Rod.Iwashita@sfport.com](mailto:Rod.Iwashita@sfport.com) | [www.sfport.com](http://www.sfport.com)

---

**From:** Kilstrom, Kari (PRT)

**Sent:** Tuesday, March 19, 2019 4:01 PM

**To:** Carter, Tom (PRT); Iwashita, Rod (PRT)

**Subject:** FW: Port Permits

Hi Tom and Rod,

I'm forwarding a question from Randy Quezada about the mayor's proposed temporary Navigation Center for homeless, proposed at Seawall Lot 330 for 4 years. What Port (building/engineering) permits would be required? If needed, there is a DPW contact that could explain construction, utilities and related issues.

(Randy: do you have her contact information, for Tom/Rod?)

Thanks,  
Kari

---

**From:** Quezada, Randolph (PRT)

**Sent:** Tuesday, March 19, 2019 2:47 PM

**To:** Delepine, Boris (PRT); Kilstrom, Kari (PRT); Beal, Kimberley (PRT)

**Subject:** Port Permits

Hi all,

Had a helpful conversation with the Planning Department. On 3/12 they mailed notice to neighbors within 300 feet of SWL 330 about CEQA. Comments are due back 3/26.

They will complete their report one week before the 4/23 Port Commission meeting.

Are there any specific permits that the City will need, issued by the Port, for this project? If yes, we need to send them a list so that they can include that in their report.

Who can help run that down for us?

Thanks,  
RQ

Get [Outlook for iOS](#)

## Wong, Jocelyn (BOS)

---

**From:** Peter Prows <pprows@briscoelaw.net>  
**Sent:** Monday, June 10, 2019 9:01 AM  
**To:** Mchugh, Eileen (BOS)  
**Cc:** HSHSunshine; Calvillo, Angela (BOS); GIVNER, JON (CAT); Ng, Wilson (BOS); BOS-Legislative Services; Yee, Norman (BOS); Somera, Alisa (BOS)  
**Subject:** Re: Appeal of CEQA Exemption Determination - Proposed Project at Seawall Lot 330  
**Attachments:** Responsive CIRs Re Wallace Lee Request Volume 4.pdf; Responsive CIRs Re Wallace Lee Request Volume 5.pdf

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Please also ensure that the attached further additional records are also included in the administrative record, in addition to whatever else the City has that is responsive to the PRA request made in the appeal letter.

Thanks.

On 31 May 2019, at 6:09 PM, Peter Prows <[pprows@briscoelaw.net](mailto:pprows@briscoelaw.net)> wrote:

Thanks.

Please ensure the attached additional records are also included in the administrative record, in addition to whatever else the City has that is responsive to the PRA request made in the appeal letter.

---

**From:** Mchugh, Eileen (BOS) [<mailto:eileen.e.mchugh@sfgov.org>]  
**Sent:** Friday, May 31, 2019 1:22 PM  
**To:** Peter Prows <[pprows@briscoelaw.net](mailto:pprows@briscoelaw.net)>  
**Cc:** HSHSunshine <[HSHSunshine@sfgov.org](mailto:HSHSunshine@sfgov.org)>; Calvillo, Angela (BOS) <[angela.calvillo@sfgov.org](mailto:angela.calvillo@sfgov.org)>; GIVNER, JON (CAT) <[Jon.Givner@sfcityatty.org](mailto:Jon.Givner@sfcityatty.org)>; Ng, Wilson (BOS) <[wilson.l.ng@sfgov.org](mailto:wilson.l.ng@sfgov.org)>; BOS-Legislative Services <[bos-legislative\\_services@sfgov.org](mailto:bos-legislative_services@sfgov.org)>; Yee, Norman (BOS) <[norman.yee@sfgov.org](mailto:norman.yee@sfgov.org)>; Somera, Alisa (BOS) <[alisa.somera@sfgov.org](mailto:alisa.somera@sfgov.org)>  
**Subject:** Appeal of CEQA Exemption Determination - Proposed Project at Seawall Lot 330

Dear Peter Prows (Briscoe Ivester & Bazel LLP),

On behalf of the Office of the Clerk of the Board, I am confirming receipt of your attached appeal letter regarding Planning Case No. 2019-002440ENV. BOS Legislative File No. 190611 – Appeal of Determination of Exemption from Environmental Review – Seawall Lot 330.

Per the footnotes contained on page 3 of your letter, you stated the following:

*Please consider this letter to also be a Public Records Act request for all incident reports for Navigation Centers dating back to 2016. If you have trouble understanding this request, I request assistance in reformulating it in a way that is more understandable. If this request is not addressed correctly, please forward it to the appropriate person who handles Public Records Act*

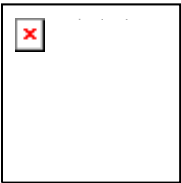
*requests for the City. I also request that documents available in electronic format be produced in their electronic format.*

By copy of this email, we are referring your request to the San Francisco Department of Homelessness and Supportive Housing ([HSHSunshine@sfgov.org](mailto:HSHSunshine@sfgov.org)), as their agency is the custodian of record for data and reports pertaining to Navigation Centers.

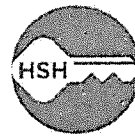
Sincerely,

Eileen McHugh  
Executive Assistant  
Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, City Hall, Room 244  
San Francisco, CA 94102-4689  
Phone: (415) 554-7703 | Fax: (415) 554-5163  
[eileen.e.mchugh@sfgov.org](mailto:eileen.e.mchugh@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)

<Responsive Documents re Wall Lee Request CIRs Volume 3.pdf>



**PETER PROWS**  
155 Sansome Street, Seventh Floor  
San Francisco, California 94104  
Direct: (415) 402-2708 Cell: (415) 994-8991



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- **Scott Walton, Navigation Centers Program Manager at 415.557-5474, [scott.walton@sfgov.org](mailto:scott.walton@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

|                                       |                                          |                                    |                   |
|---------------------------------------|------------------------------------------|------------------------------------|-------------------|
| <b>Date of Incident:</b><br>11/4/2018 | <b>Time Incident Occurred:</b><br>6:15pm | <b>Type of Incident:</b><br>police |                   |
| <b>Navigation</b>                     | Bayshore Navigation Center               |                                    |                   |
| <b>Names of Clients Involved</b>      | <b>PRINT FIRST NAME AND LAST NAME</b>    |                                    | <b>LAST FOUR:</b> |
| <b>Last Four of SSN</b>               |                                          |                                    |                   |
| <b>Client A.</b>                      |                                          |                                    |                   |
| <b>Client B.</b>                      |                                          |                                    |                   |
| <b>Client C.</b>                      |                                          |                                    |                   |
| <b>Names of Reporting Staff</b>       | John Mcqueen                             |                                    |                   |
| <b>Names of Witnesses:</b>            | <b>Client Witnesses</b>                  | <b>Staff Witnesses</b>             |                   |
|                                       |                                          | Capri Span                         |                   |

Page 1 of 2

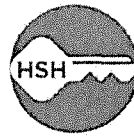
City and County of San Francisco  
Department of Homelessness and Supportive Housing  
P.O. BOX 7988  
SAN FRANCISCO, CA 94103  
415.252.3232

<http://hsh.sfgov.org>



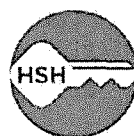
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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         |
| Non guest A came to the Navigation to speak about his girl friend client B that had lost her reservation for not making our 72 hour policy. Client A rang the bell to the front office, Client A was let in the gate, after seeing client A did not stay in Navigation, client A was asked to leave the facility, guest A refused to leave and the police had to be called to escort of premises, client A was advocating for Client B about we are suppose to help people not put them out, I told client A that after 72 hours guest reservation will be released, its the rules. |                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                         |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                         |
| <b>Describe any injuries observed:</b><br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Describe any action taken by staff:</b>                                                              |
| <input checked="" type="checkbox"/> Check if police were involved<br>Time Called: 6:25pm<br>Time Arrived: ;42pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Describe what actions were performed by the Paramedics or Police:</b> 911 was called                 |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Name of Police Officer/Badge No.:</b> Williams ,badge #110<br><br><b>Where was the client taken:</b> |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                         |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>11/04/2018</b>                                                                                       |
| <b>Person Who Completed Report</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>John Mc Queen</b>                                                                                    |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Bayshore Navigation</b>                                                                              |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>John McQueen</b>                                                                                     |





DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Scott Walton, Navigation Centers Program Manager at 415.557-5474, [scott.walton@sfgov.org](mailto:scott.walton@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

|                                                      |                                                                               |                                                                      |
|------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>Date of Incident:</b><br>11/07/2018               | <b>Time Incident Occurred:</b><br>11:20AM                                     | <b>Type of Incident:</b><br>Sexual Assault                           |
| <b>Navigation</b>                                    | Bayshore Navigation Center                                                    |                                                                      |
| <b>Names of Clients Involved</b><br>Last Four of SSN | <b>PRINT FIRST NAME AND LAST NAME</b>                                         | <b>LAST FOUR:</b>                                                    |
| Client A.                                            |                                                                               |                                                                      |
| Client B.                                            |                                                                               |                                                                      |
| Client C.                                            |                                                                               |                                                                      |
| <b>Names of Reporting Staff</b>                      | Marnisha Conney (Mobile Outreach Eligibility Worker)<br>Human Services Agency |                                                                      |
| <b>Names of Witnesses:</b>                           | <b>Client Witnesses</b><br>Artie Gilbert (Asst. Dir. of Operations)           | <b>Staff Witnesses</b><br>Tony Chase (Asst. Dir. of Admin & Support) |

Page 1 of 3

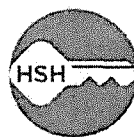
City and County of San Francisco  
Department of Homelessness and Supportive Housing  
P.O. BOX 7988  
SAN FRANCISCO, CA 94103  
415.252.3232

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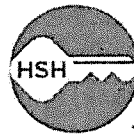
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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                            |
| <p>HSA staff was in the process of helping Cl. A with benefits in her office and reported to Witness (Asst Director of Operations) that as Cl. A was about to leave she office. He (Cl. A) reached down between the HSA staff members legs and grabbed at her crotch without any invite or consent. HSA staff at this time was in shock about being violated with what had just happened and expressed her negative experience to Asst. Director of Operations. The HSA staff member immediately called her supervisor and reported what had just taken place. HSA staff member was distraught and was coached by her supervisor to leave the Bayshore site and go to the HSA main office. The Asst. Director immediately conferred with the other Asst. Director of Admin &amp; Support, who then called the victim and asked her if she wanted to file a police report, before the Cl. A was confronted by staff. Victim stated that at this time she was to distraught to talk, but that she would let us know. During this time, Asst. Director approached the identified Cl. A and told Cl. A what he supposedly had done. Cl. A denied it, but was informed that he was being given a Denial of Service for an A1 violation. Cl. A refused to sign the DOS or accept a future hearing for this violation. Cl. A immediately left the facility without incident, but refused to accept any paperwork. Cl. A then laid down on the sidewalk outside of the front entrance and would not leave. A member of the SF-HOT arrived to drop off another client. I asked them if they would transport Cl. A to the MSC DRC, which they did.</p> |                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            |
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| <b>Describe any injuries observed:</b><br>No Physical injuries                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Describe any action taken by staff:</b><br>Asked client about incident and Denied Services and walked Cl. A to the door |
| <input type="checkbox"/> Check if police were involved<br>Time Called: none                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Describe what actions were performed by the Paramedics or Police:</b><br>none                                           |
| <input type="checkbox"/> Check if paramedics were involved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Name of Police Officer/Badge No.:</b> N/A                                                                               |





DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                                          |                                                  |
|----------------------------------------------------------|--------------------------------------------------|
| <b>Time Called: none</b><br><b>Time Arrived:</b>         | <b>Where was the client taken:</b><br><b>N/A</b> |
| <b>IMPORTANT AGENCY INFORMATION</b>                      |                                                  |
| <b>Date Form Submitted to HSH</b>                        | <b>11/07/18</b>                                  |
| <b>Person Who Completed Report</b> <i>(please print)</i> | <b>Tony Chase</b>                                |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>  | <b>Bayshore Navigation</b>                       |
| <b>Supervisor Name and Phone</b>                         | <b>Tony Chase 415-920-8920</b>                   |

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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                                                                                                                                                                                                                                                                                                                                                       | Time Incident Occurred:        | Type of Incident:          |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|------------|
| 11/9/18                                                                                                                                                                                                                                                                                                                                                                 | 1740                           | <u>911 Non - Emergency</u> |            |
| Navigation Center Name                                                                                                                                                                                                                                                                                                                                                  | Bayshore Navigation Center     |                            |            |
| Names of Clients Involved                                                                                                                                                                                                                                                                                                                                               | PRINT FIRST NAME AND LAST NAME |                            | LAST FOUR: |
| Last Four of SSN                                                                                                                                                                                                                                                                                                                                                        |                                |                            |            |
| Client A.                                                                                                                                                                                                                                                                                                                                                               |                                |                            |            |
| Client B.                                                                                                                                                                                                                                                                                                                                                               |                                |                            |            |
| Client C.                                                                                                                                                                                                                                                                                                                                                               |                                |                            |            |
| Names of Reporting Staff                                                                                                                                                                                                                                                                                                                                                |                                |                            |            |
| Names of Witnesses:                                                                                                                                                                                                                                                                                                                                                     | Client Witnesses               | Staff Witnesses            |            |
|                                                                                                                                                                                                                                                                                                                                                                         |                                |                            |            |
|                                                                                                                                                                                                                                                                                                                                                                         |                                |                            |            |
|                                                                                                                                                                                                                                                                                                                                                                         |                                |                            |            |
| Summary of Incident – Continue on separate sheet of paper if necessary.<br>(Please do not include client names below. Refer to Client A, Client B, etc.)                                                                                                                                                                                                                |                                |                            |            |
| <p>Describe the incident thoroughly and in full detail (narrative): At approximately 1740 hours I was contacted by Supervisor Michael Johnson to report to the dining area because there was a guest having difficulty breathing. Upon arriving I engaged with the guest inquiring how she was feeling. Guest stated, I am having a hard time breathing and want to</p> |                                |                            |            |

have a breathing treatment done by the nurse. I informed her there was no medical staff on duty and I would have to call 911 non-emergency for her to get assistance. Support staff was also present assisting throughout this process. Ambassador McNeely was present with the guest throughout her wait for the emergency team to arrive. At 1747 hours Supervisor Michael Johnson and Angel Carrion called 911 non-emergency and gave them information needed to respond to BNC. At approximately 1800 pm Engine #37 arrived at the Bayshore east gate and was escorted to the kitchen by this writer. Guest was approached by the Engine Company and asked her basic medical information to make sure she was alert. They asked her what type of medication she was taking and she stated, I have cancer in my entire body and my left breast has been removed. I also take high blood pressure medication and other medications. Her vitals were taken and she was told her blood pressure was elevated and she needed to be seen by a physician immediately. Guest was ambivalent about being transported to the hospital. I explained to her under the circumstances of her medical condition coupled with the EMR recommendation she had to be seen by a physician before we could allow her to continue her stay here at BNC. She was assured her bed and belongings would be here when she returned and the Guest became compliant with the emergency team and allowed herself to be transported to the hospital. The response team informed us there was no hospital available and she would be transported to the first available hospital that has an available bed. Guest was put in the ambulance and in the care of King Medic #12 at approximately 1820 hours.

Describe any injuries observed: N/A

Describe any action taken by staff: 911 Non - Emergency called.

☐ Check if police were involved  
Time Called:  
Time Arrived:

Describe what actions were performed by the Paramedics or Police: EMR took vitals and blood pressure.

☒ Check if paramedics were involved

Time Called: 1747 Hours  
Time Arrived: 1800 Hours

Name of Police Officer/Badge No.  
Eng. # 37 / KIng Medic #12

Where was the client taken: Hospital

#### IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH

11/9/18

Person Who Completed Report (please print)

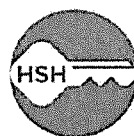
Paul Young

Agency Name/Location/Phone (please print)

BNC / 125 Bayshore Ave. / 415-920-8920

Supervisor Name and Phone

Paul Young 415-920-8920



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 11/17/2018                                    | 3:25 am                        | Drug Overdose     |
| Navigation                                    | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |
| Names of Reporting Staff                      | Epitacio Cortina               |                   |
|                                               | Client Witnesses               | Staff Witnesses   |

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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Names of Witnesses:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Charles Marsaw</b>                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Corey Willis</b>                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Kasha Owens #34</b>                                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Jozell Nea #353</b>                                                                                                                                                                                                                             |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                    |  |
| <b>While returning from my break, I observed Ambassador: Marsaw looking for me. when asked if there was an issue he stated that he had heard a woman yelling from the women's restroom. We reported to the women's restroom to find Client A laying on the stall floor. At which time I had Ambassador: Marsaw call 911 while I attended Client A in making sure she was breathing and coherent by having her respond to my questions. As Client A began to sit up I observed a syringe laying next to her on the floor with a small trail of blood coming down her left arm. She then took the syringe and flushed it she then began to breath erratically, and fast speech. Emergency personal arrived on scene and took Client A to S.F.G.H.</b> |                                                                                                                                                                                                                                                    |  |
| <b>Describe any injuries observed:<br/>small trail of Blood coming from the left arm of Client A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Describe any action taken by staff: I immediately had Ambassador: Marsaw call 911, Ambassador: Corey stayed with Client A . Ambassador: Marsaw and I reported to both front and back gates to allow emergency personal entrance.</b>            |  |
| <input type="checkbox"/> <b>Check if police were involved<br/>Time Called: 3:25 am<br/>Time Arrived: 3:36 am</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Describe what actions were performed by the Paramedics or Police: S.F.P.D made sure that all was safe. Fire Dept. did an assessment of Client A. Paramedics stabilized Client A and transported Client A to San Francisco General Hospital.</b> |  |
| <input type="checkbox"/> <b>Check if paramedics were involved<br/><br/>Time Called: 3:25 am<br/>Time Arrived: 3:37 am</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Name of Police Officer/Badge No.: Officer: D. Colm and Officer: Coyne. Patrol car #254<br/><br/>Where was the client taken:<br/><br/>S.F.G.H.</b>                                                                                               |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                    |  |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>11/17/2018</b>                                                                                                                                                                                                                                  |  |
| <b>Person Who Completed Report (please print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Epitacio Cortina</b>                                                                                                                                                                                                                            |  |
| <b>Agency Name/Location/Phone (please print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Bayshore Navigation</b>                                                                                                                                                                                                                         |  |

Page 2 of 3

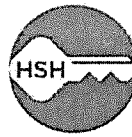
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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                  |                                       |
|----------------------------------|---------------------------------------|
| <b>Supervisor Name and Phone</b> | <b>Epitacio Cortina (650)834-7692</b> |
|----------------------------------|---------------------------------------|

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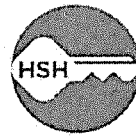
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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

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- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:         | Time Incident Occurred:        | Type of Incident: |
|---------------------------|--------------------------------|-------------------|
| 11/17/18                  | 2015 Hours                     | Medical           |
| Navigation                | Bayshore Navigation Center     |                   |
| Names of Clients Involved | PRINT FIRST NAME AND LAST NAME |                   |
| Last Four of SSN          | LAST FOUR:                     |                   |
| Client A.                 |                                |                   |
| Client B.                 |                                |                   |
| Client C.                 |                                |                   |
| Names of Reporting Staff  | Paul Young                     |                   |
| Names of Witnesses:       | Client Witnesses               | Staff Witnesses   |
|                           |                                |                   |

Page 1 of 3

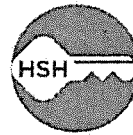
City and County of San Francisco  
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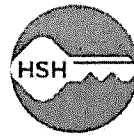
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |
| <p>I was exiting the dorm and heard someone yelling Lazarus outside the facility. I walked outside the facility and observed (Client A) lying on the ground. She stated she feel out of her wheelchair walking her dog. I asked OA/Rodriguez to remain with her while I directed OA/Washington to call 911. I went back outside to remain with guest until EMR arrived. EMR arrived to administer medical help and (Client A) refused. (Client A) was able to lift herself up with assistance and seat herself in her wheelchair. I implored (Client A) to come inside and lie down and she refused stating I need to turn in my lottery ticket and walk my dog. She was escorted by (Client B) as she left to walk her dog. Guest returned later without problem or incident.</p> |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            |
| <b>Describe any injuries observed:</b><br>None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Describe any action taken by staff:</b> 911 EMR called.                                                 |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Describe what actions were performed by the Paramedics or Police:</b> None                              |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br>Time Called: 2015 Hours<br>Time Arrived: 2025 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Name of Police Officer/Badge No.:</b><br><br><b>Where was the client taken:</b> Guest remained on site. |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>11/19/18</b>                                                                                            |
| <b>Person Who Completed Report</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Paul Young</b>                                                                                          |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Bayshore Navigation</b>                                                                                 |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Paul Young (415) 920-8920</b>                                                                           |





DEPARTMENT OF  
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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- **Scott Walton, Navigation Centers Program Manager at 415.557-5474, [scott.walton@sfgov.org](mailto:scott.walton@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

|                                                             |                                           |                                     |  |
|-------------------------------------------------------------|-------------------------------------------|-------------------------------------|--|
| <b>Date of Incident:</b><br>11/21/18                        | <b>Time Incident Occurred:</b><br>9:23 AM | <b>Type of Incident:</b><br>Medical |  |
| <b>Navigation</b>                                           | Bayshore Navigation Center                |                                     |  |
| <b>Names of Clients Involved</b><br><b>Last Four of SSN</b> | <b>PRINT FIRST NAME AND LAST NAME</b>     | <b>LAST FOUR:</b>                   |  |
| <b>Client A.</b>                                            |                                           |                                     |  |
| <b>Client B.</b>                                            |                                           |                                     |  |
| <b>Client C.</b>                                            |                                           |                                     |  |
| <b>Names of Reporting Staff</b>                             | Margaret O'Neill                          |                                     |  |
|                                                             | <b>Client Witnesses</b>                   | <b>Staff Witnesses</b>              |  |

Page 1 of 3

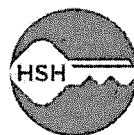
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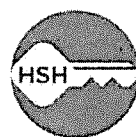
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Names of Witnesses:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                  |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                  |  |
| <p>Client A came in early in the morning with a large, red, inflamed abscess on her leg complaining of pain and swelling. She laid down to rest but said she had antibiotics and was in a lot of pain. Due to the seriousness of the wound and not having medical staff onsite, we called 911. Paramedics evaluated Ms. Hanson at length and took her vitals. Staff encouraged Ms. Hanson to go with the paramedics and seek medical attention but she refused.</p> |  |                                                                                                                                  |  |
| <b>Describe any injuries observed:</b><br>Large, inflamed abscess                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>Describe any action taken by staff:</b><br>Called paramedics                                                                  |  |
| <input type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                                                                                                        |  | <b>Describe what actions were performed by the Paramedics or Police:</b> Evaluated and took vitals, spoke at length with patient |  |
| <input checked="" type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called:</b> 9:23 AM<br><b>Time Arrived:</b> 9:54 AM                                                                                                                                                                                                                                                                                                                     |  | <b>Name of Police Officer/Badge No.:</b><br>Truck 63<br>Lim and McGee<br><b>Where was the client taken:</b><br>Refused ambulance |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                  |  |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>11/21/18</b>                                                                                                                  |  |
| <b>Person Who Completed Report</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>Meg O'Neill</b>                                                                                                               |  |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Bayshore Navigation Center</b>                                                                                                |  |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Meg O'Neill, 415-920-8920</b>                                                                                                 |  |





DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

|                                                             |                                           |                                     |  |
|-------------------------------------------------------------|-------------------------------------------|-------------------------------------|--|
| <b>Date of Incident:</b><br>11/21/18                        | <b>Time Incident Occurred:</b><br>3:13 PM | <b>Type of Incident:</b><br>Medical |  |
| <b>Navigation</b>                                           | Bayshore Navigation Center                |                                     |  |
| <b>Names of Clients Involved</b><br><b>Last Four of SSN</b> | <b>PRINT FIRST NAME AND LAST NAME</b>     | <b>LAST FOUR:</b>                   |  |
| Client A.                                                   |                                           |                                     |  |
| Client B.                                                   |                                           |                                     |  |
| Client C.                                                   |                                           |                                     |  |
| <b>Names of Reporting Staff</b>                             | Margaret O'Neill                          |                                     |  |
|                                                             | <b>Client Witnesses</b>                   | <b>Staff Witnesses</b>              |  |

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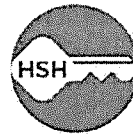
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|
| <b>Names of Witnesses:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                          |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                          |  |
| <p>Client A came in early in the morning with a large, red, inflamed abscess on her leg complaining of pain and swelling. She laid down to rest but said she had antibiotics and was in a lot of pain. Due to the seriousness of the wound and not having medical staff onsite, we called 911. Paramedics evaluated Client A at length and took her vitals. Staff encouraged Client A to go with the paramedics and seek medical attention but she refused.</p> <p>Around 14:00, staff again spoke with Client A and she expressed a desire to seek medical help. Staff called 911 and they evaluated and took her to the emergency room.</p> |  |                                                                          |  |
| <b>Describe any injuries observed:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>Describe any action taken by staff:</b>                               |  |
| Abscess on thigh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Called 911                                                               |  |
| <input type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>Describe what actions were performed by the Paramedics or Police:</b> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Evaluated and taken to St. Luke's                                        |  |
| <input checked="" type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called:</b> 3:07 PM<br><b>Time Arrived:</b> 3:13 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>Name of Police Officer/Badge No.:</b>                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>Where was the client taken:</b><br>St. Luke's Hospital emergency room |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                          |  |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>11/21/18</b>                                                          |  |
| <b>Person Who Completed Report</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Meg O'Neill</b>                                                       |  |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>Bayshore Navigation Center</b>                                        |  |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>Meg O'Neill, 415-920-8920</b>                                         |  |





DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:<br>11.22.18                    | Time Incident<br>Occurred:     | Type of Incident:           |
|--------------------------------------------------|--------------------------------|-----------------------------|
|                                                  | 11:30 AM                       | Violence toward other guest |
| Navigation                                       | Bayshore Navigation Center     |                             |
| Names of Clients<br>Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:                  |
| Client A.                                        |                                |                             |
| Client B.                                        |                                |                             |
| Client C.                                        |                                |                             |
| Names of Reporting<br>Staff                      | Margaret O'Neill               |                             |

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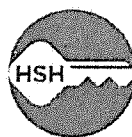
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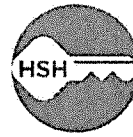
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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

| Names of Witnesses:                                                                                                                                                                                                                                                                                                                                                                       | Client Witnesses                                                                                                                                                            | Staff Witnesses  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
|                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                             | Latisha Eberhard |
|                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                             | Ron Williams     |
|                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                          |                                                                                                                                                                             |                  |
| Staff heard shouting in beds and saw Client A and Client B, a couple, arguing. Staff then saw Client A get on top of Client B and start choking her. He then punched her in the face. Staff told Client A he needed to leave and he screamed at staff, “call the f*ing cops!” and approached them in an aggressive manner. He then left after staff asked him again to leave immediately. |                                                                                                                                                                             |                  |
|                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                  |
| <b>Describe any injuries observed:</b><br>No physical injuries observed                                                                                                                                                                                                                                                                                                                   | <b>Describe any action taken by staff:</b><br>Called police and gave immediate denial of service to Client A                                                                |                  |
| <input checked="" type="checkbox"/> <b>X Check if police were involved</b><br><b>Time Called:</b> 11:39 AM<br><b>Time Arrived:</b> Never                                                                                                                                                                                                                                                  | <b>Describe what actions were performed by the Paramedics or Police:</b><br><br>None                                                                                        |                  |
| <input type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                      | <b>Name of Police Officer/Badge No.:</b><br>Police did not come but other cops passing by checked board and gave us case number 183261190, reported in Company C (Bayview). |                  |
|                                                                                                                                                                                                                                                                                                                                                                                           | <b>Where was the client taken:</b> N/A                                                                                                                                      |                  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                             |                  |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                         | <b>11/22/18</b>                                                                                                                                                             |                  |
| <b>Person Who Completed Report</b> (please print)                                                                                                                                                                                                                                                                                                                                         | <b>Meg O'Neill</b>                                                                                                                                                          |                  |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                                                                                                                                                                                                                                          | <b>Bayshore Navigation Center</b>                                                                                                                                           |                  |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                                                                                                                          | <b>Meg O'Neill, 415-920-8924</b>                                                                                                                                            |                  |





DEPARTMENT OF  
HOMELESSNESS AND  
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- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident                              | Time Incident                  | Type of Incident: |                 |
|-----------------------------------------------|--------------------------------|-------------------|-----------------|
| 11/28/2018                                    | 12:15 am                       | Medical           |                 |
| Navigation                                    | Bayshore Navigation Center     |                   |                 |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                   | LAST FOUR:      |
| Client A.                                     |                                |                   |                 |
| Client B.                                     |                                |                   |                 |
| Client C.                                     |                                |                   |                 |
| Names of Reporting Staff                      | Epitacio Cortina               |                   |                 |
|                                               | Client Witnesses               |                   | Staff Witnesses |

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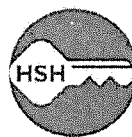
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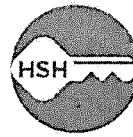
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DEPARTMENT OF  
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SUPPORTIVE HOUSING

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Names of Witnesses:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                   |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                   |
| At approximately 12:15 am while conducting my rounds I was informed by staff that we had a guest in the dorm who stated that he had been hit by a car. I immediately reported to the dorm and observed that it was Client A, I asked Client A if he wanted medical attention he stated that he did. 911 was called by A1 Security at about 12:16am. I had staff stay with Client A until emergency personnel arrived. SFPD first arrived and were escorted to Client A, SFPD did a check of Client A and after further questioning it was discovered that Client A had not been hit by a car but in fact had flipped over his handlebars trying to avoid hitting a dog. Ambulance arrived along with SFPD, when asked by EMT if he wanted to go to the hospital Client A stated that he did. As EMT was about to transport Client A to UCSF Client A changed his mind declining further medical attention. Client A stated that the EMT personnel were being disrespectful to him. |                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                   |
| <b>Describe any injuries observed:</b><br>Abrasion to left collarbone, and swollen left knee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Describe any action taken by staff:</b> Called 911                                                                                                                             |
| <input type="checkbox"/> Check if police were involved<br>Time Called:12:16am<br>Time Arrived:12:25am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Describe what actions were performed by the Paramedics or Police:</b> Medically checked Client A and was about to transport Client A to UCSF.                                  |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called:12:16am<br>Time Arrived:12:25am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Name of Police Officer/Badge No.:</b> Hooley #222,<br>Sgt:Cafferativ. patrol unit #254<br><br><b>Where was the client taken:</b><br>Client A refused further medical attention |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                   |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>11/28/2018</b>                                                                                                                                                                 |





DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                                          |                                       |
|----------------------------------------------------------|---------------------------------------|
| <b>Person Who Completed Report</b> <i>(please print)</i> | <b>Epitacio Cortina</b>               |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>  | <b>Bayshore Navigation Center</b>     |
| <b>Supervisor Name and Phone</b>                         | <b>Epitacio Cortina (415)920-8920</b> |

Page 3 of 3

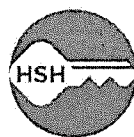
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7383



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- **Scott Walton, Navigation Centers Program Manager at 415.557-5474, [scott.walton@sfgov.org](mailto:scott.walton@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 12/04/18                                      | 11:45 pm                       | 911 Call          |
| Navigation                                    | 125 Bayshore Navigation Center |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |
| Names of Reporting Staff                      | Neal Tremain                   |                   |
|                                               | Client Witnesses               | Staff Witnesses   |

Page 1 of 3

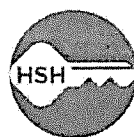
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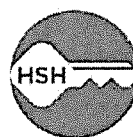
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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                         |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>Names of Witnesses:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                         | <b>Ambassador</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                         | <b>Ambassador</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                         |                   |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                         |                   |
| At approximately 11:45 pm Ambassador Sandra radioed that she needed assistance in the guest community room and that Client A needed a ambulance, “call 911”. I immediately instructed Front desk security to call 911 as I responded to where Client A was located in the community room, I asked Client A if she needed a ambulance to which she replied “yes, I am sick, there is something wrong with me”. Client A appeared to be in distress. 911 was called and I stood by the front Gate on Jerrold Street to guide them in. Engine # 9 and Medic # 89 responded to the Nav Center at 11:55 pm, took Client A’s vitals and transported her the the hospital |                                                                                                                                                                                                                                         |                   |
| Describe any injuries observed:<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Describe any action taken by staff:<br>Ambassador Sandra stood by Client A speaking words of encouragement and wiping her forehead with a damp washcloth. Supervisor Neal had 911 called, while A1 security guard assisted the process. |                   |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Describe what actions were performed by the Paramedics or Police: Took vital signs and transported Client A to SF General Hospital                                                                                                      |                   |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 11:45 pm<br>Time Arrived: 11:55 pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Name of Police Officer/Badge No.:<br>Lieutenant Yee, engine #9<br><br>Where was the client taken:<br>SF General Hospital                                                                                                                |                   |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                         |                   |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12/05/18                                                                                                                                                                                                                                |                   |
| Person Who Completed Report (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Neal Tremain                                                                                                                                                                                                                            |                   |
| Agency Name/Location/Phone (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Bayshore Navigation Center                                                                                                                                                                                                              |                   |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Neal Tremain (408) 724-0387                                                                                                                                                                                                             |                   |





DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident                              | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 12/17/2018                                    | 12:25 am                       | Denial of service |
| Navigation                                    | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |
| Names of Reporting Staff                      | Epitacio Cortina               |                   |
|                                               | Client Witnesses               | Staff Witnesses   |

Page 1 of 3

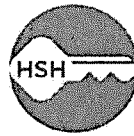
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415.252.3232

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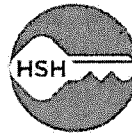
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Names of Witnesses:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                   |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                   |  |
| <p>At about 12:25 am I was informed by Ambassador Magee that Client A had defecated on herself and needed to take a shower. I then approached Ambassador Rochelle if she could talk to Client A into taking a shower being that she had report with her. When Client A when Client A was asked if she would shower she became verbally disrespectful, and started using profanity towards staff specifically Ambassador Rochelle. I then stated to Client A that her behavior would not be tolerated. She continued with her behavior at which time I stated to her that she would have to take a Time Out. She became defiant and denied to take a time out and stated that we should call the police. A1 Security attempted to calm Client A and she then began to be verbally disrespectful towards him as well. The negative behavior began to escalate to the point that it began to incite other guest, creating a unsafe and hostile enviroment. At this point I expressed to Client A that she was going to be issued a Denial of Service. Client A then stated that she did not care and that we should call the police. Client A continued with her behavior which escalated to the point that S.F.P.D. was called. All the while she continued with her barrage towards staff.</p> |  |                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                   |  |
| <b>Describe any injuries observed:</b><br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>Describe any action taken by staff:</b> Issued an Immediate Denial of Service. Called S.F.P.D.                                                 |  |
| <input type="checkbox"/> Check if police were involved<br>Time Called: 12:45am<br>Time Arrived: 2:37am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>Describe what actions were performed by the Paramedics or Police:</b> They attempted to talk with Client A. Placed a phone call to H.O.T team. |  |
| <input type="checkbox"/> Check if paramedics were involved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Name of Police Officer/Badge No.:</b> L. Malahary, P. Rieghly                                                                                  |  |
| Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>Where was the client taken:</b> Allowed to stay in the Navigation center for the night due to weather.                                         |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                   |  |





DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                                          |                                   |
|----------------------------------------------------------|-----------------------------------|
| <b>Date Form Submitted to HSH</b>                        | <b>12/17/2018</b>                 |
| <b>Person Who Completed Report</b> <i>(please print)</i> | <b>Epitacio Cortina</b>           |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>  | <b>Bayshore Navigation Center</b> |
| <b>Supervisor Name and Phone</b>                         |                                   |

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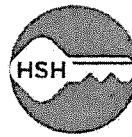
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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

|                                                             |                                            |                                    |
|-------------------------------------------------------------|--------------------------------------------|------------------------------------|
| <b>Date of Incident:</b><br>12/18/18                        | <b>Time Incident Occurred:</b><br>11:50 AM | <b>Type of Incident:</b><br>Police |
| <b>Navigation</b>                                           | Bayshore Navigation Center                 |                                    |
| <b>Names of Clients Involved</b><br><b>Last Four of SSN</b> | <b>PRINT FIRST NAME AND LAST NAME</b>      | <b>LAST FOUR:</b>                  |
| Client A.                                                   |                                            |                                    |
| Client B.                                                   |                                            |                                    |
| Client C.                                                   |                                            |                                    |
| <b>Names of Reporting Staff</b>                             | Meg O'Neill                                |                                    |
| <b>Names of Witnesses:</b>                                  | <b>Staff Witnesses</b>                     | <b>Client Witnesses</b>            |
|                                                             |                                            |                                    |

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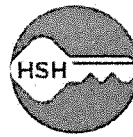
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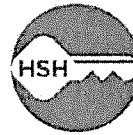
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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                               |
| Client A was served with a Non-Immediate DOS on Saturday, December 15. Her effective denial date was Monday 12/17/18. Client A came to the Bayshore Navigation Center today and was let in to speak with staff. Client A became very verbally aggressive and loud after she was unable to get the assistance she wanted from the Homeless Outreach Team who were also onsite. She also was verbally aggressive with Navigation Center staff and refused to leave the premises. She continued to shout loudly at staff. Staff informed her they would need to call the police if she refused to leave and she still did not leave. Staff called police but Client A eventually left before police arrived. |                                                                                                                                                                                                                               |
| <b>Describe any injuries observed:</b><br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Describe any action taken by staff:</b><br>Spoke with Client A and attempted to de-escalate her, provide her with resources and got her property but eventually had to call police because of continued verbal aggression. |
| <input checked="" type="checkbox"/> <b>X Check if police were involved</b><br><b>Time Called:</b> 11:56 AM<br><b>Time Arrived:</b> 12:18 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Gave us follow-up slip, case number                                                                                                               |
| <input type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Name of Police Officer/Badge No.:</b><br><b>Jeff Rosenberg, Squad car 137</b><br><b>Where was the client taken:</b> N/A                                                                                                    |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                               |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12/18/18                                                                                                                                                                                                                      |
| <b>Person Who Completed Report</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Meg O'Neill                                                                                                                                                                                                                   |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Bayshore Navigation Center                                                                                                                                                                                                    |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Artie Gilbert, 415-920-8920                                                                                                                                                                                                   |





DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

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- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:         | Time Incident Occurred:        | Type of Incident: |
|---------------------------|--------------------------------|-------------------|
| 12/25/2018                | 2:10 pm                        | Medical           |
| Navigation                | Bayshore Navigation Center     |                   |
| Names of Clients Involved | PRINT FIRST NAME AND LAST NAME |                   |
| Last Four of SSN          | LAST FOUR:                     |                   |
| Client A.                 |                                |                   |
| Client B.                 |                                |                   |
| Client C.                 |                                |                   |
| Names of Reporting Staff  | Neal Tremain                   |                   |
| Names of Witnesses:       | Client Witnesses               | Staff Witnesses   |
|                           |                                |                   |

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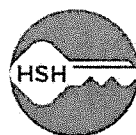
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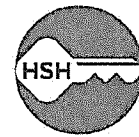
|                                                                                                                                                                                                                                                                                 |                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                |                                                                               |
| A medical emergency occurred in the dorm and staff called 911. Client A, who informed us that he had seizures the night before this incident, was now on the ground having a seizure (convulsing). Staff attended to Client A while awaiting the arrival of emergency services. |                                                                               |
|                                                                                                                                                                                                                                                                                 |                                                                               |
|                                                                                                                                                                                                                                                                                 |                                                                               |
|                                                                                                                                                                                                                                                                                 |                                                                               |
|                                                                                                                                                                                                                                                                                 |                                                                               |
| Describe any injuries observed:<br><b>None</b>                                                                                                                                                                                                                                  | Describe any action taken by staff: <b>911 EMR called.</b>                    |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                         | Describe what actions were performed by the Paramedics or Police: <b>None</b> |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: <b>2:10 pm</b><br>Time Arrived: <b>2:20 pm</b>                                                                                                                                        | Name of Police Officer/Badge No.: <b>SFFD Engine #9<br/>SF # 50</b>           |
|                                                                                                                                                                                                                                                                                 | Where was the client taken: <b>SF General</b>                                 |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                             |                                                                               |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                      | <b>11/19/18</b>                                                               |
| Person Who Completed Report <i>(please print)</i>                                                                                                                                                                                                                               | <b>Neal Tremain</b>                                                           |
| Agency Name/Location/Phone <i>(please print)</i>                                                                                                                                                                                                                                | <b>Bayshore Navigation</b>                                                    |
| Supervisor Name and Phone                                                                                                                                                                                                                                                       | <b>Neal Tremain (408) 724-0387</b>                                            |



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DEPARTMENT OF  
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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

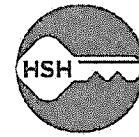
- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 1/5/19                                        | 14:11                          | Medical           |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |

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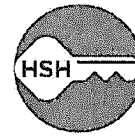
|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | <b>Meg O'Neill</b>      |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         |                        |

|                                                                                                                                                                                                                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                 |                                                                                                                         |
| Paramedics were onsite for another call. Client A complained of severe chest and arm pain as well as difficulty breathing, and she requested emergency transport. Paramedics evaluated Client A, put her on oxygen, did an EKG, and transported her on a gurney to the hospital. |                                                                                                                         |
| <b>Describe any injuries observed:</b><br>Chest/arm pain and difficulty breathing                                                                                                                                                                                                | <b>Describe any action taken by staff:</b><br>Alerted paramedics to another medical emergency in the building           |
| <input type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                     | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Evaluated Client A and took her to hospital |
| <input checked="" type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called:</b> 14:01<br><b>Time Arrived:</b> 14:05                                                                                                                                      | <b>Name of Police Officer/Badge No.:</b><br>Engine 9                                                                    |
|                                                                                                                                                                                                                                                                                  | <b>Where was the client taken:</b><br>Unknown, likely Mission Bernal                                                    |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                              |                                                                                                                         |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                | 1/5/19                                                                                                                  |
| <b>Person Who Completed Report</b> <i>(please print)</i>                                                                                                                                                                                                                         | Margaret O'Neill                                                                                                        |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>                                                                                                                                                                                                                          | Bayshore Navigation Center                                                                                              |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                 | Margaret O'Neill, 415-920-8920                                                                                          |

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DEPARTMENT OF  
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## San Francisco Housing and Homeless Division Report of Critical Incident

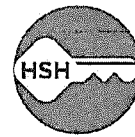
### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:         | Time Incident Occurred:        | Type of Incident: |
|---------------------------|--------------------------------|-------------------|
| 1/08/2019                 | 1:08 am                        | Medical(seizures) |
| Navigation Center Name    | Bayshore Navigation Center     |                   |
| Names of Clients Involved | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Last Four of SSN          |                                |                   |
| Client A.                 |                                |                   |
| Client B.                 |                                |                   |
| Client C.                 |                                |                   |



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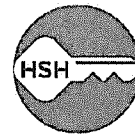
|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Epitacio Cortina        |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         |                        |

|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                              |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                        |                                                                                                                                              |  |
| At approximately 1:08 I was informed by Ambassador Sandra that Client A was in need of medical attention as Client A had fallen in the women's guest shower area and in a seizure. I immediately had A1 Security call 911 and had Ambassador Sandra stay with Client A while waiting for emergency personnel to arrive. |                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                              |  |
| <b>Describe any injuries observed:</b><br>None that could be noted.                                                                                                                                                                                                                                                     | <b>Describe any action taken by staff:</b> 911 was called and staff stayed with Client A                                                     |  |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                 | Describe what actions were performed by the Paramedics or Police: EMT made sure Client A was stabilized and transported her to the hospital. |  |
| <input type="checkbox"/> Check if paramedics were involved                                                                                                                                                                                                                                                              | Name of Police Officer/Badge No.:                                                                                                            |  |
| Time Called: 1:10am<br>Time Arrived: 1:15                                                                                                                                                                                                                                                                               | Where was the client taken:<br>San Francisco General Hospital                                                                                |  |

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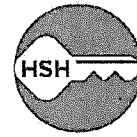


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| IMPORTANT AGENCY INFORMATION                      |                                                                  |
|---------------------------------------------------|------------------------------------------------------------------|
| Date Form Submitted to HSH                        | 1/08/2019                                                        |
| Person Who Completed Report <i>(please print)</i> | Epitacio Cortina                                                 |
| Agency Name/Location/Phone <i>(please print)</i>  | Bayshore Navigation Center, 125 Bayshore Blvd. S.F. 415-920-8920 |
| Supervisor Name and Phone                         | Epitacio Cortina 415-920-8920                                    |



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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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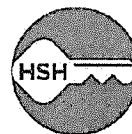
- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |            |
|-----------------------------------------------|--------------------------------|-------------------|------------|
| 1/10/19                                       | 7:15 pm                        | Medical           |            |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                   | LAST FOUR: |
| Client A.                                     |                                |                   |            |
| Names of Reporting Staff                      | Neal Tremain, Supervisor       |                   |            |

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| Names of Witnesses: | Client Witnesses | Staff Witnesses |
|---------------------|------------------|-----------------|
|                     |                  |                 |

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**Summary of Incident – Continue on separate sheet of paper if necessary.  
(Please do not include client names below. Refer to Client A, Client B, etc.)**

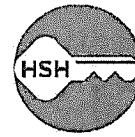
At approx. 7:15 I was informed that client A (who is approx. 8 months pregnant) was having contraction two to three minutes apart. I immediately made contact with client A and called 911. I instructed \_\_\_\_\_ to stand at the Jerrold street entrance to flag the EMT's down if they came from that direction and \_\_\_\_\_ to the Bayshore entrance for the same reason. Meanwhile I stayed with client A keeping her calm and relaying information to her from the 911 operator as well as getting information from client A to the 911 operator. EMT's were escorted to client A.

|                                                                                                                                   |                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Describe any injuries observed:</b><br>N/A                                                                                     | <b>Describe any action taken by staff:</b> Called 911, comforted client A, took her information for medical staff on the phone.                |
| <input type="checkbox"/> <b>Check if police were involved</b><br>Time Called:<br>Time Arrived:                                    | <b>Describe what actions were performed by the Paramedics or Police:</b> Paramedics transported client A to Mission Bay Hospital.              |
| <input checked="" type="checkbox"/> <b>Check if paramedics were involved</b><br><br>Time Called: 7:15 pm<br>Time Arrived: 7:25 pm | <b>Name of Police Officer/Badge No.:</b> SFFD Engine#9, Paramedic EMT Truck# 78<br><br><b>Where was the client taken:</b> Mission Bay Hospital |

**IMPORTANT AGENCY INFORMATION**

|                                                          |                                                |
|----------------------------------------------------------|------------------------------------------------|
| <b>Date Form Submitted to HSH</b>                        | 1/10/19                                        |
| <b>Person Who Completed Report</b> <i>(please print)</i> | Neal Tremain                                   |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>  | Bayshore Navigation Center, 125 Bayshore Blvd. |

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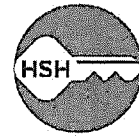
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|                           |                            |
|---------------------------|----------------------------|
| Supervisor Name and Phone | Neal Tremain, 408-724-0387 |
|---------------------------|----------------------------|

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DEPARTMENT OF  
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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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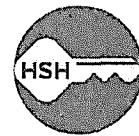
- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |            |
|-----------------------------------------------|--------------------------------|-------------------|------------|
| 01/16/2019                                    | 2:50 am                        | Medical           |            |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                   | LAST FOUR: |
| Client A.                                     |                                |                   |            |
| Client B.                                     |                                |                   |            |
| Client C.                                     |                                |                   |            |

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DEPARTMENT OF  
HOMELESSNESS AND  
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|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Epitacio Cortina        |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         |                        |

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**Summary of Incident – Continue on separate sheet of paper if necessary.  
(Please do not include client names below. Refer to Client A, Client B, etc.)**

at approximately 2:50 am another guest entered into the office informing staff that Client A was having a seizure in the smoking area. I immediately told A1 security to call 911 as I approached the smoking area I observed Client A sitting in a chair having a seizure ambassador(s) Sandra and Roman who automatically made sure she was stable as to not hurt herself. Paramedics arrived at 2:58 am who then took over in securing Client A. However Client A refused any further medical attention and returned to her bed.

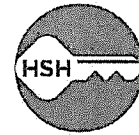
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|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Describe any injuries observed:</b><br>N/A                                           | <b>Describe any action taken by staff:</b><br>Called 911 and securing Client A from any further harm.                                                |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived: | Describe what actions were performed by the Paramedics or Police: Took her vitals and making sure Client A was stable enough to remain in the Center |
| <input checked="" type="checkbox"/> Check if paramedics were involved                   | Name of Police Officer/Badge No.:                                                                                                                    |

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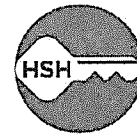
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|                                                            |                                                                                |
|------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>Time Called: 2:51am</b><br><b>Time Arrived: 2::58am</b> | <b>Where was the client taken: Client A refused further medical treatment.</b> |
| <b>IMPORTANT AGENCY INFORMATION</b>                        |                                                                                |
| <b>Date Form Submitted to HSH</b>                          | <b>01/16/2019</b>                                                              |
| <b>Person Who Completed Report</b> <i>(please print)</i>   | <b>Epitacio Cortina</b>                                                        |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>    | <b>Bayshore Navigation Center (415)920-8920</b>                                |
| <b>Supervisor Name and Phone</b>                           | <b>Epitacio Cortina</b>                                                        |

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DEPARTMENT OF  
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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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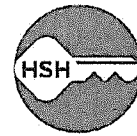
- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |            |
|-----------------------------------------------|--------------------------------|-------------------|------------|
| 01/16/2019                                    | 4:19 am                        | Medical           |            |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                   | LAST FOUR: |
| Client A.                                     |                                |                   |            |
| Client B.                                     |                                |                   |            |
| Client C.                                     |                                |                   |            |

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|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Epitacio Cortina        |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         |                        |

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**Summary of Incident – Continue on separate sheet of paper if necessary.  
(Please do not include client names below. Refer to Client A, Client B, etc.)**

At approximately 4:19 Clients A's husband approached me in the dorm while we staff were attending to another medical emergency and informed me that we needed to call 911 for Client A as Client A was suffering severe abdominal pain and could not get up. A call was immediately made to 911.

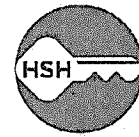
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|                                                                                                                            |                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Describe any injuries observed:<br>N/A                                                                                     | Describe any action taken by staff:<br>Called 911 and staff stood with Client A until medics arrived.                                 |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                    | Describe what actions were performed by the Paramedics or Police: Stabilized Client A and transported Client A to St. Lukes Hospital. |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 4:21 am<br>Time Arrived: 4:35 am | Name of Police Officer/Badge No.:<br><br>Where was the client taken:<br>Saint Lukes Hospital.                                         |

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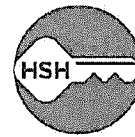
DEPARTMENT OF  
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SUPPORTIVE HOUSING

| IMPORTANT AGENCY INFORMATION                      |                                          |
|---------------------------------------------------|------------------------------------------|
| Date Form Submitted to HSH                        | Epitacio Cortina                         |
| Person Who Completed Report <i>(please print)</i> | Epitacio Cortina                         |
| Agency Name/Location/Phone <i>(please print)</i>  | Bayshore Navigation Center (415)920-8920 |
| Supervisor Name and Phone                         | Epitacio Cortina (415)920-8920           |

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DEPARTMENT OF  
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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

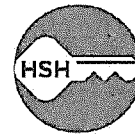
- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 01/16/2019                                    | 4:26 am                        | Medical           |
| Navigation Center Name                        | Bayshore navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |

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|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | <b>Epitacio Cortina</b> |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         |                        |

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**Summary of Incident – Continue on separate sheet of paper if necessary.  
(Please do not include client names below. Refer to Client A, Client B, etc.)**

At approximately 4:15 am Ambassador Sandra called for help which A1 security and my self reported to the dorm where we were informed by staff the Client A who was sitting in a wheelchair was experiencing another seizure. 911 was immediately called and staff stayed with Client A until emergency personnel arrived.

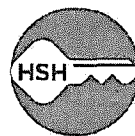
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|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Describe any injuries observed:</b><br><b>N/A</b>                                                                                   | <b>Describe any action taken by staff:</b><br><b>Called 911 and stabling Client A from any further harm.</b>                                       |
| <input type="checkbox"/> Check if police were involved<br><b>Time Called:</b><br><b>Time Arrived:</b>                                  | <b>Describe what actions were performed by the Paramedics or Police: Paramedics stabilized Client A and transported Client A to U.C. hospital.</b> |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br><b>Time Called: 4:17am</b><br><b>Time Arrived: 4:30am</b> | <b>Name of Police Officer/Badge No.:</b><br><br><b>Where was the client taken:</b><br><b>U.C. hospital</b>                                         |

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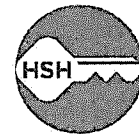
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| IMPORTANT AGENCY INFORMATION                      |                                           |
|---------------------------------------------------|-------------------------------------------|
| Date Form Submitted to HSH                        | 01/16/2019                                |
| Person Who Completed Report <i>(please print)</i> | Epitacio Cortina                          |
| Agency Name/Location/Phone <i>(please print)</i>  | Bayshore Navigation Center (415) 920-8920 |
| Supervisor Name and Phone                         | Epitacio Cortina (415)920-8920            |

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DEPARTMENT OF  
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## San Francisco Housing and Homeless Division Report of Critical Incident

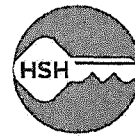
### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |            |
|-----------------------------------------------|--------------------------------|-------------------|------------|
| 1/20/2018                                     | 1:10pm                         | Medical           |            |
| Navigation Center Name                        | Bayshore Navigation            |                   |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                   | LAST FOUR: |
| Client A.                                     |                                |                   |            |
| Client B.                                     |                                |                   |            |
| Client C.                                     |                                |                   |            |



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|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> |                         |                        |
|                                 | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         |                        |

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**Summary of Incident – Continue on separate sheet of paper if necessary.  
(Please do not include client names below. Refer to Client A, Client B, etc.)**

At approx 1:10 pm I was radioed from the dorm that a guest was having minor seizures. I immediately responded to the guest dorm to find client A up and talkative. I asked client A if she would like a ambulance and she refused. I then told client A that she needed to get checked out by the EMT's and medically cleared before we could allow her to stay. She then agreed. 911 had already been called and arrived a short time later. The EMT's checked client A's vitals and said they are normal. Client A refused to go with the ambulance and signed a refusal. It was the opinion of the first responders that client A needed to go see a doctor as soon as possible and get her seizure medication.

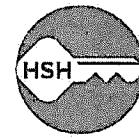
|                                                                                                                                   |                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Describe any injuries observed:</b><br>N/A                                                                                     | <b>Describe any action taken by staff:</b><br>Staff called 911 and sat with client A the entire time.<br>Staff are also monitoring client A                         |
| <input type="checkbox"/> <b>Check if police were involved</b><br>Time Called:<br>Time Arrived:                                    | <b>Describe what actions were performed by the Paramedics or Police:</b> Vitals were taken, advised client A to go see a doctor as soon as possible                 |
| <input checked="" type="checkbox"/> <b>Check if paramedics were involved</b><br><br>Time Called: 1:10 pm<br>Time Arrived: 1:15 pm | <b>Name of Police Officer/Badge No.:</b><br>SFFD# 72 & #9<br><br><b>Where was the client taken:</b> Client refused and signed computerized refusal offered by EMT's |

**IMPORTANT AGENCY INFORMATION**

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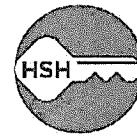


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|                                                          |                                                        |
|----------------------------------------------------------|--------------------------------------------------------|
| <b>Date Form Submitted to HSH</b>                        | <b>1/20/19</b>                                         |
| <b>Person Who Completed Report</b> <i>(please print)</i> | <b>Neal Tremain</b>                                    |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>  | <b>Bayshore Navigation Center<br/>125 Bayshore Ave</b> |
| <b>Supervisor Name and Phone</b>                         | <b>Neal Tremain 415-573-9437</b>                       |



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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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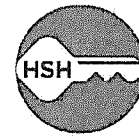
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 01/21/2019                                    | 855pm                          | Medical           |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |

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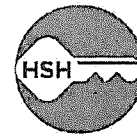


DEPARTMENT OF  
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|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> |                         |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         |                        |

|                                                                                                                                                                  |                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                  |                                                                                                           |
|                                                                                                                                                                  |                                                                                                           |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b> |                                                                                                           |
| <b>Client A was lying in bed complaining of pains to her hip and that she went to the restroom and blood was coming out of her stool.</b>                        |                                                                                                           |
|                                                                                                                                                                  |                                                                                                           |
|                                                                                                                                                                  |                                                                                                           |
|                                                                                                                                                                  |                                                                                                           |
|                                                                                                                                                                  |                                                                                                           |
| <b>Describe any injuries observed:</b>                                                                                                                           | <b>Describe any action taken by staff:called 911, comfort guest.</b>                                      |
| <input type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                     | <b>Describe what actions were performed by the Paramedics or Police:</b><br><b>Took guest to hospital</b> |
| <input checked="" type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called: 843pm</b><br><b>Time Arrived: 855pm</b>                      | <b>Name of Police Officer/Badge No.:#222</b><br><br><b>Where was the client taken:St Lukes</b>            |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                              |                                                                                                           |
| <b>Date Form Submitted to HSH</b>                                                                                                                                | <b>01/21/2019</b>                                                                                         |

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|                                                          |                                          |
|----------------------------------------------------------|------------------------------------------|
| <b>Person Who Completed Report</b> <i>(please print)</i> | <b>John McQueen</b>                      |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>  | <b>Bayshore Navigation. 415-920-8920</b> |
| <b>Supervisor Name and Phone</b>                         | <b>John McQueen 415-920-8920</b>         |

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

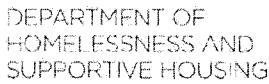
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- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

|                                                                                                                                                                                                                                                 |                                          |                                               |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------|-------------------|
| <b>Date of Incident:</b><br>01/28/2019                                                                                                                                                                                                          | <b>Time Incident Occurred:</b><br>7:35pm | <b>Type of Incident:</b><br>Medical emergency |                   |
|                                                                                                                                                                                                                                                 |                                          | Medical                                       |                   |
| <b>Navigation Center Name</b>                                                                                                                                                                                                                   | Bayshore Navigation Center               |                                               |                   |
| <b>Names of Clients Involved</b>                                                                                                                                                                                                                | <b>PRINT FIRST NAME AND LAST NAME</b>    |                                               | <b>LAST FOUR:</b> |
| Last Four of SSN                                                                                                                                                                                                                                |                                          |                                               |                   |
| Client A.                                                                                                                                                                                                                                       |                                          |                                               |                   |
| Client B.                                                                                                                                                                                                                                       |                                          |                                               |                   |
| Client C.                                                                                                                                                                                                                                       |                                          |                                               |                   |
| <b>Names of Reporting Staff</b>                                                                                                                                                                                                                 | John McQueen                             |                                               |                   |
| <b>Names of Witnesses:</b>                                                                                                                                                                                                                      | <b>Client Witnesses</b>                  | <b>Staff Witnesses</b>                        |                   |
|                                                                                                                                                                                                                                                 |                                          |                                               |                   |
|                                                                                                                                                                                                                                                 |                                          |                                               |                   |
|                                                                                                                                                                                                                                                 |                                          |                                               |                   |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>                 (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                               |                                          |                                               |                   |
| Client A was sitting in smoking area, when a guest came to office and stated that client A was having a stroke, when i arrived to client A he was sitting in a chair with him leaning on his right side, Client A couldn't move his right side. |                                          |                                               |                   |

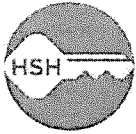
|                                                                                                                                               |                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Describe any injuries observed:</b> N/A                                                                                                    | <b>Describe any action taken by staff:</b><br>911 was called.                                                                                                                                                |
| <input type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                  | <b>Describe what actions were performed by the Paramedics or Police:</b> 911 was called. Fire Department paramedics arrived and checked in with Client A, took him to S F General hospital for more support. |
| <input checked="" type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called: :7:25pm</b><br><b>Time Arrived:7:50pm</b> | <b>Name of Police Officer/Badge No.:</b><br>Fire Dept. Engine 9<br>Ambulance No. 89<br><br><b>Where was the client taken to. S F Gerenal Hospital</b>                                                        |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                           |                                                                                                                                                                                                              |
| <b>Date Form Submitted to HSH</b>                                                                                                             | 01/28/2018                                                                                                                                                                                                   |
| <b>Person Who Completed Report</b> <i>(please print)</i>                                                                                      | John McQueen                                                                                                                                                                                                 |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>                                                                                       | Bayshore Navigation Center, 125 Bayshore Blvd, San Francisco; 415.920.8920                                                                                                                                   |
| <b>Supervisor Name and Phone</b>                                                                                                              | John McQueen, 415.920.8920                                                                                                                                                                                   |



## INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- | Date of Incident:                             | Time Incident Occurred:        | Type of Incident:    |           |
|-----------------------------------------------|--------------------------------|----------------------|-----------|
| 01/29/2019                                    | 5:30pm                         | <u>Medical/Psych</u> |           |
| Navigation Center Name                        | Bayshore Navigation Center     |                      |           |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                      | LAST FOUR |
| Client A.                                     |                                |                      |           |
| Client B.                                     |                                |                      |           |
| Client C.                                     |                                |                      |           |
| Names of Reporting Staff                      |                                |                      |           |
|                                               | Client Witnesses               | Staff Witnesses      |           |



|                                                                                                                                                                                                      |  |                                                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------|--|
| <b>Names of Witnesses:</b>                                                                                                                                                                           |  |                                                                                             |  |
|                                                                                                                                                                                                      |  |                                                                                             |  |
|                                                                                                                                                                                                      |  |                                                                                             |  |
|                                                                                                                                                                                                      |  |                                                                                             |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                     |  |                                                                                             |  |
| Client A was in the dorm area ejaculating, indecent exposure and getting very loud with other guest. The police came and put client A in an ambulance and took guest to S F General for observation. |  |                                                                                             |  |
|                                                                                                                                                                                                      |  |                                                                                             |  |
|                                                                                                                                                                                                      |  |                                                                                             |  |
|                                                                                                                                                                                                      |  |                                                                                             |  |
|                                                                                                                                                                                                      |  |                                                                                             |  |
| Describe any injuries observed:<br>N/A                                                                                                                                                               |  | Describe any action taken by staff:<br>Called 911                                           |  |
| <input checked="" type="checkbox"/> Check if police were involved<br>Time Called: 5:30pm<br>Time Arrived: 7:10pm                                                                                     |  | Describe what actions were performed by the Paramedics or Police: Took guest to S F general |  |
| Check if paramedics were involved                                                                                                                                                                    |  | Name of Police Officer/Badge #7<br>Truck                                                    |  |
| Time Called:<br>Time Arrived                                                                                                                                                                         |  | Where was the client taken:<br>S F general                                                  |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                  |  |                                                                                             |  |
| Date Form Submitted to HSH                                                                                                                                                                           |  | 01/29/2019                                                                                  |  |
| Person Who Completed Report (please print)                                                                                                                                                           |  | John Mcqueen                                                                                |  |
| Agency Name/Location/Phone (please print)                                                                                                                                                            |  | Five Keys Navigation Center 415-920-8920 125 Bayshore                                       |  |
| Supervisor Name and Phone                                                                                                                                                                            |  | John Mcqueen                                                                                |  |



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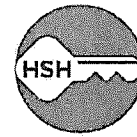
| Date of Incident:                                                                                                                                        | Time Incident Occurred:    | Type of Incident: |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------|
| 1/29/2019                                                                                                                                                | 8:25p                      | medical           |
| Navigation                                                                                                                                               | Bayshore Navigation Center |                   |
| Names of Clients Involved                                                                                                                                |                            |                   |
| Last Four of SSN                                                                                                                                         |                            |                   |
| Client A.                                                                                                                                                |                            |                   |
| Client B.                                                                                                                                                |                            |                   |
| Client C.                                                                                                                                                |                            |                   |
| Names of Reporting Staff                                                                                                                                 | John mcqueen               |                   |
| Names of Witnesses:                                                                                                                                      | Client Witnesses           | Staff Witnesses   |
|                                                                                                                                                          |                            |                   |
|                                                                                                                                                          |                            |                   |
|                                                                                                                                                          |                            |                   |
| Summary of Incident – Continue on separate sheet of paper if necessary.<br>(Please do not include client names below. Refer to Client A, Client B, etc.) |                            |                   |
| Client A was sitting in the bathroom stall throwing up and defecating at the same time .client said that she needed medical attention.                   |                            |                   |
|                                                                                                                                                          |                            |                   |
|                                                                                                                                                          |                            |                   |

|                                                                                                                           |                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
|                                                                                                                           |                                                                                                            |
|                                                                                                                           |                                                                                                            |
|                                                                                                                           |                                                                                                            |
| Describe any injuries observed:<br>N/A                                                                                    | Describe any action taken by staff: called 911                                                             |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                   | Describe what actions were performed by the Paramedics or Police: check Client blood pressure, vital signs |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 8:31pm<br>Time Arrived: 8:40 pm | Name of Police Officer/Badge No.: truck #74<br><br>Where was the client taken:<br>St Luke's hospital       |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                       |                                                                                                            |
| Date Form Submitted to HSH<br>01/29/2019                                                                                  |                                                                                                            |
| Person Who Completed Report <i>(please print)</i>                                                                         | John mcqueen                                                                                               |
| Agency Name/Location/Phone <i>(please print)</i>                                                                          | Bayshore Navigation Center                                                                                 |
| Supervisor Name and Phone                                                                                                 | John mcqueen 415 920 8920                                                                                  |

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DEPARTMENT OF  
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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

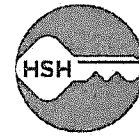
- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |            |
|-----------------------------------------------|--------------------------------|-------------------|------------|
| 01/30/2019                                    | 5:41 am                        | Medical           |            |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                   | LAST FOUR: |
| Client A.                                     |                                |                   |            |
| Client B.                                     |                                |                   |            |
| Client C.                                     |                                |                   |            |

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|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Epitacio Cortina        |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         |                        |

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**Summary of Incident – Continue on separate sheet of paper if necessary.  
(Please do not include client names below. Refer to Client A, Client B, etc.)**

At approximately 5:40 am I was called to the outside court yard where I found our Ambassador(s) standing alongside Client A who was sitting down at the table, as I approached I was informed by staff that Client A was having severe stomach pains and was requesting medical attention.

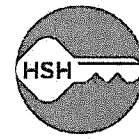
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|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>Describe any injuries observed:</b><br>N/A                                                                 | <b>Describe any action taken by staff:</b> Called 911 and Staff stayed with Client A until paramedics arrived. |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                       | <b>Describe what actions were performed by the Paramedics or Police:</b> Transported Client A to hospital.     |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 5:41am<br>Time Arrived: 5:57am | <b>Name of Police Officer/Badge No.:</b> Ambulance #56<br><br><b>Where was the client taken:</b><br>UCSF       |

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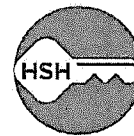


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| IMPORTANT AGENCY INFORMATION                      |                                         |
|---------------------------------------------------|-----------------------------------------|
| Date Form Submitted to HSH                        | 01/30/2019                              |
| Person Who Completed Report <i>(please print)</i> | Epitacio Cortina                        |
| Agency Name/Location/Phone <i>(please print)</i>  | Bayshore Navigation Center(415)920-8920 |
| Supervisor Name and Phone                         | Epitacio Cortina (415)920-8920          |



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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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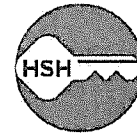
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 02/04/2019                                    | 2:30am                         | Unauthorized Area |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |

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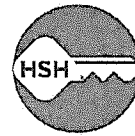


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|                                                                                                                                                                                                                                                |                         |                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Names of Reporting Staff</b>                                                                                                                                                                                                                |                         |                                                                                                                                    |  |
| <b>Names of Witnesses:</b>                                                                                                                                                                                                                     | <b>Client Witnesses</b> | <b>Staff Witnesses</b>                                                                                                             |  |
|                                                                                                                                                                                                                                                |                         |                                                                                                                                    |  |
|                                                                                                                                                                                                                                                |                         |                                                                                                                                    |  |
|                                                                                                                                                                                                                                                |                         |                                                                                                                                    |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                               |                         |                                                                                                                                    |  |
| At about 2:30 am I was informed by staff that Client A was seen entering the ADA shower with a female guest. When staff asked all who was in the shower guest attempted to lie however after some time Client A came from behind the curtain . |                         |                                                                                                                                    |  |
|                                                                                                                                                                                                                                                |                         |                                                                                                                                    |  |
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|                                                                                                                                                                                                                                                |                         |                                                                                                                                    |  |
|                                                                                                                                                                                                                                                |                         |                                                                                                                                    |  |
| Describe any injuries observed:<br>N/A                                                                                                                                                                                                         |                         | Describe any action taken by staff: Staff issued a non-immediate denial of service for violating rule B2 of the Navigation center. |  |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                        |                         | Describe what actions were performed by the Paramedics or Police: N/A                                                              |  |
| <input type="checkbox"/> Check if paramedics were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                    |                         | Name of Police Officer/Badge No.:<br>N/A                                                                                           |  |
|                                                                                                                                                                                                                                                |                         | Where was the client taken:                                                                                                        |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                            |                         |                                                                                                                                    |  |



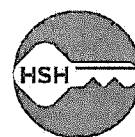
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|                                                          |  |
|----------------------------------------------------------|--|
| <b>Date Form Submitted to HSH</b>                        |  |
| <b>Person Who Completed Report</b> <i>(please print)</i> |  |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>  |  |
| <b>Supervisor Name and Phone</b>                         |  |



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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)**

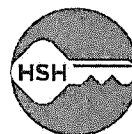
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 02/04/2019                                    | 3:18am                         | Medical           |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |

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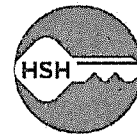
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|                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                             |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>Names of Reporting Staff</b>                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                             |                        |
| <b>Names of Witnesses:</b>                                                                                                                                                                                                                                                                                                                         | <b>Client Witnesses</b> |                                                                                                                                             | <b>Staff Witnesses</b> |
|                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                             |                        |
|                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                             |                        |
|                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                             |                        |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                   |                         |                                                                                                                                             |                        |
| <p>Client A informed me via radio that Client A was seeking medical attention. Client A came into the office stating that he had forgotten his blood pressure medicine and was feeling dizzy, dry mouth, heart palpitations and wanted medical attention. 911 call was immediately made by staff and Client A was transported to the hospital.</p> |                         |                                                                                                                                             |                        |
|                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                             |                        |
|                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                             |                        |
|                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                             |                        |
|                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                             |                        |
| <b>Describe any injuries observed:</b><br>N/A                                                                                                                                                                                                                                                                                                      |                         | <b>Describe any action taken by staff:</b> Called 911 and had Client A remain seated in the front office until emergency personnel arrived. |                        |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                            |                         | Describe what actions were performed by the Paramedics or Police: Checked Client A vitals and transported Client A to the hospital.         |                        |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 3:17am<br>Time Arrived: 3:35am                                                                                                                                                                                                                                      |                         | Name of Police Officer/Badge No.: Ambulance # 22<br><br>Where was the client taken:<br>Client A was transported to Mission Bernal           |                        |

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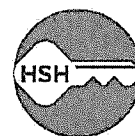


Jeff Kositsky  
Director



DEPARTMENT OF  
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| IMPORTANT AGENCY INFORMATION                      |                                                    |
|---------------------------------------------------|----------------------------------------------------|
| Date Form Submitted to HSH                        | 02/04/2019                                         |
| Person Who Completed Report <i>(please print)</i> | Epitacio Cortina                                   |
| Agency Name/Location/Phone <i>(please print)</i>  | Bayshore Navigation Center S.F. Ca. (415) 920-8920 |
| Supervisor Name and Phone                         | Epitacio Cortina (415)920-8920                     |



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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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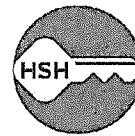
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 02/06/2019                                    | 12:02 am                       | Medical           |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |

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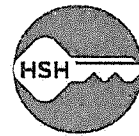
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|                                                                                                                                                                        |                         |                                                                                                                                                         |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>Names of Reporting Staff</b>                                                                                                                                        |                         |                                                                                                                                                         |                        |
| <b>Names of Witnesses:</b>                                                                                                                                             | <b>Client Witnesses</b> |                                                                                                                                                         | <b>Staff Witnesses</b> |
|                                                                                                                                                                        |                         |                                                                                                                                                         |                        |
|                                                                                                                                                                        |                         |                                                                                                                                                         |                        |
|                                                                                                                                                                        |                         |                                                                                                                                                         |                        |
|                                                                                                                                                                        |                         |                                                                                                                                                         |                        |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>       |                         |                                                                                                                                                         |                        |
| At 12:02 am Client A came into the office asking for medical assistance due to an allergic reaction Client A was having to medication that was prescribed to Client A. |                         |                                                                                                                                                         |                        |
|                                                                                                                                                                        |                         |                                                                                                                                                         |                        |
|                                                                                                                                                                        |                         |                                                                                                                                                         |                        |
|                                                                                                                                                                        |                         |                                                                                                                                                         |                        |
|                                                                                                                                                                        |                         |                                                                                                                                                         |                        |
| Describe any injuries observed:<br>Swollen lips and rash about the arms and legs.                                                                                      |                         | Describe any action taken by staff: Called 911 and had Client A remain seated in the front office.                                                      |                        |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                |                         | Describe what actions were performed by the Paramedics or Police: Spoke with Client A ensuring that the client was ok for transporting to the hospital. |                        |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 12:03am<br>Time Arrived: 12:10am                                                        |                         | Name of Police Officer/Badge No.: Ambulance #122                                                                                                        |                        |
|                                                                                                                                                                        |                         | Where was the client taken: SFGH                                                                                                                        |                        |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                    |                         |                                                                                                                                                         |                        |
| Date Form Submitted to HSH                                                                                                                                             |                         | 02/06/2019                                                                                                                                              |                        |

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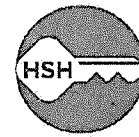
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|                                                          |                                                               |
|----------------------------------------------------------|---------------------------------------------------------------|
| <b>Person Who Completed Report</b> <i>(please print)</i> | <b>Epitacio Cortina</b>                                       |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>  | <b>Bayshore Navigation Center, S.F. Ca.<br/>(415)920-8920</b> |
| <b>Supervisor Name and Phone</b>                         | <b>Epitacio Cortina (415)920-8920</b>                         |

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## San Francisco Housing and Homeless Division Report of Critical Incident

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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)

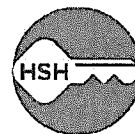
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:  |            |
|-----------------------------------------------|--------------------------------|--------------------|------------|
| 02/13/2019                                    | 1:33 am                        | Medical (overdose) |            |
| Navigation Center Name                        | Bayshore Navigation Center     |                    |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                    | LAST FOUR: |
| Client A.                                     |                                |                    |            |
| Client B.                                     |                                |                    |            |
| Client C.                                     |                                |                    |            |

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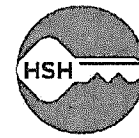
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DEPARTMENT OF  
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>Names of Reporting Staff</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Epitacio Cortina                                                                                                        |                        |
| <b>Names of Witnesses:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Client Witnesses</b>                                                                                                 | <b>Staff Witnesses</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                        |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |                        |
| <p>At 1:33 am I was informed by staff that we had an incident in the women's guest shower. I immediately responded to the area and noticed Client A sitting on the shower floor. Staff informed me that a syringe had been found in the shower stall that Client A was occupying, staff began asking her questions for the purpose of getting a response, but to no avail. I then had A1 Security call 911 and retrieve Narcan. I was then informed via radio that she was now responding and coherent. At this time emergency personnel arrived and transported Client a to the hospital.</p> |                                                                                                                         |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                        |
| Describe any injuries observed:<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Describe any action taken by staff: Called 911, staff stayed with her keeping her awake and alert.                      |                        |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Describe what actions were performed by the Paramedics or Police: Took vitals and transported Client A to the hospital. |                        |
| <input type="checkbox"/> Check if paramedics were involved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name of Police Officer/Badge No.: Fire truck #E9 and ambulance #748                                                     |                        |

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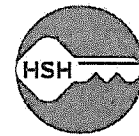
Jeff Kositsky  
Director

|                                                             |                                                                     |
|-------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Time Called: 1:35 am</b><br><b>Time Arrived: 1:40 am</b> | <b>Where was the client taken: Mission Bernal</b>                   |
| <b>IMPORTANT AGENCY INFORMATION</b>                         |                                                                     |
| <b>Date Form Submitted to HSH</b>                           | <b>02/13/2019</b>                                                   |
| <b>Person Who Completed Report</b> <i>(please print)</i>    | <b>Epitacio Cortina</b>                                             |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>     | <b>Bayshore Navigation Center, S.F. Ca.</b><br><b>(415)920-8920</b> |
| <b>Supervisor Name and Phone</b>                            |                                                                     |

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DEPARTMENT OF  
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## San Francisco Housing and Homeless Division Report of Critical Incident

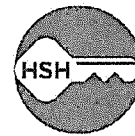
### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:    |            |
|-----------------------------------------------|--------------------------------|----------------------|------------|
| 2/14/19                                       | 9:15 AM                        | Psychiatric, medical |            |
| Navigation Center Name                        | Bayshore Navigation Center     |                      |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                      | LAST FOUR: |
| Client A.                                     |                                |                      |            |
| Client B.                                     |                                |                      |            |
| Client C.                                     |                                |                      |            |



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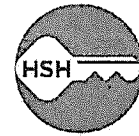


Jeff Kositsky  
Director

|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Meg O'Neill             |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         |                        |

| Summary of Incident – Continue on separate sheet of paper if necessary.<br>(Please do not include client names below. Refer to Client A, Client B, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Client A was experiencing psychosis and mania. She did not sleep last night, was talking constantly, pacing, crying and laughing, and made multiple complaints including, "I got Turret's and I'm going to jail," and, "There are 18 sleep deprivation units under the tunnel." She was also complaining of asthma and trouble breathing. Client A has a history of medical issues and substance use and is bipolar. I called Mobile Crisis and they recommended I call the non-emergency paramedics. The paramedics came, evaluated Client A, put her on oxygen, and took her to the hospital. She returned this afternoon with discharge paperwork from the hospital.</p> |                                                                                                                                              |
| <b>Describe any injuries observed:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Describe any action taken by staff:</b><br>Calmed client down, stayed with her, spoke with mobile crisis then paramedics                  |
| <input type="checkbox"/> Check if police were involved<br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Evaluated client, put her on oxygen and took her to the hospital |
| <input type="checkbox"/> X Check if paramedics were involved<br><br><b>Time Called: 9:36 AM</b><br><b>Time Arrived: 9:42 AM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Name of Police Officer/Badge No.:</b><br>Truck 62, Engine 9                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Where was the client taken:</b><br>Mission Bernal                                                                                         |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>2/14/19</b>                                                                                                                               |

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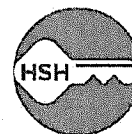
Jeff Kositsky  
Director

|                                                          |                                                 |
|----------------------------------------------------------|-------------------------------------------------|
| <b>Person Who Completed Report</b> <i>(please print)</i> | <b>Meg O'Neill</b>                              |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>  | <b>Bayshore Navigation Center, 415-920-8920</b> |
| <b>Supervisor Name and Phone</b>                         | <b>Meg O'Neill, 415-920-8920</b>                |

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DEPARTMENT OF  
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## San Francisco Housing and Homeless Division Report of Critical Incident

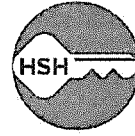
### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred: | Type of Incident: |
|-----------------------------------------------|-------------------------|-------------------|
| 2/21/2019                                     | 9:05pm                  | 911 emergency     |
| Navigation Center Name                        | Bay Shore Navigation    |                   |
| Names of Clients Involved<br>Last Four of SSN |                         |                   |
| Client A.                                     |                         |                   |
| Client B.                                     |                         |                   |
| Client C.                                     |                         |                   |



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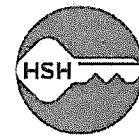


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|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> |                         |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         |                        |

|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                |                                                                                                                   |  |
| Client A was in the dorm at her bed area using profanity and arguing with client B ,client A was asked to step to supervisor office ,client A refused to leave bed area and continued to keep cursing ,saying (fuck you you bitch im not going anywhere call the fucking police, police were called Client A still refused to leave with police,client A was taken out by SFPD and 911 medical. |                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |  |
| <b>Describe any injuries observed:</b><br>Client A arm was in a brace.                                                                                                                                                                                                                                                                                                                          | <b>Describe any action taken by staff:</b> called 911                                                             |  |
| <input checked="" type="checkbox"/> Check if police were involved<br>Time Called: 845p<br>Time Arrived: 905p                                                                                                                                                                                                                                                                                    | Describe what actions were performed by the Paramedics or Police: police handcuff client A and called ambulance . |  |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 905p                                                                                                                                                                                                                                                                                                  | Name of Police Officer/Badge No.:124 engine 9                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                 | Where was the client taken:<br>St luke's hosp[ital]                                                               |  |

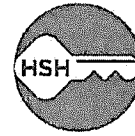
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|                                                          |                            |
|----------------------------------------------------------|----------------------------|
| <b>Time Arrived: 911p</b>                                |                            |
| <b>IMPORTANT AGENCY INFORMATION</b>                      |                            |
| <b>Date Form Submitted to HSH</b>                        | <b>2/22/2019</b>           |
| <b>Person Who Completed Report</b> <i>(please print)</i> | <b>john mcqueen</b>        |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>  | <b>bayshore navigation</b> |
| <b>Supervisor Name and Phone</b>                         | <b>john mcqueen</b>        |



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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

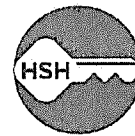
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |  |
|-----------------------------------------------|--------------------------------|-------------------|--|
| 2/22/19                                       | 9:15 PM                        | Medical           |  |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |  |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |  |
| Client A.                                     |                                |                   |  |
| Client B.                                     |                                |                   |  |
| Client C.                                     |                                |                   |  |

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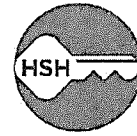


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|                                 |                                |                                       |
|---------------------------------|--------------------------------|---------------------------------------|
| <b>Names of Reporting Staff</b> | Paul Young                     |                                       |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b><br>N/A | <b>Staff Witnesses</b><br>Capri Spain |

|                                                                                                                                                                            |                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>           |                                                                                                                                                           |
| At 9:15 PM while completing rounds in the kitchen I was alerted by Ambassador Spain                                                                                        |                                                                                                                                                           |
| I need to look at Client A as she was having difficulty moving responding and talking.                                                                                     |                                                                                                                                                           |
| I asked her how she felt and her response was very slow and incoherent. I made the decision to call 911 Emergency as a precaution so she could be evaluated. SFFD Engine 9 |                                                                                                                                                           |
| arrived took her vitals and asked her general questions about her health. Their conclusion was to have her transported to Mission Bernal for further tests and evaluation. |                                                                                                                                                           |
| Describe any injuries observed:<br>N/A                                                                                                                                     | Describe any action taken by staff: Staff responded to their emergency response training and assisted with keeping the area secure assisted where needed. |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                    | Describe what actions were performed by the Paramedics or Police: Checked vitals, gathered medical history, head to toe exam.                             |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 9:15 PM<br>Time Arrived: 9:22 PM                                                 | Name of Police Officer/Badge No. N/A<br><br>Where was the client taken: Transported by AMR (116) to Mission Bernal Emergency.                             |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                        |                                                                                                                                                           |
| Date Form Submitted to HSH                                                                                                                                                 | 2/22/19                                                                                                                                                   |
| Person Who Completed Report                                                                                                                                                | Paul Young Shift Supervisor                                                                                                                               |

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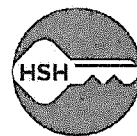
Jeff Kositsky  
Director

|                                                    |                                          |
|----------------------------------------------------|------------------------------------------|
| Agency Name/Location/Phone ( <i>please print</i> ) | Bayshore Navigation Center, 415-920-8920 |
| Supervisor Name and Phone                          | Paul Young, (415) 920-8920               |

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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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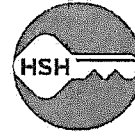
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 3/1/19                                        | 9:38 am                        | Medical           |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |

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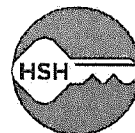
|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Meg O'Neill             |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         |                        |

| Summary of Incident – Continue on separate sheet of paper if necessary.<br>(Please do not include client names below. Refer to Client A, Client B, etc.)                                                                                                                                                                                                                                                                                             |                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Client A was in the kitchen getting coffee when she told staff she felt faint. She then went to sit in a chair but missed and fainted. Staff grabbed her and prevented her head from hitting the floor. She was laying on the floor non-responsive and appeared to be unconscious. Staff checked and she had a pulse and was breathing but not responding or opening her eyes.</p> <p>Paramedics arrived, evaluated her and took her to SFGH.</p> |                                                                                                                                                            |
| <b>Describe any injuries observed:</b><br>Unconscious, shallow breathing                                                                                                                                                                                                                                                                                                                                                                             | <b>Describe any action taken by staff:</b><br>Stopped Client A from hitting her head on the floor, took her pulse, provided medics with health information |
| <input type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                                                                                         | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Evaluated guest and took her to SFGH                                           |
| <input type="checkbox"/> <b>X Check if paramedics were involved</b><br><br><b>Time Called:</b> 9:42 AM<br><b>Time Arrived:</b> 9:45 AM                                                                                                                                                                                                                                                                                                               | <b>Name of Police Officer/Badge No.:</b><br>Engine 9, AMR 290376                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Where was the client taken:</b><br>SFGH                                                                                                                 |
| IMPORTANT AGENCY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                            |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>3.1.19</b>                                                                                                                                              |
| <b>Person Who Completed Report (please print)</b>                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Meg O'Neill</b>                                                                                                                                         |

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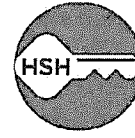


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Director



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                                         |                                                 |
|---------------------------------------------------------|-------------------------------------------------|
| <b>Agency Name/Location/Phone</b> <i>(please print)</i> | <b>Bayshore Navigation Center, 415-920-8920</b> |
| <b>Supervisor Name and Phone</b>                        | <b>Meg O'Neill, 415-920-8920</b>                |



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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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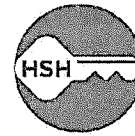
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 3/7/19                                        | 1:57 PM                        | Police            |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |

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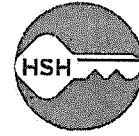
Jeff Kositsky  
Director



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Meg O'Neill             |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         |                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                            |
| <p>Client A was denied service from the Bayshore Navigation Center several weeks ago. Client B, his wife, is still a guest here. Client A was standing outside the Navigation Center entrance on Jerrold asking staff to tell his wife to come outside. Client B was afraid to go outside because her husband was trying to convince her to move out and stay on the street with him. Client A became aggressive, yelling, cursing and hitting the gate. When he was asked to move away from the entrance he refused and said, "Call the police, I'm not leaving."</p> <p>Staff called non-emergency police. They said they would send someone but no one showed up until over four hours later. By that time, staff had been able to convince Client A to leave the area. Client B was counseled by her case manager and chose to stay here at the Nav. Center.</p> |                                                                                                                            |
| <b>Describe any injuries observed:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Describe any action taken by staff:</b><br>Prevented any escalation, convinced Client A to leave and got Client B help  |
| <input type="checkbox"/> <b>X Check if police were involved</b><br><b>Time Called:</b> 1:57 PM<br><b>Time Arrived:</b> 6:10 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Arrived several hours after issue was resolved |
| <input type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Name of Police Officer/Badge No.:</b><br>Squad car 217                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Where was the client taken:</b>                                                                                         |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                            |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>3/8/19</b>                                                                                                              |



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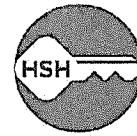
Jeff Kositsky  
Director

|                                                          |                                                 |
|----------------------------------------------------------|-------------------------------------------------|
| <b>Person Who Completed Report</b> <i>(please print)</i> | <b>Meg O'Neill</b>                              |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>  | <b>Bayshore Navigation Center, 415-920-8920</b> |
| <b>Supervisor Name and Phone</b>                         | <b>Meg O'Neill, 415-920-8920</b>                |

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DEPARTMENT OF  
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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

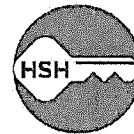
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 3/16/19                                       | 07:00                          | Medical           |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |

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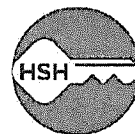


DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Meg O'Neill             |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         |                        |

|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                  |                                                                                                                                    |
| <p>Client A reported difficulty breathing, rapid temperature changes, cold sweats, and chest and joint pain. She has stage 4 cancer and recently had pneumonia. Staff called the paramedics, gave her an albuterol inhaler, and kept her calm while waiting for help.</p> <p>The paramedics arrived, evaluated her, and took her to SF General for treatment.</p> |                                                                                                                                    |
| <b>Describe any injuries observed:</b><br>Difficulty breathing, rapid temperature changes, cold sweats, and chest and joint pain                                                                                                                                                                                                                                  | <b>Describe any action taken by staff:</b><br>Called paramedics, kept guest calm                                                   |
| <input type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                      | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Medically evaluated guest and took her to the hospital |
| <input checked="" type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called: 7:00 AM</b><br><b>Time Arrived: 7:11 AM</b>                                                                                                                                                                                                                   | <b>Name of Police Officer/Badge No.:</b><br>Engine 9, Truck 14500022<br><br><b>Where was the client taken:</b><br>SF General       |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                               |                                                                                                                                    |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                 | <b>3/16/19</b>                                                                                                                     |
| <b>Person Who Completed Report (please print)</b>                                                                                                                                                                                                                                                                                                                 | <b>Meg O'Neill</b>                                                                                                                 |

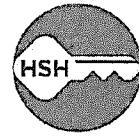
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SUPPORTIVE HOUSING

Jeff Kositsky  
Director

|                                                  |                                          |
|--------------------------------------------------|------------------------------------------|
| Agency Name/Location/Phone <i>(please print)</i> | Bayshore Navigation Center, 415-920-8920 |
| Supervisor Name and Phone                        | Meg O'Neill, 415-920-8920                |



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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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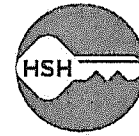
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 3/17/2019                                     | 10:15 AM                       | Medical           |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |

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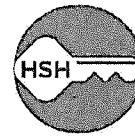
|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Neal Tremain            |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         | Marvin Galdamez        |

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                 |                                                                                                                                               |
| At 10:15 am Client A came into the Administration area and complained of chest pain, I was summoned to the front desk via radio and found Client A sweating and shallow breath, he was experiencing chest pain so I immediately called 911. Medical teams arrived at the facility at 10:21 and upon examination of Client A they transported him to the hospital |                                                                                                                                               |
| <b>Describe any injuries observed:</b><br>Sweating, shallow breathing, chest pain                                                                                                                                                                                                                                                                                | <b>Describe any action taken by staff:</b><br>911 called, comforted client until medics arrived                                               |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                          | Describe what actions were performed by the Paramedics or Police: Evaluated and transported to hospital. Responding Depts. SFFD #9 & SFFD #72 |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 10:15 AM<br>Time Arrived: 10:21 AM                                                                                                                                                                                                                                     | <b>Name of Police Officer/Badge No.:</b><br><br><b>Where was the client taken:</b> CPMC (VanNess)                                             |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                              |                                                                                                                                               |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                | 3/17/2019                                                                                                                                     |
| <b>Person Who Completed Report</b> (please print)                                                                                                                                                                                                                                                                                                                | Neal Tremain                                                                                                                                  |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                                                                                                                                                                                                                 | Bayshore Navigation Center, 415-920-8920                                                                                                      |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                                                                                                 | Neal Tremain (415-573-9437)                                                                                                                   |

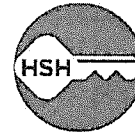
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**Jeff Kositsky  
Director**



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Director

## San Francisco Housing and Homeless Division Report of Critical Incident

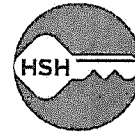
### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 03/18/2019                                    | 9:55 am                        | Medical           |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |



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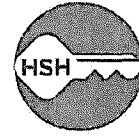


Jeff Kositsky  
Director

|                                 |                                    |                        |
|---------------------------------|------------------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Epitacio Cortina and Ricardo Lopez |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b>            | <b>Staff Witnesses</b> |
|                                 |                                    |                        |

|                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                               |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                         |  |                                                                                                                                                                                               |
| At approximately 9:55 am it was announced via radio that we had an emergency in the dorm 911 was immediately called. I and other staff members immediately responded to the location of the emergency where I found Ambassador Ricardo aiding Client A, I was informed that Client A had just experienced a seizure. Emergency personnel arrived to the center and transported Client A to the hospital. |  |                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                               |
| <b>Describe any injuries observed:</b><br>N/A                                                                                                                                                                                                                                                                                                                                                            |  | <b>Describe any action taken by staff: Called 911</b>                                                                                                                                         |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                  |  | <b>Describe what actions were performed by the Paramedics or Police: Paramedics arrived on scene taking Clients A's vitals and stabilizing the client for transportation to the hospital.</b> |
| <input type="checkbox"/> Check if paramedics were involved                                                                                                                                                                                                                                                                                                                                               |  | <b>Name of Police Officer/Badge No.: Bus #81, Paramedic R. Law and firemen Noble and Chow</b>                                                                                                 |
| Time Called: 10:00 am<br>Time Arrived: 10:06 am                                                                                                                                                                                                                                                                                                                                                          |  | <b>Where was the client taken: SFGH</b>                                                                                                                                                       |

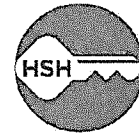
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SUPPORTIVE HOUSING

Jeff Kositsky  
Director

| IMPORTANT AGENCY INFORMATION                      |                                              |
|---------------------------------------------------|----------------------------------------------|
| Date Form Submitted to HSH                        | 03/18/2019                                   |
| Person Who Completed Report <i>(please print)</i> | Epitacio Cortina                             |
| Agency Name/Location/Phone <i>(please print)</i>  | Bayshore Navigation Center S.F. 415-920-8920 |
| Supervisor Name and Phone                         | Epitacio Cortina 415-920-8920                |



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## San Francisco Housing and Homeless Division Report of Critical Incident

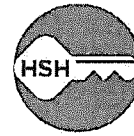
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- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 04/07/2019                                    | 4:45 pm                        | Medical           |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |



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Jeff Kositsky  
Director

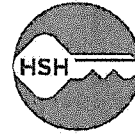
|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> |                         |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         |                        |

|                                                                                                                                                                  |                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b> |                                                                                                                                    |
| At about 4:44 pm guest entered my office stating that he was suffering severe stomach pains and needed medical attention. I immediately had staff call 911.      |                                                                                                                                    |
|                                                                                                                                                                  |                                                                                                                                    |
|                                                                                                                                                                  |                                                                                                                                    |
|                                                                                                                                                                  |                                                                                                                                    |
|                                                                                                                                                                  |                                                                                                                                    |
| <b>Describe any injuries observed:</b><br>N/A                                                                                                                    | <b>Describe any action taken by staff:</b><br>Called 911 and had client A stay seated in the front office.                         |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                          | <b>Describe what actions were performed by the Paramedics or Police:</b> Took his vitals and transported Client A to the hospital. |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 4:45 pm<br>Time Arrived: 4:53 pm                                                  | <b>Name of Police Officer/Badge No.:</b><br><br><b>Where was the client taken:</b><br>SFGH                                         |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                              |                                                                                                                                    |
| <b>Date Form Submitted to HSH</b>                                                                                                                                | 04/08/2019                                                                                                                         |
| <b>Person Who Completed Report</b> (please print)                                                                                                                | Epitacio Cortina                                                                                                                   |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                 | Bayshore Navigation Center, 415-920-8920                                                                                           |

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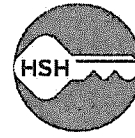


Jeff Kositsky  
Director



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                  |                                      |
|----------------------------------|--------------------------------------|
| <b>Supervisor Name and Phone</b> | <b>Epitacio Cortina 415-920-8920</b> |
|----------------------------------|--------------------------------------|



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## San Francisco Housing and Homeless Division Report of Critical Incident

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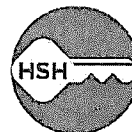
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |  |
|-----------------------------------------------|--------------------------------|-------------------|--|
| 4/7/2019                                      | 5:20 am                        | Medical           |  |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |  |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |  |
| Client A.                                     |                                |                   |  |
| Client B.                                     |                                |                   |  |
| Client C.                                     |                                |                   |  |

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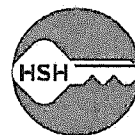
|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Neal Tremain            |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         |                        |

|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                   |                                                                                                                                                                                                                          |
| At approx. 5:15 am Client A began exhibiting stroke like symptoms. 911 was called at 5:20 am and paramedics arrived at 5:28 am. Client A was kept comfortable by ambassadors until medical help arrived. Client was transported to SFGH at 5:35 am |                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                          |
| Describe any injuries observed:<br><br>extreme loss of coordinated muscle movement, slurred speech                                                                                                                                                 | Describe any action taken by staff: Staff called 911, performed stroke questions for 911 operator, kept Client A comfortable and made sure that Client A didn't drink or eat anything before the arrival of medical help |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                            | Describe what actions were performed by the Paramedics or Police: Medics did a quick test and transported Client A to hospital                                                                                           |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 5:20 am<br>Time Arrived: 5:28 am                                                                                                                                    | Name of Police Officer/Badge No.: SFFD Engine #9<br>SFFD Ambulance #62<br><br>Where was the client taken: SFGH                                                                                                           |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                |                                                                                                                                                                                                                          |
| Date Form Submitted to HSH                                                                                                                                                                                                                         | 4/7/2019                                                                                                                                                                                                                 |

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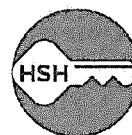
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|                                                          |                                                 |
|----------------------------------------------------------|-------------------------------------------------|
| <b>Person Who Completed Report</b> <i>(please print)</i> | <b>Neal Tremain</b>                             |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>  | <b>Bayshore Navigation Center, 415-920-8920</b> |
| <b>Supervisor Name and Phone</b>                         | <b>Neal Tremain, 415-573-9437</b>               |

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## San Francisco Housing and Homeless Division Report of Critical Incident

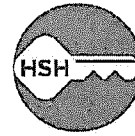
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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 5/10/19                                       | 4:40 PM                        | Medical Transport |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |



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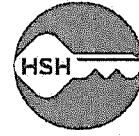
|                                 |                         |                         |
|---------------------------------|-------------------------|-------------------------|
| <b>Names of Reporting Staff</b> |                         |                         |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b>  |
|                                 |                         | Paul Young - Supervisor |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                |                                                                                                                                            |
| (Client A) came to the supervisor's office at 4:40 PM and stated she had strep throat, was not feeling well, and had mild back pain. (Client A) stated she wanted to call an ambulance for transportation to the hospital. Under her own volition she called 911 who in turn arranged for King Ambulance #6 to pick her up and transport her to St. Mary's Hospital. (OA) Johnny Holman remained with her until medical transportation arrived. |                                                                                                                                            |
| Describe any injuries observed: N/A                                                                                                                                                                                                                                                                                                                                                                                                             | Describe any action taken by staff: Staff made sure (Client A) was comfortable and remained with her until medical transportation arrived. |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                         | Describe what actions were performed by the Paramedics or Police: Took medical information and vitals.                                     |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 4:40 PM<br>Time Arrived: 5:00 PM                                                                                                                                                                                                                                                                                                                      | Name of Police Officer/Badge No.:<br><br>Where was the client taken: St. Mary's Hospital                                                   |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                            |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                      | 5/10/19                                                                                                                                    |
| Person Who Completed Report (please print)                                                                                                                                                                                                                                                                                                                                                                                                      | Paul Young                                                                                                                                 |
| Agency Name/Location/Phone (please print)                                                                                                                                                                                                                                                                                                                                                                                                       | Bayshore Navigation Center, 415-920-8920                                                                                                   |

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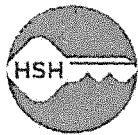


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Director



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                  |                                |
|----------------------------------|--------------------------------|
| <b>Supervisor Name and Phone</b> | <b>Paul Young - Supervisor</b> |
|----------------------------------|--------------------------------|



## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |  |
|-----------------------------------------------|--------------------------------|-------------------|--|
| 12/16/2018                                    | 5:27pm                         | Violence          |  |
| Navigation Center Name                        | Civic Center Navigation Center |                   |  |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |  |
| Client A.                                     |                                |                   |  |
| Client B.                                     |                                |                   |  |
| Client C.                                     |                                |                   |  |
| Names of Reporting Staff                      | Molly Sullivan                 |                   |  |

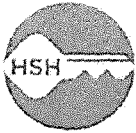
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Department of Homelessness and Supportive Housing  
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SAN FRANCISCO, CA 94103  
415.252.3232

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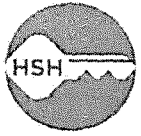


REVISED 12/27/17



| Names of Witnesses:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Client Witnesses                                                                                                                                                                                                                              | Staff Witnesses                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                               | Molly Sullivan (via camera footage)   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                               | Marjorie Russell (via camera footage) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                               | Sam Woods (via camera footage)        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                               | Kevin Marques (via camera footage)    |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                               |                                       |
| <p>On Monday, 12/17 Front Desk Clerk _____ was reviewing camera footage from the night before. Mr. _____ observed Client B striking Client A in the face and pushing her into another client's unit. Client A and Client B were not visible via camera after that. Two client witnesses saw the event occur but did not wish to write incident reports. Mr. _____ brought this camera footage to the attention of Property Manager _____ and Clinical Case Manager (CCM) _____. CCM called Program Manager _____, who was off-site at the time. Ms. _____ notified CCM that she would be consulting with HSH regarding next steps. On 12/18, Ms. _____ directed Case Manager _____ to file an APS report on behalf of Client A and directed CCM to file a police report. At approx. 4:00 p.m. on 12/18, CCM filed a police report. SFPD dispatchers agreed that RSD Staff should be present when officers arrive. Due to the hotel's RSD offices being closed on 12/19, the SFPD dispatcher advised CCM to provide information regarding the report, and to call back on 12/20 to request officers to come on-site. At 10:35 a.m. on 12/20, CCM called SFPD, referenced the call number provided on 12/18. Officers were dispatched and arrived on-site at 11:25 a.m. Ms. _____, Mr. _____, and CCM greeted officers and provided background information. Officers viewed and recorded camera footage of the incident. Officers took statements from Client A and Client B. Officers notified Client A that they would be seeing a protection order. Officers arrested Client B.</p> |                                                                                                                                                                                                                                               |                                       |
| <b>Describe any injuries observed:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Describe any action taken by staff:</b> Staff filed an APS report and a police report. Staff remained on-site on 12/20 to greet police and assist Client A and Client B.                                                                   |                                       |
| <input checked="" type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b> Initial report made approx.. 4:00 p.m. on 12/18. Follow-up call made 12/20 at 10:35 a.m.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Describe what actions were performed by the Paramedics or Police:</b> Police took statements from Client A and Client B. Police arrested Client B. Police notified staff that they will be requesting an order of protection for Client A. |                                       |





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|                                                                                                                      |                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Time Arrived:</b> 12/20 at 11:25 a.m.                                                                             |                                                                                                                                                                                          |
| <input type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called:</b><br><b>Time Arrived:</b> | <b>Name of Police Officer/Badge No.:</b><br>Glynn/1631<br>Dudum/1066<br>Bautista/police refused to provide badge number<br><br><b>Where was the client taken:</b> Client B was arrested. |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                  |                                                                                                                                                                                          |
| <b>Date Form Submitted to HSH</b>                                                                                    | <b>12/20/18</b>                                                                                                                                                                          |
| <b>Person Who Completed Report</b><br><i>(please print)</i>                                                          | <b>Molly Sullivan</b>                                                                                                                                                                    |
| <b>Agency Name/Location/Phone</b><br><i>(please print)</i>                                                           | Community Housing Partnership/ 20 12 <sup>th</sup> St.,/<br>415.522.0160                                                                                                                 |
| <b>Supervisor Name and Phone</b>                                                                                     | <b>Renee Penton/415-713-9409</b>                                                                                                                                                         |

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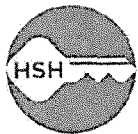
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Department of Homelessness and Supportive Housing  
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## San Francisco Housing and Homeless Division Report of Critical Incident

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- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |  |
|-----------------------------------------------|--------------------------------|---------------------------------|--|
| 12/17/2018                                    | 03:15pm                        | <u>Other Emergency Services</u> |  |
| Navigation Center Name                        | Civic Center Navigation Center |                                 |  |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:                      |  |
| Client A.                                     |                                |                                 |  |
| Client B.                                     |                                |                                 |  |
| Client C.                                     |                                |                                 |  |
| Names of Reporting Staff                      | Molly Sullivan                 |                                 |  |

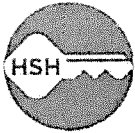
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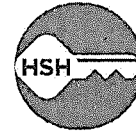


| Names of Witnesses:                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Client Witnesses                                                                                                            | Staff Witnesses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                             | Roxana Salazar  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                             |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                             |                 |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                           |                                                                                                                             |                 |
| Client A reported feeling ill to staff and requested an ambulance. Client A reported that he had been released from SFGH the night before following surgery. Client A reported being in significant pain. Staff observed client sweating and breathing heavily. Staff called 911 and requested paramedics. Staff monitored client while waiting for paramedics to arrive. Staff helped communicate Client A's symptoms and helped problem-solve to make sure Client A's dog was cared for. |                                                                                                                             |                 |
| Describe any injuries observed:                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Describe any action taken by staff: Staff called paramedics and monitored client while waiting for paramedics to arrive.    |                 |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                    | Describe what actions were performed by the Paramedics or Police: The paramedics took Client A and his dog to the hospital. |                 |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 3:15pm<br>Time Arrived: 3:25pm                                                                                                                                                                                                                                                                                                                                                                   | Name of Police Officer/Badge No.:<br><br>Where was the client taken:<br>St. Francis Memorial Hospital                       |                 |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                             |                 |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 12/17/18                                                                                                                    |                 |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                              | Molly Sullivan                                                                                                              |                 |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                               | Community Housing Partnership, 20 12 <sup>th</sup> St., San Francisco, CA 94103 / 415.522.0160                              |                 |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Renee Penton/415-713-9409                                                                                                   |                 |





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City & County of San Francisco



DEPARTMENT OF  
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SUPPORTIVE HOUSING

Jeff Kositsky  
Director

## San Francisco Housing and Homeless Division Report of Critical Incident

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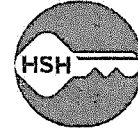
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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |
|-----------------------------------------------|--------------------------------|---------------------------------|
| 1/2/2019                                      | 11:39am                        | <u>Other Emergency Services</u> |
| Navigation Center Name                        | Civic Center Navigation Center |                                 |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:                      |
| Client A.                                     |                                |                                 |
| Client B.                                     |                                |                                 |



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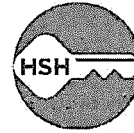
|                                 |                         |                                                                            |
|---------------------------------|-------------------------|----------------------------------------------------------------------------|
| <b>Client C.</b>                |                         |                                                                            |
| <b>Names of Reporting Staff</b> | Renee Penton            |                                                                            |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b>                                                     |
|                                 |                         | Sam Woods (PM), La'Oshia Tillman (asst PD), Mignon Perry (program monitor) |

CONFIDENTIAL

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                     |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                     |  |
| <p>Client A was participant at CCNC for 23 months and was discharged 3/13/18. He has lived outside of the building since that time. Program Director and Property Manager have attempted to access resources and services on his behalf with Client A refusing to go inside</p>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                     |  |
| <p>Or be a “burden to others”. He has refused all medical care, SFHot team interventions, and Swords to Plowshare attempts to provide services to him. This morning it was noted by staff that something was wrong with his feet. This writer (T/W) upon seeing the condition of his feet-possible severe gangrene-called 311 for assistance as he had refused services earlier in the morning.</p>                                                                                                                                       |                                                                                                                                                                                                                                     |  |
| <p>Upon Officer Thomas arriving she completed a mental status evaluation and looked at his feet, calling paramedics and ambulance to the scene. After a lengthy attempt to get him to go the hospital on his own out of concern for his health, with Client A refusing stating “maybe next week”, also refusing a hotel from Swords to Plowshares who was on site to</p>                                                                                                                                                                  |                                                                                                                                                                                                                                     |  |
| <p>Attempt to engage him in their services, the Officer and EMT’s decided with consultation from the CCNC Program Director, that Client A met the criteria for gravely disabled and created a 5150. Client A was then told what was going to happen, and informed that he would go to St Francis with Swords to Plowshares following closely behind to intake him. Upon getting into the gurney, which he was unable to do without assistance as he could not stand or walk, he asked for oxygen as he has trouble breathing as well.</p> |                                                                                                                                                                                                                                     |  |
| <p>Client A was place in ambulance and transported to hospital. T/W provided her information to the officer for follow up as needed.</p>                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                     |  |
| <p>Describe any injuries observed:<br/>Possible gangrene of both feet, severe</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>Describe any action taken by staff: Engage with previous client a, encourage to get care, called 311 for assistance with possible 5150 for grave disability</p>                                                                  |  |
| <p><input checked="" type="checkbox"/> Check if police were involved<br/>Time Called: 11:39a<br/>Time Arrived: 12p</p>                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Describe what actions were performed by the Paramedics or Police: mental status exam, examine feet, attempt to get Client A to go to hospital willingly, eventual 5150 and taken by ambulance to St Francis-grave disability</p> |  |
| <p><input checked="" type="checkbox"/> Check if paramedics were involved<br/><br/>Time Called: 12:20p<br/>Time Arrived: 12:25p</p>                                                                                                                                                                                                                                                                                                                                                                                                        | <p>Name of Police Officer/Badge No.: V. Thomas 885</p> <p>Where was the client taken: St Francis Hospital</p>                                                                                                                       |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                     |  |



Mayor London Breed  
City & County of San Francisco

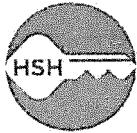


DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

Jeff Kositsky  
Director

|                                                             |                                         |
|-------------------------------------------------------------|-----------------------------------------|
| <b>Date Form Submitted to HSH</b>                           | <b>1/2/19</b>                           |
| <b>Person Who Completed Report</b><br><i>(please print)</i> | <b>Renee Penton</b>                     |
| <b>Agency Name/Location/Phone</b><br><i>(please print)</i>  | <b>CHP-CCNC Nav 2</b>                   |
| <b>Supervisor Name and Phone</b>                            | <b>Anat Leonard-Wookey 415-852-5357</b> |

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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, [scott.walton@sfgov.org](mailto:scott.walton@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |  |
|-----------------------------------------------|--------------------------------|-------------------|--|
| 1/7/19                                        | 12:00 am                       |                   |  |
| Navigation Center Name                        | Bryant Navigation Center       |                   |  |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |  |
| Client A.                                     |                                |                   |  |
| Client B.                                     |                                |                   |  |
| Client C.                                     |                                |                   |  |
| Names of Reporting Staff                      | Jacqueline Williams            |                   |  |

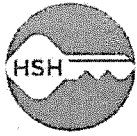
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City and County of San Francisco  
Department of Homelessness and Supportive Housing  
P.O. BOX 7988  
SAN FRANCISCO, CA 94103  
415.252.3232

<http://hsh.sfgov.org>



REVISED 08/07/18

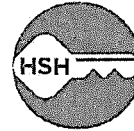


| Names of Witnesses:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Client Witnesses                                                                                                  | Staff Witnesses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|-----------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                   | Hakim           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                   | Jennifer        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                   | Security        |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                   |                 |
| While Security was conducting rounds, she informed me that two males were in the dorm about to fight, once I got to the dorm guest A and B were in each other's face yelling and cursing, I immediately stepped between them asked what was going on, guest B stated that guest A had his music up to loud and he asked him to turn it down, guest A stated that B stood up over him in a threaten manner and demanded he turn it down, both guys were not calming down so the matter needed 911 assistance |  |                                                                                                                   |                 |
| Describe any injuries observed:<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Describe any action taken by staff:<br>Jennifer Savidge called 9-1-1                                              |                 |
| <input checked="" type="checkbox"/> Time Called: 12:09 am<br>Time Arrived: 12:40 am                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Describe what actions were performed by the Paramedics or Police: officer J.Tynes (2744) and spoke with both guys |                 |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br>Time Called: N/A<br>Time Arrived: N/A                                                                                                                                                                                                                                                                                                                                                                                              |  | Name of Police Officer/Badge No.: J.Tynes 2744                                                                    |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Where was the client taken: N/A                                                                                   |                 |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                   |                 |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 1/8/19                                                                                                            |                 |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Jacqueline Williams                                                                                               |                 |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Bryant Navigation Center/ 680 Bryant St./ (415) 373-7896                                                          |                 |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Jacqueline Williams (415) 373-7896                                                                                |                 |





Mayor London Breed  
City & County of San Francisco



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

Jeff Kositsky  
Director

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

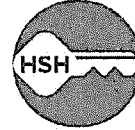
A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |
|-----------------------------------------------|--------------------------------|---------------------------------|
| 1/7/2019                                      | 4:11pm                         | <u>Other Emergency Services</u> |
| Navigation Center Name                        | Civic Center Navigation Center |                                 |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:                      |
| Client A.                                     |                                |                                 |
| Client B.                                     |                                |                                 |



Mayor London Breed  
City & County of San Francisco



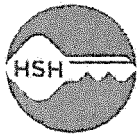
DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

Jeff Kositsky  
Director

|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Client C.</b>                |                         |                        |
| <b>Names of Reporting Staff</b> | Mary Kay Chin           |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         | LaMont Dilwod          |

CONFIDENTIAL

|                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                                                                                                                |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                        |                                             |                                                                                                                                |
| CCM came upon Client A in the hallway on the 3 <sup>rd</sup> floor dazed and presenting paler than usual. Client A reported she had been ill (vomiting and diarrhea) for three days and requested CCM call her an ambulance. CCM escorted Client A to the lobby and called 911 from the front desk at 4:11pm. The ambulance arrived at 4:27pm. The EMTs reported they would take Client A to St. Luke's. |                                             |                                                                                                                                |
| Describe any injuries observed:                                                                                                                                                                                                                                                                                                                                                                          |                                             | Describe any action taken by staff:<br>Called 911, provided all necessary information to dispatch regarding Client A's status. |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                  |                                             | Describe what actions were performed by the Paramedics or Police:                                                              |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 4:11pm<br>Time Arrived: 4:27pm                                                                                                                                                                                                                                                                                 |                                             | Name of Police Officer/Badge No.:<br><br>Where was the client taken:<br>St. Luke's                                             |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                                                                                                                |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                               | 1/7/19                                      |                                                                                                                                |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                                                                                                                                            | Mary Kay Chin                               |                                                                                                                                |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                                                                                                                                                                             | Community Housing Partnership, 415-319-4830 |                                                                                                                                |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                                | Renee Penton, 415-713-9409                  |                                                                                                                                |



## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, [scott.walton@sfgov.org](mailto:scott.walton@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:         | Type of Incident:               |
|-----------------------------------------------|---------------------------------|---------------------------------|
| 1/17/2019                                     | 6:45p.m                         | <u>Other Emergency Services</u> |
| Navigation Center Name                        | Bryant Street Navigation Center |                                 |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME  | LAST FOUR:                      |
| Client A.                                     |                                 |                                 |
| Client B.                                     |                                 |                                 |
| Client C.                                     |                                 |                                 |
| Names of Reporting Staff                      | Whitney Burnett                 |                                 |

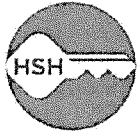
Page 1 of 2

City and County of San Francisco  
Department of Homelessness and Supportive Housing  
P.O. BOX 7988  
SAN FRANCISCO, CA 94103  
415.252.3232

<http://hsh.sfgov.org>

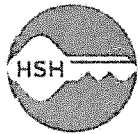


REVISED 08/07/18



| Names of Witnesses:                                                                                                                                                                       | Client Witnesses                                                                  | Staff Witnesses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------|
|                                                                                                                                                                                           |                                                                                   |                 |
|                                                                                                                                                                                           |                                                                                   | Whitney Burnett |
|                                                                                                                                                                                           |                                                                                   | Michael Johnson |
|                                                                                                                                                                                           |                                                                                   | John Warner     |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                          |                                                                                   |                 |
| Guest A. was given an immediate denial of services for violating rule A3- Verbal threats of violence on the premises or within 200 feet in any direction from currently used access door. |                                                                                   |                 |
|                                                                                                                                                                                           |                                                                                   |                 |
|                                                                                                                                                                                           |                                                                                   |                 |
|                                                                                                                                                                                           |                                                                                   |                 |
|                                                                                                                                                                                           |                                                                                   |                 |
|                                                                                                                                                                                           |                                                                                   |                 |
| Describe any injuries observed:<br>N/A                                                                                                                                                    | Describe any action taken by staff: Guest was asked to exit the premises.         |                 |
| <input type="checkbox"/> Check if police were involved<br>Time Called: 6:48p.m<br>Time Arrived: 7:27p.m                                                                                   | Describe what actions were performed by the Paramedics or Police: Officer arrived |                 |
| <input type="checkbox"/> Check if paramedics were involved                                                                                                                                | Name of Police Officer/Badge No.: SFPD Officer Orenge #2122                       |                 |
| Time Called:<br>Time Arrived:                                                                                                                                                             | Where was the client taken: Escorted off premises                                 |                 |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                       |                                                                                   |                 |
| Date Form Submitted to HSH                                                                                                                                                                | 1-17-2019                                                                         |                 |
| Person Who Completed Report<br>(please print)                                                                                                                                             | Whitney Burnett                                                                   |                 |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                              | Navigation Center 680 Bryant Street.                                              |                 |
| Supervisor Name and Phone                                                                                                                                                                 | Whitney Burnett 415-487-3300 ext 4411                                             |                 |





## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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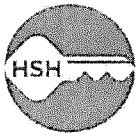
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- Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, [scott.walton@sfgov.org](mailto:scott.walton@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |
|-----------------------------------------------|--------------------------------|---------------------------------|
| 1/23/2019                                     | 11:38pm                        | <u>Other Emergency Services</u> |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:                      |
| Client A.                                     |                                |                                 |
| Client B.                                     |                                |                                 |
| Client C.                                     |                                |                                 |
| Names of Reporting Staff                      | Danielle Belton                |                                 |

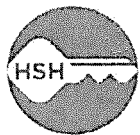
Page 1 of 2





| Names of Witnesses:                                                                                                                                              | Client Witnesses                                                                                                                | Staff Witnesses |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|
|                                                                                                                                                                  |                                                                                                                                 |                 |
|                                                                                                                                                                  |                                                                                                                                 |                 |
|                                                                                                                                                                  |                                                                                                                                 |                 |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b> |                                                                                                                                 |                 |
| Client A was being disruptive and yelling out because guest was upset about being denied of service                                                              |                                                                                                                                 |                 |
|                                                                                                                                                                  |                                                                                                                                 |                 |
|                                                                                                                                                                  |                                                                                                                                 |                 |
|                                                                                                                                                                  |                                                                                                                                 |                 |
|                                                                                                                                                                  |                                                                                                                                 |                 |
|                                                                                                                                                                  |                                                                                                                                 |                 |
| Describe any injuries observed:                                                                                                                                  | Describe any action taken by staff:                                                                                             |                 |
| <input type="checkbox"/> Check if police were involved<br>Time Called: 11:38pm<br>Time Arrived: 11:48pm                                                          | Describe what actions were performed by the Paramedics or Police:<br>The police assisted with getting the guest off the grounds |                 |
| <input type="checkbox"/> Check if paramedics were involved                                                                                                       | Name of Police Officer/Badge No.:<br>Ledesma/2733<br>Tynes/2744                                                                 |                 |
| Time Called:<br>Time Arrived:                                                                                                                                    | Where was the client taken:<br>N/A                                                                                              |                 |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                              |                                                                                                                                 |                 |
| Date Form Submitted to HSH                                                                                                                                       |                                                                                                                                 |                 |
| Person Who Completed Report<br>(please print)                                                                                                                    | Danielle Belton                                                                                                                 |                 |
| Agency Name/Location/Phone<br>(please print)                                                                                                                     | Bryant Navigation Center                                                                                                        |                 |
| Supervisor Name and Phone                                                                                                                                        | Michael Johnson (415) 487-3300 EXT. 4411                                                                                        |                 |





## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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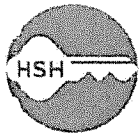
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- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 1/30/19                                       | 2:58pm                         | medical           |
| Navigation Center Name                        | Bryant Navigation Center       |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |
| Names of Reporting Staff                      | Missy Mason                    |                   |

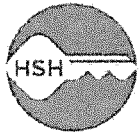
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| Names of Witnesses:                                                                                                                                              | Client Witnesses                                                                                               | Staff Witnesses |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------|
|                                                                                                                                                                  |                                                                                                                | Tamegee         |
|                                                                                                                                                                  |                                                                                                                |                 |
|                                                                                                                                                                  |                                                                                                                |                 |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b> |                                                                                                                |                 |
| Client A was complaining of sharp feet pain.                                                                                                                     |                                                                                                                |                 |
|                                                                                                                                                                  |                                                                                                                |                 |
|                                                                                                                                                                  |                                                                                                                |                 |
|                                                                                                                                                                  |                                                                                                                |                 |
|                                                                                                                                                                  |                                                                                                                |                 |
|                                                                                                                                                                  |                                                                                                                |                 |
|                                                                                                                                                                  |                                                                                                                |                 |
| Describe any injuries observed:<br>Complaining of sharp feet pain.                                                                                               | Describe any action taken by staff:                                                                            |                 |
| <input checked="" type="checkbox"/> Time Called: 12:11pm                                                                                                         | Describe what actions were performed by the<br>Paramedics or Police:<br>Medic 112 arrived and was transported. |                 |
| <input checked="" type="checkbox"/> Check if paramedics were<br>involved<br>Time Called: 2:58pm<br>Time Arrived: 3:15pm                                          | Name of Police Officer/Badge No.:                                                                              |                 |
|                                                                                                                                                                  | Where was the client taken:<br><br>St. Francis Medical Center                                                  |                 |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                              |                                                                                                                |                 |
| Date Form Submitted to HSH                                                                                                                                       | 1/30/19                                                                                                        |                 |
| Person Who Completed Report<br>(please print)                                                                                                                    | Missy Mason                                                                                                    |                 |
| Agency Name/Location/Phone<br>(please print)                                                                                                                     | 680 Bryant street sf ca 94103                                                                                  |                 |
| Supervisor Name and Phone                                                                                                                                        | Michael Johnson (415) 487-3300 ext. 4411                                                                       |                 |





## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, [scott.walton@sfgov.org](mailto:scott.walton@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:         | Type of Incident:               |
|-----------------------------------------------|---------------------------------|---------------------------------|
| 1/31/2019                                     | 6:50p.m                         | <u>Other Emergency Services</u> |
| Navigation Center Name                        | Bryant Street Navigation Center |                                 |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME  | LAST FOUR:                      |
| Client A.                                     |                                 |                                 |
| Client B.                                     |                                 |                                 |
| Client C.                                     |                                 |                                 |
| Names of Reporting Staff                      | Whitney Burnett                 |                                 |

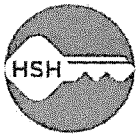
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City and County of San Francisco  
Department of Homelessness and Supportive Housing  
P.O. BOX 7988  
SAN FRANCISCO, CA 94103  
415.252.3232

<http://hsh.sfgov.org>

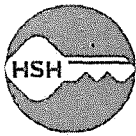


REVISED 08/07/18



| Names of Witnesses:                                                                                                                                                                                       | Client Witnesses                                                                                                     | Staff Witnesses |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------|
|                                                                                                                                                                                                           |                                                                                                                      | Candra Jordan   |
|                                                                                                                                                                                                           |                                                                                                                      | Whitney Burnett |
|                                                                                                                                                                                                           |                                                                                                                      |                 |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                          |                                                                                                                      |                 |
| Guest A. was complaining about having nerve pain in his feet from previous car accident on December 27 <sup>th</sup> . The paramedics were on site assisting another guest and checked guest A for staff. |                                                                                                                      |                 |
|                                                                                                                                                                                                           |                                                                                                                      |                 |
|                                                                                                                                                                                                           |                                                                                                                      |                 |
|                                                                                                                                                                                                           |                                                                                                                      |                 |
|                                                                                                                                                                                                           |                                                                                                                      |                 |
| Describe any injuries observed:                                                                                                                                                                           | Describe any action taken by staff: Guest was asked to get off his feet and rest                                     |                 |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                   | Describe what actions were performed by the Paramedics or Police: Guest was taken to the ambulance by the paramedics |                 |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 6:50p.m<br>Time Arrived: 6:59pm                                                                                 | Name of Police Officer/Badge No.: Engine 8, Medic 55<br><br>Where was the client taken: St. Francis                  |                 |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                       |                                                                                                                      |                 |
| Date Form Submitted to HSH                                                                                                                                                                                | 1-31-2019                                                                                                            |                 |
| Person Who Completed Report<br>(please print)                                                                                                                                                             | Whitney Burnett                                                                                                      |                 |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                              | Bryant Street Navigation center                                                                                      |                 |
| Supervisor Name and Phone                                                                                                                                                                                 | Whitney Burnett 415-487-3300 ext 4411                                                                                |                 |





## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

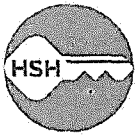
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [Janay.Washington@sfgov.org](mailto:Janay.Washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [Lisa.Rachowicz@sfgov.org](mailto:Lisa.Rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

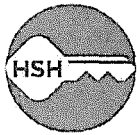
| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:                                                             |
|-----------------------------------------------|--------------------------------|-------------------------------------------------------------------------------|
| 2/4/2019                                      | APPROX. 6:00 PM                | <u>Violence</u>                                                               |
| Navigation Center Name                        | Civic Center Navigation Center |                                                                               |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:                                                                    |
| Client A.                                     |                                | 7281                                                                          |
| Client B.                                     |                                | 3186                                                                          |
| Client C.                                     |                                |                                                                               |
| Names of Reporting Staff                      | Molly Sullivan (CCM)           |                                                                               |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                                                               |
|                                               | Alondra Scott                  | Molly Sullivan (CCM), Reginae Raynor (CM), Lamont Dillwood (Front Desk Clerk) |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                           |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                           |  |
| <p>CCM was on the 2<sup>nd</sup> floor and heard loud shouting and thudding noises coming from the 3<sup>rd</sup> floor. CCM went up to the 3<sup>rd</sup> floor and located the noise coming from Client A's unit. Client A's door was closed. CCM called on the radio for assistance from the other CM on duty. Client A and Client B continued to shout at each other. CCM shouted loudly to get Client A and Client B's attention. Client B came out of Client A's unit and told CCM that Client A hit Client B and asked CCM to call the police. CCM accompanied Client B downstairs to the Resident Services Office while CM remained on the third floor to calm Client A. Client B reported that she has a history with Client A and that Client A has assaulted her in the past. Client B reported that she used to have an order of protection against Client A, though it expired recently. Client B reported that she would like to file a report with the police. CCM called over the radio for Front Desk Clerk to call the police to report an assault. Client A was observed leaving the building. After some time of Client B describing her relationship history with Client A to CCM, Client B asked to go into the Community Room to get something to drink. Client B was observed leaving the building.</p> |                                                                                                                                                                                                                                                                                           |  |
| <b>Describe any injuries observed:</b><br>None observed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Describe any action taken by staff:</b> Staff helped to separate Clients A and B. Staff called the police so that Client B could file a report. Staff greeted police when they arrived and informed them that Clients A and B were no longer on site.                                  |  |
| <input checked="" type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b> 6:25 p.m.<br><b>Time Arrived:</b> 11:10 p.m.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Describe what actions were performed by the Paramedics or Police:</b> : Police arrived on-site. Police requested to speak with Client A and Client B for statements. Client A and Client B were not present in the building at the time of police's arrival. Police left the premises. |  |
| <input type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Name of Police Officer/Badge No.:</b> Front Desk Clerk did not note names or badge numbers of responding officers.<br><br><b>Where was the client taken:</b> n/a                                                                                                                       |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                           |  |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>02/05/2019</b>                                                                                                                                                                                                                                                                         |  |
| <b>Person Who Completed Report</b><br><i>(please print)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Molly Sullivan</b>                                                                                                                                                                                                                                                                     |  |
| <b>Agency Name/Location/Phone</b><br><i>(please print)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Community Housing Partnership, 20 12<sup>th</sup> St., 415-522-0163</b>                                                                                                                                                                                                                |  |



|                                  |                                   |
|----------------------------------|-----------------------------------|
| <b>Supervisor Name and Phone</b> | <b>Renee Penton, 415-713-9409</b> |
|----------------------------------|-----------------------------------|

CONFIDENTIAL



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

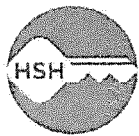
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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [Janay.Washington@sfgov.org](mailto:Janay.Washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [Lisa.Rachowicz@sfgov.org](mailto:Lisa.Rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |            |
|-----------------------------------------------|--------------------------------|-------------------|------------|
| 2/6/2019                                      | 8:10am                         | Violence          |            |
| Navigation Center Name                        | Choose A Navigation Center     |                   |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                   | LAST FOUR: |
| Client A.                                     |                                |                   |            |
| Client B.                                     |                                |                   |            |
| Client C.                                     |                                |                   |            |
| Names of Reporting Staff                      | Missy Mason                    |                   |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses   |            |
|                                               |                                | Ronnie Thorton    |            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                         |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                         | Elgin Rose |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                         |            |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                         |            |
| Client A and B were arguing in the men's bathroom Client B came out the bathroom and Client A came out behind him and they began to fight. Client B tried to walk away and Client A came at Client B again and they fought again. Client B picked up a blue chair to try to defend his self. I called 911. Client B walked off and went into the dorm. While Client A went back into the restroom. We kept them separate until officers Glynn #1631 and Villena # 472 arrived and escorted Client A off the grounds. |                                                                                                                                                                         |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                         |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                         |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                         |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                         |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                         |            |
| Describe any injuries observed:<br>I did not see any injuries on anyone                                                                                                                                                                                                                                                                                                                                                                                                                                              | Describe any action taken by staff:<br>I called 911                                                                                                                     |            |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Check if police were involved<br>Time Called: 8:14am<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                   | Describe what actions were performed by the Paramedics or Police: Police escorted Client A off the grounds                                                              |            |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                      | Name of Police Officer/Badge No.:<br>Glynn #1631 and Villena #472<br><br>Where was the client taken: No one was arrested They both left the grounds at different times. |            |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                         |            |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2/6/18                                                                                                                                                                  |            |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Missy Mason                                                                                                                                                             |            |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 680 Bryant Street Navigation Center<br>Sanfrancisco Ca 94107                                                                                                            |            |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Michael Johnson (415) 487-3300 ext. 4422                                                                                                                                |            |



## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |            |
|-----------------------------------------------|--------------------------------|---------------------------------|------------|
| 2/6/2019                                      | 6:18pm                         | <u>Other Emergency Services</u> |            |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                                 | LAST FOUR: |
| Client A.                                     |                                |                                 |            |
| Client B.                                     |                                |                                 |            |
| Client C.                                     |                                |                                 |            |
| Names of Reporting Staff                      | Whitney Burnett                |                                 |            |

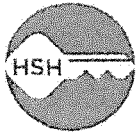
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City and County of San Francisco  
Department of Homelessness and Supportive Housing  
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415.252.3232

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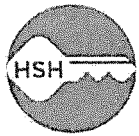


REVISED 08/07/18



| Names of Witnesses:                                                                                                                                                                                                                                                                                       | Client Witnesses | Staff Witnesses                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                           |                  |                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                           |                  | Whitney Burnett                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                           |                  | Antwan Thomas                                                                                                                                                                                                                                                                                         |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                          |                  |                                                                                                                                                                                                                                                                                                       |
| Guest A. was in dining area yelling sexual obscenities at staff and when asked to go outside on time out guest requested that 911 be called to have him removed. When officers arrived guest fell out on couch and requested an ambulance be called because he could no longer walk not even with walker. |                  |                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                           |                  |                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                           |                  |                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                           |                  |                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                           |                  |                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                           |                  |                                                                                                                                                                                                                                                                                                       |
| Describe any injuries observed:                                                                                                                                                                                                                                                                           |                  | Describe any action taken by staff: Guest was asked to go lay down until the ambulance arrived                                                                                                                                                                                                        |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Check if police were involved<br>Time Called: 6:18p.m<br>Time Arrived: 7:31p.m                                                                                                                                                               |                  | Describe what actions were performed by the Paramedics or Police: Police arrived to escort guest off property, guest requested an ambulance, Police Officer #801 called for a paramedic they arrived at 7:36p.m Engine #8 and Medic #72 and then they took vitals and wheeled guest to the ambulance. |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 7:33p.m<br>Time Arrived: 7:36p.m                                                                                                                                                       |                  | Name of Police Officer/Badge No.: Police Officer Cestoni #801 and Sanchez#1150 , Engine 8, Medic 72                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                           |                  | Where was the client taken: General                                                                                                                                                                                                                                                                   |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                       |                  |                                                                                                                                                                                                                                                                                                       |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                |                  | 2-6-2019                                                                                                                                                                                                                                                                                              |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                                             |                  | Whitney Burnett                                                                                                                                                                                                                                                                                       |





DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                                            |                                               |
|------------------------------------------------------------|-----------------------------------------------|
| <b>Agency Name/Location/Phone</b><br><i>(please print)</i> | <b>Bryant Navigation Center</b>               |
| <b>Supervisor Name and Phone</b>                           | <b>Whitney Burnett 415-487-3300 ext. 4411</b> |

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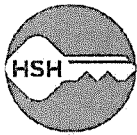
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City and County of San Francisco  
Department of Homelessness and Supportive Housing  
P.O. BOX 7988  
SAN FRANCISCO, CA 94103  
415.252.3232

<http://hsh.sfgov.org>



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## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:        |  |
|-----------------------------------------------|--------------------------------|--------------------------|--|
| 2/7/2019                                      | 10:31am                        | Other Emergency Services |  |
| Navigation Center Name                        | Bryant Navigation Center       |                          |  |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:               |  |
| Client A.                                     |                                |                          |  |
| Client B.                                     |                                |                          |  |
| Client C.                                     |                                |                          |  |
| Names of Reporting Staff                      | Missy Mason                    |                          |  |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses          |  |
|                                               |                                | Candra Jordan            |  |

|                                                                                                                                                                                                      |  |                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                      |  | Missy Mason                                                                                                             |
|                                                                                                                                                                                                      |  | Michael Johnson                                                                                                         |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                    |  |                                                                                                                         |
| Client A was in bed space and began to vomit. Client A was asked by Missy Mason if he needed any medical attention, which they said yes to. 911 was called for Client A and they were taken to SFGH. |  |                                                                                                                         |
|                                                                                                                                                                                                      |  |                                                                                                                         |
|                                                                                                                                                                                                      |  |                                                                                                                         |
|                                                                                                                                                                                                      |  |                                                                                                                         |
|                                                                                                                                                                                                      |  |                                                                                                                         |
|                                                                                                                                                                                                      |  |                                                                                                                         |
| Describe any injuries observed:<br>Client A was vomiting                                                                                                                                             |  | Describe any action taken by staff:<br>I called 911                                                                     |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                              |  | Describe what actions were performed by the Paramedics or Police: Medics 85 arrived and transported him to the hospital |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 10:31am<br>Time Arrived: 10:50am                                                                           |  | Name of Police Officer/Badge No.<br><br>Where was the client taken: SFGH                                                |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                  |  |                                                                                                                         |
| Date Form Submitted to HSH                                                                                                                                                                           |  | 2/7/18                                                                                                                  |
| Person Who Completed Report<br><i>(please print)</i>                                                                                                                                                 |  | Missy Mason                                                                                                             |
| Agency Name/Location/Phone<br><i>(please print)</i>                                                                                                                                                  |  | 680 Bryant Street Navigation Center San Francisco Ca 94107                                                              |
| Supervisor Name and Phone                                                                                                                                                                            |  | Michael Johnson (415) 487-3300 ext. 4422                                                                                |



## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, [scott.walton@sfgov.org](mailto:scott.walton@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |            |
|-----------------------------------------------|--------------------------------|---------------------------------|------------|
| 2/8/2019                                      | 7:30p.m                        | <u>Other Emergency Services</u> |            |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                                 | LAST FOUR: |
| Client A.                                     |                                |                                 |            |
| Client B.                                     |                                |                                 |            |
| Client C.                                     |                                |                                 |            |
| Names of Reporting Staff                      | Whitney Burnett                |                                 |            |

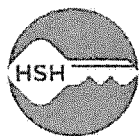
Page 1 of 2

City and County of San Francisco  
Department of Homelessness and Supportive Housing  
P.O. BOX 7988  
SAN FRANCISCO, CA 94103  
415.252.3232

<http://hsh.sfgov.org>

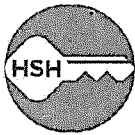


REVISED 08/07/18



| Names of Witnesses:                                                                                                                                                                                                                            | Client Witnesses                                                                                                                                                | Staff Witnesses |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
|                                                                                                                                                                                                                                                |                                                                                                                                                                 | Michael Johnson |
|                                                                                                                                                                                                                                                |                                                                                                                                                                 | Whitney Burnett |
|                                                                                                                                                                                                                                                |                                                                                                                                                                 |                 |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                               |                                                                                                                                                                 |                 |
| Guest B. came to Welcome Center to inform staff that Guest A. was in need of medical.                                                                                                                                                          |                                                                                                                                                                 |                 |
| Guest A. was in inside dormitory hysterically crying and screaming she can't breathe. Guest A. said that she had a clot in her lung and needs an ambulance. Ambulance was called while S.M Michael made sure guest was able to start to relax. |                                                                                                                                                                 |                 |
|                                                                                                                                                                                                                                                |                                                                                                                                                                 |                 |
|                                                                                                                                                                                                                                                |                                                                                                                                                                 |                 |
|                                                                                                                                                                                                                                                |                                                                                                                                                                 |                 |
|                                                                                                                                                                                                                                                |                                                                                                                                                                 |                 |
| Describe any injuries observed:                                                                                                                                                                                                                | Describe any action taken by staff: Guest was asked to sit down until ambulance arrived.                                                                        |                 |
| <input type="checkbox"/> Check if police were involved<br>Time Called: 7:30p.m<br>Time Arrived: 7:34p.m                                                                                                                                        | Describe what actions were performed by the Paramedics or Police: Guest was wheeled to the ambulance where they took her vitals and transported her to hospital |                 |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 7:30p.m<br>Time Arrived: 7:34p.m                                                                                                                     | Name of Police Officer/Badge No.: Engine 8, Medic 71                                                                                                            |                 |
|                                                                                                                                                                                                                                                | Where was the client taken: General                                                                                                                             |                 |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                            |                                                                                                                                                                 |                 |
| Date Form Submitted to HSH                                                                                                                                                                                                                     | 2-8-2019                                                                                                                                                        |                 |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                  | Whitney Burnett                                                                                                                                                 |                 |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                   | Bryant Navigation Center 680 Bryant Street.                                                                                                                     |                 |
| Supervisor Name and Phone                                                                                                                                                                                                                      | Whitney Burnett 415-487-3300 ext 4411                                                                                                                           |                 |





## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

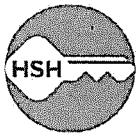
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [Janay.Washington@sfgov.org](mailto:Janay.Washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [Lisa.Rachowicz@sfgov.org](mailto:Lisa.Rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:        |  |
|-----------------------------------------------|--------------------------------|--------------------------|--|
| 2/9/2019                                      | 4:51pm                         | Other Emergency Services |  |
| Navigation Center Name                        | Civic Center Navigation Center |                          |  |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:               |  |
| Client A.                                     |                                |                          |  |
| Client B.                                     |                                |                          |  |
| Client C.                                     |                                |                          |  |
| Names of Reporting Staff                      | Jose Ceja Lopez                |                          |  |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses          |  |
|                                               |                                |                          |  |

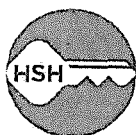
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                         |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                         |  |
| <p>Client A came into the office at 4:51pm. Client mentioned her son, Client B was not feeling well. He had taken his medication about two hours prior to her coming to the office, she said he had gotten pale, not violent but was speaking words out of the ordinary. He was anxious, and Client A saw a pattern which she has seen before which eventually leads to an emergency. Client A was trying to prevent things from getting out of control or to an emergency level. (911)Paramedics were called in. Police showed up, officer Mykael Thompson - badge number 970. They were abreast of the situation, they waited outside until the paramedics showed. Paramedics provided first response care, Client B was checked out but he decline going to the hospital. Paramedics and police left around 5:45pm</p> |                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |  |
| Describe any injuries observed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Describe any action taken by staff:<br>911 called – Medical attention                                                                                                   |  |
| <input type="checkbox"/> Check if police were involved<br>Time Called: 4:51PM<br>Time Arrived: 5:15PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Describe what actions were performed by the Paramedics or Police: Provided first medical services.                                                                      |  |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 4:51PM<br>Time Arrived: 5:20PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name of Police Officer/Badge No.: Mykael Thompson – badge number 970<br><br>Where was the client taken: No one was taken, resident declined being taken to the hospital |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                         |  |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2/12/2019                                                                                                                                                               |  |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Jose Ceja Lopez                                                                                                                                                         |  |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Civic Center Hotel –Navigation Center                                                                                                                                   |  |



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                  |                                     |
|----------------------------------|-------------------------------------|
| <b>Supervisor Name and Phone</b> | <b>LaOshia Tillman 415 432 4979</b> |
|----------------------------------|-------------------------------------|

CONFIDENTIAL



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

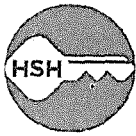
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- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [Janay.Washington@sfgov.org](mailto:Janay.Washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [Lisa.Rachowicz@sfgov.org](mailto:Lisa.Rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |            |
|-----------------------------------------------|--------------------------------|---------------------------------|------------|
| 2/12/2019                                     | 9:00am                         | <u>Other Emergency Services</u> |            |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                                 | LAST FOUR: |
| Client A.                                     |                                |                                 |            |
| Client B.                                     |                                |                                 |            |
| Client C.                                     |                                |                                 |            |
| Names of Reporting Staff                      | Tamegee Artis                  |                                 |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |            |
|                                               |                                |                                 |            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           | Missy Mason |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |             |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                |                                                                                                           |             |
| Client A was in the community room Yelling and getting into verbal altercations with other guest that was in the community room SM Michael asked him to step out to have a conversation with client A. Client A said that staff that was working the community room assaulted him. Client A was threatening to harm staff so I was told to call the nonemergency police so a report can be taken for safety issues. Report was taken and report number was given |                                                                                                           |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |             |
| Describe any injuries observed: N/A                                                                                                                                                                                                                                                                                                                                                                                                                              | Describe any action taken by staff:<br>Called 911 Then I called my supervisor Michael                     |             |
| <input type="checkbox"/> Check if police were involved<br>Time Called: 10:00am<br>Time Arrived: 10:15 am                                                                                                                                                                                                                                                                                                                                                         | Describe what actions were performed by the Paramedics or Police: police arrived and spoke with the guest |             |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                  | Name of Police Officer/Badge No: #317 O'Malley<br>#1310 Patino<br>Where was the client taken:             |             |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           |             |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2/13/18                                                                                                   |             |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                    | Tamegee Artis                                                                                             |             |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                     | 680 Bryant Street Navigation Center San Francisco Ca 94107                                                |             |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                                                                                        | Michael Johnson (415) 487-3300 ext. 4422                                                                  |             |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

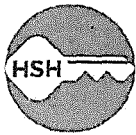
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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [Lisa.Rachowicz@sfgov.org](mailto:Lisa.Rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |            |
|-----------------------------------------------|--------------------------------|---------------------------------|------------|
| 2/12/2019                                     | 10:00am                        | <u>Other Emergency Services</u> |            |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                                 | LAST FOUR: |
| Client A.                                     |                                |                                 |            |
| Client B.                                     |                                |                                 |            |
| Client C.                                     |                                |                                 |            |
| Names of Reporting Staff                      | Tamegee Artis                  |                                 |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |            |
|                                               |                                |                                 |            |

|                                                                                                                                                                   |                                                            |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                   |                                                            | Missy Mason                                                                                             |
|                                                                                                                                                                   |                                                            |                                                                                                         |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b> |                                                            |                                                                                                         |
| Client A was having hand and feet pain and requested staff to call 911.                                                                                           |                                                            |                                                                                                         |
|                                                                                                                                                                   |                                                            |                                                                                                         |
|                                                                                                                                                                   |                                                            |                                                                                                         |
|                                                                                                                                                                   |                                                            |                                                                                                         |
|                                                                                                                                                                   |                                                            |                                                                                                         |
| Describe any injuries observed: N/A                                                                                                                               |                                                            | Describe any action taken by staff:<br>Called 911 Then I called my supervisor Michael                   |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                           |                                                            | Describe what actions were performed by the<br>Paramedics or Police: they checked her vitals            |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 10:00am<br>Time Arrived: 10:15am                                                   |                                                            | Name of Police Officer/Badge No: Medic 65<br><br>Where was the client taken: St. Francis Medical Center |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                               |                                                            |                                                                                                         |
| Date Form Submitted to HSH                                                                                                                                        | 2/13/18                                                    |                                                                                                         |
| Person Who Completed Report<br>(please print)                                                                                                                     | Tamegee Artis                                              |                                                                                                         |
| Agency Name/Location/Phone<br>(please print)                                                                                                                      | 680 Bryant Street Navigation Center San Francisco Ca 94107 |                                                                                                         |
| Supervisor Name and Phone                                                                                                                                         | Michael Johnson (415) 487-3300 ext. 4422                   |                                                                                                         |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

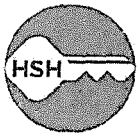
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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |
|-----------------------------------------------|--------------------------------|---------------------------------|
| 2/13/2019                                     | 7:50am                         | <u>Other Emergency Services</u> |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:                      |
| Client A.                                     |                                |                                 |
| Client B.                                     |                                |                                 |
| Client C.                                     |                                |                                 |
| Names of Reporting Staff                      | Missy Mason                    |                                 |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |
|                                               |                                | Lakisha Smith                   |

|                                                                                                                                                                                                                                                                                           |                                                                                                                                  |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------|
|                                                                                                                                                                                                                                                                                           |                                                                                                                                  | Missy Mason |
|                                                                                                                                                                                                                                                                                           |                                                                                                                                  |             |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                         |                                                                                                                                  |             |
| The alarm panel keeps going off there is no medical emergency on grounds with any staff or guest. The water Keeps setting it off. Engine 8 arrived and shut it off. They left instructions with me and also spoke with the Director John Ouertani. John called to have the problem fixed. |                                                                                                                                  |             |
|                                                                                                                                                                                                                                                                                           |                                                                                                                                  |             |
|                                                                                                                                                                                                                                                                                           |                                                                                                                                  |             |
|                                                                                                                                                                                                                                                                                           |                                                                                                                                  |             |
|                                                                                                                                                                                                                                                                                           |                                                                                                                                  |             |
|                                                                                                                                                                                                                                                                                           |                                                                                                                                  |             |
| Describe any injuries observed: N/A                                                                                                                                                                                                                                                       | Describe any action taken by staff:<br>Called 911 Then I called my supervisor Michael and Director John O                        |             |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                                   | Describe what actions were performed by the Paramedics or Police: Engine 8 arrived and checked the scene and shut off the alarm. |             |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 7:50am<br>Time Arrived: 7:57am                                                                                                                                                                             | Name of Police Officer/Badge No: Engine 8<br><br>Where was the client taken:                                                     |             |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                       |                                                                                                                                  |             |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                | 2/13/18                                                                                                                          |             |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                             | Missy Mason                                                                                                                      |             |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                                                              | 680 Bryant Street Navigation Center San Francisco Ca 94107                                                                       |             |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                 | Michael Johnson (415) 487-3300 ext. 4422                                                                                         |             |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

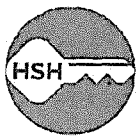
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [Janay.Washington@sfgov.org](mailto:Janay.Washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [Lisa.Rachowicz@sfgov.org](mailto:Lisa.Rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |
|-----------------------------------------------|--------------------------------|---------------------------------|
| 2/13/2019                                     | 10:34am                        | <u>Other Emergency Services</u> |
| Navigation Center Name                        | Choose A Navigation Center     |                                 |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:                      |
| Client A.                                     |                                |                                 |
| Client B.                                     |                                |                                 |
| Client C.                                     |                                |                                 |
| Names of Reporting Staff                      | Missy Mason                    |                                 |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |
|                                               |                                | Lakisha Smith                   |

|                                                                                                                                                                   |                                                            |                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                   |                                                            | Missy Mason                                                                                               |
|                                                                                                                                                                   |                                                            |                                                                                                           |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b> |                                                            |                                                                                                           |
| Client A was having shoulder pains in her left shoulder. She asked staff to call 911.                                                                             |                                                            |                                                                                                           |
|                                                                                                                                                                   |                                                            |                                                                                                           |
|                                                                                                                                                                   |                                                            |                                                                                                           |
|                                                                                                                                                                   |                                                            |                                                                                                           |
|                                                                                                                                                                   |                                                            |                                                                                                           |
|                                                                                                                                                                   |                                                            |                                                                                                           |
| Describe any injuries observed: N/A                                                                                                                               |                                                            | Describe any action taken by staff:<br>Called 911 Then I called my supervisor Michael and Director John O |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                           |                                                            | Describe what actions were performed by the Paramedics or Police: they checked her vitals                 |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 10:34am<br>Time Arrived: 11:01am                                        |                                                            | Name of Police Officer/Badge No: Medic 65<br><br>Where was the client taken:<br>SFGH                      |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                               |                                                            |                                                                                                           |
| Date Form Submitted to HSH                                                                                                                                        | 2/13/18                                                    |                                                                                                           |
| Person Who Completed Report<br>(please print)                                                                                                                     | Missy Mason                                                |                                                                                                           |
| Agency Name/Location/Phone<br>(please print)                                                                                                                      | 680 Bryant Street Navigation Center San Francisco Ca 94107 |                                                                                                           |
| Supervisor Name and Phone                                                                                                                                         | Michael Johnson (415) 487-3300 ext. 4422                   |                                                                                                           |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:        |            |
|-----------------------------------------------|--------------------------------|--------------------------|------------|
| 2/14/2019                                     | 4:23am                         | Other Emergency Services |            |
| Navigation Center Name                        | Bryant Navigation Center       |                          |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                          | LAST FOUR: |
| Client A.                                     |                                |                          |            |
| Client B.                                     |                                |                          |            |
| Client C.                                     |                                |                          |            |
| Names of Reporting Staff                      | Danielle Belton                |                          |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses          |            |
|                                               |                                | Danielle Belton          |            |

|                                                                                                                                                                   |  |                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                   |  |                                                                                                      |
|                                                                                                                                                                   |  |                                                                                                      |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b> |  |                                                                                                      |
| Guest was complaining of a burning sensation in his hand and requested medical attention.                                                                         |  |                                                                                                      |
|                                                                                                                                                                   |  |                                                                                                      |
|                                                                                                                                                                   |  |                                                                                                      |
|                                                                                                                                                                   |  |                                                                                                      |
|                                                                                                                                                                   |  |                                                                                                      |
| Describe any injuries observed: N/A                                                                                                                               |  | Describe any action taken by staff:<br>Called paramedics                                             |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                           |  | Describe what actions were performed by the Paramedics or Police: paramedics took him to St. Francis |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 4:23am<br>Time Arrived: 4:32am                                          |  | Name of Police Officer/Badge No:<br><br>Where was the client taken: St. Francis                      |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                               |  |                                                                                                      |
| Date Form Submitted to HSH                                                                                                                                        |  | 2/14/19                                                                                              |
| Person Who Completed Report<br><i>(please print)</i>                                                                                                              |  | Danielle Belton                                                                                      |
| Agency Name/Location/Phone<br><i>(please print)</i>                                                                                                               |  | 680 Bryant Street Navigation Center San Francisco Ca 94107                                           |
| Supervisor Name and Phone                                                                                                                                         |  | Michael Johnson (415) 487-3300 ext. 4422                                                             |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

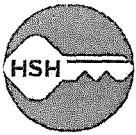
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| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |            |
|-----------------------------------------------|--------------------------------|---------------------------------|------------|
| 2/14/2019                                     | 10:19 AM                       | <u>Other Emergency Services</u> |            |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                                 | LAST FOUR: |
| Client A.                                     |                                |                                 |            |
| Client B.                                     |                                |                                 |            |
| Client C.                                     |                                |                                 |            |
| Names of Reporting Staff                      | John Warner                    |                                 |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |            |
|                                               |                                | Missy Mason                     |            |

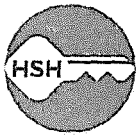
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                    | Elgin Rose      |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                    |                 |
| <p>Client A was arguing with his partner Client B in front of the center. Client B came to the door to get in Client A was asking for his property. Client A began yelling at Client B through the front wood panels. Client A began ringing the door bell and yelling and screaming after the site manager, Michael Johnson, informed him that he will go to the storage and get his property. Client A still kept ringing the door bell and yelling at staff that tried to explain to him that his property is being pulled from the trailers. Client A was informed that through the intercom that he was DOS'ed for another incident and was not allowed on grounds. 911 was called because a guest was trying to get in and client A remained escalated. Staff attempted to de-escalate and let the other guest in due to the weather. When the door opened the other guest walked in Client A walked past staff and entered the center in an aggressive manor. Client A was threatening his partner and staff to give him his property aggressively. Michael and tried to calm him down and escort him back toward the exit while he continued to scream. Client A noticed staff was on the phone with the police and he left and ran down the street.</p> |                                                                                                                                                                                                                                                                                    |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                    |                 |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                    |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                    |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                    |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                    |                 |
| Describe any injuries observed:<br>n/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Describe any action taken by staff: 911 was called and case # was filed with SFPD. Staff had client B talk with police about her issues with client A to see if she wanted to look into any legal protections.                                                                     |                 |
| <input checked="" type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Describe what actions were performed by the Paramedics or Police: Demographic information were given and police went to look to see if Client A was at risk for 5150. Police talked to Client B about their history, and any concerns they should be aware of talking to Client A. |                 |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called: n/a<br>Time Arrived: n/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name of Police Officer/Badge No.: R. Villena #472, C. Tope #677<br>Where was the client taken:<br>n/a                                                                                                                                                                              |                 |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                    |                 |



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                                             |                                                                    |
|-------------------------------------------------------------|--------------------------------------------------------------------|
| <b>Date Form Submitted to HSH</b>                           | <b>2/14/19</b>                                                     |
| <b>Person Who Completed Report</b><br><i>(please print)</i> | <b>John Warner</b>                                                 |
| <b>Agency Name/Location/Phone</b><br><i>(please print)</i>  | <b>Bryant Navigation Center, ECS/680<br/>Bryant/415-487-3300 X</b> |
| <b>Supervisor Name and Phone</b>                            | <b>John Ouertani 415-324-9041</b>                                  |

CONFIDENTIAL



## Department of Homelessness and Supportive Housing Report of Critical Incident

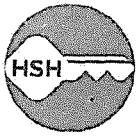
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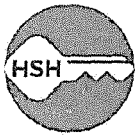
| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |  |
|-----------------------------------------------|--------------------------------|---------------------------------|--|
| 2/20/2019                                     | 9:30 PM                        | <u>Other Emergency Services</u> |  |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |  |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:                      |  |
| Client A.                                     |                                |                                 |  |
| Client B.                                     |                                |                                 |  |
| Client C.                                     |                                |                                 |  |
| Names of Reporting Staff                      |                                |                                 |  |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |  |
|                                               |                                | Antwan Thomas                   |  |



|  |  |                 |
|--|--|-----------------|
|  |  | Whitney Burnett |
|  |  | Sequoia Gant    |

CONFIDENTIAL

|                                                                                                                                                                              |                                                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                              |                                                                                                                                                   |  |
|                                                                                                                                                                              |                                                                                                                                                   |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>            |                                                                                                                                                   |  |
| Guest has been vomiting and medical was called to give her some assistance. Guest refused to have her vitals taken or go to the hospital. Guest is refusing to get any help. |                                                                                                                                                   |  |
|                                                                                                                                                                              |                                                                                                                                                   |  |
|                                                                                                                                                                              |                                                                                                                                                   |  |
|                                                                                                                                                                              |                                                                                                                                                   |  |
|                                                                                                                                                                              |                                                                                                                                                   |  |
|                                                                                                                                                                              |                                                                                                                                                   |  |
| Describe any injuries observed: N/A                                                                                                                                          | Describe any action taken by staff: Cleaned up guest area and advised guest to lay down. 911 was called                                           |  |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                      | Describe what actions were performed by the Paramedics or Police: Paramedics came and guest refused any medical assistance                        |  |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 9:30 PM<br>Time Arrived: 9:51 PM                                                   | Name of Police Officer/Badge No: #1660 Galande, #524 Chang, #540 Ivan and Medic #72<br><br>Where was the client taken: N/A guest refused services |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                          |                                                                                                                                                   |  |
| Date Form Submitted to HSH                                                                                                                                                   | 2/21/19                                                                                                                                           |  |
| Person Who Completed Report<br>(please print)                                                                                                                                | Whitney Burnett                                                                                                                                   |  |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                 | 680 Bryant Street Navigation Center San Francisco Ca 94107                                                                                        |  |
| Supervisor Name and Phone                                                                                                                                                    | Michael Johnson (415) 487-3300 ext. 4422                                                                                                          |  |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

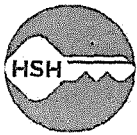
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| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |            |
|-----------------------------------------------|--------------------------------|---------------------------------|------------|
| 2/21/2019                                     | 3:12am                         | <u>Other Emergency Services</u> |            |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                                 | LAST FOUR: |
| Client A.                                     |                                |                                 |            |
| Client B.                                     |                                |                                 |            |
| Client C.                                     |                                |                                 |            |
| Names of Reporting Staff                      |                                |                                 |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |            |
|                                               |                                |                                 |            |

|                                                                                                                                                                                                                                                      |                                                                                                                                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                      |                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                      |                                                                                                                                                 |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                    |                                                                                                                                                 |  |
| Guest was found in the dorm with no pants or underwear on said that he could not get dressed because his brain would not allow him too and he was unsure why said that he wanted to be examined because this was not normal. I called the paramedics |                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                      |                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                      |                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                      |                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                      |                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                      |                                                                                                                                                 |  |
| Describe any injuries observed: N/A                                                                                                                                                                                                                  | Describe any action taken by staff:<br>Called 911                                                                                               |  |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                              | Describe what actions were performed by the Paramedics or Police: Paramedics came and spoke to guests and then took him to the hospital         |  |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 3:12am<br>Time Arrived: 3:18am                                                                                                                             | Name of Police Officer/Badge No:<br>Medic # 87<br>Engine# 8<br>Where was the client taken: They were not sure where they were going to take him |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                  |                                                                                                                                                 |  |
| Date Form Submitted to HSH                                                                                                                                                                                                                           | 2/21/19                                                                                                                                         |  |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                        | Danielle Belton                                                                                                                                 |  |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                         | 680 Bryant Street Navigation Center San Francisco Ca 94107                                                                                      |  |
| Supervisor Name and Phone                                                                                                                                                                                                                            | Michael Johnson (415) 487-3300 ext. 4422                                                                                                        |  |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

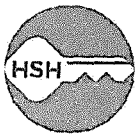
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- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |
|-----------------------------------------------|--------------------------------|---------------------------------|
| 2/21/2019                                     | 12:19pm                        | <u>Other Emergency Services</u> |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:                      |
| Client A.                                     |                                |                                 |
| Client B.                                     |                                |                                 |
| Client C.                                     |                                |                                 |
| Names of Reporting Staff                      | John Warner                    |                                 |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |
|                                               |                                | John Warner                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              | Whitney Burnett |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              | Michael Johnson |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                              |                 |
| <p>Following up on a report that Client A was experiencing a great deal of pain in his jaw from being attacked earlier in the day by a former guest. Client A communicated that he was having difficulty talking to do pain a swelling, had begun to bleed again from his wound, and began going back and forth between being overly hot and cold. Client was asked if he was able to go to the medical clinic across the street which he communicated no and was asked if he would like medical attention to come to get him, which he said yes to. Staff called 911 at 4:15 PM and then again at 5:12 PM, paramedics arrived at 5:24 PM. He was assessed and taken to SFGH.</p> |                                                                                                                                                                              |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                 |
| Describe any injuries observed: Jaw and mouth had swollen and was bleeding from the mouth. Guest was shivering and sweating.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Describe any action taken by staff: 911 was called twice and monitor him while waiting for paramedics. Basic first was given.                                                |                 |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Describe what actions were performed by the Paramedics or Police: Paramedics took him to the ambulance assessed him, gave him something for pain, and then took him to SFGH. |                 |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 4:50 PM, 5:12 PM<br>Time Arrived: 5:24PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name of Police Officer/Badge No: Medic 82<br><br>Where was the client taken: Client A was taken to SFGH.                                                                     |                 |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                              |                 |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2/21/19                                                                                                                                                                      |                 |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | John Warner                                                                                                                                                                  |                 |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 680 Bryant Street Navigation Center San Francisco Ca 94107                                                                                                                   |                 |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | John Ouertani (415) 487-3300 ext. 4101                                                                                                                                       |                 |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

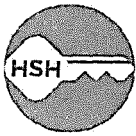
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| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |            |
|-----------------------------------------------|--------------------------------|---------------------------------|------------|
| 2/21/2019                                     | 12:19pm                        | <u>Other Emergency Services</u> |            |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                                 | LAST FOUR: |
| Client A.                                     |                                |                                 |            |
| Client B.                                     |                                |                                 |            |
| Client C.                                     |                                |                                 |            |
| Names of Reporting Staff                      | Missy Mason                    |                                 |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |            |
|                                               |                                |                                 |            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            | Missy Mason                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                        |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |                                                                                                                                                                                                        |
| Client A has a partner here while he was denied services .He is sending other guest to deliver messages to her. He is claiming his partner Client C have his stuff. Client B and Client A got into a physical fight on the deck out front. Site manager de-escalated it. Another guest stepped outside Client A pulled the door open while it was closing and ran inside and punched Client B in the face the police was called Client B and Client C refused to talk to the police. Client A ran out the emergency door setting off the alarm. Client B was offered medical attention he refused. |                                                            |                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                        |
| Describe any injuries observed: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | Describe any action taken by staff:<br>I called 911 for the police.                                                                                                                                    |
| <input checked="" type="checkbox"/> Check if police were involved<br>Time Called: 12:31pm<br>Time Arrived: 12:35pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                            | Describe what actions were performed by the Paramedics or Police: Officer #1722 R. Jones arrived to try and take a report. The Clients refused to talk to the police.                                  |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            | Name of Police Officer/Badge No: #1277 R. Jones arrived and made sure everyone was alright.<br><br>Where was the client taken: He left before the police arrived. No one went to the hospital or Jail. |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                                                                                                                                                                        |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2/21/19                                                    |                                                                                                                                                                                                        |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Missy Mason                                                |                                                                                                                                                                                                        |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 680 Bryant Street Navigation Center San Francisco Ca 94107 |                                                                                                                                                                                                        |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Michael Johnson (415) 487-3300 ext. 4422                   |                                                                                                                                                                                                        |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

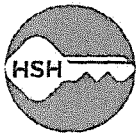
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| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |
|-----------------------------------------------|--------------------------------|---------------------------------|
| 2/21/2019                                     | 1:36pm                         | <u>Other Emergency Services</u> |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:                      |
| Client A.                                     |                                |                                 |
| Client B.                                     |                                |                                 |
| Client C.                                     |                                |                                 |
| Names of Reporting Staff                      | Missy Mason                    |                                 |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |
|                                               |                                |                                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  | Missy Mason |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |             |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                  |             |
| Client A went outside and met up with Client B and they came back to the front door where Client C was at the door Client B walked up and began fighting with Client C while Client A began screaming for to come out to break it up but he was on the phone with the police. They stopped fighting on their own. Client A and B walked off together. Client C and the other guest came inside when it was safe to open the door. They were fighting behind the door. The police never showed up while I was on shift. |                                                                                                                  |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |             |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |             |
| Describe any injuries observed: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Describe any action taken by staff:<br>Called 911                                                                |             |
| <input checked="" type="checkbox"/> Check if police were involved<br>Time Called: 1:36<br>Time Arrived: Never arrived                                                                                                                                                                                                                                                                                                                                                                                                  | Describe what actions were performed by the Paramedics or Police: police did not arrive while I was on my shift. |             |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                        | Name of Police Officer/Badge No:<br><br>Where was the client taken: He left before the police arrived            |             |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  |             |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2/21/19                                                                                                          |             |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Missy Mason                                                                                                      |             |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 680 Bryant Street Navigation Center San Francisco Ca 94107                                                       |             |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Michael Johnson (415) 487-3300 ext. 4422                                                                         |             |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

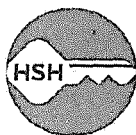
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| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |            |
|-----------------------------------------------|--------------------------------|---------------------------------|------------|
| 2/22/2019                                     | 1:24 pm                        | <u>Other Emergency Services</u> |            |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                                 | LAST FOUR: |
| Client A.                                     |                                |                                 |            |
| Client B.                                     |                                |                                 |            |
| Client C.                                     |                                |                                 |            |
| Names of Reporting Staff                      | John Warner                    |                                 |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |            |
|                                               |                                | John Warner                     |            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  | Michael Johnson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  | Lakisha Todd-Smith                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p>Inside the site manager's office Michael Johnson and Myself heard banging on the wall and on the roof. Lakisha had reported that someone was throwing rocks over the fence and one had landed by the laundry room. Staff called 911 and reported incident. Camera was reviewed and could not determine who was throwing the rock from where. After waiting for the police Michael Johnson and Myself inspected the grounds and found a number of rocks through over the fence in the homeless storage area. The rest of the grounds were inspected for damage or injuries. None others were found.</p> |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Describe any injuries observed: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  | Describe any action taken by staff:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input checked="" type="checkbox"/> Check if police were involved<br>Time Called: 1:24 PM, 5:25 PM<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  | Describe what actions were performed by the Paramedics or Police: Police were called and given contact information but did not return contact or show. Non-emergency was called at 5:25 to check on police arrival for incident. Non-emergency said that police sent out a patrol and did not see anything called and left message. When checked no calls or voice mails were found. At 6:35 police called back and asked if an officer showed come out to take report. I had told them that it seemed that the incident had past at that point. |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  | Name of Police Officer/Badge No.:<br><br>Where was the client taken:                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2/22/19                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | John Warner                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 415-487-3300 x4423               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | John Ouertani 415-487-3300 x4101 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |



## Department of Homelessness and Supportive Housing Report of Critical Incident

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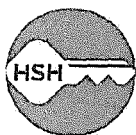
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| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:                                          |
|-----------------------------------------------|--------------------------------|------------------------------------------------------------|
| 2/26/2019                                     | 12:10pm                        | Death                                                      |
| Navigation Center Name                        | Civic Center Navigation Center |                                                            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:                                                 |
| Client A.                                     |                                |                                                            |
| Client B.                                     |                                |                                                            |
| Client C.                                     |                                |                                                            |
| Names of Reporting Staff                      | Mary Kay Chin                  |                                                            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                                            |
|                                               |                                | Barbara Welch, Renee Penton,<br>Bobby Brown, Kevin Marquez |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                   |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                   |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                   |  |
| <p>At approx. 12:10pm during weekly unit inspections, CCM [redacted] and CM [redacted] entered a locked 207 unit. CCM [redacted] observed an unresponsive body on the bed, facing away from the door. CCM [redacted] announced staff presence and was unable to gain a response. CCM [redacted] entered the unit, checked for life signs and determined the body was Client A and was deceased. CCM [redacted] and CM [redacted] exited the unit and radioed down to front desk to call an ambulance. At approx. 12:20pm front desk [redacted] called 911 and requested an ambulance. Program Director [redacted] arrived on scene and provided support. At 12:25pm SFFD fire truck #36 and paramedic #749 arrived. CCM [redacted] escorted paramedics (medic #75) to unit 207. At 1:23pm SFPD Officers J. Harper &amp; D. Dito arrived on scene. At 1:42pm SF Coroner investigators arrived.</p> |                                                                                                                                                                                   |  |
| Describe any injuries observed:<br>death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Describe any action taken by staff: CCM Chin directed staff to call 911, provided support to all emergency services staff and answered all necessary questions for investigation. |  |
| <input checked="" type="checkbox"/> Check if police were involved<br>Time Called: 12:20pm<br>Time Arrived: 1:23pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Describe what actions were performed by the Paramedics or Police: Paramedics determined Client A was DOA and called the coroners.                                                 |  |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 12:20pm<br>Time Arrived: 12:25pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Name of Police Officer/Badge No.:<br>J. Harper badge #728 and D. Dito badge #9<br><br>Where was the client taken:<br>Coroner's office.                                            |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                   |  |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2/26/19                                                                                                                                                                           |  |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Mary Kay Chin, AFMT                                                                                                                                                               |  |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Community Housing Partnership, 20 12 <sup>th</sup> St., 415-522-0163                                                                                                              |  |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Renee Penton, 415-713-9409                                                                                                                                                        |  |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

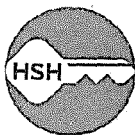
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [Janay.Washington@sfgov.org](mailto:Janay.Washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [Lisa.Rachowicz@sfgov.org](mailto:Lisa.Rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:                                |
|-----------------------------------------------|--------------------------------|--------------------------------------------------|
| 2/27/2019                                     | 3:00 p.m.                      | <u>Other Emergency Services</u>                  |
| Navigation Center Name                        | Civic Center Navigation Center |                                                  |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:                                       |
| Client A.                                     |                                | 8830                                             |
| Client B.                                     |                                | Unknown                                          |
| Client C.                                     |                                |                                                  |
| Names of Reporting Staff                      | Molly Sullivan                 |                                                  |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                                  |
|                                               | Penny Craycraft, David White   | Molly Sullivan (CCM), Kevin Marquez (Front Desk) |

| Summary of Incident – Continue on separate sheet of paper if necessary.<br>(Please do not include client names below. Refer to Client A, Client B, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>CCM _____ was in the Lobby and noticed Client A outside the front doors. CCM Sullivan observed Client B with his arm forcefully around Client A's neck. CCM Sullivan observed Client A attempting to free herself from his grasp. Client B has been observed assaulting Client A on the property in the past and is not permitted on the property. CCM _____ stood in the doorway and verbally directed Client B to leave the property. CCM _____ notified Client B that he was trespassing and that we would be calling the police. CCM Sullivan directed Front Desk _____ to call the police for a trespass. Front Desk _____ called the police and provided a physical description of Client A and Client B, and the direction they were moving. CCM _____ observed Client B with his arm still around Client A's neck, leading Client A down 12<sup>th</sup> Street in the direction of Mission St. CCM _____ observed Client A attempting to free herself. Police never arrived on site.</p> |                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>Describe any injuries observed:</b><br/>None observed</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>Describe any action taken by staff:</b> CCM Sullivan directed Client B to leave the premises immediately, notified him that he was trespassing and that we were calling police. Front Desk Marquez called the police, provided a physical description of Client A and Client B, and notified them as to what direction they were moving.</p> |
| <p><input checked="" type="checkbox"/> <b>Check if police were involved</b><br/>Time Called: 3:02 p.m.<br/>Time Arrived: Did not arrive</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>Describe what actions were performed by the Paramedics or Police:</b> None</p>                                                                                                                                                                                                                                                               |
| <p><input type="checkbox"/> <b>Check if paramedics were involved</b><br/><br/>Time Called:<br/>Time Arrived:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>Name of Police Officer/Badge No.:</b><br/><br/><b>Where was the client taken:</b></p>                                                                                                                                                                                                                                                        |
| IMPORTANT AGENCY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                    |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2/28/2019                                                                                                                                                                                                                                                                                                                                          |
| <b>Person Who Completed Report</b><br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Molly Sullivan                                                                                                                                                                                                                                                                                                                                     |
| <b>Agency Name/Location/Phone</b><br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CHP, Civic Center Hotel, 20 12 <sup>th</sup> St., 415-522-0163                                                                                                                                                                                                                                                                                     |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Renee Penton, 415-713-9409                                                                                                                                                                                                                                                                                                                         |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

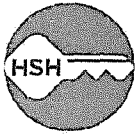
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [Janay.Washington@sfgov.org](mailto:Janay.Washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [Lisa.Rachowicz@sfgov.org](mailto:Lisa.Rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |            |
|-----------------------------------------------|--------------------------------|---------------------------------|------------|
| 2/28/2019                                     | 5:45pm                         | <u>Other Emergency Services</u> |            |
| Navigation Center Name                        | Civic Center Navigation Center |                                 |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                                 | LAST FOUR: |
| Client A.                                     |                                |                                 |            |
| Client B.                                     |                                |                                 |            |
| Client C.                                     |                                |                                 |            |
| Names of Reporting Staff                      | Mary Kay Chin                  |                                 |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |            |
|                                               |                                | Mignon Perry, LaMont Dilwood    |            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                             |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                             |  |
| <p>Client A came down to the Resident Services offices reporting he was not feeling well. CCM        observed Client A was dazed, had difficulty responding to orientation questions and urinated on himself. Client A repeatedly swayed and demonstrated difficulty remaining upright. CCM        instructed Client A to take a seat and instructed front desk to call an ambulance. CCM        inquired what medication or substances the client had ingested. Client A reported he had taken two pills of prescribed lorazepam and some alcohol. SFFD Engine #39 and ambulance bus #79 arrived several minutes later and transported the client to St. Francis.</p> |                                                                                                                                             |  |
| Describe any injuries observed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Describe any action taken by staff: CCM Chin instructed front desk staff to call 911 and request an ambulance.                              |  |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Describe what actions were performed by the Paramedics or Police: Paramedics administered assessment and transported client to St. Francis. |  |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: approx. 5:30pm<br>Time Arrived: approx. 5:33pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name of Police Officer/Badge No.:<br><br>Where was the client taken:<br>St. Francis                                                         |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                             |  |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3/1/19                                                                                                                                      |  |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Mary Kay Chin                                                                                                                               |  |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Community Housing Partnership, 20 12 <sup>th</sup> St., 415-522-0163                                                                        |  |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Renee Penton, 415-713-9409                                                                                                                  |  |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

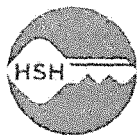
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [Janay.Washington@sfgov.org](mailto:Janay.Washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [Lisa.Rachowicz@sfgov.org](mailto:Lisa.Rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |            |
|-----------------------------------------------|--------------------------------|---------------------------------|------------|
| 3/2/2019                                      | 5:14p.m                        | <u>Other Emergency Services</u> |            |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                                 | LAST FOUR: |
| Client A.                                     |                                |                                 |            |
| Client B.                                     |                                |                                 |            |
| Client C.                                     |                                |                                 |            |
| Names of Reporting Staff                      |                                |                                 |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |            |
|                                               |                                |                                 |            |

|                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                              |                                                                                                                                                                   |  |
| Guest A was asked to leave for a 2 hour time out and exited the property. Guest then decided he was coming back several minutes later and pushed his way through office entrance running over/ pushing her out of his way guest B who is in a wheelchair. I called 911 and asked for ambulance as well to check on guest B she declined any help and did not want to press charges on guest A. |                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |  |
| Describe any injuries observed:<br>None                                                                                                                                                                                                                                                                                                                                                        | Describe any action taken by staff: Called medical to check and see if guest B was injured.                                                                       |  |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Check if police were involved<br>Time Called: 5:14p.m<br>Time Arrived: 5:27p.m                                                                                                                                                                                                                                                    | Describe what actions were performed by the Paramedics or Police: Police Officer Vidulich #260 asked guest B if she was ok and escorted guest A off the property. |  |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 5:14p.m<br>Time Arrived: Guest declined                                                                                                                                                                                                                                     | Name of Police Officer/Badge No.:<br>Vidulich #260<br><br>Where was the client taken: Guest was escorted off property.                                            |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                   |  |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                     | (Monday) 3-4-2019                                                                                                                                                 |  |
| Person Who Completed Report<br><i>(please print)</i>                                                                                                                                                                                                                                                                                                                                           | Whitney Burnett                                                                                                                                                   |  |
| Agency Name/Location/Phone<br><i>(please print)</i>                                                                                                                                                                                                                                                                                                                                            | Bryant Navigation Center 680 Bryant St. San Francisco Ca 94107                                                                                                    |  |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                      | Whitney Burnett 415-487-3300 ext. 4411                                                                                                                            |  |



## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
- Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, [scott.walton@sfgov.org](mailto:scott.walton@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:         | Type of Incident:               |            |
|-----------------------------------------------|---------------------------------|---------------------------------|------------|
| 3-4-19                                        | 3:00 a.m.                       | <u>Other Emergency Services</u> |            |
| Navigation Center Name                        | Bryant Street Navigation Center |                                 |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME  |                                 | LAST FOUR: |
| Client A.                                     |                                 |                                 |            |
| Client B.                                     |                                 |                                 |            |
| Client C.                                     |                                 |                                 |            |
| Names of Reporting Staff                      | Jacqueline Williams             |                                 |            |

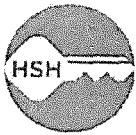
Page 1 of 2

City and County of San Francisco  
Department of Homelessness and Supportive Housing  
P.O. BOX 7988  
SAN FRANCISCO, CA 94103  
415.252.3232

<http://hsh.sfgov.org>



REVISED 08/07/18



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

| <b>Names of Witnesses:</b>                                                                                                                                       | <b>Client Witnesses</b>                                                                        | <b>Staff Witnesses</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------|
|                                                                                                                                                                  |                                                                                                |                        |
|                                                                                                                                                                  |                                                                                                |                        |
|                                                                                                                                                                  |                                                                                                |                        |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b> |                                                                                                |                        |
| Guest was seen coming out of male restroom by SVC Dana , when asked if she needed something she showed SVC Dana her arm and requested medical assistance         |                                                                                                |                        |
|                                                                                                                                                                  |                                                                                                |                        |
| Describe any injuries observed:<br>Guest has large abscess on arm                                                                                                | Describe any action taken by staff: informed supervisor that guest needed medical assistant    |                        |
| <input checked="" type="checkbox"/> Time Called: 3:00 a.m.<br>Time Arrived: 3:12 a.m.                                                                            | Describe what actions were performed by the Paramedics : Took guest with them to get treatment |                        |
| <input checked="" type="checkbox"/> Check if paramedics were involved                                                                                            | Name of Police Officer/Badge No. ENG 64                                                        |                        |
| Time Called: 3:00 a.m.<br>Time Arrived: 3:12 a.m.                                                                                                                | Where was the client taken:<br>Saint Francis                                                   |                        |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                              |                                                                                                |                        |
| Date Form Submitted to HSH                                                                                                                                       | 3/4/19                                                                                         |                        |
| Person Who Completed Report<br>(please print)                                                                                                                    | Jacqueline Williams                                                                            |                        |
| Agency Name/Location/Phone<br>(please print)                                                                                                                     | 850 Bryant San Francisco Ca 94103                                                              |                        |
| Supervisor Name and Phone                                                                                                                                        | Jacqueline Williams (415) 487-3300 ext.4411                                                    |                        |

Page 2 of 2

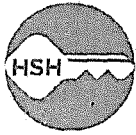
City and County of San Francisco  
Department of Homelessness and Supportive Housing  
P.O. BOX 7988  
SAN FRANCISCO, CA 94103  
415.252.3232

<http://hsh.sfgov.org>



REVISED 08/07/18

7542



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

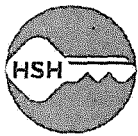
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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |
|-----------------------------------------------|--------------------------------|---------------------------------|
| 3/4/2019                                      | 5:05 pm                        | <u>Other Emergency Services</u> |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:                      |
| Client A.                                     |                                |                                 |
| Client B.                                     |                                |                                 |
| Client C.                                     |                                |                                 |
| Names of Reporting Staff                      | Alex Napitan                   |                                 |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |
|                                               |                                | Alex Napitan                    |

|                                                                                                                                                                   |                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                   |                                                                                                               |  |
|                                                                                                                                                                   |                                                                                                               |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b> |                                                                                                               |  |
| Client A claimed she had a seizure and requested medical attention.                                                                                               |                                                                                                               |  |
|                                                                                                                                                                   |                                                                                                               |  |
|                                                                                                                                                                   |                                                                                                               |  |
|                                                                                                                                                                   |                                                                                                               |  |
|                                                                                                                                                                   |                                                                                                               |  |
|                                                                                                                                                                   |                                                                                                               |  |
|                                                                                                                                                                   |                                                                                                               |  |
| Describe any injuries observed: N/A                                                                                                                               | Describe any action taken by staff:<br>Called 911                                                             |  |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                           | Describe what actions were performed by the Paramedics or Police: Took Vitals and took to hospital ST. Luke's |  |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 5:05 PM<br>Time Arrived: 5:11PM                                         | Name of Police Officer/Badge No:<br><br>Where was the client taken:<br>St. Lukes                              |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                               |                                                                                                               |  |
| Date Form Submitted to HSH                                                                                                                                        | 03/04/19                                                                                                      |  |
| Person Who Completed Report<br>(please print)                                                                                                                     | Alex Napitan                                                                                                  |  |
| Agency Name/Location/Phone<br>(please print)                                                                                                                      | 680 Bryant Street Navigation Center San Francisco Ca 94107                                                    |  |
| Supervisor Name and Phone                                                                                                                                         | Michael Johnson (415) 487-3300 ext. 4422                                                                      |  |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

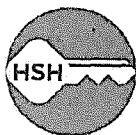
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [Janay.Washington@sfgov.org](mailto:Janay.Washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [Lisa.Rachowicz@sfgov.org](mailto:Lisa.Rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |            |
|-----------------------------------------------|--------------------------------|---------------------------------|------------|
| 3/10/2019                                     | 2:21p.m                        | <u>Other Emergency Services</u> |            |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                                 | LAST FOUR: |
| Client A.                                     |                                |                                 |            |
| Client B.                                     |                                |                                 |            |
| Client C.                                     |                                |                                 |            |
| Names of Reporting Staff                      |                                |                                 |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |            |
|                                               | Sara Lancaster                 | Danielle Belton                 |            |

|                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
|                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           | Candra Jordan   |
|                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           | Whitney Burnett |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                         |                                                                                                                                                                                                                                                           |                 |
| Guest felt like she was being followed by unknown persons outside the Navigation Center and requested the police be called. Guest also feels she is supposed to be in witness protection program and needed to get clarity from officers. |                                                                                                                                                                                                                                                           |                 |
|                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |                 |
|                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |                 |
|                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |                 |
|                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |                 |
| Describe any injuries observed:<br>None                                                                                                                                                                                                   | Describe any action taken by staff: Staff called 911 non-emergency line and also reached out to mobile crisis.                                                                                                                                            |                 |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Check if police were involved<br>Time Called: 2:21p.m<br>Time Arrived: 3:35p.m                                                                                               | Describe what actions were performed by the Paramedics or Police: Officers arrived and spoke with guest and explained that they were unaware of her being in witness protection program. Officers agreed to follow up with guest. Police report was filed |                 |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called:<br>Time Arrived:                                                                                                                                           | Name of Police Officer/Badge No.: Ryan#179, Sanchez #1750<br><br>Where was the client taken: Guest stayed on property.                                                                                                                                    |                 |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                           |                 |
| Date Form Submitted to HSH                                                                                                                                                                                                                | 3-11-2019                                                                                                                                                                                                                                                 |                 |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                             | Whitney Burnett                                                                                                                                                                                                                                           |                 |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                              | Bryant Navigation Center 680 Bryant St. San Francisco Ca, 94107                                                                                                                                                                                           |                 |
| Supervisor Name and Phone                                                                                                                                                                                                                 | Whitney Burnett 415-487-3300 ext. 4411                                                                                                                                                                                                                    |                 |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |            |
|-----------------------------------------------|--------------------------------|---------------------------------|------------|
| 3/14/2019                                     | 3:16p.m                        | <u>Other Emergency Services</u> |            |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                                 | LAST FOUR: |
| Client A.                                     |                                |                                 |            |
| Client B.                                     |                                |                                 |            |
| Client C.                                     |                                |                                 |            |
| Names of Reporting Staff                      |                                |                                 |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |            |
|                                               |                                | Emily Nakamora                  |            |

|                                                                                                                                                                                                                  |                                                                                                                    |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------|
|                                                                                                                                                                                                                  |                                                                                                                    | Whitney Burnett |
|                                                                                                                                                                                                                  |                                                                                                                    |                 |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                |                                                                                                                    |                 |
| Guest was having a conversation with her case manager and stated she wanted to possibly hurt herself. Case Manager Emily dialed 911 to get guest assistance and continued to observe guest until police arrived. |                                                                                                                    |                 |
|                                                                                                                                                                                                                  |                                                                                                                    |                 |
|                                                                                                                                                                                                                  |                                                                                                                    |                 |
|                                                                                                                                                                                                                  |                                                                                                                    |                 |
|                                                                                                                                                                                                                  |                                                                                                                    |                 |
| Describe any injuries observed:                                                                                                                                                                                  | Describe any action taken by staff: Guest was observed by her case Manager until police arrived                    |                 |
| <input type="checkbox"/> Check if police were involved<br>Time Called: 3:16p.m<br>Time Arrived: 3:47p.m                                                                                                          | Describe what actions were performed by the Paramedics or Police: Guest was taken to St. Francis for an evaluation |                 |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called:<br>Time Arrived:                                                                                                                  | Name of Police Officer/Badge No.: Smith #1031 and Viceria #2244<br><br>Where was the client taken: St Francis      |                 |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                              |                                                                                                                    |                 |
| Date Form Submitted to HSH                                                                                                                                                                                       | 3-14-2019                                                                                                          |                 |
| Person Who Completed Report<br>(please print)                                                                                                                                                                    | Whitney Burnett                                                                                                    |                 |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                     | Bryant Navigation Center 680 Bryant Street<br>San Francisco Ca, 94107                                              |                 |
| Supervisor Name and Phone                                                                                                                                                                                        | Whitney Burnett                                                                                                    |                 |



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
- Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, [scott.walton@sfgov.org](mailto:scott.walton@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |            |
|-----------------------------------------------|--------------------------------|---------------------------------|------------|
| 3-16--19                                      | 4:50 a.m.                      | <u>Other Emergency Services</u> |            |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                                 | LAST FOUR: |
| Client A.                                     |                                |                                 |            |
| Client B.                                     |                                |                                 |            |
| Client C.                                     |                                |                                 |            |
| Names of Reporting Staff                      | Jacqueline Williams            |                                 |            |

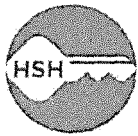
Page 1 of 2

City and County of San Francisco  
Department of Homelessness and Supportive Housing  
P.O. BOX 7988  
SAN FRANCISCO, CA 94103  
415.252.3232

<http://hsh.sfgov.org>

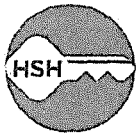


REVISED 08/07/18



| Names of Witnesses:                                                                                                                                                               | Client Witnesses                            | Staff Witnesses                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                   |                                             |                                                                                                                                                                    |
|                                                                                                                                                                                   |                                             | Dana Simpson                                                                                                                                                       |
|                                                                                                                                                                                   |                                             |                                                                                                                                                                    |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                  |                                             |                                                                                                                                                                    |
| Guest has been Displaying unpredictable behavior several guest came to welcome center to inform staff that Client A. had busted out yelling and crying disturbing the entire dorm |                                             |                                                                                                                                                                    |
|                                                                                                                                                                                   |                                             |                                                                                                                                                                    |
|                                                                                                                                                                                   |                                             |                                                                                                                                                                    |
|                                                                                                                                                                                   |                                             |                                                                                                                                                                    |
|                                                                                                                                                                                   |                                             |                                                                                                                                                                    |
|                                                                                                                                                                                   |                                             |                                                                                                                                                                    |
| Describe any injuries observed: no injuries                                                                                                                                       |                                             | Describe any action taken by staff: Attempted to calm her down until assistance arrived                                                                            |
| <input checked="" type="checkbox"/> Time Called: 5:10<br>Time Arrived: 5:20                                                                                                       |                                             | Describe what actions were performed by the Paramedics or Police: 911 was called SFPD Arrived and evaluated the guest and determined guest was fit to stay on site |
| <input checked="" type="checkbox"/> Check if paramedics were involved                                                                                                             |                                             | Name of Police Officer/Badge No.: Tucker-4115                                                                                                                      |
| Time Called: am<br>Time Arrived: pm                                                                                                                                               |                                             | Where was the client taken: Client A was not transported                                                                                                           |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                               |                                             |                                                                                                                                                                    |
| Date Form Submitted to HSH                                                                                                                                                        | 3/18/19                                     |                                                                                                                                                                    |
| Person Who Completed Report<br>(please print)                                                                                                                                     | Jacqueline Williams                         |                                                                                                                                                                    |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                      | 680 Bryant St. San Francisco Ca 94103       |                                                                                                                                                                    |
| Supervisor Name and Phone                                                                                                                                                         | Jacqueline Williams (415) 487-3300 ext.4411 |                                                                                                                                                                    |





## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

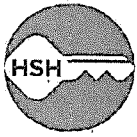
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| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:        |            |
|-----------------------------------------------|--------------------------------|--------------------------|------------|
| 3/16/2019                                     | 12:34p.m                       | Other Emergency Services |            |
| Navigation Center Name                        | Bryant Navigation Center       |                          |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                          | LAST FOUR: |
| Client A.                                     |                                |                          |            |
| Client B.                                     |                                |                          |            |
| Client C.                                     |                                |                          |            |
| Names of Reporting Staff                      |                                |                          |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses          |            |
|                                               |                                | Candra Jordan            |            |

|                                                                                                                                                                                                |                                                                                                                                                    |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
|                                                                                                                                                                                                | Client C.                                                                                                                                          | Whitney Burnett |
|                                                                                                                                                                                                |                                                                                                                                                    |                 |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                              |                                                                                                                                                    |                 |
| Guest A. walked onto the 4 <sup>th</sup> street freeway off ramp and walked towards the bay bridge on the freeway. Guest was picked up by CHP on the Bay Bridge and taken to General Hospital. |                                                                                                                                                    |                 |
|                                                                                                                                                                                                |                                                                                                                                                    |                 |
|                                                                                                                                                                                                |                                                                                                                                                    |                 |
|                                                                                                                                                                                                |                                                                                                                                                    |                 |
|                                                                                                                                                                                                |                                                                                                                                                    |                 |
|                                                                                                                                                                                                |                                                                                                                                                    |                 |
| Describe any injuries observed:                                                                                                                                                                | Describe any action taken by staff: Walked up to the freeway to see if guest was visible and then called 911 to see if incident had been reported. |                 |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Check if police were involved<br>Time Called: 12:34p.m<br>Time Arrived:                                                           | Describe what actions were performed by the Paramedics or Police: Guest was picked up by the CHP on the Bay Bridge.                                |                 |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called:<br>Time Arrived:                                                                                                | Name of Police Officer/Badge No.:<br><br>Where was the client taken: General                                                                       |                 |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                            |                                                                                                                                                    |                 |
| Date Form Submitted to HSH                                                                                                                                                                     | 3-18-2019 (Monday)                                                                                                                                 |                 |
| Person Who Completed Report<br>(please print)                                                                                                                                                  | Whitney Burnett                                                                                                                                    |                 |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                   | Bryant Navigation Center 680 Bryant Street<br>San Francisco 94107                                                                                  |                 |
| Supervisor Name and Phone                                                                                                                                                                      | Whitney Burnett 415-487-3300 ext 4411                                                                                                              |                 |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

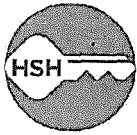
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| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |
|-----------------------------------------------|--------------------------------|---------------------------------|
| 3/16/2019                                     | 2:23p.m                        | <u>Other Emergency Services</u> |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:                      |
| Client A.                                     |                                |                                 |
| Client B.                                     |                                |                                 |
| Client C.                                     |                                |                                 |
| Names of Reporting Staff                      |                                |                                 |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |
|                                               |                                | Whitney Burnett                 |

|                                                                                                                                                                   |                                                                       |                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------|
|                                                                                                                                                                   |                                                                       | Candra Jordan                                                                 |
|                                                                                                                                                                   |                                                                       |                                                                               |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b> |                                                                       |                                                                               |
| He was laying in front of Navigation Center door way asking staff to call ambulance for him.                                                                      |                                                                       |                                                                               |
|                                                                                                                                                                   |                                                                       |                                                                               |
|                                                                                                                                                                   |                                                                       |                                                                               |
|                                                                                                                                                                   |                                                                       |                                                                               |
|                                                                                                                                                                   |                                                                       |                                                                               |
|                                                                                                                                                                   |                                                                       |                                                                               |
| Describe any injuries observed:N/A                                                                                                                                |                                                                       | Describe any action taken by staff: Called 911                                |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                           |                                                                       | Describe what actions were performed by the Paramedics or Police: Took vitals |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 2:23 p.m<br>Time Arrived: 2:27p.m                                       |                                                                       | Name of Police Officer/Badge No.:<br><br>Where was the client taken: General  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                               |                                                                       |                                                                               |
| Date Form Submitted to HSH                                                                                                                                        | 3-18-2019 (Monday)                                                    |                                                                               |
| Person Who Completed Report<br>(please print)                                                                                                                     | Whitney Burnett                                                       |                                                                               |
| Agency Name/Location/Phone<br>(please print)                                                                                                                      | Bryant Navigation Center 680 Bryant Street<br>San Francisco Ca, 94107 |                                                                               |
| Supervisor Name and Phone                                                                                                                                         | 415-487-3300 ext 4411                                                 |                                                                               |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

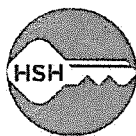
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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |  |
|-----------------------------------------------|--------------------------------|---------------------------------|--|
| 3/16/2019                                     | 6:37p.m                        | <u>Other Emergency Services</u> |  |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |  |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:                      |  |
| Client A.                                     |                                |                                 |  |
| Client B.                                     |                                |                                 |  |
| Client C.                                     |                                |                                 |  |
| Names of Reporting Staff                      |                                |                                 |  |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |  |
|                                               | Client B                       | Whitney Burnett                 |  |

|                                                                                                                                                                                                               |  |                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                               |  |                                                                                                                   |
|                                                                                                                                                                                                               |  |                                                                                                                   |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>         (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                     |  |                                                                                                                   |
| Client B informed staff that his partner Client A is sick and feeling weak and has been in bed for the past 2 days. Client A has the sweats, diarrhea and some vomiting and would like to go to the hospital. |  |                                                                                                                   |
|                                                                                                                                                                                                               |  |                                                                                                                   |
|                                                                                                                                                                                                               |  |                                                                                                                   |
|                                                                                                                                                                                                               |  |                                                                                                                   |
|                                                                                                                                                                                                               |  |                                                                                                                   |
| Describe any injuries observed:<br>guest was pale in color.                                                                                                                                                   |  | Describe any action taken by staff: Asked Client A did he want an ambulance to come transport him to the hospital |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                       |  | Describe what actions were performed by the Paramedics or Police: Paramedics took his vitals                      |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 6:37 p.m<br>Time Arrived: 6:45 p.m                                                                                  |  | Name of Police Officer/Badge No.:<br><br>Where was the client taken: Client A was taken to UCSF                   |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                           |  |                                                                                                                   |
| Date Form Submitted to HSH                                                                                                                                                                                    |  | 3-18-2019 (Monday)                                                                                                |
| Person Who Completed Report<br>(please print)                                                                                                                                                                 |  | Whitney Burnett                                                                                                   |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                  |  | Bryant Navigation Center 680 Bryant Street<br>San Francisco Ca 94107                                              |
| Supervisor Name and Phone                                                                                                                                                                                     |  | Whitney Burnett 415-487-3300 ext 4411                                                                             |



## Department of Homelessness and Supportive Housing Report of Critical Incident

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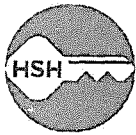
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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [Lisa.Rachowicz@sfgov.org](mailto:Lisa.Rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |  |
|-----------------------------------------------|--------------------------------|---------------------------------|--|
| 3/19/2019                                     | 3:17 p.m.                      | <u>Other Emergency Services</u> |  |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |  |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:                      |  |
| Client A.                                     |                                |                                 |  |
| Client B.                                     |                                |                                 |  |
| Client C.                                     |                                |                                 |  |
| Names of Reporting Staff                      |                                |                                 |  |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |  |
|                                               |                                | Elgin Rose                      |  |

|                                                                                                                                                                   |  |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                   |  | Whitney Burnett                                                                                                                                         |
|                                                                                                                                                                   |  |                                                                                                                                                         |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b> |  |                                                                                                                                                         |
| Guest stated her stomach was hurting and that she had been vomiting. Guest seemed to be in severe pain so 911 was called.                                         |  |                                                                                                                                                         |
|                                                                                                                                                                   |  |                                                                                                                                                         |
|                                                                                                                                                                   |  |                                                                                                                                                         |
|                                                                                                                                                                   |  |                                                                                                                                                         |
|                                                                                                                                                                   |  |                                                                                                                                                         |
| Describe any injuries observed:<br>Stomach pains                                                                                                                  |  | Describe any action taken by staff: Asked guest to lay down until medical service arrived.                                                              |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                           |  | Describe what actions were performed by the Paramedics or Police: Guest was put on stretcher and taken to hospital. Vitals were taken in the ambulance. |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 3:17p.m<br>Time Arrived: 3:28p.m                                        |  | Name of Police Officer/Badge No.:<br>Medic #84<br><br>Where was the client taken:<br>General                                                            |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                               |  |                                                                                                                                                         |
| Date Form Submitted to HSH                                                                                                                                        |  | 3-19-2019                                                                                                                                               |
| Person Who Completed Report<br>(please print)                                                                                                                     |  | Whitney Burnett                                                                                                                                         |
| Agency Name/Location/Phone<br>(please print)                                                                                                                      |  | Bryant Navigation Center 680 Bryant St. San Francisco, Ca 92107                                                                                         |
| Supervisor Name and Phone                                                                                                                                         |  | Whitney Burnett 415-487-3300 ext. 4411                                                                                                                  |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

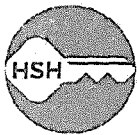
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |            |
|-----------------------------------------------|--------------------------------|---------------------------------|------------|
| 3/20/2019                                     | 7:25pm                         | <u>Other Emergency Services</u> |            |
| Navigation Center Name                        | Civic Center Navigation Center |                                 |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                                 | LAST FOUR: |
| Client A.                                     |                                |                                 |            |
| Client B.                                     |                                |                                 |            |
| Client C.                                     |                                |                                 |            |
| Names of Reporting Staff                      | Marjorie Russell               |                                 |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |            |
|                                               |                                | Lamont Dillwood                 |            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.</b><br><b>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |  |
| <p>Client B. came and got me from in front of the building saying that I need to go upstairs and get Client A. because Client A. is calling Client B. a bitch and whore. I went upstairs and talked with Client A. and Client A. said Client B. was calling Client A. names and pulled a knife on Client A. I went back outside and asked Client B. if Client B. pulled a knife on Client A. and Client B. said yes because Client A. came in Client Bs. Unit and threatened to hit Client B. I went to my office and called my supervisor. The police were called and when they came they talked with both parties and left. I brought Client B. to my office and Client B. reported to me that Client A. went into another clients unit while the client was asleep and so Client B. said to Client A. what are you doing going in another clients room without knocking. Client B. said that that's when Client A. got irrate and said to Client B. this is my friend and I can do what I want bitch. They argued back and forth and Client B. went to Client Bs room and that's when Client A. came to Client Bs room and threatened Client B. Client B. said Client B. was scared that Client A. would harm Client B. so Client B. said Client B. defended Client Bs. Self by getting the steak knife. I made sure Client B. felt safe going back to Client Bs room because the property manager wanted to move Client B. but Client B. declined the offer. I asked Client B. if Client B. wanted me to walk Client B. upstairs and client declined.</p> |                                                                                                           |  |
| Describe any injuries observed:<br>None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Describe any action taken by staff: Staff intervention led to the ploice being called.                    |  |
| <input checked="" type="checkbox"/> Check if police were involved<br>Time Called: 7:30pm<br>Time Arrived: 7:38pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Describe what actions were performed by the Paramedics or Police: Came and calmed the situation then left |  |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name of Police Officer/Badge No.: Ryan 179<br><br>Where was the client taken:<br>N/A                      |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |  |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3/21/19                                                                                                   |  |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Marjorie Russell                                                                                          |  |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Civic Center Hotel NAV. 2/20 12 <sup>th</sup> St. S.F. CA. 94103/415-713-9409                             |  |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Renee Penton/415-713-9409                                                                                 |  |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

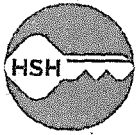
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:        |            |
|-----------------------------------------------|--------------------------------|--------------------------|------------|
| 3/22/2019                                     | 1:15am                         | Other Emergency Services |            |
| Navigation Center Name                        | Bryant Navigation Center       |                          |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                          | LAST FOUR: |
| Client A.                                     |                                |                          |            |
| Client B.                                     |                                |                          |            |
| Client C.                                     |                                |                          |            |
| Names of Reporting Staff                      |                                |                          |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses          |            |
|                                               |                                | James Wilson             |            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                                                                                                                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                                                                                                                              |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                                                                                                                              |
| <p>Security Officer      I walked up to SVC      and said some words( not too sure what was said)<br/> She walked to the office and so did      she came in the office yelling talking about her “baby<br/> daddy” was up here and that he could talk to him.      said what I need to talk to him for? She said<br/> because you need to. As they were going back and forth arguing I let them know that this was not the<br/> time nor the place for anything like this.      acknowledged what I had said and walked away<br/> towards the kitchen. I walked that way to check in with him to see what was going on and how this all<br/> started. As we were walking to the kitchen the bell rung for the door she had opened It was her “baby<br/> daddy” so after he came through the first door she was like my baby daddy right here I just let him in<br/> now talk to him. I walked outside and informed him that he was not allowed to be here he<br/> cooperated and walked out she came out the door yelling and screaming James went outside and her<br/> baby daddy was still outside and exchanged words.      baby mother pulled up because he had<br/> called her and said that he felt unsafe and needed to be picked up.      baby mama pulled up and<br/> her and      had a verbal altercation that lead to physical fight not too sure who hit who first and<br/> what really happened because I was not outside I was back in forth from the kitchen and the welcome<br/> center so I didn’t have time to pay attention to that.      came in with her face all scratched up<br/> blood all over her shirt and face. She called the police and the paramedics because she said she had<br/> been bitten by James baby mama. She Left with the paramedics and was taken to General Hospital.</p> |                                                            |                                                                                                                              |
| Describe any injuries observed: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            | Describe any action taken by staff: 911 was called                                                                           |
| <input type="checkbox"/> Check if police were involved<br>Time Called: 2:10am<br>Time Arrived:2:25am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            | Describe what actions were performed by the Paramedics or Police: Paramedics arrived and took her to SF General              |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 2:25Am<br>Time Arrived: 2:45Am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            | Name of Police Officer/Badge No: 1160 /Imsand<br><br>Where was the client taken: He was transported to ST. Francis Hospital. |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                                                                                                                              |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3/23/19                                                    |                                                                                                                              |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Missy Mason                                                |                                                                                                                              |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 680 Bryant Street Navigation Center San Francisco Ca 94107 |                                                                                                                              |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Michael Johnson (415) 487-3300 ext. 4422                   |                                                                                                                              |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

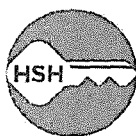
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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |            |
|-----------------------------------------------|--------------------------------|---------------------------------|------------|
| 3/23/2019                                     | 4:52p.m                        | <u>Other Emergency Services</u> |            |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                                 | LAST FOUR: |
| Client A.                                     |                                |                                 |            |
| Client B.                                     |                                |                                 |            |
| Client C.                                     |                                |                                 |            |
| Names of Reporting Staff                      |                                |                                 |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |            |
|                                               | Ashley Trueba                  | Whitney Burnett                 |            |

|                                                                                                                                                                                                                        |                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                        |                                                                                                                                                |
|                                                                                                                                                                                                                        |                                                                                                                                                |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                      |                                                                                                                                                |
| Guest B. came to Welcome Center and stated Guest A. might need to go to the hospital. I walked over to the women shower room and Guest A. was hunched over vomiting. I asked Guest A did she need medical she said yes |                                                                                                                                                |
|                                                                                                                                                                                                                        |                                                                                                                                                |
|                                                                                                                                                                                                                        |                                                                                                                                                |
|                                                                                                                                                                                                                        |                                                                                                                                                |
|                                                                                                                                                                                                                        |                                                                                                                                                |
| Describe any injuries observed:<br>Vomiting                                                                                                                                                                            | Describe any action taken by staff: Medical services were called to assist guest.                                                              |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                | Describe what actions were performed by the Paramedics or Police: Vitals were taken in the ambulance and guest was transported to the hospital |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 4:52p.m<br>Time Arrived: 5:14p.m                                                                                             | Name of Police Officer/Badge No.:<br>Medic 53<br><br>Where was the client taken:<br>St. Lukes                                                  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                    |                                                                                                                                                |
| Date Form Submitted to HSH                                                                                                                                                                                             | 3-25-2019 (Monday)                                                                                                                             |
| Person Who Completed Report<br><i>(please print)</i>                                                                                                                                                                   | Whitney Burnett                                                                                                                                |
| Agency Name/Location/Phone<br><i>(please print)</i>                                                                                                                                                                    | Bryant Navigation Center 680 Bryant Street<br>San Francisco Ca, 94107                                                                          |
| Supervisor Name and Phone                                                                                                                                                                                              | Whitney Burnett 415-487-3300 ext. 4411                                                                                                         |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

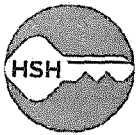
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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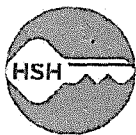
| Date of Incident:                             | Time Incident Occurred:              | Type of Incident:                                              |
|-----------------------------------------------|--------------------------------------|----------------------------------------------------------------|
| 3/26/2019                                     | 2:00pm                               | Violence                                                       |
| Navigation Center Name                        | Civic Center Navigation Center       |                                                                |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME       | LAST FOUR:                                                     |
| Client A.                                     |                                      |                                                                |
| Client B.                                     |                                      |                                                                |
| Client C.                                     |                                      |                                                                |
| Names of Reporting Staff                      | Mary Kay Chin, Clinical Case Manager |                                                                |
| Names of Witnesses:                           | Client Witnesses                     | Staff Witnesses                                                |
|                                               |                                      | Program Director (PD) Renee Penton, Larry George – Maintenance |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                         |
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| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                         |
| CCM        heard        report on the walkie that Client A was involved in a situation on<br>the Market side of the building with her partner, Client B. CCM        & PD        went<br>outside and observed Client B with his arm around Client A's neck, forcibly moving her<br>down Market away from CCNC and limiting Client A's freedom of movement.<br>CCM        observed Client A's body as she attempted to resist accompanying Client B.<br>CCM        verbally inquired with Client A if she wanted to go with Client B, to which<br>Client A reported she did not want to go with Client B at that time and wanted to return<br>to CCNC. CCM        instructed Client B to let Client A go and for Client A to<br>return to CCNC. Client C arrived and interceded with Client B, allowing for Client A to<br>return to CCNC of her own volition. CCM        observed Client B both physically<br>intimidate & verbally threaten PD        . CCM        met with Client A in the<br>community room to check in & de-escalate. Approx. 2:21pm SFPD arrived & met with<br>CCM        who directed SFPD around the corner to locate Client B. CCM<br>identified Client B to SFPD who then initiated a foot pursuit but were not able to<br>apprehend Client B. CCM        returned to CCNC & continued to meet with<br>Client A to create a safety plan for the rest of the day/evening. SFPD returned to CCNC<br>and attempted to interview Client A, who declined to speak with them or give them her<br>name.<br>Note: Client B has repeatedly assaulted Client A (12/27/18 & 11/6/18) and on<br>Client B broke into CCNC and assaulted Client A. |  |                                                                                                         |
| Describe any injuries observed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Describe any action taken by staff:<br>SFPD called by front desk. Client A accompanied<br>back to CCNC. |
| <input checked="" type="checkbox"/> Check if police were involved<br>Time Called: approx. 2:10pm<br>Time Arrived: 2:21pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Describe what actions were performed by the<br>Paramedics or Police: SFPD searched for Client B         |
| <input type="checkbox"/> Check if paramedics were<br>involved<br><br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Name of Police Officer/Badge No.:<br><br>Where was the client taken:                                    |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                         |



|                                                             |                                      |
|-------------------------------------------------------------|--------------------------------------|
| <b>Date Form Submitted to HSH</b>                           |                                      |
| <b>Person Who Completed Report</b><br><i>(please print)</i> | <b>Mary Kay Chin</b>                 |
| <b>Agency Name/Location/Phone</b><br><i>(please print)</i>  | <b>Community Housing Partnership</b> |
| <b>Supervisor Name and Phone</b>                            |                                      |

CONFIDENTIAL



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

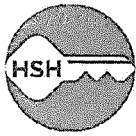
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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:            | Type of Incident:        |            |
|-----------------------------------------------|------------------------------------|--------------------------|------------|
| 3/26/2019                                     | 4:00p                              | Other Emergency Services |            |
| Navigation Center Name                        | Civic Center Navigation Center     |                          |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME     |                          | LAST FOUR: |
| Client A.                                     |                                    |                          |            |
| Client B.                                     |                                    |                          |            |
| Client C.                                     |                                    |                          |            |
| Names of Reporting Staff                      | Renee Penton Program Director (PD) |                          |            |
| Names of Witnesses:                           | Client Witnesses                   | Staff Witnesses          |            |
|                                               | LaMont Dillwood                    | Sam Woods                |            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Mary Kay Chin                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |  |
| <p>Client A is not currently a client at CCNC but was from 12/17/17 to 4/2/18. She was discharged due to medical condition that required her to be in long term stay. ON 3/26/19 she arrived out front of CCNC and PD was waiting at the door to enter. Client A, whose volume increased as she spoke, stated that “everyone here is bit!ses and they know what they did. I did not jump out of the building I was pushed and these people told SSA that I was dead and then refused to give me my stuff. They are going to write me a check right now or I will show them who Jesus is. They know what happened and they are covering it up.” PD was let into building and asked for Police to be called to calm the yelling and threats and to assist Client A with moving on from out front of the building.</p> |                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |  |
| Describe any injuries observed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Describe any action taken by staff:<br>Called police to engage, calm, and move client A on.                           |  |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Describe what actions were performed by the Paramedics or Police: Moved Client A out of area after calming situation. |  |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name of Police Officer/Badge No.:<br><br>Where was the client taken: was not taken anywhere                           |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       |  |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4/4/19                                                                                                                |  |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Renee Penton                                                                                                          |  |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CHP-CCNC                                                                                                              |  |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Anat Leonard aleonard@chp-sf.org                                                                                      |  |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

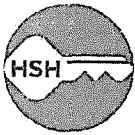
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| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |            |
|-----------------------------------------------|--------------------------------|---------------------------------|------------|
| 3/27/2019                                     | 2:46am                         | <u>Other Emergency Services</u> |            |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                                 | LAST FOUR: |
| Client A.                                     |                                |                                 |            |
| Client B.                                     |                                |                                 |            |
| Client C.                                     |                                |                                 |            |
| Names of Reporting Staff                      | Danielle Belton                |                                 |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |            |
|                                               |                                | Dana Simpson                    |            |

|                                                                                                                                                                                                                    |                                                            |                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                    |                                                            | James Wilson                                                                                                                                      |
|                                                                                                                                                                                                                    |                                                            |                                                                                                                                                   |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                  |                                                            |                                                                                                                                                   |
| Client had an abscess that had busted in his mouth and arm had both busted and he was in a lot of pain and was feeling light headed I called the paramedics they arrived shortly and took him to a nearby hospital |                                                            |                                                                                                                                                   |
|                                                                                                                                                                                                                    |                                                            |                                                                                                                                                   |
|                                                                                                                                                                                                                    |                                                            |                                                                                                                                                   |
|                                                                                                                                                                                                                    |                                                            |                                                                                                                                                   |
|                                                                                                                                                                                                                    |                                                            |                                                                                                                                                   |
| Describe any injuries observed: N/A                                                                                                                                                                                |                                                            | Describe any action taken by staff:<br>Called 911                                                                                                 |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                            |                                                            | Describe what actions were performed by the Paramedics or Police: They took his vitals and looked at the abscess in his mouth and on his shoulder |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 2:46am<br>Time Arrived: 3:01am                                                                                                      |                                                            | Name of Police Officer/Badge No:<br><br>Where was the client taken: St. Luis                                                                      |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                |                                                            |                                                                                                                                                   |
| Date Form Submitted to HSH                                                                                                                                                                                         | 3/27/19                                                    |                                                                                                                                                   |
| Person Who Completed Report<br>(please print)                                                                                                                                                                      | Danielle Belton                                            |                                                                                                                                                   |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                       | 680 Bryant Street Navigation Center San Francisco Ca 94107 |                                                                                                                                                   |
| Supervisor Name and Phone                                                                                                                                                                                          | Michael Johnson (415) 487-3300 ext. 4422                   |                                                                                                                                                   |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

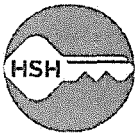
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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:              | Type of Incident:            |            |
|-----------------------------------------------|--------------------------------------|------------------------------|------------|
| 3/27/2019                                     | 4:30pm                               | <u>Sexual Assault</u>        |            |
| Navigation Center Name                        | Civic Center Navigation Center       |                              |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME       |                              | LAST FOUR: |
| Client A.                                     |                                      |                              |            |
| Client B.                                     |                                      |                              |            |
| Client C.                                     |                                      |                              |            |
| Names of Reporting Staff                      | Mary Kay Chin, Clinical Case Manager |                              |            |
| Names of Witnesses:                           | Client Witnesses                     | Staff Witnesses              |            |
|                                               |                                      | Reginae Raynor, Case Manager |            |

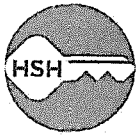
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              | <b>Sam Woods, Property Manager</b> |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                                    |
| <b>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                              |                                    |
| At approx. 4:30pm Client A came down to the RSD offices to report another participant had “threatened me with a gun and took my pants and shoes”. CCM was able to get a general description and location of the individual Client A described and using that information suspected it was Client B. Client A returned to her unit. At approx. 4:35pm Property Manager called SFPD. CCM and CM went to Client B’s unit to await SFPD and keep the area clear of other clients. At approx. 4:45pm SFPD arrived on site and went directly to Client B’s unit. CCM provided support for officers wanting to speak to Client A, until Client A requested privacy. CCM returned to the RSD offices. Approx. 5:15pm SFPD ambulance M65 arrived on site (SFPD had called for medical support upon Client B’s report of chest pains) and went upstairs to assess Client B. Client A returned to the lobby and continued her interview with SFPD. CCM continued to provide support to Client A and information to the SFPD. At approx. 6:09pm Client B was removed from CCNC and placed in M65 and was mirandized by SFPD and brought to SFGH for medical evaluation. SFPD reported they would return to CCNC with an emergency protective order for Client A against Client B. |                                                                                                                                                                              |                                    |
| Case Number: 190-217-602                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                              |                                    |
| Describe any injuries observed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Describe any action taken by staff:<br>Staff called SFPD and provided support to Client A.                                                                                   |                                    |
| <input checked="" type="checkbox"/> Check if police were involved<br>Time Called: 4:35pm<br>Time Arrived: 4:45pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Describe what actions were performed by the Paramedics or Police: SFPD interviewed all clients involved, SFPD provided medical care for Client B and SFPD arrested Client B. |                                    |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: SFPD called<br>Time Arrived: approx. 5:15pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Name of Police Officer/Badge No.:<br>342, 916, 801, 898, 637, 260 (there were others whose badge numbers we were unable to obtain)<br>Where was the client taken:<br>SFGH    |                                    |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                                    |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3/28/2019                                                                                                                                                                    |                                    |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mary Kay Chin, Clinical Case Manager                                                                                                                                         |                                    |



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                                            |                                                                                                  |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Agency Name/Location/Phone</b><br><i>(please print)</i> | <b>Community Housing Partnership</b><br><b>20 12<sup>th</sup> Street San Francisco, CA 94103</b> |
| <b>Supervisor Name and Phone</b>                           | <b>Renee Penton, Program Director 415-713-9409</b>                                               |

CONFIDENTIAL



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

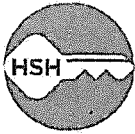
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| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |            |
|-----------------------------------------------|--------------------------------|---------------------------------|------------|
| 3/28/2019                                     | 6:25p.m                        | <u>Other Emergency Services</u> |            |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                                 | LAST FOUR: |
| Client A.                                     |                                |                                 |            |
| Client B.                                     |                                |                                 |            |
| Client C.                                     |                                |                                 |            |
| Names of Reporting Staff                      |                                |                                 |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |            |
|                                               |                                |                                 |            |

|                                                                                                                                                                                                 |                                                                      |                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                 |                                                                      | Whitney Burnett                                                                                                                          |
|                                                                                                                                                                                                 |                                                                      | Denaysia Rabb                                                                                                                            |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                               |                                                                      |                                                                                                                                          |
| Guest was being verbally abusive towards staff. Referred to the shift Supervisor as stupid/dumb bitch. When asked to go outside and cool down guest stated he isn't doing shit until he shaves. |                                                                      |                                                                                                                                          |
|                                                                                                                                                                                                 |                                                                      |                                                                                                                                          |
|                                                                                                                                                                                                 |                                                                      |                                                                                                                                          |
|                                                                                                                                                                                                 |                                                                      |                                                                                                                                          |
|                                                                                                                                                                                                 |                                                                      |                                                                                                                                          |
| Describe any injuries observed:                                                                                                                                                                 |                                                                      | Describe any action taken by staff: Called 911                                                                                           |
| <input type="checkbox"/> Check if police were involved<br>Time Called: 6:25p.m<br>Time Arrived: Canceled at 6:40p.m                                                                             |                                                                      | Describe what actions were performed by the Paramedics or Police: 911 call was canceled guest left once he realized 911 had been called. |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called:<br>Time Arrived:                                                                                                 |                                                                      | Name of Police Officer/Badge No.: Call was cancelled                                                                                     |
|                                                                                                                                                                                                 |                                                                      | Where was the client taken:                                                                                                              |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                             |                                                                      |                                                                                                                                          |
| Date Form Submitted to HSH                                                                                                                                                                      | 3-28-2019                                                            |                                                                                                                                          |
| Person Who Completed Report<br>(please print)                                                                                                                                                   | Whitney Burnett                                                      |                                                                                                                                          |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                    | Bryant Navigation Center 680 Bryant Street<br>San Francisco Ca,94107 |                                                                                                                                          |
| Supervisor Name and Phone                                                                                                                                                                       | Whitney Burnett                                                      |                                                                                                                                          |



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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [Lisa.Rachowicz@sfgov.org](mailto:Lisa.Rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:        |            |
|-----------------------------------------------|--------------------------------|--------------------------|------------|
| 3/30/2019                                     | 7:39p.m                        | Other Emergency Services |            |
| Navigation Center Name                        | Bryant Navigation Center       |                          |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                          | LAST FOUR: |
| Client A.                                     |                                |                          |            |
| Client B.                                     |                                |                          |            |
| Client C.                                     |                                |                          |            |
| Names of Reporting Staff                      | Whitney Burnett                |                          |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses          |            |
|                                               |                                | Yolanda Gaines           |            |

|                                                                                                                                                                                                                                                                              |  |                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                              |  | Whitney Burnett                                                                                                                   |
|                                                                                                                                                                                                                                                                              |  |                                                                                                                                   |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                            |  |                                                                                                                                   |
| Guest was sitting in the upright position on the floor in the women shower room semi unconscious. Guest was too high and unaware of staffs presence. Guest was given 2 doses of narkan and 911 was called to assist. Within 5 minutes guest was alert, responding and upset. |  |                                                                                                                                   |
|                                                                                                                                                                                                                                                                              |  |                                                                                                                                   |
|                                                                                                                                                                                                                                                                              |  |                                                                                                                                   |
|                                                                                                                                                                                                                                                                              |  |                                                                                                                                   |
|                                                                                                                                                                                                                                                                              |  |                                                                                                                                   |
|                                                                                                                                                                                                                                                                              |  |                                                                                                                                   |
| Describe any injuries observed:                                                                                                                                                                                                                                              |  | Describe any action taken by staff: Staff tried to get guests attention and then gave her 2 doses of narkan                       |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                      |  | Describe what actions were performed by the Paramedics or Police: Guest allowed the medics to take her vitals                     |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 7:39p.m<br>Time Arrived: 7:44p.m                                                                                                                                                   |  | Name of Police Officer/Badge No.: Engine #8 and Medic # 83<br><br>Where was the client taken: Guest refused to go to the hospital |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                          |  |                                                                                                                                   |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                   |  | 3-30-2019                                                                                                                         |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                |  | Whitney Burnett                                                                                                                   |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                                                 |  | Bryant Navigation 680 Bryant St. San Francisco Ca, 94107                                                                          |
| Supervisor Name and Phone                                                                                                                                                                                                                                                    |  | Whitney Burnett 415-487-3300 ext. 4411                                                                                            |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [Janay.Washington@sfgov.org](mailto:Janay.Washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [Lisa.Rachowicz@sfgov.org](mailto:Lisa.Rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:                 |            |
|-----------------------------------------------|--------------------------------|-----------------------------------|------------|
| 4/4/2019                                      | 5:26pm                         | <u>Other Emergency Services</u>   |            |
| Navigation Center Name                        | Civic Center Navigation Center |                                   |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                                   | LAST FOUR: |
| Client A.                                     |                                |                                   |            |
| Client B.                                     |                                |                                   |            |
| Client C.                                     |                                |                                   |            |
| Names of Reporting Staff                      | Mary Kay Chin, AMFT            |                                   |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                   |            |
|                                               |                                | Jose Ceja Lopez, Sr. Case Manager |            |

|                                                                                                                                                                   |                                                                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                   |                                                                                                                                                           |  |
|                                                                                                                                                                   |                                                                                                                                                           |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b> |                                                                                                                                                           |  |
| At approx. 5:20pm CCM                      received a radio from Sr. CM                      to attend an issue at                                                |                                                                                                                                                           |  |
| Client A's unit. At approx. 5:26pm CCM                      arrived Client A's unit to observe Client                                                             |                                                                                                                                                           |  |
| A vomiting and struggling to remain conscious. CCM                      inquired with Client A if he                                                              |                                                                                                                                                           |  |
| was okay with CCM                      calling emergency medical support. Client A agreed and                                                                     |                                                                                                                                                           |  |
| reported he was struggling to breath deeply. At approx. 5:28pm front desk staff called                                                                            |                                                                                                                                                           |  |
| 911 and requested an ambulance. At approx. 5:33pm SFFD ambulance 50 arrived and                                                                                   |                                                                                                                                                           |  |
| provided medical support and assessment. SFFD removed Client A from CCNC and                                                                                      |                                                                                                                                                           |  |
| reported they would be bringing him to St. Francis.                                                                                                               |                                                                                                                                                           |  |
| Describe any injuries observed:<br>Client A was throwing up and<br>reported trouble breathing.                                                                    | Describe any action taken by staff:<br>Staff called for an ambulance and provided logistical<br>support for emergency services staff.                     |  |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                           | Describe what actions were performed by the<br>Paramedics or Police: Paramedics assessed client<br>and escorted him downstairs and into the<br>ambulance. |  |
| <input checked="" type="checkbox"/> Check if paramedics were<br>involved<br><br>Time Called: 5:28pm<br>Time Arrived: 5:33pm                                       | Name of Police Officer/Badge No.:<br><br>Where was the client taken:<br>St. Francis Hospital                                                              |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                               |                                                                                                                                                           |  |
| Date Form Submitted to HSH                                                                                                                                        | 4/5/19                                                                                                                                                    |  |
| Person Who Completed Report<br>(please print)                                                                                                                     | Mary Kay Chin, AMFT                                                                                                                                       |  |
| Agency Name/Location/Phone<br>(please print)                                                                                                                      | Community Housing Partnership<br>20 12 <sup>th</sup> Street San Francisco, CA 94103                                                                       |  |
| Supervisor Name and Phone                                                                                                                                         | Renee Penton, Program Director 415-713-9409                                                                                                               |  |



## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Scott Walton, Manager for Shelters and Navigation Centers at 415.355-5326, [scott.walton@sfgov.org](mailto:scott.walton@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |
|-----------------------------------------------|--------------------------------|---------------------------------|
| 4-9-19                                        | 12:05 a.m.                     | <u>Other Emergency Services</u> |
| Navigation Center Name                        | Bryant Navigation Center       |                                 |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:                      |
| Client A.                                     |                                |                                 |
| Client B.                                     |                                |                                 |
| Client C.                                     |                                |                                 |
| Names of Reporting Staff                      | Jacqueline Williams            |                                 |

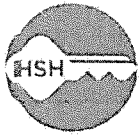
Page 1 of 2

City and County of San Francisco  
Department of Homelessness and Supportive Housing  
P.O. BOX 7988  
SAN FRANCISCO, CA 94103  
415.252.3232

<http://hsh.sfgov.org>



REVISED 08/07/18



| Names of Witnesses:                                                                                                                                              | Client Witnesses                            | Staff Witnesses                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                  |                                             |                                                                                                                                      |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b> |                                             |                                                                                                                                      |
| Guest came into welcome center requesting medical assistance, she stated she was in pain in the abdominal area                                                   |                                             |                                                                                                                                      |
|                                                                                                                                                                  |                                             |                                                                                                                                      |
|                                                                                                                                                                  |                                             |                                                                                                                                      |
| Describe any injuries observed: no injuries                                                                                                                      |                                             | Describe any action taken by staff: 911 was called                                                                                   |
| <input checked="" type="checkbox"/> Time Called: 12:05<br>Time Arrived: 12:25                                                                                    |                                             | Describe what actions were performed by the Paramedics or Police: 911 was called medics Arrived and evaluated the guest and took her |
| <input checked="" type="checkbox"/> Check if paramedics were involved                                                                                            |                                             | Name of Police Officer/ENG. No.: ED2                                                                                                 |
| Time Called: 12:05 am<br>Time Arrived: 12:25 am                                                                                                                  |                                             | Where was the client taken: Client A was transported                                                                                 |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                              |                                             |                                                                                                                                      |
| Date Form Submitted to HSH                                                                                                                                       | 4/9/19                                      |                                                                                                                                      |
| Person Who Completed Report<br>(please print)                                                                                                                    | Jacqueline Williams                         |                                                                                                                                      |
| Agency Name/Location/Phone<br>(please print)                                                                                                                     | 680 Bryant San Francisco Ca 94103           |                                                                                                                                      |
| Supervisor Name and Phone                                                                                                                                        | Jacqueline Williams (415) 487-3300 ext.4411 |                                                                                                                                      |





## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

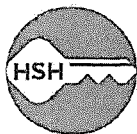
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [Lisa.Rachowicz@sfgov.org](mailto:Lisa.Rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:        |            |
|-----------------------------------------------|--------------------------------|--------------------------|------------|
| 4/10/2019                                     | 8:25p.m                        | Other Emergency Services |            |
| Navigation Center Name                        | Choose A Navigation Center     |                          |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                          | LAST FOUR: |
| Client A.                                     |                                |                          |            |
| Client B.                                     |                                |                          |            |
| Client C.                                     |                                |                          |            |
| Names of Reporting Staff                      |                                |                          |            |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses          |            |
|                                               |                                | Whitney Burnett          |            |

|                                                                                                                                                                   |  |                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                   |  |                                                                                                                                                       |
|                                                                                                                                                                   |  |                                                                                                                                                       |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b> |  |                                                                                                                                                       |
| Guest said that his hernia needed to be pushed back in and asked for the paramedics to be called so that he could get some assistance                             |  |                                                                                                                                                       |
|                                                                                                                                                                   |  |                                                                                                                                                       |
|                                                                                                                                                                   |  |                                                                                                                                                       |
|                                                                                                                                                                   |  |                                                                                                                                                       |
|                                                                                                                                                                   |  |                                                                                                                                                       |
| Describe any injuries observed:                                                                                                                                   |  | Describe any action taken by staff: Called the paramedics and asked guest to have a seat in the Welcome Center.                                       |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                           |  | Describe what actions were performed by the Paramedics or Police: Guest walked out to the ambulance and they asked him questions and took his vitals. |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 8:25p.m<br>Time Arrived: 8:43p.m                                        |  | Name of Police Officer/Badge No.: Medic 63<br><br>Where was the client taken:<br>St. Francis                                                          |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                               |  |                                                                                                                                                       |
| Date Form Submitted to HSH                                                                                                                                        |  | 4-11-2019 (Thursday)                                                                                                                                  |
| Person Who Completed Report<br><i>(please print)</i>                                                                                                              |  | Whitney Burnett                                                                                                                                       |
| Agency Name/Location/Phone<br><i>(please print)</i>                                                                                                               |  | Bryant Navigation Center 680 Bryant Street<br>San Francisco Ca, 94107                                                                                 |
| Supervisor Name and Phone                                                                                                                                         |  | Whitney Burnett                                                                                                                                       |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

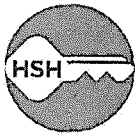
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- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [Lisa.Rachowicz@sfgov.org](mailto:Lisa.Rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:                                                                       | Type of Incident:            |            |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------|------------|
| 4/12/2019                                     | 10:17 AM                                                                                      | Other Emergency Services     |            |
| Navigation Center Name                        | Civic Center Navigation Center                                                                |                              |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME                                                                |                              | LAST FOUR: |
| Client A.                                     |                                                                                               |                              |            |
| Client B.                                     |                                                                                               |                              |            |
| Client C.                                     |                                                                                               |                              |            |
| Names of Reporting Staff                      | Zion Barrios, Care Management Community Coordinator, San Francisco Health Plan (415) 312-6310 |                              |            |
| Names of Witnesses:                           | Client Witnesses                                                                              | Staff Witnesses              |            |
|                                               |                                                                                               | Barbara Welch, Mary Kay Chin |            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                           |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                           |
| <p>Care Management Community Coordinator from San Francisco Health Plan, was visiting with Client A when he noticed she was having difficulty breathing. walked down to the first floor and called 911. CM from Civic Center Hotel met with and he described what happened. Paramedics arrived and went to Client A's unit where paramedics were providing treatment and preparing Client A to be transported to hospital. She was transported to CPMC Bernal campus for treatment.</p> |  |                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                           |
| Describe any injuries observed:<br>Client had difficulty breathing.                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Describe any action taken by staff:<br>Paramedics were called.                                                                                                                                                                                                            |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                 |  | Describe what actions were performed by the Paramedics or Police: Paramedics Cody and Smith gave oxygen and put Client A in a transport chair. SFFD team QRV2 was assisting as well. She was taken down the stairs and placed in ambulance # 60, transported to hospital. |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 10:17 AM<br>Time Arrived: 10:22 AM                                                                                                                                                                                                                                                                                                                                                                       |  | Name of Police Officer/Badge No.:<br><br>Where was the client taken:<br>CPMC Bernal campus.                                                                                                                                                                               |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                           |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 4/12/19                                                                                                                                                                                                                                                                   |
| Person Who Completed Report<br><i>(please print)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Barbara Welch                                                                                                                                                                                                                                                             |
| Agency Name/Location/Phone<br><i>(please print)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Community Housing Partnership, Civic Center Hotel-Navigation 20 12 <sup>th</sup> St. San Francisco, CA                                                                                                                                                                    |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Renee Penton                                                                                                                                                                                                                                                              |



## Department of Homelessness and Supportive Housing Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

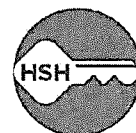
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [Lisa.Rachowicz@sfgov.org](mailto:Lisa.Rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:        |  |
|-----------------------------------------------|--------------------------------|--------------------------|--|
| 4/13/2019                                     | 3:47 p.m.                      | Other Emergency Services |  |
| Navigation Center Name                        | Bryant Navigation Center       |                          |  |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:               |  |
| Client A.                                     |                                |                          |  |
| Client B.                                     |                                |                          |  |
| Client C.                                     |                                |                          |  |
| Names of Reporting Staff                      |                                |                          |  |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses          |  |
|                                               |                                | Whitney Burnett          |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          | <b>Calthea Gomes</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                      |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |                      |
| <p>Guest was exited on 4-11-2019 for being unseen in 72 hrs. Guest somehow got on property and is refusing to leave. She has been informed that she is no longer a guest and is trespassing. She continued into the dining area to eat her meal and I went to the office to call 911 and request an escort. @4:25 p.m. guest voluntarily left before the police could arrive. She returned @9:45p.m trying to regain entry and was told once again that she has been exited and is no longer a guest and no longer allowed on property.</p> |                                                                                                                          |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                      |
| Describe any injuries observed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Describe any action taken by staff: Guest was informed that her exit date was on 4-11-2019 and that she was trespassing. |                      |
| <input type="checkbox"/> Check if police were involved<br>Time Called: 3:47p.m<br>Time Arrived: Canceled call<br>@4:28p.m guest left before they could arrive.                                                                                                                                                                                                                                                                                                                                                                              | Describe what actions were performed by the Paramedics or Police:                                                        |                      |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name of Police Officer/Badge No.:<br><br>Where was the client taken: Guest left to unknown location.                     |                      |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |                      |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4-15-2019 (Monday)                                                                                                       |                      |
| Person Who Completed Report<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Whitney Burnett                                                                                                          |                      |
| Agency Name/Location/Phone<br>(please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Bryant Navigation Center 680 Bryant Street<br>San Francisco, Ca 94107                                                    |                      |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Whitney Burnett                                                                                                          |                      |



## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:           | Type of Incident:               |
|-----------------------------------------------|-----------------------------------|---------------------------------|
| 5/15/2019                                     | 12:00am                           | <u>Other Emergency Services</u> |
| Navigation Center Name                        | Division Circle Navigation Center |                                 |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME    | LAST FOUR:                      |
| Client A.                                     |                                   |                                 |
| Client B.                                     |                                   |                                 |
| Client C.                                     |                                   |                                 |
| Names of Reporting Staff                      | Truenetta Webb                    |                                 |
| Names of Witnesses:                           | Client Witnesses                  | Staff Witnesses                 |
|                                               |                                   |                                 |

|                                                                                                                                                                   |                                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                   |                                                                                                                                    |  |
|                                                                                                                                                                   |                                                                                                                                    |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b> |                                                                                                                                    |  |
| Client A reported sharp back pain. Attempted to walk to bathroom and unable to do so.                                                                             |                                                                                                                                    |  |
| Client A requested 911 be called and staff monitored Client A until paramedics arrived.                                                                           |                                                                                                                                    |  |
| SFFD Medic 78 evaluated and transported Client A to VA – Ft. Miley. for observation.                                                                              |                                                                                                                                    |  |
|                                                                                                                                                                   |                                                                                                                                    |  |
|                                                                                                                                                                   |                                                                                                                                    |  |
|                                                                                                                                                                   |                                                                                                                                    |  |
| Describe any injuries observed:<br>No visible injuries observed.                                                                                                  | Describe any action taken by staff:<br>Staff monitored client until paramedics arrived.                                            |  |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                           | Describe what actions were performed by the Paramedics or Police: Paramedics evaluated Client A and transported to VA – Ft. Miley. |  |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 12:00am<br>Time Arrived: 12:10am                                        | Name of Police Officer/Badge No.:<br>SFFD Medic 78<br><br>Where was the client taken:<br>VA – Ft. Miley                            |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                               |                                                                                                                                    |  |
| Date Form Submitted to HSH                                                                                                                                        | 5/14/2019                                                                                                                          |  |
| Person Who Completed Report <i>(please print)</i>                                                                                                                 | Truenetta webb                                                                                                                     |  |
| Agency Name/Location/Phone <i>(please print)</i>                                                                                                                  | SVDP/Division Circle Navigation/415-268-4004                                                                                       |  |
| Supervisor Name and Phone                                                                                                                                         | Truenetta webb 415-268-4004 x514                                                                                                   |  |

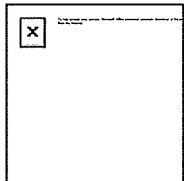
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**From:** Peter Prows <pprows@briscoelaw.net>  
**Sent:** Friday, May 31, 2019 4:09 PM  
**To:** Mchugh, Eileen (BOS)  
**Cc:** HSHSunshine; Calvillo, Angela (BOS); GIVNER, JON (CAT); Ng, Wilson (BOS); BOS-Legislative Services; Yee, Norman (BOS); Somera, Alisa (BOS)  
**Subject:** RE: Appeal of CEQA Exemption Determination - Proposed Project at Seawall Lot 330  
**Attachments:** Responsive Documents re Wall Lee Request CIRs Volume 3.pdf

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Thanks.

Please ensure the attached additional records are also included in the administrative record, in addition to whatever else the City has that is responsive to the PRA request made in the appeal letter.



**PETER PROWS**  
155 Sansome Street, Seventh Floor  
San Francisco, California 94104  
Direct: (415) 402-2708 Cell: (415) 994-8991

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**From:** Mchugh, Eileen (BOS) [mailto:eileen.e.mchugh@sfgov.org]  
**Sent:** Friday, May 31, 2019 1:22 PM  
**To:** Peter Prows <pprows@briscoelaw.net>  
**Cc:** HSHSunshine <HSHSunshine@sfgov.org>; Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>; GIVNER, JON (CAT) <Jon.Givner@sfcityatty.org>; Ng, Wilson (BOS) <wilson.l.ng@sfgov.org>; BOS-Legislative Services <bos-legislative\_services@sfgov.org>; Yee, Norman (BOS) <norman.yee@sfgov.org>; Somera, Alisa (BOS) <alisa.somera@sfgov.org>  
**Subject:** Appeal of CEQA Exemption Determination - Proposed Project at Seawall Lot 330

Dear Peter Prows (Briscoe Ivester & Bazel LLP),

On behalf of the Office of the Clerk of the Board, I am confirming receipt of your attached appeal letter regarding Planning Case No. 2019-002440ENV. BOS Legislative File No. 190611 – Appeal of Determination of Exemption from Environmental Review – Seawall Lot 330.

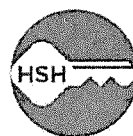
Per the footnotes contained on page 3 of your letter, you stated the following:

*Please consider this letter to also be a Public Records Act request for all incident reports for Navigation Centers dating back to 2016. If you have trouble understanding this request, I request assistance in reformulating it in a way that is more understandable. If this request is not addressed correctly, please forward it to the appropriate person who handles Public Records Act requests for the City. I also request that documents available in electronic format be produced in their electronic format.*

By copy of this email, we are referring your request to the San Francisco Department of Homelessness and Supportive Housing ([HSHSunshine@sfgov.org](mailto:HSHSunshine@sfgov.org)), as their agency is the custodian of record for data and reports pertaining to Navigation Centers.

Sincerely,

Eileen McHugh  
Executive Assistant  
Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, City Hall, Room 244  
San Francisco, CA 94102-4689  
Phone: (415) 554-7703 | Fax: (415) 554-5163  
[eileen.e.mchugh@sfgov.org](mailto:eileen.e.mchugh@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

|                                      |                                        |                          |                  |
|--------------------------------------|----------------------------------------|--------------------------|------------------|
| <b>Date of Incident:</b><br>11/14/18 | <b>Time Incident Occurred:</b> 2:30 PM | <b>Type of Incident:</b> |                  |
|                                      |                                        | Medical issue            |                  |
| <b>Navigation</b>                    | Bayshore Navigation Center             |                          |                  |
| <b>Names of Clients Involved</b>     | <b>PRINT FIRST NAME AND LAST NAME</b>  |                          | <b>LAST FOUR</b> |
| <b>Last Four of SSN</b>              |                                        |                          |                  |
| <b>Client A.</b>                     |                                        |                          |                  |
| <b>Client B.</b>                     |                                        |                          |                  |
| <b>Client C.</b>                     |                                        |                          |                  |
| <b>Names of Reporting Staff</b>      | Margaret O'Neill                       |                          |                  |
| <b>Names of Witnesses:</b>           | <b>Staff Witnesses</b>                 |                          |                  |
|                                      | Rochelle Rodriguez                     |                          |                  |
|                                      | Robert Cedillo                         |                          |                  |
|                                      | Sandra Sims                            |                          |                  |

Page 1 of 2

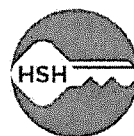
City and County of San Francisco  
Department of Homelessness and Supportive Housing  
P.O. BOX 7988  
SAN FRANCISCO, CA 94103  
415.252.3232

<http://hsh.sfgov.org>



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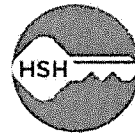
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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                            |                                                                                                                                         |
| Client A, a pregnant guest, was sick all day, shaking and throwing up in the bathroom and eventually felt sick enough that she requested for us to call an ambulance around 2:15 PM. She was conscious, talking and walking around the whole time. When the paramedics arrived, she was evaluated and eventually denied their services because they wouldn't take her to San Francisco General Hospital. The care manager took her to the bus and she took the bus to SFGH. |                                                                                                                                         |
| <b>Describe any injuries observed:</b><br>None                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Describe any action taken by staff:</b><br>Called 911                                                                                |
| <input type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                                                                                                                | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Evaluated patient and allowed her to make informed decision |
| <input checked="" type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called:</b> 2:15 PM<br><b>Time Arrived:</b> 2:30 PM                                                                                                                                                                                                                                                                                                                             | <b>Name of Police Officer/Badge No.:</b><br>A. Deutsch<br><br><b>Where was the client taken:</b><br>Not taken to hospital               |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                         |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>11-14-2018</b>                                                                                                                       |
| <b>Person Who Completed Report</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Margaret O'Neill</b>                                                                                                                 |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Bayshore Navigation Center</b>                                                                                                       |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>415-920-8920</b>                                                                                                                     |





DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

|                                                             |                                           |                                     |                   |
|-------------------------------------------------------------|-------------------------------------------|-------------------------------------|-------------------|
| <b>Date of Incident:</b><br>11/15/18                        | <b>Time Incident Occurred:</b><br>1:30 PM | <b>Type of Incident:</b><br>Medical |                   |
| <b>Navigation</b>                                           | Bayshore Navigation Center                |                                     |                   |
| <b>Names of Clients Involved</b><br><b>Last Four of SSN</b> | <b>PRINT FIRST NAME AND LAST NAME</b>     |                                     | <b>LAST FOUR:</b> |
| Client A.                                                   |                                           |                                     |                   |
| Client B.                                                   |                                           |                                     |                   |
| Client C.                                                   |                                           |                                     |                   |
| <b>Names of Reporting Staff</b>                             | Margaret O'Neill                          |                                     |                   |
| <b>Names of Witnesses:</b>                                  | <b>Client Witnesses</b>                   | <b>Staff Witnesses</b>              |                   |
|                                                             |                                           |                                     |                   |
|                                                             |                                           |                                     |                   |

Page 1 of 2

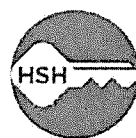
City and County of San Francisco  
Department of Homelessness and Supportive Housing  
P.O. BOX 7988  
SAN FRANCISCO, CA 94103  
415.252.3232

<http://hsh.sfgov.org>



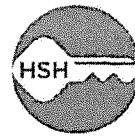
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|                                                                                                                                                                                                                                                                  |                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                 |                                                                                                                       |
| Client A was feeling extremely ill due to what she thought might be food poisoning and was throwing up and dry heaving, shaking, and sweating for hours. After several hours she felt sick enough that she requested paramedics so she could go to the hospital. |                                                                                                                       |
| <b>Describe any injuries observed:</b>                                                                                                                                                                                                                           | <b>Describe any action taken by staff:</b><br>Called paramedics and monitored her safety.                             |
| <input type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                     | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Evaluation and took her to hospital.      |
| <input checked="" type="checkbox"/> <b>Check if paramedics were involved</b><br><b>Time Called:</b> 1:40 PM<br><b>Time Arrived:</b> 1:55 PM                                                                                                                      | <b>Name of Police Officer/Badge No.:</b><br>Jonathan Wue, AMR, 31<br><b>Where was the client taken:</b><br>St. Luke's |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                              |                                                                                                                       |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                | 11/16/18                                                                                                              |
| <b>Person Who Completed Report</b> <i>(please print)</i>                                                                                                                                                                                                         | Margaret O'Neill                                                                                                      |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>                                                                                                                                                                                                          | Bayshore Navigation Center                                                                                            |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                 | Meg O'Neill, 415-920-8920                                                                                             |





DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

|                                                             |                                       |                          |  |
|-------------------------------------------------------------|---------------------------------------|--------------------------|--|
| <b>Date of Incident:</b><br>11/25/18                        | <b>Time Incident Occurred:</b>        | <b>Type of Incident:</b> |  |
|                                                             | 11:31 AM                              | Medical                  |  |
| <b>Navigation</b>                                           | Bayshore Navigation Center            |                          |  |
| <b>Names of Clients Involved</b><br><b>Last Four of SSN</b> | <b>PRINT FIRST NAME AND LAST NAME</b> | <b>LAST FOUR:</b>        |  |
| Client A.                                                   |                                       |                          |  |
| Client B.                                                   |                                       |                          |  |
| Client C.                                                   |                                       |                          |  |
| <b>Names of Reporting Staff</b>                             | Margaret O'Neill                      |                          |  |

Page 1 of 3

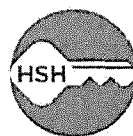
City and County of San Francisco  
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415.252.3232

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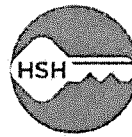
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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

| <b>Names of Witnesses:</b>                                                                                                                                                                                                                                                                      | <b>Client Witnesses</b>                                                                                                 | <b>Staff Witnesses</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------|
|                                                                                                                                                                                                                                                                                                 |                                                                                                                         | Robert Schillinger     |
|                                                                                                                                                                                                                                                                                                 |                                                                                                                         |                        |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                |                                                                                                                         |                        |
| <b>Client A</b> complained of severe abdominal pain potentially resulting from problems with a shunt she had put in her right side after a seizure in the past. She requested emergency medical help and staff called 911 immediately. The paramedics came and transported her to the hospital. |                                                                                                                         |                        |
| <b>Describe any injuries observed:</b><br>None visible                                                                                                                                                                                                                                          | <b>Describe any action taken by staff:</b><br>Called paramedics                                                         |                        |
| <input type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                    | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Took client to hospital                     |                        |
| <input checked="" type="checkbox"/> <b>X Check if paramedics were involved</b><br><br><b>Time Called:</b> 11:31 AM<br><b>Time Arrived:</b> 11:40 AM                                                                                                                                             | <b>Name of Police Officer/Badge No.:</b><br>Fire engine 86, Oteiza<br><br><b>Where was the client taken:</b><br>Unknown |                        |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                             |                                                                                                                         |                        |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                               | <b>11/25/18</b>                                                                                                         |                        |
| <b>Person Who Completed Report</b> <i>(please print)</i>                                                                                                                                                                                                                                        | <b>Meg O'Neill</b>                                                                                                      |                        |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>                                                                                                                                                                                                                                         | <b>Bayshore Navigation Center</b>                                                                                       |                        |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                                | <b>Meg O'Neill, 415-920-8924</b>                                                                                        |                        |





DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

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- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:<br>11/25/18                    | Time Incident<br>Occurred:                   | Type of Incident: |
|--------------------------------------------------|----------------------------------------------|-------------------|
|                                                  | 14:28                                        | Medical           |
| Navigation                                       | Bayshore Navigation Center                   |                   |
| Names of Clients<br>Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME<br>LAST FOUR: |                   |
| Client A.                                        |                                              |                   |
| Client B.                                        |                                              |                   |
| Client C.                                        |                                              |                   |

Page 1 of 3

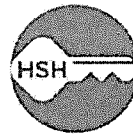
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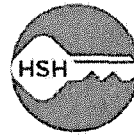
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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                                                                                                                                                                                                                    |                                                                                                     |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|
| <b>Names of Reporting Staff</b>                                                                                                                                                                                                    | <b>Margaret O'Neill</b>                                                                             |                          |
| <b>Names of Witnesses:</b>                                                                                                                                                                                                         | <b>Client Witnesses</b>                                                                             | <b>Staff Witnesses</b>   |
|                                                                                                                                                                                                                                    |                                                                                                     | <b>Pendleton Johnson</b> |
|                                                                                                                                                                                                                                    |                                                                                                     |                          |
|                                                                                                                                                                                                                                    |                                                                                                     |                          |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                   |                                                                                                     |                          |
| Client A complained of severe abdominal pain potentially resulting from problems with a pregnancy. She requested emergency medical help and staff called 911 immediately. The paramedics came and transported her to the hospital. |                                                                                                     |                          |
| <b>Describe any injuries observed:</b><br>None visible                                                                                                                                                                             | <b>Describe any action taken by staff:</b><br>Called paramedics                                     |                          |
| <input type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                       | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Took client to hospital |                          |
| <input checked="" type="checkbox"/> <b>X Check if paramedics were involved</b><br><br><b>Time Called:</b> 14:28<br><b>Time Arrived:</b> 14:40                                                                                      | <b>Name of Police Officer/Badge No.:</b><br>Fire engine 57, Bigos                                   |                          |
|                                                                                                                                                                                                                                    | <b>Where was the client taken:</b><br><br>Unknown                                                   |                          |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                |                                                                                                     |                          |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                  | <b>11/25/18</b>                                                                                     |                          |
| <b>Person Who Completed Report</b> (please print)                                                                                                                                                                                  | <b>Meg O'Neill</b>                                                                                  |                          |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                                                                                   | <b>Bayshore Navigation Center</b>                                                                   |                          |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                   | <b>Meg O'Neill, 415-920-8924</b>                                                                    |                          |





DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Scott Walton, Navigation Centers Program Manager at 415.557-5474, [scott.walton@sfgov.org](mailto:scott.walton@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

|                                                             |                                            |                                     |  |
|-------------------------------------------------------------|--------------------------------------------|-------------------------------------|--|
| <b>Date of Incident:</b><br>11/27/18                        | <b>Time Incident Occurred:</b><br>10:53 AM | <b>Type of Incident:</b><br>Medical |  |
| <b>Navigation</b>                                           | Bayshore Navigation Center                 |                                     |  |
| <b>Names of Clients Involved</b><br><b>Last Four of SSN</b> | <b>PRINT FIRST NAME AND LAST NAME</b>      | <b>LAST FOUR:</b>                   |  |
| <b>Client A.</b>                                            |                                            |                                     |  |
| <b>Client B.</b>                                            |                                            |                                     |  |
| <b>Client C.</b>                                            |                                            |                                     |  |
| <b>Names of Reporting Staff</b>                             |                                            |                                     |  |
|                                                             | <b>Client Witnesses</b>                    | <b>Staff Witnesses</b>              |  |

Page 1 of 2

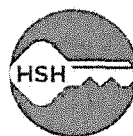
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P.O. BOX 7988  
SAN FRANCISCO, CA 94103  
415.252.3232

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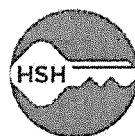
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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| <b>Names of Witnesses:</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | Neal Tremain                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                             |                                                                                                     |  |
| Client A complained of severe abdominal pain potentially resulting from problems with a shunt she had put in her right side after a seizure in the past. She also has hydrocephalus and recently had a miscarriage. She went to the doctor the other day and they did nothing so the issue was not resolved. She requested emergency medical help and staff called 911 immediately. The paramedics came and transported her to the hospital. |                                                                                                     |  |
| <b>Describe any injuries observed:</b><br>None visible                                                                                                                                                                                                                                                                                                                                                                                       | <b>Describe any action taken by staff:</b><br>Called paramedics                                     |  |
| <input type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                                                                                 | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Took client to hospital |  |
| <input checked="" type="checkbox"/> <b>X Check if paramedics were involved</b><br><br><b>Time Called:</b> 10:53 AM<br><b>Time Arrived:</b> 11:16 AM                                                                                                                                                                                                                                                                                          | <b>Name of Police Officer/Badge No.:</b><br>Fire engine 71, Kim                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Where was the client taken:</b><br>SFGH                                                          |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |  |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                            | <b>11/27/18</b>                                                                                     |  |
| <b>Person Who Completed Report</b> <i>(please print)</i>                                                                                                                                                                                                                                                                                                                                                                                     | <b>Meg O'Neill</b>                                                                                  |  |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>                                                                                                                                                                                                                                                                                                                                                                                      | <b>Bayshore Navigation Center</b>                                                                   |  |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Meg O'Neill, 415-920-8924</b>                                                                    |  |





DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

|                                                             |                                           |                          |                   |
|-------------------------------------------------------------|-------------------------------------------|--------------------------|-------------------|
| <b>Date of Incident:</b><br>11/27/18                        | <b>Time Incident Occurred:</b><br>4:30 AM | <b>Type of Incident:</b> |                   |
|                                                             |                                           | Medical                  |                   |
| <b>Navigation</b>                                           | Bayshore Navigation Center                |                          |                   |
| <b>Names of Clients Involved</b><br><b>Last Four of SSN</b> | <b>PRINT FIRST NAME AND LAST NAME</b>     |                          | <b>LAST FOUR:</b> |
| Client A.                                                   |                                           |                          |                   |
| Client B.                                                   |                                           |                          |                   |
| Client C.                                                   |                                           |                          |                   |
| <b>Names of Reporting Staff</b>                             | Epitacio Cortina                          |                          |                   |
|                                                             | <b>Client Witnesses</b>                   | <b>Staff Witnesses</b>   |                   |

Page 1 of 3

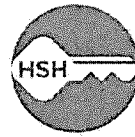
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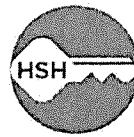
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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Names of Witnesses:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                         |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         |
| At approximately 4:30 am I was notified by staff that we had a female in the women's restroom screaming in agony due to severe stomach pains. We immediately reported to the location and found Client A sitting in the stall in severe pain. Staff entered the stall to check in on Client A and asked her if she would like medical attention, Client A responded by saying yes. 911 was immediately called by A1 Security at approx: 4:45 am. Ambulance arrived at 4:47 and were escorted to Client A. After doing their initial check of Client A they transported her to San Francisco General Hospital. |                                                                                                                                         |
| <b>Describe any injuries observed:</b><br>None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Describe any action taken by staff:</b><br>Called 911                                                                                |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Took Client A to hospital                                   |
| <input checked="" type="checkbox"/> X Check if paramedics were involved<br><br>Time Called: 4:45 AM<br>Time Arrived: 4:47 AM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Name of Police Officer/Badge No.:</b><br>C. Berger and Hermosillo, Medic truck #85<br><br><b>Where was the client taken:</b><br>SFGH |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                         |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 11/27/18                                                                                                                                |
| <b>Person Who Completed Report</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Epitacio Cortina                                                                                                                        |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Bayshore Navigation Center                                                                                                              |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Epitacio Cortina, 415-920-8920                                                                                                          |





DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

|                                                             |                                           |                                                   |                   |
|-------------------------------------------------------------|-------------------------------------------|---------------------------------------------------|-------------------|
| <b>Date of Incident:</b><br>11/30/18                        | <b>Time Incident Occurred:</b><br>7:43 AM | <b>Type of Incident:</b><br>Medical/mental health |                   |
| <b>Navigation</b>                                           | Bayshore Navigation Center                |                                                   |                   |
| <b>Names of Clients Involved</b><br><b>Last Four of SSN</b> | <b>PRINT FIRST NAME AND LAST NAME</b>     |                                                   | <b>LAST FOUR:</b> |
| Client A.                                                   |                                           |                                                   |                   |
| Client B.                                                   |                                           |                                                   |                   |
| Client C.                                                   |                                           |                                                   |                   |
| <b>Names of Reporting Staff</b>                             | Meg O'Neill                               |                                                   |                   |
| <b>Names of Witnesses:</b>                                  | <b>Client Witnesses</b>                   | <b>Staff Witnesses</b>                            |                   |
|                                                             |                                           |                                                   |                   |

Page 1 of 3

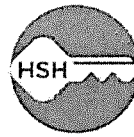
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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                          |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                          |  |
| <p>Client A was denied service from the Bayshore Navigation Center on 11/29/18 at 8:30 PM for verbally aggressive behavior. This morning, staff found Client A outside sleeping against the fence. Staff approached Client A and asked how he was, and he stated his colostomy bag was broken and all over him. He also vomited while staff were talking to him. Staff asked him if he wanted to get medical attention and he did not give a clear answer. Staff called paramedics and explained the situation and asked them to come evaluate him and see if he would go to the hospital. However, when the paramedics arrived Client A refused to go with them. Client A stated he has his own colostomy supplies. Staff also called SFHOT who came to offer Client A services and help him get cleaned up; however, he refused to avail himself of the services. Staff routinely checked on Client A and SFHOT came back in the afternoon to offer him services, and he finally agreed and was taken to Division Circle Navigation Center.</p> |                                                                                                                                          |  |
| <b>Describe any injuries observed:</b><br>Broken colostomy bag and feces, vomit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Describe any action taken by staff:</b><br>Called paramedics and HOT team, tried to provide for him                                   |  |
| <input type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Offered assistance to client                                 |  |
| <input checked="" type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called:</b> 7:43 AM<br><b>Time Arrived:</b> 7:54 AM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Name of Police Officer/Badge No.:</b><br>Truck 59, Jerrey<br><br><b>Where was the client taken:</b><br><b>Not taken by paramedics</b> |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                          |  |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>12/1/18</b>                                                                                                                           |  |
| <b>Person Who Completed Report</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Margaret O'Neill</b>                                                                                                                  |  |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Bayshore Navigation Center</b>                                                                                                        |  |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Margaret O'Neill, 415-920-8920</b>                                                                                                    |  |

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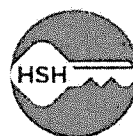
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DEPARTMENT OF  
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|                                                             |                                            |                                     |  |
|-------------------------------------------------------------|--------------------------------------------|-------------------------------------|--|
| <b>Date of Incident:</b><br>11/30/18                        | <b>Time Incident Occurred:</b><br>11:10 AM | <b>Type of Incident:</b><br>Medical |  |
| <b>Navigation</b>                                           | Bayshore Navigation Center                 |                                     |  |
| <b>Names of Clients Involved</b><br><b>Last Four of SSN</b> | <b>PRINT FIRST NAME AND LAST NAME</b>      | <b>LAST FOUR:</b>                   |  |
| Client A.                                                   |                                            |                                     |  |
| Client B.                                                   |                                            |                                     |  |
| Client C.                                                   |                                            |                                     |  |
| <b>Names of Reporting Staff</b>                             | Meg O'Neill                                |                                     |  |
|                                                             | <b>Client Witnesses</b>                    | <b>Staff Witnesses</b>              |  |

Page 1 of 3

City and County of San Francisco  
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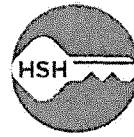
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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Names of Witnesses:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                   |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                   |  |
| Client A was speaking with a case manager and started having convulsions which may have been a small stroke or seizure. Client A then stopped convulsing and was speaking normally and said she was okay. Staff asked if she wanted medical care and she stated no, but due to the severe nature of the medical issue staff called the paramedics. When they arrived, they ran tests and evaluated her. She has a doctor's appointment on Monday so she will get further treatment then. |  |                                                                                                                                                                                   |  |
| <b>Describe any injuries observed:</b><br>Stroke/seizure                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>Describe any action taken by staff:</b><br>Called paramedics                                                                                                                   |  |
| <input type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Offered assistance to client and ran tests to determine blood pressure, vital signs, heart rate, etc. |  |
| <input checked="" type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called:</b> 11:10 AM<br><b>Time Arrived:</b> 11:16 AM                                                                                                                                                                                                                                                                                                                                        |  | <b>Name of Police Officer/Badge No.:</b><br><b>Engine 9 and Truck 88</b><br><br><b>Where was the client taken:</b><br>Not taken                                                   |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                   |  |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>12/1/18</b>                                                                                                                                                                    |  |
| <b>Person Who Completed Report</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>Margaret O'Neill</b>                                                                                                                                                           |  |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Bayshore Navigation Center</b>                                                                                                                                                 |  |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Margaret O'Neill, 415-920-8920</b>                                                                                                                                             |  |





DEPARTMENT OF  
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SUPPORTIVE HOUSING

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|                                                             |                                           |                                                      |  |
|-------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|--|
| <b>Date of Incident:</b><br>12/1/18                         | <b>Time Incident Occurred:</b><br>9:10 AM | <b>Type of Incident:</b><br>Other Emergency Services |  |
| <b>Navigation</b>                                           | Bayshore Navigation Center                |                                                      |  |
| <b>Names of Clients Involved</b><br><b>Last Four of SSN</b> | <b>PRINT FIRST NAME AND LAST NAME</b>     | <b>LAST FOUR:</b>                                    |  |
| <b>Client A.</b>                                            |                                           |                                                      |  |
| <b>Client B.</b>                                            |                                           |                                                      |  |
| <b>Client C.</b>                                            |                                           |                                                      |  |
| <b>Names of Reporting Staff</b>                             | Meg O'Neill                               |                                                      |  |
| <b>Names of Witnesses:</b>                                  | <b>Client Witnesses</b>                   | <b>Staff Witnesses</b>                               |  |
|                                                             | Meg O'Neill                               |                                                      |  |

Page 1 of 3

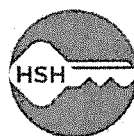
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Department of Homelessness and Supportive Housing  
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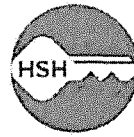
REVISED 12/27/17

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                    |
| Client A was leaving the Navigation Center and had just checked out his knife. Client A then noticed his skateboard was missing and began screaming angrily about his skateboard being gone and that he would “find out who took it and hurt them.” Client A was acting in a very aggressive manner, banging the tables and pointing and shouting at staff. Client A appeared to be on the edge of physically assaulting staff, and staff were aware that he had a knife on him. Staff were able to move the client out to the front area and calm him down enough that he left the premises. Shortly after he left, several police cars arrived but we explained to them that the client had left after we were able to de-escalate him. |                                                                                                                                    |
| <b>Describe any injuries observed:</b><br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Describe any action taken by staff:</b><br>Called police and de-escalated client until he left the premises before they arrived |
| <input type="checkbox"/> <b>X Check if police were involved</b><br><b>Time Called:</b> 8:54 AM<br><b>Time Arrived:</b> 9:01 AM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Describe what actions were performed by the Paramedics or Police:</b>                                                           |
| <input type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Name of Police Officer/Badge No.:</b><br>Car 219, Villalagonos<br><br><b>Where was the client taken:</b><br>Not taken           |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                    |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>12/1/18</b>                                                                                                                     |
| <b>Person Who Completed Report</b> <i>(please print)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Margaret O’Neill</b>                                                                                                            |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Bayshore Navigation Center</b>                                                                                                  |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Margaret O’Neill, 415-920-8920</b>                                                                                              |





DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within 24 hours of the incident preferably by email or **TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT** and. Please fill in all spaces on the form using N/A if appropriate. When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:

- Scott Walton, Navigation Centers Program Manager at 415.557-5474, [scott.walton@sfgov.org](mailto:scott.walton@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

|                                                             |                                           |                                              |  |
|-------------------------------------------------------------|-------------------------------------------|----------------------------------------------|--|
| <b>Date of Incident:</b><br>12/7/18                         | <b>Time Incident Occurred:</b><br>1:30 PM | <b>Type of Incident:</b><br>Acts of violence |  |
| <b>Navigation</b>                                           | Bayshore Navigation Center                |                                              |  |
| <b>Names of Clients Involved</b><br><b>Last Four of SSN</b> | <b>PRINT FIRST NAME AND LAST NAME</b>     | <b>LAST FOUR:</b>                            |  |
| Client A.                                                   |                                           |                                              |  |
| Client B.                                                   |                                           |                                              |  |
| Client C.                                                   |                                           |                                              |  |
| <b>Names of Reporting Staff</b>                             | Margaret O'Neill                          |                                              |  |
| <b>Names of Witnesses:</b>                                  | <b>Client Witnesses</b>                   | <b>Staff Witnesses</b>                       |  |
|                                                             |                                           |                                              |  |

Page 1 of 3

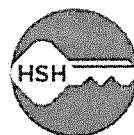
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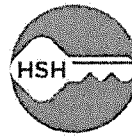
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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           |
| Client A was issued an immediate denial of service for physical violence after he grabbed his partner Client B's shirt and pulled her. Client A refused to leave the premises so police were called. Client A then left the premises before the police arrived but remained outside yelling threats at Client B, including "I'm going to [expletive] kill you!" and also threatening staff. Client A also spread his property all over the ground outside. Police arrived 51 minutes after the first call and 13 minutes after the second call. Police spoke with the client outside and then left. The client also eventually left. |                                                                                                                           |
| <b>Describe any injuries observed:</b><br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Describe any action taken by staff:</b><br>Called police, de-escalated client and denied him service, escorted him out |
| <input checked="" type="checkbox"/> <b>X Check if police were involved</b><br><b>Time Called:</b> 1:30 PM, 2:08 PM<br><b>Time Arrived:</b> 2:21 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Talked with client and then left              |
| <input type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Name of Police Officer/Badge No.:</b><br>Mayorga, squad car 272<br><br><b>Where was the client taken:</b><br>N/A       |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>12/7/18</b>                                                                                                            |
| <b>Person Who Completed Report</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Margaret O'Neill</b>                                                                                                   |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Bayshore Navigation Center</b>                                                                                         |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Artie Gilbert and Tony Chase, 415-920-8920</b>                                                                         |





DEPARTMENT OF  
HOMELESSNESS AND  
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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Scott Walton, Navigation Centers Program Manager at 415.557-5474, [scott.walton@sfgov.org](mailto:scott.walton@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

|                                                      |                                        |                          |                        |
|------------------------------------------------------|----------------------------------------|--------------------------|------------------------|
| <b>Date of Incident:</b><br>12/08/2018               | <b>Time Incident Occurred:</b> 6:12 am | <b>Type of Incident:</b> |                        |
|                                                      |                                        | Medical                  |                        |
| <b>Navigation</b>                                    | Bayshore Navigation Center             |                          |                        |
| <b>Names of Clients Involved</b><br>Last Four of SSN | <b>PRINT FIRST NAME AND LAST NAME</b>  |                          | <b>LAST FOUR:</b>      |
| Client A.                                            |                                        |                          |                        |
| Client B.                                            |                                        |                          |                        |
| Client C.                                            |                                        |                          |                        |
| <b>Names of Reporting Staff</b>                      | Epitacio Cortina                       |                          |                        |
|                                                      | <b>Client Witnesses</b>                |                          | <b>Staff Witnesses</b> |

Page 1 of 3

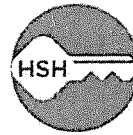
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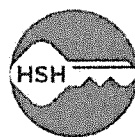
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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Names of Witnesses:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                        |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                        |  |
| At approximately 6:12 am ambassador Magee notified me that there was a situation in the women's guest shower. I immediately responded to the location and found Client A sitting on the shower floor with the water running. I asked Client A if she needed medical attention she stated that she did, that she has been throwing up and having severe diarrhea all day. I immediately had Ambassador Magee call 911. The EMT's arrived and were escorted to the shower area where Client A was located. After speaking with Client A the EMT's then transported her to the hospital. |  |                                                                                                                                                                        |  |
| Describe any injuries observed:<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Describe any action taken by staff: Had staff stay with Client A until emergency personal. 911 was immediately called.                                                 |  |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Describe what actions were performed by the Paramedics or Police: EMT's spoke with Client A so as to ensure she can be moved and transported Client A to the hospital. |  |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 6:14 am<br>Time Arrived: 6:34 am                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Name of Police Officer/Badge No.: Ambulance #86<br><br>Where was the client taken:<br>San Francisco General Hospital                                                   |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                        |  |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 12/08/2018                                                                                                                                                             |  |
| Person Who Completed Report (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Epitacio Cortina                                                                                                                                                       |  |
| Agency Name/Location/Phone (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Bayshore Navigation Center                                                                                                                                             |  |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Epitacio Cortina (415) 920-8920                                                                                                                                        |  |





DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

|                                                             |                                            |                                    |
|-------------------------------------------------------------|--------------------------------------------|------------------------------------|
| <b>Date of Incident:</b><br>12/15/18                        | <b>Time Incident Occurred:</b><br>12:15 PM | <b>Type of Incident:</b><br>Police |
| <b>Navigation</b>                                           | Bayshore Navigation Center                 |                                    |
| <b>Names of Clients Involved</b><br><b>Last Four of SSN</b> | <b>PRINT FIRST NAME AND LAST NAME</b>      | <b>LAST FOUR:</b>                  |
| Client A.                                                   |                                            |                                    |
| Client B.                                                   |                                            |                                    |
| Client C.                                                   |                                            |                                    |
| <b>Names of Reporting Staff</b>                             | Margaret O'Neill                           |                                    |
| <b>Names of Witnesses:</b>                                  | <b>Client Witnesses</b>                    | <b>Staff Witnesses</b>             |
|                                                             |                                            |                                    |

Page 1 of 3

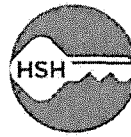
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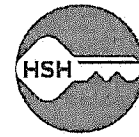
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           |  |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           |  |
| Client A was angry with her boyfriend Client B and wrote “Poser” in permanent marker on his face. Client A also called the emergency mental health crisis line to report him as mentally unstable. She asked police to come evaluate him so he could be admitted to an involuntary psychiatric unit. Police came and staff explained that the couple had gotten into an argument and Client B seemed to be perfectly stable and fine. Staff allowed police to enter the building to evaluate Client B. They evaluated him and briefly spoke to Client A. It was clear that there was no need for them here, so they left after checking in with staff and ensuring that no further help was needed. |                                                                                                                           |  |
| <b>Describe any injuries observed:</b><br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Describe any action taken by staff:</b><br>Assisted police in speaking with the people that called them                |  |
| <input checked="" type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b> Unsure<br><b>Time Arrived:</b> 12:15 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Evaluated clients appropriately and then left |  |
| <input type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Name of Police Officer/Badge No.:</b><br>Squad car 13A, R. Hawkins<br><b>Where was the client taken:</b><br>N/A        |  |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           |  |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>12/18/18</b>                                                                                                           |  |
| <b>Person Who Completed Report</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Meg O'Neill</b>                                                                                                        |  |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Bayshore Navigation Center</b>                                                                                         |  |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Meg O'Neill, 415-920-8920</b>                                                                                          |  |



Mayor London  
Breed  
City & County  
of San  
Francisco



Jeff Kositsky  
Director



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

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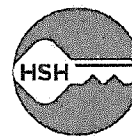
- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |  |
|-----------------------------------------------|--------------------------------|-------------------|--|
| 1/1/2019                                      | 8:23 AM                        | Medical           |  |
| Navigation Center Name                        | BAYSHORE NAVIGATION CENTER     |                   |  |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |  |
| Client A.                                     |                                |                   |  |
| Client B.                                     |                                |                   |  |
| Client C.                                     |                                |                   |  |

Mayor London  
Breed  
City & County  
of San  
Francisco



Jeff Kositsky  
Director



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Margaret O'Neill        |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         | Mona Blake             |

|  |                |
|--|----------------|
|  | Robert Cedillo |
|  |                |
|  |                |

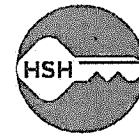
**Summary of Incident – Continue on separate sheet of paper if necessary.  
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A was observed acting strangely this morning and last night and reported that she had taken the wrong dosage of her Tramadol yesterday. She also has complicated health issues and takes 5-10 medications daily. She was stumbling, talking unintelligibly, and appeared pale and sweaty. Staff were keeping an eye on her and she appeared to be getting more and more ill and unresponsive. Staff called paramedics when her condition was clearly deteriorating.

|                                                                                                                                                 |                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Describe any injuries observed:</b><br>Swollen legs, pale and sweaty skin, drooping eyes, unintelligible speech                              | <b>Describe any action taken by staff:</b><br>Evaluated guest, monitored her, and called paramedics                      |
| <input type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                    | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Evaluated guest and took her to the hospital |
| <input checked="" type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called: 8:23 am</b><br><b>Time Arrived: 8:27 am</b> | <b>Name of Police Officer/Badge No.:</b><br>Engine 9 and Truck 91<br><b>Where was the client taken:</b><br>Unknown       |

| IMPORTANT AGENCY INFORMATION                      |                    |
|---------------------------------------------------|--------------------|
| <b>Date Form Submitted to HSH</b>                 | <b>1/1/2019</b>    |
| <b>Person Who Completed Report (please print)</b> | <b>Meg O'Neill</b> |

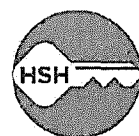
Mayor London  
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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

Jeff Kositsky  
Director

|                                                         |                                           |
|---------------------------------------------------------|-------------------------------------------|
| <b>Agency Name/Location/Phone</b> <i>(please print)</i> | <b>Bayshore Nav. Center, 415-920-8920</b> |
| <b>Supervisor Name and Phone</b>                        | <b>Meg O'Neill, 415-920-8920</b>          |



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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

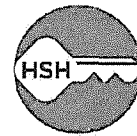
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 1/1/2019                                      | 8:23 AM                        | Medical           |
| Navigation Center Name                        | BAYSHORE NAVIGATION CENTER     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |

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|                                 |                            |                        |
|---------------------------------|----------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Margaret O'Neill           |                        |
|                                 | <b>Names of Witnesses:</b> | <b>Staff Witnesses</b> |
|                                 | Client Witnesses           | Veronda Creasy         |

|  |                |
|--|----------------|
|  | Robert Cedillo |
|  |                |
|  |                |

**Summary of Incident – Continue on separate sheet of paper if necessary.  
(Please do not include client names below. Refer to Client A, Client B, etc.)**

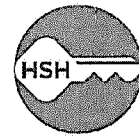
Client A requested urgent medical care, saying she believes she has pneumonia. Client A was pale, clammy, was fatigued and weak, and had severe chest pain and shortness of breath.

|                                                                                                                              |                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Describe any injuries observed:</b>                                                                                       | <b>Describe any action taken by staff:</b><br>Called paramedics                                                                 |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                      | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Medically evaluated client and took her to hospital |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 11:36 AM<br>Time Arrived: 11:44 AM | <b>Name of Police Officer/Badge No.:</b><br>Engine 9, Ambulance AMR #108                                                        |
|                                                                                                                              | <b>Where was the client taken:</b><br>SFGH                                                                                      |

**IMPORTANT AGENCY INFORMATION**

|                                                   |             |
|---------------------------------------------------|-------------|
| <b>Date Form Submitted to HSH</b>                 | 1/1/2019    |
| <b>Person Who Completed Report (please print)</b> | Meg O'Neill |

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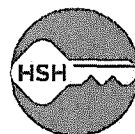
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Director

|                                                         |                                           |
|---------------------------------------------------------|-------------------------------------------|
| <b>Agency Name/Location/Phone</b> <i>(please print)</i> | <b>Bayshore Nav. Center, 415-920-8920</b> |
| <b>Supervisor Name and Phone</b>                        | <b>Meg O'Neill, 415-920-8920</b>          |

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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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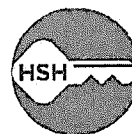
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 1/5/19                                        | 1:15 am                        | Medical           |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |

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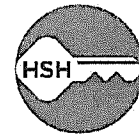
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SUPPORTIVE HOUSING

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                         |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>Names of Reporting Staff</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Neal Tremain                                                                                                                            |                        |
| <b>Names of Witnesses:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Client Witnesses</b>                                                                                                                 | <b>Staff Witnesses</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                         |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                         |                        |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         |                        |
| <p>At approximately 1:15 am Client A staggered into the front office area on her way out of the facility. Barely able to stand I offered client A a chair and asked her if she needed medical attention. Mumbling incoherently client A sank to the floor and I immediately called 911. As [redacted] waited we tried to keep client A talking. I retrieved two Narcan inhalers from the locker just to be safe. In seconds client A became non-responsive so I ordered [redacted] to administer a single 4mg dose of nasal Narcan, client A did not respond so in two minutes I ordered that a second 4mg dose of Narcan be given. In the meantime EMT staff arrived and client A began to revive under the effects of the Narcan. The EMT team stated it was probably a heroin (opioid) overdose and I informed them that I had administered two doses of Narcan to client A.</p> |                                                                                                                                         |                        |
| <b>Describe any injuries observed:</b><br>Overdose symptoms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Describe any action taken by staff:</b><br>911 called, Narcan Administered                                                           |                        |
| <input type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Evaluated client and took her to hospital                   |                        |
| <input checked="" type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called: 1:16 am</b><br><b>Time Arrived: 1:28 am</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Name of Police Officer/Badge No.:</b> Medic #86 and SFFD Engine 9<br><br><b>Where was the client taken:</b> Mission Bernal/St. Lukes |                        |

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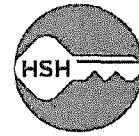


Jeff Kositsky  
Director



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

| IMPORTANT AGENCY INFORMATION                             |                                   |
|----------------------------------------------------------|-----------------------------------|
| <b>Date Form Submitted to HSH</b>                        | <b>1/5/19</b>                     |
| <b>Person Who Completed Report</b> <i>(please print)</i> | <b>Neal Tremain</b>               |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>  | <b>Bayshore Navigation Center</b> |
| <b>Supervisor Name and Phone</b>                         | <b>Neal Tremain 408-724-0387</b>  |



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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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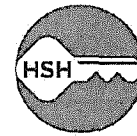
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 1/5/19                                        | 14:01                          | Medical           |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |

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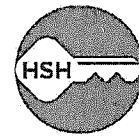
|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Meg O'Neill             |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         | Ric Lopez, Mike Romero |

| Summary of Incident – Continue on separate sheet of paper if necessary.<br>(Please do not include client names below. Refer to Client A, Client B, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <p>Client A fell off his bed, hit his head and started convulsing and having a seizure. Another guest called for help from staff. Staff responded and placed Client A in the rescue position. Staff also called 911. Client A continued to seize for over 1 minute and then it stopped. Other guests stated that Client A is epileptic and is supposed to be on medication but has not been had it; he went to the ER several weeks ago for another seizure. Staff kept Client A in the rescue position until paramedics arrived several minutes later. Paramedics evaluated Client A and took him to UCSF hospital.</p> |                                                                                                                              |
| <b>Describe any injuries observed:</b><br>Epileptic seizure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Describe any action taken by staff:</b><br>Placed Client A in rescue position and called 911                              |
| <input type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Evaluated Client A and took him to UCSF hospital |
| <input checked="" type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called:</b> 14:01<br><b>Time Arrived:</b> 14:05                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Name of Police Officer/Badge No.:</b><br>Engine 9, M77                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Where was the client taken:</b><br>UCSF                                                                                   |
| IMPORTANT AGENCY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                              |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1/5/19                                                                                                                       |
| <b>Person Who Completed Report</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Margaret O'Neill                                                                                                             |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Bayshore Navigation Center                                                                                                   |

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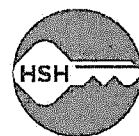
DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                  |                                |
|----------------------------------|--------------------------------|
| <b>Supervisor Name and Phone</b> | Margaret O'Neill, 415-920-8920 |
|----------------------------------|--------------------------------|

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DEPARTMENT OF  
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## San Francisco Housing and Homeless Division Report of Critical Incident

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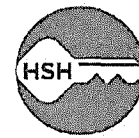
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
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- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 1/12/19                                       | 14:14                          | Medical           |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |

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DEPARTMENT OF  
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|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Meg O'Neill             |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         | Gerrine Washington     |

|  |  |  |
|--|--|--|
|  |  |  |
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**Summary of Incident – Continue on separate sheet of paper if necessary.  
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A was seen by staff stumbling out of the bathroom with another guest supporting her, sweating and mumbling to herself. She appeared to be in extreme pain and fading in and out of consciousness. Her                      she takes insulin at the hospital. Her                      went with her to the hospital.

**Describe any injuries observed:**  
Sweating, fading in and out of consciousness

**Describe any action taken by staff:**  
Called 911, placed guest in chair with a cool towel on her forehead, gave guest glucose tablet.

☐ **Check if police were involved**  
**Time Called:**  
**Time Arrived:**

**Describe what actions were performed by the Paramedics or Police:**  
Evaluated guest and tested blood sugar

☒ **Check if paramedics were involved**  
**Time Called: 14:09**  
**Time Arrived: 14:15**

**Name of Police Officer/Badge No.:**  
Engine 9

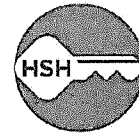
**Where was the client taken:**  
Unknown

**IMPORTANT AGENCY INFORMATION**

**Date Form Submitted to HSH**

**1/12/2019**

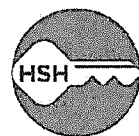
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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

Jeff Kositsky  
Director

|                                                          |                                                 |
|----------------------------------------------------------|-------------------------------------------------|
| <b>Person Who Completed Report</b> <i>(please print)</i> | <b>Meg O'Neill</b>                              |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>  | <b>Bayshore Navigation Center, 415-920-8920</b> |
| <b>Supervisor Name and Phone</b>                         | <b>Meg O'Neill, 415-920-8920</b>                |



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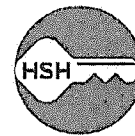
- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 1/16/19                                       | 8:45 AM                        | Police            |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |

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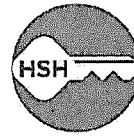
|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Meg O'Neill             |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         | Britt Creech           |

| Summary of Incident – Continue on separate sheet of paper if necessary.<br>(Please do not include client names below. Refer to Client A, Client B, etc.)                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <p>Client A was a former guest of the Bayshore Navigation Center who was exited for being gone for over 72 hours. Client A wanted to come back inside and got very angry when she was told she could not. Client A started banging on the gate, screaming at staff, cursing and using racial slurs. Client A attempted to ram through the entrance gate and refused to leave the entrance area, causing danger to guests and staff trying to enter. Staff had to call the police. After we called the police, the guest left before they arrived.</p> |                                                                                                     |
| Describe any injuries observed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Describe any action taken by staff:<br>Talked to guest and tried to de-escalate her, called police. |
| <input checked="" type="checkbox"/> Check if police were involved<br>Time Called: 8:44 AM<br>Time Arrived: 9:27 AM                                                                                                                                                                                                                                                                                                                                                                                                                                    | Describe what actions were performed by the Paramedics or Police:<br>Arrived after guest left       |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Name of Police Officer/Badge No.:<br>Squad car 176                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Where was the client taken:                                                                         |
| IMPORTANT AGENCY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1/16/19                                                                                             |
| Person Who Completed Report (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Meg O'Neill                                                                                         |
| Agency Name/Location/Phone (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Bayshore Navigation Center, 415-920-8920                                                            |

Mayor London  
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Francisco



Jeff Kositsky  
Director



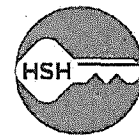
DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                  |                                  |
|----------------------------------|----------------------------------|
| <b>Supervisor Name and Phone</b> | <b>Meg O'Neill, 415-920-8920</b> |
|----------------------------------|----------------------------------|

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Francisco



Jeff Kositsky  
Director



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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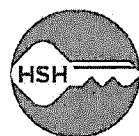
- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |            |
|-----------------------------------------------|--------------------------------|-------------------|------------|
| 1/16/19                                       | 11:32 AM                       | Medical           |            |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                   | LAST FOUR: |
| Client A.                                     |                                |                   |            |
| Client B.                                     |                                |                   |            |
| Client C.                                     |                                |                   |            |

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Francisco



Jeff Kositsky  
Director



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

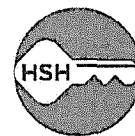
|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Meg O'Neill             |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         | Ric Lopez              |

| Summary of Incident – Continue on separate sheet of paper if necessary.<br>(Please do not include client names below. Refer to Client A, Client B, etc.) |                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Client A is 8 months pregnant and went into labor. She was having contractions less than 5 minutes apart. Staff called the paramedics.                   |                                                                                                                |
| Describe any injuries observed:                                                                                                                          | Describe any action taken by staff:<br>Talked to guest, evaluated her status, called paramedics                |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                  | Describe what actions were performed by the Paramedics or Police:<br>Evaluated guest and took her to hospital. |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 11:32 AM<br>Time Arrived: 11:40 AM                             | Name of Police Officer/Badge No.:<br>Engine 9                                                                  |
|                                                                                                                                                          | Where was the client taken:<br>Unknown                                                                         |
| IMPORTANT AGENCY INFORMATION                                                                                                                             |                                                                                                                |
| Date Form Submitted to HSH                                                                                                                               | 1/16/19                                                                                                        |
| Person Who Completed Report (please print)                                                                                                               | Meg O'Neill                                                                                                    |
| Agency Name/Location/Phone (please print)                                                                                                                | Bayshore Navigation Center, 415-920-8920                                                                       |
| Supervisor Name and Phone                                                                                                                                | Meg O'Neill, 415-920-8920                                                                                      |

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DEPARTMENT OF  
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## San Francisco Housing and Homeless Division Report of Critical Incident

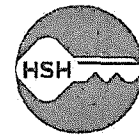
### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 1/17/2019                                     | 11:43 AM                       | Medical           |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

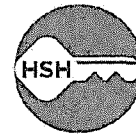
Mayor London  
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City & County  
of San  
Francisco



Jeff Kositsky  
Director

|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Meg O'Neill             |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         | Rodney Reese           |

|                                                                                                                                                                                                                                                     |                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                    |                                                                                                                             |
| Client A had gone to the hospital last night for vomiting and other issues. She came back today but after 15 minutes she vomited again and was unresponsive and in and out of consciousness. We called the paramedics and she went to the hospital. |                                                                                                                             |
| <b>Describe any injuries observed:</b>                                                                                                                                                                                                              | <b>Describe any action taken by staff:</b><br>Cleaned up vomit, called paramedics, monitored her status until they arrived. |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                             | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Evaluated client and took her to hospital.      |
| <input type="checkbox"/> X Check if paramedics were involved<br><br>Time Called: 11:43 AM<br>Time Arrived: 11:58 AM                                                                                                                                 | <b>Name of Police Officer/Badge No.:</b><br><br><b>Where was the client taken:</b><br>St. Mary's                            |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                 |                                                                                                                             |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                   | 1/17/2019                                                                                                                   |
| <b>Person Who Completed Report (please print)</b>                                                                                                                                                                                                   | Meg O'Neill                                                                                                                 |
| <b>Agency Name/Location/Phone (please print)</b>                                                                                                                                                                                                    | Bayshore Navigation Center, 415-920-8920                                                                                    |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                    | Meg O'Neill, 415-920-8920                                                                                                   |



## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

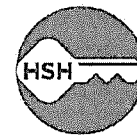
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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:               |
|-----------------------------------------------|--------------------------------|---------------------------------|
| 1/19/2019                                     | 11:32 AM                       | <u>Other Emergency Services</u> |
| Navigation Center Name                        | Bayshore Navigation Center     |                                 |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:                      |
| Client A.                                     |                                |                                 |
| Client B.                                     |                                |                                 |
| Client C.                                     |                                |                                 |
| Names of Reporting Staff                      | Meg O'Neill                    |                                 |
| Names of Witnesses:                           | Client Witnesses               | Staff Witnesses                 |
|                                               |                                |                                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                        |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/> (Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                        |
| Client A was found in a bathroom stall by staff. He was unresponsive, blue-faced and not breathing. Staff broke into the bathroom stall and administered three doses (6 milligrams) of Narcan before he started breathing again. There was a needle on the bathroom floor of the stall where he was found. Paramedics arrived and he told them he had taken too much heroin. Client A was informed he was being denied service for drug use onsite, and the paramedics took him to the hospital for monitoring. |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                        |
| Describe any injuries observed:<br><b>Not breathing, unresponsive, blue face</b>                                                                                                                                                                                                                                                                                                                                                                                                                                | Describe any action taken by staff:<br><b>Broke into bathroom stall, administered three doses of Narcan, called paramedics, monitored guest after Narcan kicked in</b> |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                                                                                                                                                                                                                                                                                                                         | Describe what actions were performed by the Paramedics or Police: <b>Medically evaluated client and brought him to hospital</b>                                        |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: <b>11:36 AM</b><br>Time Arrived: <b>12:13 PM</b>                                                                                                                                                                                                                                                                                                                                                                      | Name of Police Officer/Badge No.: <b>Engine 9</b><br><br>Where was the client taken: <b>Unsure</b>                                                                     |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                        |
| Date Form Submitted to HSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1/19/2019</b>                                                                                                                                                       |
| Person Who Completed Report <i>(please print)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Meg O'Neill</b>                                                                                                                                                     |
| Agency Name/Location/Phone <i>(please print)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Bayshore Navigation Center, 415-920-8920</b>                                                                                                                        |
| Supervisor Name and Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Meg O'Neill 415-920-8920</b>                                                                                                                                        |



Jeff Kositsky  
Director

## San Francisco Housing and Homeless Division Report of Critical Incident

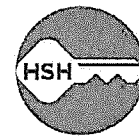
### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:                   | Type of Incident:         |
|-----------------------------------------------|-------------------------------------------|---------------------------|
| 1/19/19                                       | 11:32 AM                                  | Overdose                  |
| Navigation Center Name                        | Bayshore Navigation Center                |                           |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME LAST FOUR: |                           |
| Client A.                                     |                                           |                           |
| Client B.                                     |                                           |                           |
| Client C.                                     |                                           |                           |
| Names of Reporting Staff                      | Meg O'Neill                               |                           |
| Names of Witnesses:                           | Client Witnesses                          | Staff Witnesses           |
|                                               |                                           | Ric Lopez, Tony Maravilla |



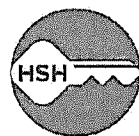
Jeff Kositsky  
Director

| Summary of Incident – Continue on separate sheet of paper if necessary.<br>(Please do not include client names below. Refer to Client A, Client B, etc.)                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Client A was found in a bathroom stall by staff. He was unresponsive, blue-faced and not breathing. Staff broke into the bathroom stall and administered three doses (6 milligrams) of Narcan before he started breathing again. There was a needle on the bathroom floor of the stall where he was found. Paramedics arrived and he told them he had taken too much heroin. Client A was informed he was being denied service for drug use onsite, and the paramedics took him to the hospital for monitoring.</p> |                                                                                                                                                                                |
| <p><b>Describe any injuries observed:</b><br/>Not breathing, unresponsive, blue face</p>                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>Describe any action taken by staff:</b><br/>Broke into bathroom stall, administered three doses of Narcan, called paramedics, monitored guest after Narcan kicked in</p> |
| <p><input type="checkbox"/> Check if police were involved<br/><b>Time Called:</b><br/><b>Time Arrived:</b></p>                                                                                                                                                                                                                                                                                                                                                                                                         | <p><b>Describe what actions were performed by the Paramedics or Police:</b><br/>Medically evaluated client and brought him to hospital</p>                                     |
| <p><input checked="" type="checkbox"/> Check if paramedics were involved<br/><br/><b>Time Called:</b> 11:36 AM<br/><b>Time Arrived:</b> 12:13 PM</p>                                                                                                                                                                                                                                                                                                                                                                   | <p><b>Name of Police Officer/Badge No.:</b><br/>Engine 9</p>                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>Where was the client taken:</b><br/>Unsure</p>                                                                                                                           |
| IMPORTANT AGENCY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1/19/19                                                                                                                                                                        |
| <b>Person Who Completed Report</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Meg O'Neill                                                                                                                                                                    |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Bayshore Navigation Center, 415-920-8920                                                                                                                                       |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Meg O'Neill, 415-920-8920                                                                                                                                                      |

Mayor London  
Breed  
City & County  
of San  
Francisco



Jeff Kositsky  
Director



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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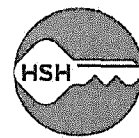
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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 1/22/19                                       | 9:31 AM                        | Medical           |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |

Mayor London  
Breed  
City & County  
of San  
Francisco



Jeff Kositsky  
Director

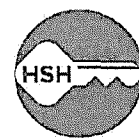


DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Meg O'Neill             |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         | Neal Tremain           |

| Summary of Incident – Continue on separate sheet of paper if necessary.<br>(Please do not include client names below. Refer to Client A, Client B, etc.)                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Client A was found in the dorm shaky, pale, vomiting, and not responding to questions. Client A has a history of psychiatric complications and can be difficult to understand or communicate with. Client A could not answer questions about his health except to say that his stomach hurt and he felt sick and hot. Staff wheeled him to his bed area in a chair. By the time paramedics arrived, he was again talking, responsive, and seemed fine. Paramedics evaluated him and cleared him.</p> |                                                                                                                                                   |
| <b>Describe any injuries observed:</b><br>Pale, shaky, non-responsive                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Describe any action taken by staff:</b><br>Spoke with guest, called paramedics                                                                 |
| <input type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                                                                                                                                            | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Evaluated client and asked him if he wanted medical care, he refused. |
| <input checked="" type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called: 9:31 AM</b><br><b>Time Arrived: 9:49 AM</b>                                                                                                                                                                                                                                                                                                                                                         | <b>Name of Police Officer/Badge No.:</b><br>Truck 71<br><br><b>Where was the client taken:</b><br>N/A                                             |
| IMPORTANT AGENCY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                   |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1/22/2019                                                                                                                                         |

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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

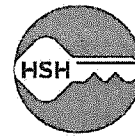
Jeff Kositsky  
Director

|                                                          |                                          |
|----------------------------------------------------------|------------------------------------------|
| <b>Person Who Completed Report</b> <i>(please print)</i> | Meg O'Neill                              |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>  | Bayshore Navigation Center, 415-920-8920 |
| <b>Supervisor Name and Phone</b>                         | Meg O'Neill, 415-920-8920                |

Mayor London  
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City & County  
of San  
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Jeff Kositsky  
Director



DEPARTMENT OF  
HOMELESSNESS AND  
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## San Francisco Housing and Homeless Division Report of Critical Incident

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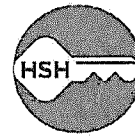
- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 1/23/19                                       | 1:43 PM                        | Medical           |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |

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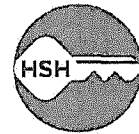
|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Meg O'Neill             |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         | Ric Lopez              |

| Summary of Incident – Continue on separate sheet of paper if necessary.<br>(Please do not include client names below. Refer to Client A, Client B, etc.)                                                |                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Client A is supposed to have a hip replacement and has extreme hip pain. He could not walk or use the bathroom. He requested immediate emergency care. Paramedics arrived and took him to the hospital. |                                                                                                                             |
| <b>Describe any injuries observed:</b><br>None                                                                                                                                                          | <b>Describe any action taken by staff:</b><br>Called paramedics                                                             |
| <input type="checkbox"/> Check if police were involved<br>Time Called:<br>Time Arrived:                                                                                                                 | <b>Describe what actions were performed by the Paramedics or Police:</b><br><br>Medically evaluated and brought to hospital |
| <input checked="" type="checkbox"/> Check if paramedics were involved<br><br>Time Called: 1:43 PM<br>Time Arrived: 1:51 PM                                                                              | <b>Name of Police Officer/Badge No.:</b><br>Truck 95<br><br><b>Where was the client taken:</b><br>St. Francis               |
| IMPORTANT AGENCY INFORMATION                                                                                                                                                                            |                                                                                                                             |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                       | 1/23/19                                                                                                                     |
| <b>Person Who Completed Report</b> (please print)                                                                                                                                                       | Meg O'Neill                                                                                                                 |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                                                        | Bayshore Navigation Center, 415-920-8920                                                                                    |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                        | Meg O'Neill, 415-920-8920                                                                                                   |

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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

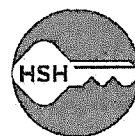
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |            |
|-----------------------------------------------|--------------------------------|-------------------|------------|
| 2/6/19                                        | 13:38                          | Medical           |            |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                   | LAST FOUR: |
| Client A.                                     |                                |                   |            |
| Client B.                                     |                                |                   |            |
| Client C.                                     |                                |                   |            |

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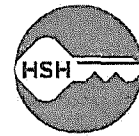
Jeff Kositsky  
Director



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Meg O'Neill             |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         | Rodney Reese           |

|                                                                                                                                                                                                                                                                                                                                   |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                  |                                                                                               |
| Staff found Client A lying on the floor by his bed. He was pale, breathing shallow and non-responsive. Staff administered Narcan and gave him sternum rubs till he started responding. Staff asked him questions and walked him around to keep him responsive. Paramedics arrived, evaluated him, and took him to Mission Bernal. |                                                                                               |
| <b>Describe any injuries observed:</b><br>Pale, shallow breathing, non-responsive                                                                                                                                                                                                                                                 | <b>Describe any action taken by staff:</b><br>Kept Client A safe and awake, called paramedics |
| <input type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                      | <b>Describe what actions were performed by the Paramedics or Police:</b>                      |
| <input checked="" type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called: 13:38</b><br><b>Time Arrived: 13:49</b>                                                                                                                                                                                       | <b>Name of Police Officer/Badge No.:</b><br>Engine 9, Ambulance 77                            |
|                                                                                                                                                                                                                                                                                                                                   | <b>Where was the client taken:</b><br>Mission Bernal                                          |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                               |                                                                                               |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                 | 2/6/19                                                                                        |
| <b>Person Who Completed Report (please print)</b>                                                                                                                                                                                                                                                                                 | Meg O'Neill                                                                                   |
| <b>Agency Name/Location/Phone (please print)</b>                                                                                                                                                                                                                                                                                  | Bayshore Navigation Center, 415-920-8920                                                      |
| <b>Supervisor Name and Phone</b>                                                                                                                                                                                                                                                                                                  | Meg O'Neill, 415-920-8920                                                                     |



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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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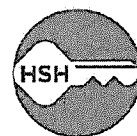
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 2/13/19                                       | 12:54 PM                       | Medical           |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |

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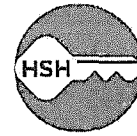
|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Meg O'Neill             |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         | Tameika Enis           |

| Summary of Incident – Continue on separate sheet of paper if necessary.<br>(Please do not include client names below. Refer to Client A, Client B, etc.)                                                                                                                                            |                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <p>Client A came into Nav. Center with extreme swelling and bruising in both arms and was clearly in extreme pain. Client A stated that he had attempted to inject crystal meth in both arms and missed his veins, causing an infection in both arms.</p> <p>Paramedics took him to SF General.</p> |                                                                                                                                        |
| <b>Describe any injuries observed:</b><br>Extreme swelling and bruising of arms, pain                                                                                                                                                                                                               | <b>Describe any action taken by staff:</b><br>Evaluated guest then called paramedics                                                   |
| <input type="checkbox"/> <b>Check if police were involved</b><br>Time Called:<br>Time Arrived:                                                                                                                                                                                                      | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Took guest to hospital                                     |
| <input checked="" type="checkbox"/> <b>Check if paramedics were involved</b><br><br>Time Called: 12:54 PM<br>Time Arrived: 1:02 PM                                                                                                                                                                  | <b>Name of Police Officer/Badge No.:</b><br>Engine 9, Ambulance King America 6<br><br><b>Where was the client taken:</b><br>SF General |
| IMPORTANT AGENCY INFORMATION                                                                                                                                                                                                                                                                        |                                                                                                                                        |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                   | 2/13/19                                                                                                                                |
| <b>Person Who Completed Report</b> (please print)                                                                                                                                                                                                                                                   | Meg O'Neill                                                                                                                            |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                                                                                                                                                    | Bayshore Nav. Center, 415-920-8920                                                                                                     |

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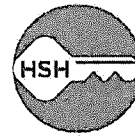
DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                           |                           |
|---------------------------|---------------------------|
| Supervisor Name and Phone | Meg O'Neill, 415-920-8920 |
|---------------------------|---------------------------|

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DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

## San Francisco Housing and Homeless Division Report of Critical Incident

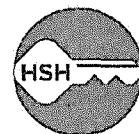
### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |
|-----------------------------------------------|--------------------------------|-------------------|
| 2/13/19                                       | 8:46 AM                        | Police            |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:        |
| Client A.                                     |                                |                   |
| Client B.                                     |                                |                   |
| Client C.                                     |                                |                   |



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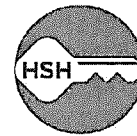
Jeff Kositsky  
Director

|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Meg O'Neill             |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         | Artie Gilbert          |

| Summary of Incident – Continue on separate sheet of paper if necessary.<br>(Please do not include client names below. Refer to Client A, Client B, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Client A and Client B were denied service for drug use onsite. Client B initially refused to leave and was yelling profanity at staff. He eventually left before police arrived.</p> <p>However, Client A refused to leave and was experiencing psychosis, saying she was picking parasites out of her feet, that she was going to call Obama and fire all the Nav. Center employees, etc. When police arrived an hour and 48 minutes later, they attempted to slowly have her leave and then finally had to physically put hands on her and handcuff her. They then 5150'd her, got her stuff that she requested including her heart medication, and waited till the ambulance arrived to take her to the psychiatric hospital.</p> |                                                                                                                                              |
| <b>Describe any injuries observed:</b><br>Psychosis including visual hallucinations of parasites                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Describe any action taken by staff:</b><br>Attempted to deescalate then called police. Assisted police with removing guest without force. |
| <input checked="" type="checkbox"/> <b>X Check if police were involved</b><br><b>Time Called:</b> 8:46 AM, 10:11 AM<br><b>Time Arrived:</b> 10:33 AM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Attempted to deescalate then removed guest                       |
| <input type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Name of Police Officer/Badge No.:</b><br>Huang Yuyi, 3C11A                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Where was the client taken:</b><br>Unknown                                                                                                |

**IMPORTANT AGENCY INFORMATION**

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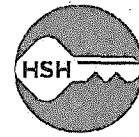
Jeff Kositsky  
Director

|                                                          |                                           |
|----------------------------------------------------------|-------------------------------------------|
| <b>Date Form Submitted to HSH</b>                        | <b>2/13/19</b>                            |
| <b>Person Who Completed Report</b> <i>(please print)</i> | <b>Meg O'Neill</b>                        |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>  | <b>Bayshore Nav. Center, 415-920-8920</b> |
| <b>Supervisor Name and Phone</b>                         | <b>Meg O'Neill, 415-920-8920</b>          |

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DEPARTMENT OF  
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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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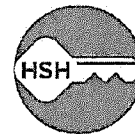
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- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:        |
|-----------------------------------------------|--------------------------------|--------------------------|
| 2/22/19                                       | 7:08 AM                        | Other Emergency Services |
| Navigation Center Name                        | Bayshore Navigation Center     |                          |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:               |
| Client A.                                     |                                |                          |
| Client B.                                     |                                |                          |
| Client C.                                     |                                |                          |

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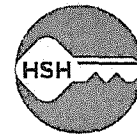
|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Meg O'Neill             |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         | Darryl Johnson         |

| Summary of Incident – Continue on separate sheet of paper if necessary.<br>(Please do not include client names below. Refer to Client A, Client B, etc.)                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <p>Client A was witnessed by guests and staff urinating and defecating in the smoking area. She also did not know what year it was or where she was. She also kept shouting Client A has a history of serious mental illness and substance use and has been to the emergency room for psychiatric/medical emergencies quite frequently.</p> <p>Staff called 911. When the police arrived to do a wellness check, she was back to a relatively normal state and answered all their questions correctly. They left after examining her and ensuring she was okay.</p> |                                                                          |
| <b>Describe any injuries observed:</b><br>Dizzy, confused                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Describe any action taken by staff:</b>                               |
| <input checked="" type="checkbox"/> <b>Check if police were involved</b><br><b>Time Called:</b> 7:08 PM<br><b>Time Arrived:</b> 7:21 PM                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Describe what actions were performed by the Paramedics or Police:</b> |
| <input type="checkbox"/> <b>Check if paramedics were involved</b><br><b>Time Called:</b><br><b>Time Arrived:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Name of Police Officer/Badge No.:</b><br>Squad car 217                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Where was the client taken:</b> N/A                                   |
| IMPORTANT AGENCY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2/22/19                                                                  |
| <b>Person Who Completed Report</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Meg O'Neill                                                              |
| <b>Agency Name/Location/Phone</b> (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Bayshore Navigation Center, 415-920-8920                                 |

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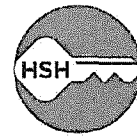


Jeff Kositsky  
Director



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                  |                                  |
|----------------------------------|----------------------------------|
| <b>Supervisor Name and Phone</b> | <b>Meg O'Neill, 415-920-8920</b> |
|----------------------------------|----------------------------------|



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## San Francisco Housing and Homeless Division Report of Critical Incident

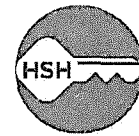
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:   |
|-----------------------------------------------|--------------------------------|---------------------|
| 2/24/19                                       | 7:37 AM                        | Psychiatric/medical |
| Navigation Center Name                        | Bayshore Navigation Center     |                     |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:          |
| Client A.                                     |                                |                     |
| Client B.                                     |                                |                     |
| Client C.                                     |                                |                     |



DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

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of San  
Francisco



Jeff Kositsky  
Director

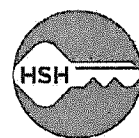
|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> |                         |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         | Jackie Teartt          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          |
| <p>Client A was rambling, tangential and emotionally labile. She stated she had taken meth earlier and also needed methadone and some other prescription medications so she didn't have a seizure. I called the non-emergency number and they sent a dispatch out to do a wellness check.</p> <p>The officer evaluated Client A and eventually called the paramedics after getting more clarity on her medical issues. Officer C. Ritters did an excellent job of engaging the client politely, calmly and professionally while evaluating her needs.</p> <p>The paramedics arrived and took Client A to SF General for a medical evaluation.</p> |                                                                                                                          |
| <b>Describe any injuries observed:</b><br>Sweating, erratic behavior, emotional lability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Describe any action taken by staff:</b><br>De-escalated guest and made her comfortable till police/paramedics arrived |
| <input checked="" type="checkbox"/> <b>X Check if police were involved</b><br><b>Time Called:</b> 7:37 AM<br><b>Time Arrived:</b> 7:52 AM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Describe what actions were performed by the Paramedics or Police:</b><br>Evaluated guest and took her to SFGH         |
| <input type="checkbox"/> <b>Check if paramedics were involved</b><br><br><b>Time Called:</b><br><b>Time Arrived:</b> 8:15 AM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Name of Police Officer/Badge No.:</b><br>Squad Car 217/ C. Ritters<br>Truck 87                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Where was the client taken:</b><br>SFGH                                                                               |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          |
| <b>Date Form Submitted to HSH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>2/24/19</b>                                                                                                           |
| <b>Person Who Completed Report (please print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Meg O'Neill</b>                                                                                                       |

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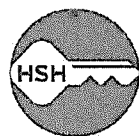
DEPARTMENT OF  
HOMELESSNESS AND  
SUPPORTIVE HOUSING

|                                                           |                                                 |
|-----------------------------------------------------------|-------------------------------------------------|
| <b>Agency Name/Location/Phone</b> ( <i>please print</i> ) | <b>Bayshore Navigation Center, 415-920-8920</b> |
| <b>Supervisor Name and Phone</b>                          | <b>Meg O'Neill, 415-920-8920</b>                |

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DEPARTMENT OF  
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## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

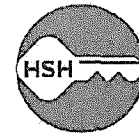
- Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)
- Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)
- Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident:   |
|-----------------------------------------------|--------------------------------|---------------------|
| 03.07.19                                      | 07:48                          | Medical/psychiatric |
| Navigation Center Name                        | Bayshore Navigation Center     |                     |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME | LAST FOUR:          |
| Client A.                                     |                                |                     |
| Names of Reporting Staff                      | Meg O'Neill                    |                     |
|                                               | Client Witnesses               | Staff Witnesses     |

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**Names of Witnesses:**

**Ricardo Lopez**

**Summary of Incident – Continue on separate sheet of paper if necessary.  
(Please do not include client names below. Refer to Client A, Client B, etc.)**

For the past two days, Client A has been acting erratically and appears to have taken some substances. He defecated on himself last night and kept other guests awake all night moaning, grunting, and shouting nonsensical things. This morning, he again defecated in the shower. When I asked him to come to the front to talk to me, he refused and started yelling and cursing at me.

I called the non-emergency police line and they said they would come evaluate him. I called them again after an hour when they didn't show up. In the meantime, we kept Client A isolated and somewhat calm, keeping him away from other guests. When the police finally arrived, they escorted him out of the building. However, they did not offer him any follow-up assistance.

Twenty minutes later, we noticed Client A was still outside, lying on the sidewalk shivering. He only grunted in response to questions. I called the paramedics to medically/psychiatrically evaluate him. He refused medical care although I explained he would need medical clearance to re-enter the shelter. Client A then left after we gave him his jackets and socks. He will be allowed back in if he calms down or gets medical clearance.

**Describe any injuries observed:**  
Defecating on himself, erratic movement and behavior

**Describe any action taken by staff:**  
Called police/paramedics, kept client calm till they came.

☒ **Check if police were involved**  
**Time Called:** 07:48, 08:58  
**Time Arrived:** 09:37

**Describe what actions were performed by the Paramedics or Police:**  
Police: Escorted guest out and left him on the street  
Paramedics: Attempted to medically evaluate guest and offered him services

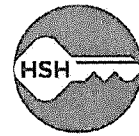
☐ **Check if paramedics were involved**

**Name of Police Officer/Badge No.:**  
Squad car 257

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Director



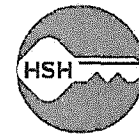
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SUPPORTIVE HOUSING

|                                                          |                                                 |
|----------------------------------------------------------|-------------------------------------------------|
| <b>Time Called:</b> 09:59<br><b>Time Arrived:</b> 10:11  | Engine 200, King's Ambulance Unit 9             |
|                                                          | <b>Where was the client taken:</b> N/A          |
| <b>IMPORTANT AGENCY INFORMATION</b>                      |                                                 |
| <b>Date Form Submitted to HSH</b>                        | <b>3/7/19</b>                                   |
| <b>Person Who Completed Report</b> <i>(please print)</i> | <b>Meg O'Neill</b>                              |
| <b>Agency Name/Location/Phone</b> <i>(please print)</i>  | <b>Bayshore Navigation Center, 415-920-8920</b> |
| <b>Supervisor Name and Phone</b>                         | <b>Meg O'Neill, 415-920-8920</b>                |

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DEPARTMENT OF  
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## San Francisco Housing and Homeless Division Report of Critical Incident

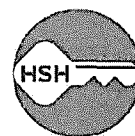
### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, [janay.washington@sfgov.org](mailto:janay.washington@sfgov.org)**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, [lisa.rachowicz@sfgov.org](mailto:lisa.rachowicz@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                             | Time Incident Occurred:        | Type of Incident: |            |
|-----------------------------------------------|--------------------------------|-------------------|------------|
| 3/16/19                                       | 11:15 PM                       | 911 Call          |            |
| Navigation Center Name                        | Bayshore Navigation Center     |                   |            |
| Names of Clients Involved<br>Last Four of SSN | PRINT FIRST NAME AND LAST NAME |                   | LAST FOUR: |
| Client A.                                     |                                |                   |            |
| Client B.                                     |                                |                   |            |
| Client C.                                     |                                |                   |            |



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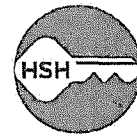
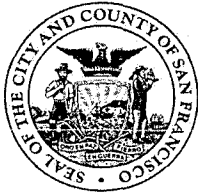


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Director

|                                 |                         |                        |
|---------------------------------|-------------------------|------------------------|
| <b>Names of Reporting Staff</b> | Paul Young - Supervisor |                        |
| <b>Names of Witnesses:</b>      | <b>Client Witnesses</b> | <b>Staff Witnesses</b> |
|                                 |                         | James Magee            |

| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| At approximately 11:15 PM I was radioed to the dorm by Ambassador Magee stating a guest was creating a disturbance. When I arrived to bed #119 Client A was rambling very loud straying from one subject to another. I asked Client A to please quiet down as other guests were sleeping and some leaving their bed area because of the disturbance. Client A then stated I don't have to be quiet. I informed Client A a time out was being issued for two hours and please leave the facility. Client A refused and the loud disruptive behavior became more defiant and non-compliant. At that time I informed Client A I would be calling SFPD for an escort from the building. Client A stated I would regret calling the police. 911 non-emergency was called at 11:25 PM and arrived at 11:30 PM. Officers were escorted to the dorm by way of the ramp entrance through the back door as to not alert guests they were present. The officers approached Client A and Client A was escorted from the facility. |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |
| Describe any injuries observed: No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Describe any action taken by staff: Staff monitored guest until police arrived.                            |
| <input checked="" type="checkbox"/> Check if police were involved<br>Time Called: 11:25 PM<br>Time Arrived: 11:30 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Describe what actions were performed by the Paramedics or Police: Police escorted guest from the facility. |

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Jeff Kositsky  
Director

|                                                                                                 |                                                         |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------|
|                                                                                                 |                                                         |
| <input type="checkbox"/> Check if paramedics were involved<br><br>Time Called:<br>Time Arrived: | Name of Police Officer/Badge No.:2745                   |
|                                                                                                 | Where was the client taken: Escorted from the facility. |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                             |                                                         |
| Date Form Submitted to HSH                                                                      |                                                         |
| Person Who Completed Report <i>(please print)</i>                                               | Paul Young                                              |
| Agency Name/Location/Phone <i>(please print)</i>                                                | Bayshore Navigation Center, 415-920-8920                |
| Supervisor Name and Phone                                                                       | Paul Young - (415) 596-2790                             |

## San Francisco Housing and Homeless Division Report of Critical Incident

### INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Scott Walton, Navigation Centers Program Manager at 415.557-5474, [scott.walton@sfgov.org](mailto:scott.walton@sfgov.org)**
- **Email a copy of this form to HSH Data Team at [hshdata@sfgov.org](mailto:hshdata@sfgov.org)**

| Date of Incident:                                                                                                                                                | Time Incident Occurred:               | Type of Incident:      |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------|-------------------|
|                                                                                                                                                                  | 2:30pm                                | Medical                |                   |
| <b>Navigation</b>                                                                                                                                                | Bayshore Navigation Center            |                        |                   |
| <b>Names of Clients Involved<br/>Last Four of SSN</b>                                                                                                            | <b>PRINT FIRST NAME AND LAST NAME</b> |                        | <b>LAST FOUR:</b> |
| Client A.                                                                                                                                                        |                                       |                        |                   |
| Client B.                                                                                                                                                        |                                       |                        |                   |
| Client C.                                                                                                                                                        |                                       |                        |                   |
| <b>Names of Reporting Staff</b>                                                                                                                                  | John McQueen                          |                        |                   |
| <b>Names of Witnesses:</b>                                                                                                                                       | <b>Client Witnesses</b>               | <b>Staff Witnesses</b> |                   |
|                                                                                                                                                                  |                                       |                        |                   |
|                                                                                                                                                                  |                                       |                        |                   |
|                                                                                                                                                                  |                                       |                        |                   |
|                                                                                                                                                                  |                                       |                        |                   |
| <b>Summary of Incident – Continue on separate sheet of paper if necessary.<br/>(Please do not include client names below. Refer to Client A, Client B, etc.)</b> |                                       |                        |                   |
| Client A was coming out the showers and had a trail of blood coming behind him ,Client A had an open wound on his upper right thigh.                             |                                       |                        |                   |
|                                                                                                                                                                  |                                       |                        |                   |
|                                                                                                                                                                  |                                       |                        |                   |
|                                                                                                                                                                  |                                       |                        |                   |
|                                                                                                                                                                  |                                       |                        |                   |

|                                                                                                                                     |                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                     |                                                                                                                                                                |
| <b>Describe any injuries observed:<br/>opened wound on upper right thigh</b>                                                        | <b>Describe any action taken by staff:<br/>called 911</b>                                                                                                      |
| <input type="checkbox"/> <b>Check if police were involved</b><br>Time Called:<br>Time Arrived:                                      | <b>Describe what actions were performed by the<br/>Paramedics or Police: checked client A upper thigh<br/>and recommended getting leg checked at hospital.</b> |
| <input checked="" type="checkbox"/> <b>Check if paramedics were<br/>involved</b><br><br>Time Called: 2:30pm<br>Time Arrived: 2:35pm | <b>Name of Police Officer/Badge No.:</b><br><br><b>Where was the client taken:</b><br>San francisco general                                                    |
| <b>IMPORTANT AGENCY INFORMATION</b>                                                                                                 |                                                                                                                                                                |
| <b>Date Form Submitted to HSH</b>                                                                                                   |                                                                                                                                                                |
| <b>Person Who Completed Report</b> <i>(please<br/>print)</i>                                                                        | <b>john McQueen</b>                                                                                                                                            |
| <b>Agency Name/Location/Phone</b> <i>(please<br/>print)</i>                                                                         | <b>Bayshore Navigation</b>                                                                                                                                     |
| <b>Supervisor Name and Phone</b>                                                                                                    | <b>John Mc Queen 415 920 8920</b>                                                                                                                              |

BOARD of SUPERVISORS



City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco 94102-4689  
Tel. No. 554-5184  
Fax No. 554-5163  
TDD/TTY No. 554-5227

## NOTICE OF PUBLIC HEARING

### BOARD OF SUPERVISORS OF THE CITY AND COUNTY OF SAN FRANCISCO

NOTICE IS HEREBY GIVEN THAT the Board of Supervisors of the City and County of San Francisco will hold a public hearing to consider the following appeal and said public hearing will be held as follows, at which time all interested parties may attend and be heard:

**Date:** Tuesday, June 25, 2019

**Time:** 3:00 p.m.

**Location:** Legislative Chamber, City Hall, Room 250  
1 Dr. Carlton B. Goodlett, Place, San Francisco, CA 94102

**Subject:** **File No. 190611.** Hearing of persons interested in or objecting to the determination of exemption from environmental review under the California Environmental Quality Act issued as a Categorical Exemption by the Planning Department on April 19, 2019, for the proposed project at Seawall Lot 330 that includes the installation of a SAFE Navigation Center for up to 200 people and removal of approximately 155 surface parking spaces; installation of two portable structures to serve as dormitories containing up to 200 beds and an additional demountable tensile structure of approximately 6,000 square feet, which includes 1,640 square feet of office space, 2,520 square feet of community and dining space with a pantry room, and 1,840 square feet of additional support space; and installation of additional temporary structures to contain 25 toilets, 6 urinals, and 18 showers, and placement of 12 shipping containers on-site for client storage needs, creating an approximately 10,000 square-foot outdoor gathering space. (District 6) (Appellants: Stephen M. Williams of the Law Offices of Stephen M. Williams, on behalf of Portside Master Association and Portside Homeowners Association, and Peter Prows of Briscoe Ivester & Bazel LLP, on behalf of Safe Embarcadero For All) (Filed May 22, 2019, and May 23, 2019, respectively)

In accordance with Administrative Code, Section 67.7-1, persons who are unable to attend the hearing on this matter may submit written comments prior to the time the hearing begins. These comments will be made as part of the official public record in this matter and shall be brought to the attention of the Board of Supervisors. Written comments should be addressed to Angela Calvillo, Clerk of the Board, City Hall, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA, 94102. Information relating to this matter is available in the Office of the Clerk of the Board and agenda information relating to this matter will be available for public review on Friday, June 21, 2019.

  
f Angela Calvillo  
Clerk of the Board

## Wong, Jocelyn (BOS)

---

**From:** Wong, Jocelyn (BOS)  
**Sent:** Monday, June 17, 2019 2:41 PM  
**To:** smw@stevewilliamsllaw.com; pprows@briscoelaw.net; hestor@earthlink.net  
**Cc:** GIVNER, JON (CAT); STACY, KATE (CAT); JENSEN, KRISTEN (CAT); Rahaim, John (CPC); Teague, Corey (CPC); Sanchez, Scott (CPC); Gibson, Lisa (CPC); Jain, Devyani (CPC); Navarrete, Joy (CPC); Lynch, Laura (CPC); Rodgers, AnMarie (CPC); Sider, Dan (CPC); Starr, Aaron (CPC); Forbes, Elaine (PRT); Quezada, Randolph (PRT); Quesada, Amy (PRT); Kositsky, Jeff (HOM); Schneider, Dylan (HOM); Stewart-Kahn, Abigail (HOM); Rosenberg, Julie (BOA); Cantara, Gary (BOA); Longaway, Alec (BOA); BOS-Supervisors; BOS-Legislative Aides; Calvillo, Angela (BOS); Somera, Alisa (BOS); BOS Legislation, (BOS)  
**Subject:** PLANNING DEPARTMENT RESPONSE MEMO: Appeal of CEQA Exemption Determination - Proposed Seawall Lot 330 Project - Appeal Hearing on June 25, 2019  
**Categories:** 190611

Good afternoon,

Please find linked below a response memo received by the Office of the Clerk of the Board from the Planning Department regarding the appeal of the determination of categorical exemption from environmental review under CEQA for the proposed project at Seawall Lot 330.

[Planning Department Memo - June 17, 2019](#)

**The hearing for this matter is scheduled for 3:00 p.m. special order before the Board on June 25, 2019.**

I invite you to review the entire matter on our [Legislative Research Center](#) by following the links below:

[Board of Supervisors File No. 190611](#)

Best regards,

**Jocelyn Wong**

San Francisco Board of Supervisors

1 Dr. Carlton B. Goodlett Place, Room 244

San Francisco, CA 94102

T: 415.554.7702 | F: 415.554.5163

[jocelyn.wong@sfgov.org](mailto:jocelyn.wong@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)



Click [here](#) to complete a Board of Supervisors Customer Service Satisfaction form

The [Legislative Research Center](#) provides 24-hour access to Board of Supervisors legislation, and archived matters since August 1998.

**Disclosures:** Personal information that is provided in communications to the Board of Supervisors is subject to disclosure under the California Public Records Act and the San Francisco Sunshine Ordinance. Personal information provided will not be redacted. Members of the public are not required to provide personal identifying information when they communicate with the Board of Supervisors and its committees. All written or oral communications that members of the public submit to the Clerk's Office regarding pending legislation or hearings will be made available to all members of the public for inspection and copying. The Clerk's Office does not redact any information from these submissions. This means that personal information—including names, phone numbers, addresses and similar information that a member of the public elects to submit to the Board and its committees—may appear on the Board of Supervisors' website or in other public documents that members of the public may inspect or copy.

BOARD of SUPERVISORS



City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco 94102-4689  
Tel. No. 554-5184  
Fax No. 554-5163  
TDD/TTY No. 554-5227

## PROOF OF MAILING

Legislative File No. 190611

Description of Items: Hearing - Appeal of Determination of Exemption From Environmental Review - Seawall Lot 330 - 5 Notices Mailed


I, Jocelyn Wong, an employee of the City and County of San Francisco mailed the above described document(s) by depositing the sealed items with the United States Postal Service (USPS) with the postage fully prepaid as follows:

Date: June 11, 2019

Time: 8:45 a.m.

USPS Location: Repro Pick-up Box in the Clerk of the Board's Office (Rm 244)

Mailbox/Mailslot Pick-Up Times (if applicable): N/A

Signature: 

Instructions: Upon completion, original must be filed in the above referenced file.

## Wong, Jocelyn (BOS)

---

**From:** Docs, SF (LIB)  
**Sent:** Tuesday, June 11, 2019 8:56 AM  
**To:** BOS Legislation, (BOS)  
**Subject:** RE: HEARING NOTICE: Appeal of CEQA Exemption Determination - Proposed Seawall Lot 330 Project - Appeal Hearing on June 25, 2019

**Categories:** 190611

Hi Jocelyn,

I have posted the hearing notice.

Thank you,

Michael

---

**From:** BOS Legislation, (BOS)  
**Sent:** Tuesday, June 11, 2019 8:47 AM  
**To:** Docs, SF (LIB) <[sfdocs@sfpl.org](mailto:sfdocs@sfpl.org)>  
**Cc:** BOS Legislation, (BOS) <[bos.legislation@sfgov.org](mailto:bos.legislation@sfgov.org)>  
**Subject:** FW: HEARING NOTICE: Appeal of CEQA Exemption Determination - Proposed Seawall Lot 330 Project - Appeal Hearing on June 25, 2019

Good morning,

Please post the following hearing notice for public viewing. Thank you.

Best,

**Jocelyn Wong**

San Francisco Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102  
T: 415.554.7702 | F: 415.554.5163  
[jocelyn.wong@sfgov.org](mailto:jocelyn.wong@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)

---

**From:** BOS Legislation, (BOS) <[bos.legislation@sfgov.org](mailto:bos.legislation@sfgov.org)>  
**Sent:** Tuesday, June 11, 2019 8:41 AM  
**To:** [smw@stevewilliamsllaw.com](mailto:smw@stevewilliamsllaw.com); [pprows@briscoelaw.net](mailto:pprows@briscoelaw.net)  
**Cc:** GIVNER, JON (CAT) <[Jon.Givner@sfcityatty.org](mailto:Jon.Givner@sfcityatty.org)>; STACY, KATE (CAT) <[Kate.Stacy@sfcityatty.org](mailto:Kate.Stacy@sfcityatty.org)>; JENSEN, KRISTEN (CAT) <[Kristen.Jensen@sfcityatty.org](mailto:Kristen.Jensen@sfcityatty.org)>; Rahaim, John (CPC) <[john.rahaim@sfgov.org](mailto:john.rahaim@sfgov.org)>; Teague, Corey (CPC) <[corey.teague@sfgov.org](mailto:corey.teague@sfgov.org)>; Sanchez, Scott (CPC) <[scott.sanchez@sfgov.org](mailto:scott.sanchez@sfgov.org)>; Gibson, Lisa (CPC) <[lisa.gibson@sfgov.org](mailto:lisa.gibson@sfgov.org)>; Jain, Devyani (CPC) <[devyani.jain@sfgov.org](mailto:devyani.jain@sfgov.org)>; Navarrete, Joy (CPC) <[joy.navarrete@sfgov.org](mailto:joy.navarrete@sfgov.org)>; Lynch, Laura (CPC) <[laura.lynch@sfgov.org](mailto:laura.lynch@sfgov.org)>; Rodgers, AnMarie (CPC) <[anmarie.rodgers@sfgov.org](mailto:anmarie.rodgers@sfgov.org)>; Sider, Dan (CPC) <[dan.sider@sfgov.org](mailto:dan.sider@sfgov.org)>; Starr, Aaron (CPC) <[aaron.starr@sfgov.org](mailto:aaron.starr@sfgov.org)>; Forbes, Elaine (PRT) <[elaine.forbes@sfport.com](mailto:elaine.forbes@sfport.com)>; Quezada, Randolph (PRT) <[randolph.quezada@sfport.com](mailto:randolph.quezada@sfport.com)>; Quesada,

Amy (PRT) <[amy.quesada@sfgov.org](mailto:amy.quesada@sfgov.org)>; Rosenberg, Julie (BOA) <[julie.rosenberg@sfgov.org](mailto:julie.rosenberg@sfgov.org)>; Cantara, Gary (BOA) <[gary.cantara@sfgov.org](mailto:gary.cantara@sfgov.org)>; Longaway, Alec (BOA) <[alec.longaway@sfgov.org](mailto:alec.longaway@sfgov.org)>; BOS-Supervisors <[bos-supervisors@sfgov.org](mailto:bos-supervisors@sfgov.org)>; BOS-Legislative Aides <[bos-legislative\\_aides@sfgov.org](mailto:bos-legislative_aides@sfgov.org)>; Calvillo, Angela (BOS) <[angela.calvillo@sfgov.org](mailto:angela.calvillo@sfgov.org)>; Somera, Alisa (BOS) <[alisa.somera@sfgov.org](mailto:alisa.somera@sfgov.org)>; BOS Legislation, (BOS) <[bos.legislation@sfgov.org](mailto:bos.legislation@sfgov.org)>

**Subject:** HEARING NOTICE: Appeal of CEQA Exemption Determination - Proposed Seawall Lot 330 Project - Appeal Hearing on June 25, 2019

Good morning,

The Office of the Clerk of the Board has scheduled a hearing for Special Order before the Board of Supervisors on **June 25, 2019, at 3:00 p.m.**, to hear the appeal of the determination of categorical exemption from environmental review under CEQA for the proposed project at Seawall Lot 330.

**Please find the following link to the hearing notice for the matter.**

[Public Hearing Notice - June 25, 2019](#)

I invite you to review the entire matter on our [Legislative Research Center](#) by following the links below:

[Board of Supervisors File No. 190611](#)

Best regards,

**Jocelyn Wong**

San Francisco Board of Supervisors

1 Dr. Carlton B. Goodlett Place, Room 244

San Francisco, CA 94102

T: 415.554.7702 | F: 415.554.5163

[jocelyn.wong@sfgov.org](mailto:jocelyn.wong@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)



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## Wong, Jocelyn (BOS)

---

**From:** BOS Legislation, (BOS)  
**Sent:** Tuesday, June 11, 2019 8:41 AM  
**To:** smw@stevewilliamsllaw.com; pprows@briscoelaw.net  
**Cc:** GIVNER, JON (CAT); STACY, KATE (CAT); JENSEN, KRISTEN (CAT); Rahaim, John (CPC); Teague, Corey (CPC); Sanchez, Scott (CPC); Gibson, Lisa (CPC); Jain, Devyani (CPC); Navarrete, Joy (CPC); Lynch, Laura (CPC); Rodgers, AnMarie (CPC); Sider, Dan (CPC); Starr, Aaron (CPC); Forbes, Elaine (PRT); Quezada, Randolph (PRT); Quesada, Amy (PRT); Rosenberg, Julie (BOA); Cantara, Gary (BOA); Longaway, Alec (BOA); BOS-Supervisors; BOS-Legislative Aides; Calvillo, Angela (BOS); Somera, Alisa (BOS); BOS Legislation, (BOS)  
**Subject:** HEARING NOTICE: Appeal of CEQA Exemption Determination - Proposed Seawall Lot 330 Project - Appeal Hearing on June 25, 2019  
**Categories:** 190611

Good morning,

The Office of the Clerk of the Board has scheduled a hearing for Special Order before the Board of Supervisors on **June 25, 2019, at 3:00 p.m.**, to hear the appeal of the determination of categorical exemption from environmental review under CEQA for the proposed project at Seawall Lot 330.

**Please find the following link to the hearing notice for the matter.**

[Public Hearing Notice - June 25, 2019](#)

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[Board of Supervisors File No. 190611](#)

Best regards,

**Jocelyn Wong**

San Francisco Board of Supervisors

1 Dr. Carlton B. Goodlett Place, Room 244

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BOARD of SUPERVISORS



City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco 94102-4689  
Tel. No. 554-5184  
Fax No. 554-5163  
TDD/TTY No. 554-5227

May 30, 2019

**File Nos. 190611-190614**

**Planning Case No. 2019-002440ENV**

Received from the Board of Supervisors Clerk's Office one cash payment and one check, each in the amount of Six Hundred Seventeen Dollars (\$617), representing the filing fees paid by Stephen M. Williams of the Law Offices of Stephen M. Williams, on behalf of the Portside Master Association and Portside Homeowners Association and Peter Prows of Briscoe Ivester & Bazel LLP, on behalf of Safe Embarcadero For All, for the appeal of the Categorical Exemption under CEQA for the proposed project at Seawall Lot 330:

**Planning Department**

**By:**

*Tony Young*

Print Name

*[Signature]*

Signature and Date

5/31/19

## Wong, Jocelyn (BOS)

---

**From:** BOS Legislation, (BOS)  
**Sent:** Thursday, May 30, 2019 2:01 PM  
**To:** Ko, Yvonne (CPC)  
**Cc:** BOS Legislation, (BOS)  
**Subject:** APPEAL PAYMENT PICKUP: Appeal of CEQA Exemption Determination - Proposed Project at Seawall Lot 330 - Appeal Hearing on June 25, 2019

**Categories:** 190611

Good afternoon Yvonne,

The appeal filing fees (one payment in cash, one payment in check) for the CEQA Exemption Determination appeal of the proposed project at Seawall Lot 330 is ready to be picked up here in the Clerk's Office weekdays from 8 a.m. through 5 p.m.

Also confirming that the appellants did not submit an Appeal Waiver Form.

Best regards,  
Jocelyn Wong  
San Francisco Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102  
T: 415.554.7702 | F: 415.554.5163  
jocelyn.wong@sfgov.org | www.sfbos.org

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**Sent:** Thursday, May 30, 2019 1:53 PM  
**To:** smw@stevewilliamsllaw.com; pprows@briscoelaw.net  
**Cc:** GIVNER, JON (CAT) <Jon.Givner@sfcityatty.org>; STACY, KATE (CAT) <Kate.Stacy@sfcityatty.org>; JENSEN, KRISTEN (CAT) <Kristen.Jensen@sfcityatty.org>; Rahaim, John (CPC) <john.rahaim@sfgov.org>; Teague, Corey (CPC) <corey.teague@sfgov.org>; Sanchez, Scott (CPC) <scott.sanchez@sfgov.org>; Gibson, Lisa (CPC) <lisa.gibson@sfgov.org>; Jain, Devyani (CPC) <devyani.jain@sfgov.org>; Navarrete, Joy (CPC) <joy.navarrete@sfgov.org>; Lynch, Laura (CPC) <laura.lynch@sfgov.org>; Rodgers, AnMarie (CPC) <anmarie.rodgers@sfgov.org>; Sider, Dan (CPC) <dan.sider@sfgov.org>; Starr, Aaron (CPC) <aaron.starr@sfgov.org>; Forbes, Elaine (PRT) <elaine.forbes@sfport.com>; Quezada, Randolph (PRT) <randolph.quezada@sfport.com>; Quesada, Amy (PRT) <amy.quesada@sfport.com>; Rosenberg, Julie (BOA) <julie.rosenberg@sfgov.org>; Cantara, Gary (BOA) <gary.cantara@sfgov.org>; Longaway, Alec (BOA) <alec.longaway@sfgov.org>; BOS-Supervisors <bos-supervisors@sfgov.org>; BOS-Legislative Aides <bos-legislative\_aides@sfgov.org>; Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>; Somera, Alisa (BOS) <alisa.somera@sfgov.org>; BOS Legislation, (BOS) <bos.legislation@sfgov.org>  
**Subject:** Appeal of CEQA Exemption Determination - Proposed Project at Seawall Lot 330 - Appeal Hearing on June 25, 2019

Good afternoon,

The Office of the Clerk of the Board has scheduled an appeal hearing for Special Order before the Board of Supervisors on **June 25, 2019, at 3:00 p.m.** Please find linked below the letters of appeal filed for the proposed project at Seawall

Lot 330, as well as direct links to the Planning Department's timely filing determination, and an informational letter from the Clerk of the Board.

[Appeal Letter - Stephen M. Williams of Law Offices of Stephen M. Williams, on behalf of Portside Master Association and Portside Homeowners Association - May 22, 2019](#)

[Appeal Letter - Peter Prows of Briscoe Ivester & Bazel LLP, on behalf of Safe Embarcadero For All - May 23, 2019](#)

[Planning Department Memo - May 28, 2019](#)

[Clerk of the Board Letter - May 30, 2019](#)

I invite you to review the entire matter on our [Legislative Research Center](#) by following the link below:

[Board of Supervisors File No. 190611](#)

Regards,

**Jocelyn Wong**

San Francisco Board of Supervisors

1 Dr. Carlton B. Goodlett Place, Room 244

San Francisco, CA 94102

T: 415.554.7702 | F: 415.554.5163

[jocelyn.wong@sfgov.org](mailto:jocelyn.wong@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)



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## **Wong, Jocelyn (BOS)**

---

**From:** BOS Legislation, (BOS)  
**Sent:** Thursday, May 30, 2019 2:00 PM  
**To:** GIVNER, JON (CAT); STACY, KATE (CAT); JENSEN, KRISTEN (CAT)  
**Cc:** BOS Legislation, (BOS)  
**Subject:** MOTIONS REQUEST: Appeal of CEQA Exemption Determination - Proposed Project at Seawall Lot 330 - Appeal Hearing on June 25, 2019

**Categories:** 190611

Good morning,

I'm writing to request the motions for the Determination of Exemption appeal for the proposed project at Seawall Lot 330. We will be preparing the agenda packets for the appeal during the week of June 17, 2019, if we can have the motions by then it would be greatly appreciated. Please also review the interim titles below, and kindly verify they are acceptable:

### Hearing

#### **[Hearing - Appeal of Determination of Exemption From Environmental Review - Seawall Lot 330]**

Hearing of persons interested in or objecting to the determination of exemption from environmental review under the California Environmental Quality Act issued as a Categorical Exemption by the Planning Department on April 19, 2019, for the proposed project at Seawall Lot 330 for the removal of approximately 155 surface parking spaces and to install two portable structures to serve as dormitories containing 200 beds and additional demountable tensile structure of approximately 6,000 square feet, which includes 1,640 square feet of office space, 2,520 square feet of community/dining space with a pantry room, and 1,840 square feet of additional support space. (District 6) (Appellants: Stephen M. Williams of Law Offices of Stephen M. Williams, on behalf of Portside Master Association and Portside Homeowners Association, and Peter Prows of Briscoe Ivester & Bazel LLP, on behalf of Safe Embarcadero For All) (Filed May 22, 2019 and May 23, 2019)

### Motions

#### **[Affirming the Categorical Exemption Determination - Seawall Lot 330]**

Motion affirming the determination by the Planning Department that the proposed project at Seawall Lot 330 is categorically exempt from further environmental review.

#### **[Conditionally Reversing the Categorical Exemption Determination - Seawall Lot 330]**

Motion conditionally reversing the determination by the Planning Department that the proposed project at Seawall Lot 330 is categorically exempt from further environmental review, subject to the adoption of written findings of the Board in support of this determination.

#### **[Preparation of Findings to Reverse the Categorical Exemption Determination - Seawall Lot 330]**

Motion directing the Clerk of the Board to prepare findings reversing the determination by the Planning Department that the proposed project at Seawall Lot 330 is categorically exempt from further environmental review.

Best regards,

**Jocelyn Wong**

San Francisco Board of Supervisors

1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102  
T: 415.554.7702 | F: 415.554.5163  
[jocelyn.wong@sfgov.org](mailto:jocelyn.wong@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)

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**From:** BOS Legislation, (BOS) <bos.legislation@sfgov.org>  
**Sent:** Thursday, May 30, 2019 1:53 PM  
**To:** smw@stevewilliamsllaw.com; pprows@briscoelaw.net  
**Cc:** GIVNER, JON (CAT) <Jon.Givner@sfcityatty.org>; STACY, KATE (CAT) <Kate.Stacy@sfcityatty.org>; JENSEN, KRISTEN (CAT) <Kristen.Jensen@sfcityatty.org>; Rahaim, John (CPC) <john.rahaim@sfgov.org>; Teague, Corey (CPC) <corey.teague@sfgov.org>; Sanchez, Scott (CPC) <scott.sanchez@sfgov.org>; Gibson, Lisa (CPC) <lisa.gibson@sfgov.org>; Jain, Devyani (CPC) <devyani.jain@sfgov.org>; Navarrete, Joy (CPC) <joy.navarrete@sfgov.org>; Lynch, Laura (CPC) <laura.lynch@sfgov.org>; Rodgers, AnMarie (CPC) <anmarie.rodgers@sfgov.org>; Sider, Dan (CPC) <dan.sider@sfgov.org>; Starr, Aaron (CPC) <aaron.starr@sfgov.org>; Forbes, Elaine (PRT) <elaine.forbes@sfport.com>; Quezada, Randolph (PRT) <randolph.quezada@sfport.com>; Quesada, Amy (PRT) <amy.quesada@sfport.com>; Rosenberg, Julie (BOA) <julie.rosenberg@sfgov.org>; Cantara, Gary (BOA) <gary.cantara@sfgov.org>; Longaway, Alec (BOA) <alec.longaway@sfgov.org>; BOS-Supervisors <bos-supervisors@sfgov.org>; BOS-Legislative Aides <bos-legislative\_aides@sfgov.org>; Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>; Somera, Alisa (BOS) <alisa.somera@sfgov.org>; BOS Legislation, (BOS) <bos.legislation@sfgov.org>  
**Subject:** Appeal of CEQA Exemption Determination - Proposed Project at Seawall Lot 330 - Appeal Hearing on June 25, 2019

Good afternoon,

The Office of the Clerk of the Board has scheduled an appeal hearing for Special Order before the Board of Supervisors on **June 25, 2019, at 3:00 p.m.** Please find linked below the letters of appeal filed for the proposed project at Seawall Lot 330, as well as direct links to the Planning Department's timely filing determination, and an informational letter from the Clerk of the Board.

[Appeal Letter - Stephen M. Williams of Law Offices of Stephen M. Williams, on behalf of Portside Master Association and Portside Homeowners Association - May 22, 2019](#)

[Appeal Letter - Peter Prows of Briscoe Ivester & Bazel LLP, on behalf of Safe Embarcadero For All - May 23, 2019](#)

[Planning Department Memo - May 28, 2019](#)

[Clerk of the Board Letter - May 30, 2019](#)

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[Board of Supervisors File No. 190611](#)

Regards,  
**Jocelyn Wong**  
San Francisco Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102  
T: 415.554.7702 | F: 415.554.5163  
[jocelyn.wong@sfgov.org](mailto:jocelyn.wong@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)



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## Wong, Jocelyn (BOS)

---

**From:** BOS Legislation, (BOS)  
**Sent:** Thursday, May 30, 2019 1:59 PM  
**To:** Lynch, Laura (CPC); Quezada, Randolph (PRT)  
**Cc:** BOS Legislation, (BOS)  
**Subject:** NOTICE LIST REQUEST: Appeal of CEQA Exemption Determination - Proposed Project at Seawall Lot 330 - Appeal Hearing on June 25, 2019

**Categories:** 190611

Good afternoon,

I am writing to request a list of addresses of interested parties to be noticed for this hearing. We will be distributing the notice on June 11, 2019, so if we may have a list in an Excel spreadsheet by **Thursday, June 6**, it would be appreciated. In the event there are no interested parties, please confirm as well. Thanks in advance!

Best regards,  
Jocelyn Wong  
San Francisco Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102  
T: 415.554.7702 | F: 415.554.5163  
jocelyn.wong@sfgov.org | www.sfbos.org

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**Subject:** Appeal of CEQA Exemption Determination - Proposed Project at Seawall Lot 330 - Appeal Hearing on June 25, 2019

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[Appeal Letter - Peter Prows of Briscoe Ivester & Bazel LLP, on behalf of Safe Embarcadero For All - May 23, 2019](#)

[Planning Department Memo - May 28, 2019](#)

[Clerk of the Board Letter - May 30, 2019](#)

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[Board of Supervisors File No. 190611](#)

Regards,

**Jocelyn Wong**

San Francisco Board of Supervisors

1 Dr. Carlton B. Goodlett Place, Room 244

San Francisco, CA 94102

T: 415.554.7702 | F: 415.554.5163

[jocelyn.wong@sfgov.org](mailto:jocelyn.wong@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)



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**Subject:** Appeal of CEQA Exemption Determination - Proposed Project at Seawall Lot 330 - Appeal Hearing on June 25, 2019  
**Categories:** 190611

Good afternoon,

The Office of the Clerk of the Board has scheduled an appeal hearing for Special Order before the Board of Supervisors on **June 25, 2019, at 3:00 p.m.** Please find linked below the letters of appeal filed for the proposed project at Seawall Lot 330, as well as direct links to the Planning Department's timely filing determination, and an informational letter from the Clerk of the Board.

[Appeal Letter - Stephen M. Williams of Law Offices of Stephen M. Williams, on behalf of Portside Master Association and Portside Homeowners Association - May 22, 2019](#)

[Appeal Letter - Peter Prows of Briscoe Ivester & Bazel LLP, on behalf of Safe Embarcadero For All - May 23, 2019](#)

[Planning Department Memo - May 28, 2019](#)

[Clerk of the Board Letter - May 30, 2019](#)

I invite you to review the entire matter on our [Legislative Research Center](#) by following the link below:

[Board of Supervisors File No. 190611](#)

Regards,

**Jocelyn Wong**

San Francisco Board of Supervisors

1 Dr. Carlton B. Goodlett Place, Room 244

San Francisco, CA 94102

T: 415.554.7702 | F: 415.554.5163

[jocelyn.wong@sfgov.org](mailto:jocelyn.wong@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)



Click [here](#) to complete a Board of Supervisors Customer Service Satisfaction form

The [Legislative Research Center](#) provides 24-hour access to Board of Supervisors legislation, and archived matters since August 1998.

*Disclosures: Personal information that is provided in communications to the Board of Supervisors is subject to disclosure under the California Public Records Act and the San Francisco Sunshine Ordinance. Personal information provided will not be redacted. Members of the public are not required to provide personal identifying information when they communicate with the Board of Supervisors and its committees. All written or oral communications that members of the public submit to the*

*Clerk's Office regarding pending legislation or hearings will be made available to all members of the public for inspection and copying. The Clerk's Office does not redact any information from these submissions. This means that personal information—including names, phone numbers, addresses and similar information that a member of the public elects to submit to the Board and its committees—may appear on the Board of Supervisors' website or in other public documents that members of the public may inspect or copy.*

BOARD of SUPERVISORS



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1 Dr. Carlton B. Goodlett Place, Rm 244  
San Francisco 94102-4689  
Tel. No. 554-5184  
Fax No. 554-5163  
TDD/TTY No. 554-5227

May 30, 2019

Stephen M. Williams  
Law Offices of Stephen M. Williams  
1934 Divisadero Street  
San Francisco, CA 94115

Peter Prows  
Briscoe Ivester & Bazel LLP  
155 Sansome Street, 7th floor  
San Francisco, CA 94104

**Subject: File No. 190611 - Appeal of CEQA Categorical Exemption  
Determination - Proposed Project at Seawall Lot 330**

Dear Mr. Williams and Mr. Prows:

The Office of the Clerk of the Board was in receipt of a memorandum dated May 28, 2019, from the Planning Department regarding their determination on the timely filing of appeals of the Categorical Exemption Determination issued by the Planning Department under CEQA for the proposed project at Seawall Lot 330.

The Planning Department has determined that the appeals were filed in a timely manner (copy attached).

Pursuant to Administrative Code, Section 31.16, a hearing date has been scheduled for **Tuesday, June 25, 2019, at 3:00 p.m.**, at the Board of Supervisors meeting to be held in City Hall, 1 Dr. Carlton B. Goodlett Place, Legislative Chamber, Room 250, San Francisco, CA 94102.

Continues on Next Page

Please provide to the Clerk's Office by noon:


- 20 days prior to the hearing:** names and addresses of interested parties to be notified of the hearing, in spreadsheet format; and
- 11 days prior to the hearing:** any documentation which you may want available to the Board members prior to the hearing.

For the above, the Clerk's office requests one electronic file (sent to [bos.legislation@sfgov.org](mailto:bos.legislation@sfgov.org)) and two copies of the documentation for distribution.

NOTE: If electronic versions of the documentation are not available, please submit 18 hard copies of the materials to the Clerk's Office for distribution. If you are unable to make the deadlines prescribed above, it is your responsibility to ensure that all parties receive copies of the materials.

If you have any questions, please feel free to contact Legislative Clerks Brent Jalipa at (415) 554 7712, Lisa Lew at (415) 554-7718, or Jocelyn Wong at (415) 554-7702.

Very truly yours,



Angela Calvillo  
Clerk of the Board

c: Jon Givner, Deputy City Attorney  
Kate Stacy, Deputy City Attorney  
Kristen Jensen, Deputy City Attorney  
John Rahaim, Planning Director  
Corey Teague, Zoning Administrator, Planning Department  
Scott Sanchez, Acting Deputy Zoning Administrator, Planning Department  
Lisa Gibson, Environmental Review Officer, Planning Department  
Devyani Jain, Deputy Environmental Review Officer, Planning Department  
Joy Navarette, Environmental Planning, Planning Department  
Laura Lynch, Environmental Planning, Planning Department  
AnMarie Rodgers, Director of Citywide Planning, Planning Department  
Dan Sider, Director of Executive Programs, Planning Department  
Aaron Starr, Manager of Legislative Affairs, Planning Department  
Elaine Forbes, Executive Director, Port Department  
Randolph Quezada, Staff Contact, Port Department  
Amy Quesada, Commission Secretary, Port Commission  
Julie Rosenberg, Executive Director, Board of Appeals  
Gary Cantara, Legal Assistant, Board of Appeals  
Alec Longaway, Legal Process Clerk, Board of Appeals

## Wong, Jocelyn (BOS)

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**From:** BOS Legislation, (BOS)  
**Sent:** Friday, May 24, 2019 8:28 AM  
**To:** Rahaim, John (CPC)  
**Cc:** GIVNER, JON (CAT); STACY, KATE (CAT); JENSEN, KRISTEN (CAT); Teague, Corey (CPC); Sanchez, Scott (CPC); Gibson, Lisa (CPC); Jain, Devyani (CPC); Navarrete, Joy (CPC); Lynch, Laura (CPC); Rodgers, AnMarie (CPC); Sider, Dan (CPC); Starr, Aaron (CPC); Quezada, Randolph (PRT); Rosenberg, Julie (BOA); Cantara, Gary (BOA); Longaway, Alec (BOA); BOS-Supervisors; BOS-Legislative Aides; Calvillo, Angela (BOS); Somera, Alisa (BOS); BOS Legislation, (BOS)  
**Subject:** Appeal of CEQA Exemption Determination - Proposed Project at Seawall Lot 330  
**Attachments:** COB Ltr 052419.pdf; Appeal Ltr 052219 - Portside Master and Homeowners Assctn.pdf; Appeal Ltr 052319 - SEFA.pdf  
**Categories:** 190611

Good morning, Director Rahaim:

The Office of the Clerk of the Board is in receipt of two appeals of the CEQA Categorical Exemption for the proposed project at Seawall Lot 330. The appeals were filed by Stephen M. Williams of Law Offices of Stephen M. Williams on behalf of the Portside Master Association and Portside Homeowners Association on May 22, 2019, and Peter Prows of Briscoe Ivester & Bazel, LLP, on behalf of Safe Embarcadero For All on May 23, 2019.

Please find the attached letters of appeal and timely filing determination request letter from the Clerk of the Board. Kindly review for timely filing determination. Thank you.

Best regards,

**Jocelyn Wong**

San Francisco Board of Supervisors

1 Dr. Carlton B. Goodlett Place, Room 244

San Francisco, CA 94102

T: 415.554.7702 | F: 415.554.5163

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**May 24, 2019**

To: John Rahaim  
Planning Director

From: Angela Calvillo  
Clerk of the Board of Supervisors

**Subject: Appeal of California Environmental Quality Act (CEQA) Determination of  
Categorical Exemption from Environmental Review - Seawall Lot 330**

Two appeals of the CEQA Determination of Categorical Exemption from Environmental Review for the proposed project at Seawall Lot 330 was filed with the Office of the Clerk of the Board on May 22, 2019, by Stephen M. Williams of Law Offices of Stephen M. Williams, on behalf of the Portside Master Association and Portside Homeowners Association, and on May 23, 2019, by Peter Prows of Briscoe Ivester & Bazell, LLP, on behalf of Safe Embarcadero For All.

Pursuant to Administrative Code, Chapter 31.16, I am forwarding these appeals, with attached documents, to the Planning Department to determine if the appeals have been filed in a timely manner. The Planning Department's determination should be made within three (3) working days of receipt of this request.

If you have any questions, please feel free to contact Legislative Clerks Brent Jalipa at (415) 554-7712, Lisa Lew at (415) 554-7718, or Jocelyn Wong at (415) 554-7702.

c: Jon Givner, Deputy City Attorney  
Kate Stacy, Deputy City Attorney  
Kristen Jensen, Deputy City Attorney  
Corey Teague, Zoning Administrator, Planning Department  
Scott Sanchez, Acting Deputy Zoning Administrator, Planning Department  
Lisa Gibson, Environmental Review Officer, Planning Department  
Devyani Jain, Deputy Environmental Review Officer, Planning Department  
Joy Navarette, Environmental Planning, Planning Department  
Laura Lynch, Environmental Planning, Planning Department  
AnMarie Rodgers, Director of Citywide Planning, Planning Department  
Dan Sider, Director of Executive Programs, Planning Department  
Aaron Starr, Manager of Legislative Affairs, Planning Department  
Randolph Quezada, Staff Contact, Port  
Julie Rosenberg, Executive Director, Board of Appeals  
Gary Cantara, Legal Assistant, Board of Appeals  
Alec Longaway, Legal Process Clerk, Board of Appeals

**Introduction Form**

By a Member of the Board of Supervisors or Mayor

Time stamp  
or meeting date

I hereby submit the following item for introduction (select only one):

- ☐ 1. For reference to Committee. (An Ordinance, Resolution, Motion or Charter Amendment).
- ☐ 2. Request for next printed agenda Without Reference to Committee.
- ☒ 3. Request for hearing on a subject matter at Committee.
- ☐ 4. Request for letter beginning : "Supervisor  inquiries"
- ☐ 5. City Attorney Request.
- ☐ 6. Call File No.  from Committee.
- ☐ 7. Budget Analyst request (attached written motion).
- ☐ 8. Substitute Legislation File No.
- ☐ 9. Reactivate File No.
- ☐ 10. Topic submitted for Mayoral Appearance before the BOS on

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- ☐ Small Business Commission      ☐ Youth Commission      ☐ Ethics Commission
- ☐ Planning Commission      ☐ Building Inspection Commission

**Note: For the Imperative Agenda (a resolution not on the printed agenda), use the Imperative Form.**

Sponsor(s):

Subject:

The text is listed:

Hearing of persons interested in or objecting to the determination of exemption from environmental review under the California Environmental Quality Act issued as a Categorical Exemption by the Planning Department on April 19, 2019, for the proposed project at Seawall Lot 330 that includes the installation of a SAFE Navigation Center for up to 200 people and removal of approximately 155 surface parking spaces; installation of two portable structures to serve as dormitories containing up to 200 beds and an additional demountable tensile structure of approximately 6,000 square feet, which includes 1,640 square feet of office space, 2,520 square feet of community and dining space with a pantry room, and 1,840 square feet of additional support space; and installation of additional temporary structures to contain 25 toilets, 6 urinals, and 18 showers, and placement of 12 shipping containers on-site for client storage needs, creating an approximately 10,000 square-foot outdoor gathering space. (District 6) (Appellants: Stephen M. Williams of the Law Offices of Stephen M. Williams, on behalf of Portside Master Association and Portside Homeowners Association, and Peter Prows of Briscoe Ivester & Bazel LLP, on behalf of Safe Embarcadero For All) (Filed May 22, 2019, and May 23, 2019, respectively)

Signature of Sponsoring Supervisor:

*Olivia J. Mera*

For Clerk's Use Only

File No. 190611