

December 15, 2022

Mayor London Breed
1 Dr Carlton B. Goodlett Place
Room 200
San Francisco, CA 94102

San Francisco Board of Supervisors
1 Dr Carlton B. Goodlett Place
Room 244
San Francisco, CA 94102

Dear Mayor Breed and Members of the Board of Supervisors,

The Our City, Our Home (OCOH) Oversight Committee is pleased to provide the attached Needs Assessment in fulfillment of our responsibilities defined in the Business and Tax Regulations Code Section 2810(e)(2)(B). The report describes the characteristics and needs of people experiencing homelessness in San Francisco, examines the scale of resources available, and identifies root causes and pathways out of homelessness.

The committee has worked diligently over the past two years conducting listening sessions with over one thousand stakeholders, coordinating with multiple city departments, analyzing data and the service landscape in our city, the State of California, and our nation. We feel strongly that what we have highlighted here reflects the steps needed to move the needle on homelessness in San Francisco. The urgency of taking intentional action steps is reflected on our streets every day. We look forward to continuing our thought partnership for the improved future of our beloved city, families, and children.

The OCOH Oversight Committee strongly recommends the City prioritize the following actions based on the striking findings identified through the Needs Assessment:

Focus on Policies and Practices that Achieve Equitable Outcomes Based on Race and Ethnicity

Black San Franciscans and other communities of color are overrepresented across all types of homelessness, from unsheltered individuals to doubled up families. This flies in the face of San Francisco's progressive values, and the data speak louder than words. Our analysis shows that racial and economic inequality are root causes of homelessness. Racism is a structural barrier to housing and economic security, one which demands urgent attention and collaboration across sectors and initiatives.

The OCOH Oversight Committee shares interests and concerns with San Francisco's African American Reparations Advisory Committee and the Office of Racial Equity, as well as City departments and other public and private entities. We look forward to working with them to address racial disparities, particularly as they impact housing and homelessness. We will continue to focus on racial equity in our community engagement, oversight, and spending recommendations work. The City should ensure all policies and practices are creating measurable improvements for our unhoused Black and Brown neighbors.

Design Our System to Meet Diverse Needs

Our assessment shows that people experiencing homelessness have diverse needs. For some, permanent supportive housing (PSH) is a necessary and lifesaving intervention; others thrive in affordable housing with less intensive services or with either long-term or temporary rental subsidies. What is the right balance of these resources?

City departments are engaged in complex planning activities such as the system modeling and strategic planning taking place in the Department of Homelessness and Supportive Housing (HSH), the bed optimization study and the implementation of Mental Health San Francisco Key Performance Indicators in the Department of Public Health (DPH), and the finalization of the Housing Element in the Planning Department. We look forward to continuing collaboration with City departments as they work to determine the numbers of shelter units, treatment beds, individual and family affordable housing units, PSH units, rental subsidies, and the scope of services that must be funded in order to meet our community's needs. The OCOH Oversight Committee's Needs Assessment contributes to these efforts by mapping the scale and scope of needs in the community. It is our hope that departments will use our findings in their planning efforts.

Continue Fund Successful Interventions

OCOH funding has already had significant impact—expanding shelter and crisis interventions by 15%, increasing PSH by 15%, making rapid re-housing available to 24% more households, adding 6% more treatment beds to the behavioral health system, and adding nearly three times the number of subsidies for families in overcrowded living situations. Still, the current best estimate is that as many as 9,000 households will become homeless in San Francisco over the course of the year. Use of General Fund and other funding sources will be necessary to meet the needs of people experiencing homelessness that are outlined in the Needs Assessment. Even as the City projects decreased OCOH Fund revenue in future years, and economic uncertainty looms, we urge you to prioritize full and increased funding to address the crisis of homelessness in our city.

Promote Effective Coordination to Overcome Critical Challenges

The high cost and protracted process of housing development in our community is a significant barrier to solving homelessness. Consequently, the Committee applauds the City's determination, as stated in the current draft Housing Element, "to continue and expand streamlined review of all permanently affordable housing, reduce the cost of construction in regulatory review processes, and rely on innovative materials to make more efficient use of limited public funds." We urge you to address these concerns through thoughtful political leadership.

No single City department or community organization addresses the entire OCOH population, which includes sheltered and unsheltered people as well as families living in single room occupancy hotels, victims of domestic violence, couch-surfing youth, doubled up families, and households at imminent risk of losing their housing. Additionally, OCOH Funds cannot solve homelessness in its entirety. Coordination between City departments and with nonprofit providers is essential to ending homelessness in San Francisco.

A recent and encouraging example of coordinated effort is the City-Wide Homeless Strategic Plan being spearheaded by HSH. Likewise, we support efforts to right-size contracts with community-based providers, with special attention to staffing, pay-equity, operations, and maintenance. This kind of coordination and collaboration is essential and must be expanded. Increasing contracting with

BIPOC lead organizations presents one significant opportunity for greater coordination and collaboration. We ask for your leadership in identifying all possible funding sources and promoting effective collaboration in the service of ending homelessness.

On behalf of the OCOH Oversight Committee and with gratitude and respect we provide the Needs Assessment of homelessness and homeless populations in San Francisco.

Sincerely,



Shanell Williams
Chair



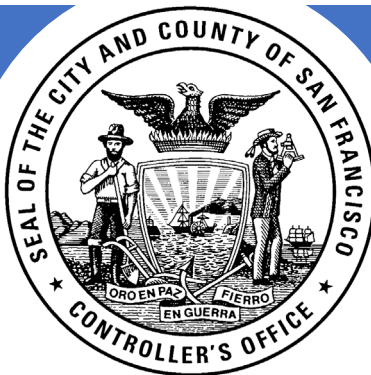
Julia D'Antonio
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Julie Leadbetter
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Michelle Cunningham-Denning
Jennifer Friedenbach
Ken Reggio

Our City, Our Home Oversight Committee Needs Assessment

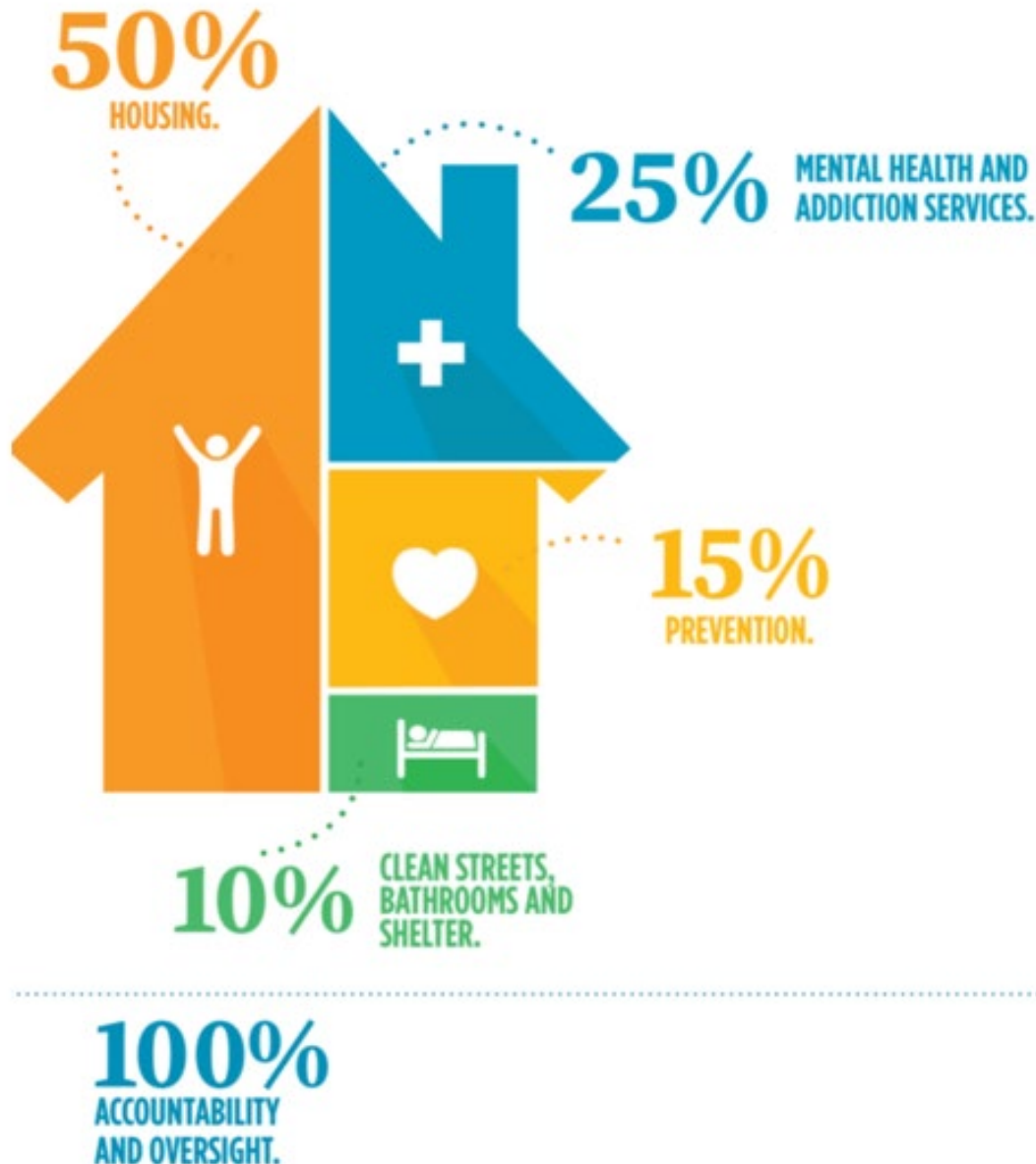


CITY & COUNTY OF SAN FRANCISCO

Office of the Controller
City Performance Unit

Jessica Shimmin, Ph.D.

12.15.2022



Proposition C and the Our City, Our Home Fund

- San Francisco voters passed Proposition C and created the Our City, Our Home (OCOH) Fund in November 2018.
- Business tax collected in the OCOH Fund is dedicated to increasing housing and services for people experiencing homelessness.
- The Our City, Our Home Oversight Committee began meeting in fall 2020, at the same time the tax measure survived a legal challenge.
- The City and County of San Francisco (City) budgeted the first official uses of the “unlocked” OCOH Fund in Fiscal Year 2020-2021.

OCOH Needs Assessment

The OCOH Oversight Committee ordinance directs the Committee to conduct a needs assessment of homelessness and homeless populations every 3 years. This document reflects the first needs assessment developed by the OCOH Oversight Committee.

The needs assessment considers data and diversity of needs across the following population characteristics:

- Household composition
- Race and ethnicity
- Sexual Orientation
- Gender Identity
- Age
- Disability

The needs assessment draws on available data to understand what people experiencing homelessness need to safely and successfully move to permanent housing. It helps us to understand the resource gap between these needs and the current system.

The OCOH ordinance defines homeless as when an individual or family lacks a fixed, regular, and adequate nighttime residence. This definition of homelessness aligns with the four-part definition used by the Federal Department of Housing and Urban Development (HUD).

Category 1: Literally Homeless

- Person or family sleeping in shelters or transitional housing programs
- Person or family sleeping or living in places not meant for people to live such as sidewalks or in tents, vehicles, abandoned buildings, etc.

Category 2: Imminent Risk of Homelessness

- Person or family who will lose their primary nighttime residence within 2 weeks, and without resources or networks to prevent homelessness

Category 3: Homeless Under Other Statutes (Federal and Local)

- Families with minor children living in Single Resident Occupancy units
- Youth and families that are doubled up for economic reasons

Category 4: Fleeing/Attempting to Flee Domestic Violence

- Includes intimate partner violence, human trafficking, trading sex for housing, physical abuse, violence or the threat of violence because of a youth's sexual orientation

No single City department, agency or office addresses the crisis of homelessness or its root causes across the OCOH definition, or all four parts of the HUD definition.

This needs assessment draws source material from:

- Department of Homelessness and Supportive Housing
- Mayor's Office of Housing and Community Development
- Department of Public Health
- Planning Department
- Department on the Status of Women
- San Francisco Unified School District
- Human Services Agency

Solutions to address the needs of people experiencing homelessness and prevent homelessness require the collaborative efforts of an even broader array of stakeholders.

OCOH Needs Assessment & Citywide Homeless Strategic Planning

The San Francisco Department of Homelessness and Supportive Housing (HSH) is leading a Citywide Homeless Strategic Planning Process during 2022, including:

- Quantitative modeling of the homelessness response system
- Robust stakeholder engagement
- Participatory leadership of people with lived expertise of homelessness

The Citywide Strategic Planning process will produce a comprehensive and collective vision that will guide the response to homelessness across City agencies.

The OCOH Needs Assessment contributes to this effort by **centering the needs of people experiencing homelessness** through the frameworks of population, inventory, and performance.

What does data show about who is homeless in San Francisco?

1. Literally Homeless
 - Race & Ethnicity
 - Sexual Orientation and Gender Identity
 - Age
 - Income
 - Disabling Health Conditions
 - Behavioral Health
2. Doubled Up, SRO Families, and Victims of Domestic Violence

Data show that homelessness is the result of social inequality, specifically structural racism.

People of color make up the majority of people experiencing homelessness across all types of homelessness (HUD Categories 1-4 and the OCOH definition).

Overrepresentation is evidence that a group is disproportionately and adversely impacted by public policies, institutional practices, and cultural norms, both past and present.

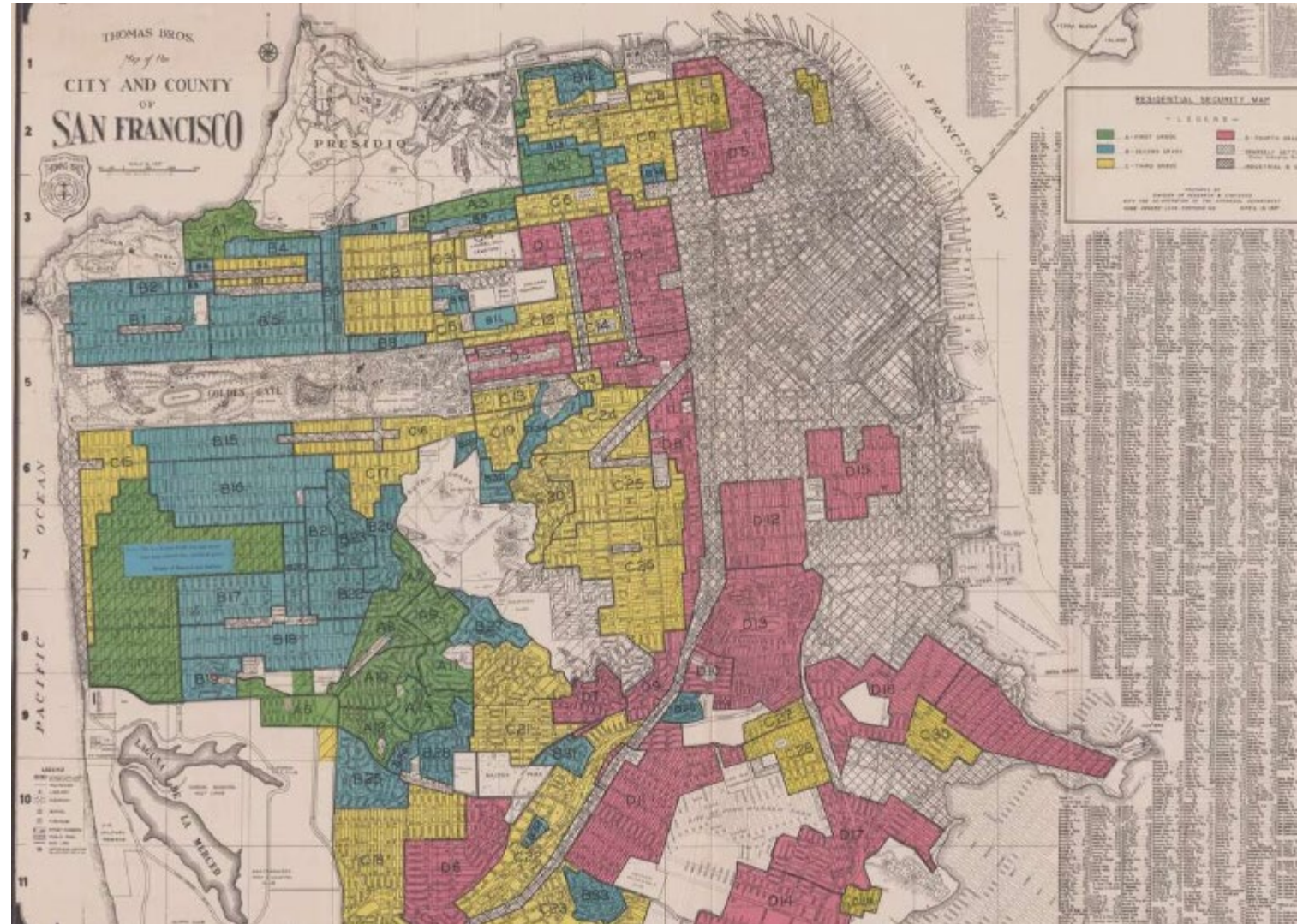
Disproportionalities in the data highlight:

- Barriers to housing stability (inflow)
- Barriers to obtaining permanent housing (outflow)
- Barriers to retaining housing (returns)

Legacy of redlining

The mortgage industry defined communities of color as economically risky to maintain residential segregation. The designation supported further economic divestment of services and opportunity from communities of color.

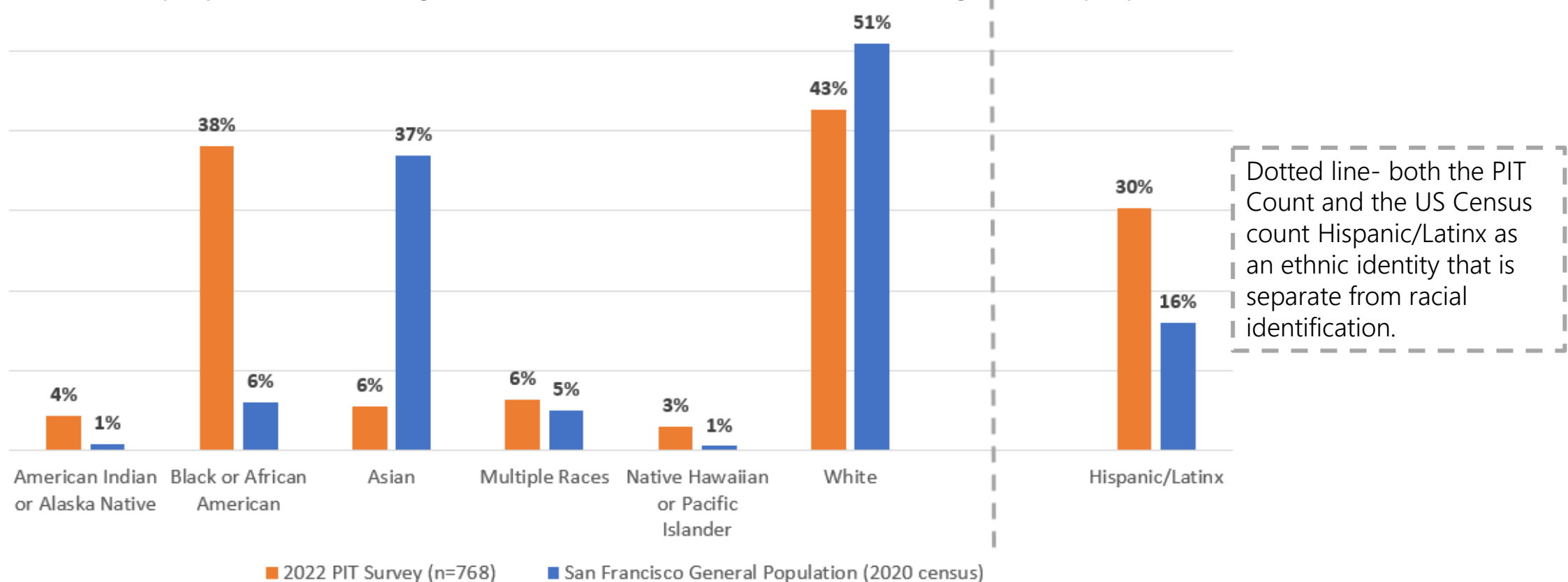
- Wealth gap
- Limited educational opportunities
- Barriers to employment
- Poor health outcomes



The red neighborhoods in the map make up Western Addition, the Haight, Chinatown, parts of the Mission, and a few other neighborhoods that at the time were occupied by a largely non-white population.

People of color are overrepresented among people experiencing homelessness

Black or African American, Indigenous or Native, and Hispanic/Latinx individuals appear in the homeless population at higher rates than in San Francisco's general population.



Accumulated impact of structural racism in people's lives

- Poor health outcomes
- Racial wealth gap
- Strained social networks
- Distrust of systems
- Higher involvement in child protection
- Limited educational opportunity
- Mass incarceration
- Barriers to employment

*I was in the hospital. His mom died. Then the house was taken because she owed. . . To be homeless . . . **we'd always had somewhere to live.***

- Participant #16, Hispanic, Latino or Spanish, Female, Straight/Hetero, Age 45-54 years
- Participant #17, Black or African American; Male, Straight/Hetero, Age 45-54 years

We put too much faith in programs. We can't depend on them.

- Participant #27, Black or African American, Male, Straight/Hetero. Age 55-64 years

*I lived in an apartment with my significant other for [more than a decade]. He got cancer . . . [and] **he passed away before they could get me on the lease.** I looked for housing but couldn't find it [so I] put my things in storage. And then I had nowhere to go. I had never been homeless before.*

- Participant #26, Black or African American, Female, Straight/Hetero, Age 55-64 years

COVID knocked me out of the way.

- Participant #28, Black or African American, Male, Straight/Hetero, Age 25-34 years

***Prison and juvie, I would like them to focus on helping us out.** When I was in there, I was just wasting time, waiting to get out.*

- Participant #14, Hispanic, Latino, or Spanish, Male, Straight/Hetero. Age 16-24

Homeless households confront significant economic barriers

Literally Homeless Adults (Category 1)

- 96% of adult households assessed through Coordinated Entry in Fiscal Year 2021-2022 (FY21-22) were Extremely Low Income, having \$2,425 or less cash income per month in 2022.
- 71% of adults assessed reported less than \$1,000/month in cash income.
- The United Way of California's 2021 *Real Cost Measures* estimates the real cost of living for a single adult in San Francisco at \$4,009 per month (\$48,108 per year).

Literally Homeless Families (Category 1)

- 97% of families with children enrolled in coordinated entry in FY21-22 reported Extremely Low Incomes. For a family of 3, ELI was \$3,116 or less per month in 2022.
- 75% of families assessed reported less than \$1,500/month in cash income.
- The United Way of California estimates the real cost of living for an adult, a preschooler, and a school aged child in San Francisco at \$9,567 per month (\$114,808 per year).

Because of its cost, housing feels out of reach for people experiencing homelessness in San Francisco. This is true for those on fixed incomes, and for low-wage workers.

Most workers described employment at minimum wage jobs, suggesting educational barriers and a need for job training opportunities.

*I was paying **the whole check!** Just to have a place to live.*

– Participant #21, Hispanic, Latino, or Spanish; Female; Straight/Hetero, Age 45-54 years

*I could get first and last [months' rent] paid for, but then I'm back to having to **pay full rent. Can't do that [on SSI income].***

– Participant #29, Black or African American, Male, Straight/Hetero, Age 65-74 years

***A place I can afford, that's a decent place to live?** That's difficult to find.*

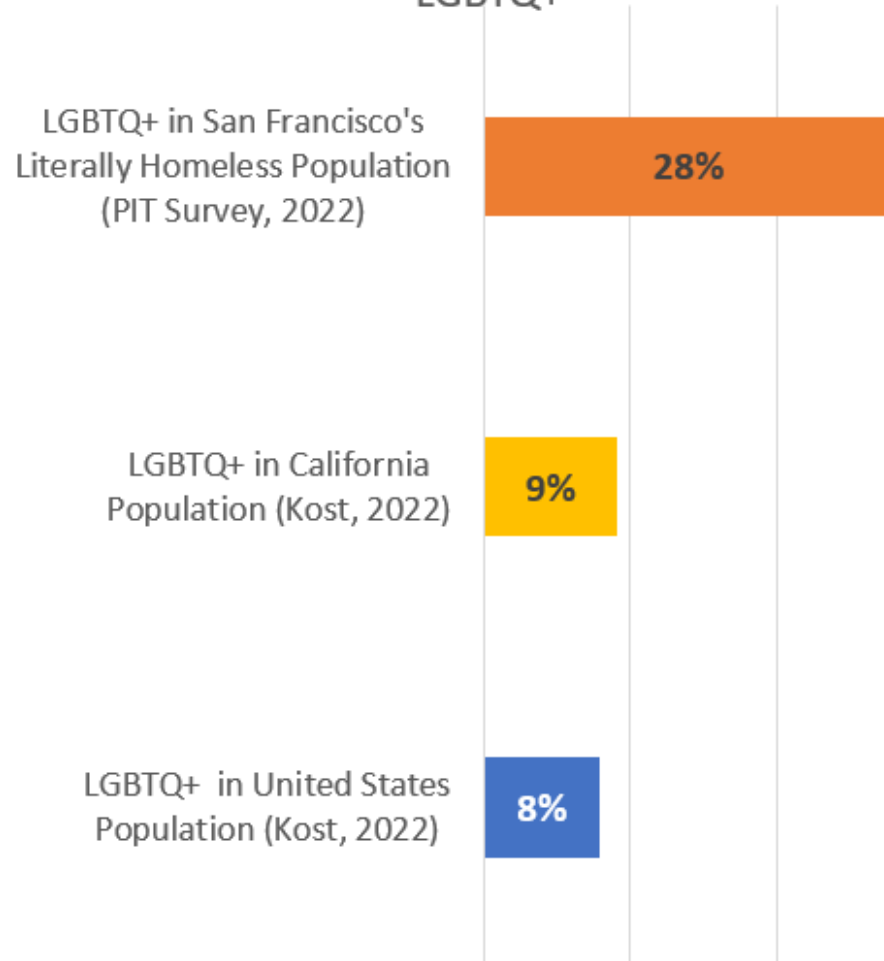
– Participant #26, Black or African American, Female, Straight/Hetero, Age 55-64 years

*Might relocate, **maybe go somewhere cheaper** in [different City, different state].*

– Participant #28, Black or African American, Male, Straight/Hetero, Age 25-34 years

Intersection of Sexual Orientation and Gender Identity

Proportion of Population Identifying as LGBTQ+



Sexual Orientation

LGBTQI+ Identities are overrepresented in San Francisco's literally homeless population.

Gender Identity

- 62% of literally homeless persons identified as male at the 2022 PIT, compared with 51% of San Francisco's population at the 2020 Census.
- 34% of literally homeless persons identified as female, compared with 49% of San Francisco's population at the 2020 Census.
- 4% of literally homeless persons identified as transgender or gender non-conforming at the 2022 PIT.
- 2022 PIT Count survey indicated that Transgender and Gender non-conforming persons experienced **higher rates of domestic violence** than those identifying as female or male.

LGBTQI+ identities were similarly over-represented among qualitative respondents.

Conflict with family was a **primary cause** of homelessness for LGBTQI+ youth.

Several spoke about the **housing barriers** LGBTQI+ adults confront.

*I was living at home with my grandmother. There was a lot going on there with people trying to control my decisions. **I needed my own space to try to cultivate my own life.***

– Participant #43, Black or African American Female, Bisexual, Age 25-34 years

*My relationship with my Mother and my family. **Lot of verbal and physical abuse.** I was at my Grandmother's house but wasn't happy there either due to **financial struggles and fighting.** When I was running away at 19, I found out about this place.*

– Participant #10, Black or African American, Female, Gay/Lesbian/Same Gender Loving, Age 16-24 years

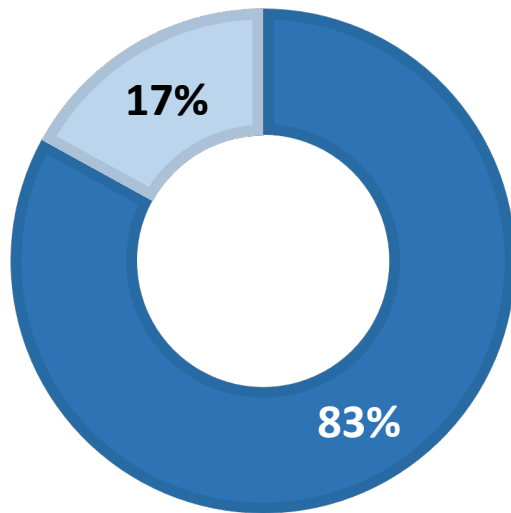
*[I] lived with my partner in SF who died. [The] **landlord wouldn't let me stay since I was not married,** and not on the lease.*

– Participant #48, Black or African American Trans-Male, Gay/Lesbian/Same Gender Loving, age 65-74 years

Youth homelessness and intersections of identity

LITERALLY HOMELESS YOUTH ACCESSING COORDINATED ENTRY (N=1,049)

- Unaccompanied Youth <25
- Parenting Youth <25



Youth make up about 14% of the literally homeless population in San Francisco, more than double the national average of 6%.

- As many as 1,700 youth households experience homelessness each year in San Francisco.

According to the 2022 PIT Youth Count, youth experiencing homelessness in San Francisco are:

- Disproportionately Black, Native, and/or Latinx.
- More likely than adults to identify as LGBTQ+ (38% and 26% respectively).
- More likely than adults to identify as Transgender (7% and 3% respectively) or a gender other than singularly female or male (5% and 2% respectively).

Unsupportive family relationships are a root cause of youth homelessness.

Young people reported wanting to learn **life skills**, particularly about money.

*My mom kicked me out and I started house surfing with friends, sisters, cousins. I ended up being in a relationship, I was staying with him. Then me and him broke up. Over the time there were different things. **Homelessness was a consistent theme.***

– Participant #36, Black or African American, Female, Straight/Hetero. Age 16-24 years

*[I was] living in a car essentially for a long time. **I got taken by foster care.** Lived there for a while, it was nice. They weren't my family, **so when I turned 18, I got kicked out so to speak.** So, I've been meandering around.*

– Participant #4, American Indian or Alaska Native, Male, Straight/Hetero. Age 16-24 years

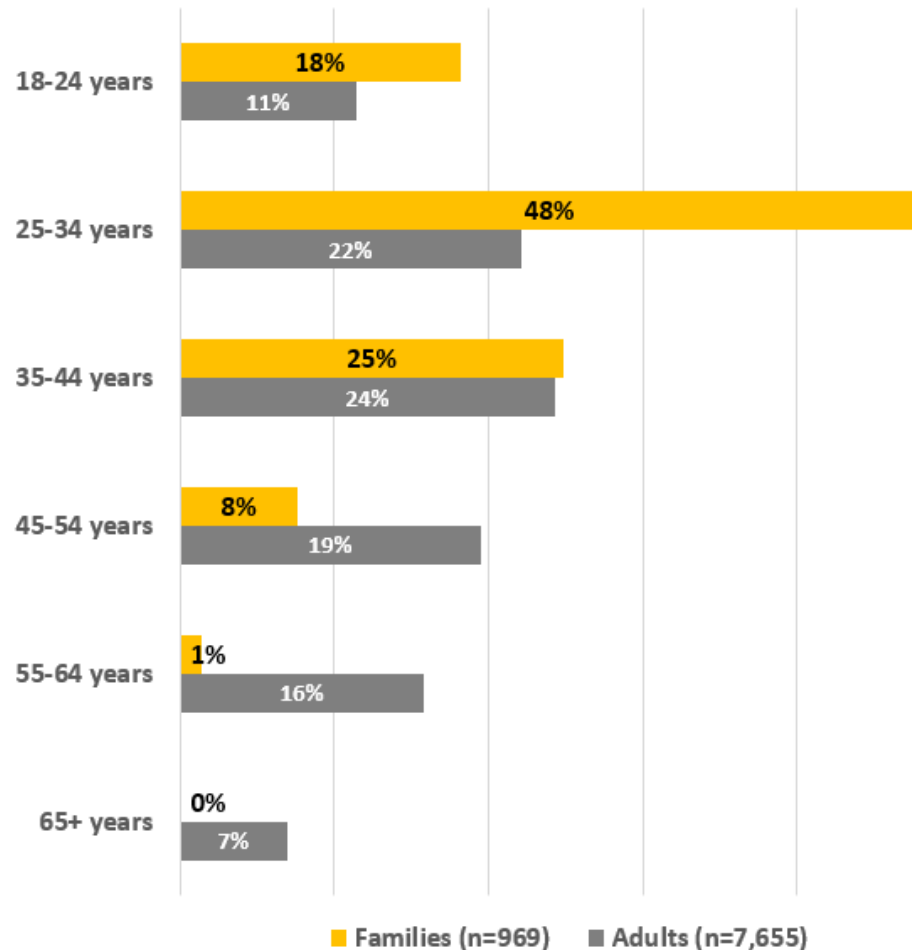
Schools don't teach you how to keep track of money. And in my household, I didn't have that at home. . . no one teaches us about taxes or interest [like, on loans].

*Constructive tools and skills. **Something to help launch us into the world.***

– Participant #10, Black or African American, Female, Gay/Lesbian/Same Gender Loving, Age 18-24 years

Older adults experiencing homelessness have unique needs

FY21-22 Coordinated Entry Enrollees Broken Out by Head of Household's Age



Dr. Margot Kushel's research finds that homeless older adults in their 50s and 60s often have health characteristics of people 20 years older, including chronic health conditions, mobility impairments, cognitive impairments, and premature mortality (Fagan 2019).

Homelessness among older adults has increased nationally over the past 30 years.

The 2022 Point in Time Count survey data showed a decrease homelessness among adults age 51+ years since the 2019 count.

However, 1 in 3 literally homeless adults accessing Coordinated Entry in San Francisco during FY21-22 were aged 50 or older.

Older adults struggle to afford housing on fixed retirement, or disability incomes.

Still, some are **working**, and others may be considering a return to work.

I'm on Social Security for rest of life and can't get a job. I can't read or write, so this is all I got. What should I do now?

– Participant #50, Black or African American, Male, Straight/Hetero. Age 55-64 years

I can't walk anymore. We're both older, we can't do all the things they want us to do [to get benefits]. What can we do to get it done?

– Participant #16, Hispanic, Latino or Spanish, Woman, Straight/Hetero. Age 45-54 years

Now I'm on a fixed income and it's not enough to cover rent. It's hard to go back to work part time as a retiree. Beginning . . . is \$30 an hour. I can't live on that.

– Participant #48, Black or African American Trans-Male, Gay/Lesbian/Same Gender Loving, Age 65-74 years

Homelessness and Poor Health are Interconnected

People experiencing homelessness in San Francisco report higher rates of **disabling health conditions** than the general population.

39% of PIT Count survey respondents (n=768) reported at least one disabling health condition.

- The 2020 Census reported 5.7% of San Francisco's population under age 65 years with a disability.

Qualitative data showed that poor health is a cause of homelessness:

- Death of a parent or partner.
- Disabling accident or a health event requiring hospitalization.

And poor health is a consequence of homelessness:

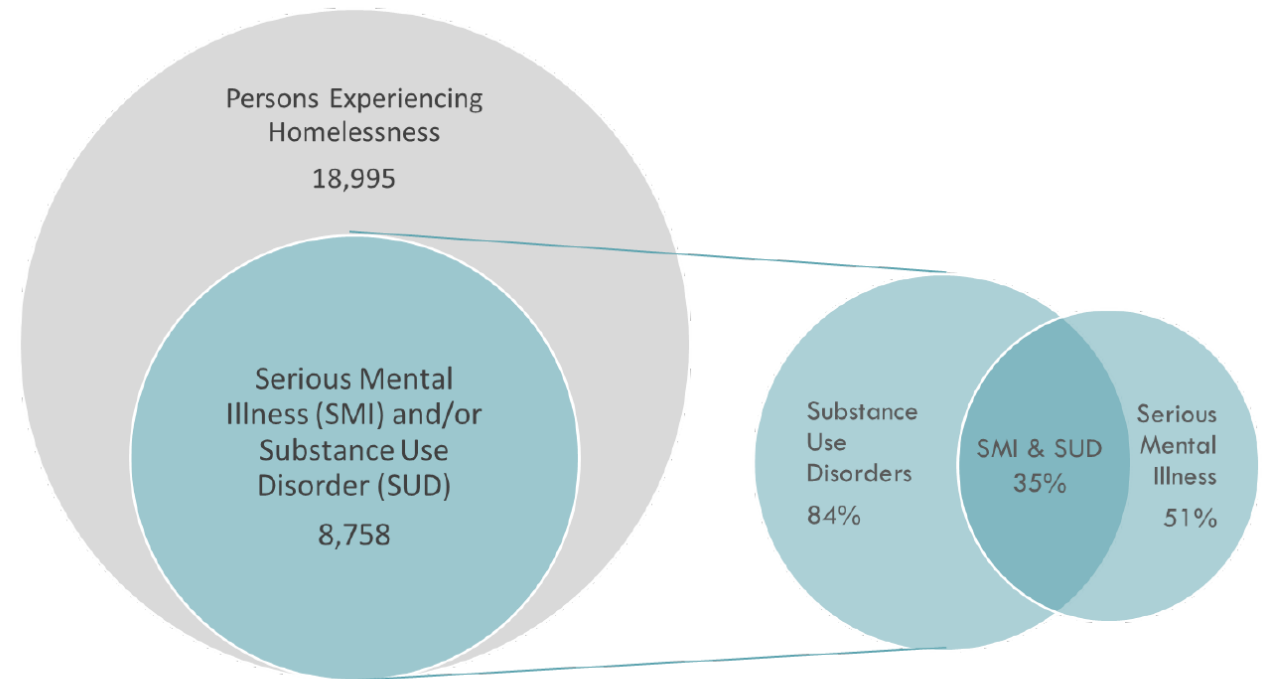
- Development of chronic health conditions.
- Exacerbates existing health conditions.

People experiencing homelessness have a variety of health needs

46% of people experiencing homelessness who touch the homeless response and/or healthcare system have a **Serious Mental Illness and/or a Substance Use Disorder diagnosis** (n=18,995).

This is the Mental Health SF (MHSF) population.

Consistent with the population of people experiencing homelessness more generally, the MHSF population shows an over-representation of people identifying as men, as African American/Black, and as Hispanic/Latinx.



Mental Health SF Population as of 8-3-2022
Data sources: DPH Electronic Health Record Systems (Epic, Avatar); Homelessness and Supportive Housing (ONE)

People experiencing homelessness have significant behavioral health needs.

Many expressed **interest in supports.**

*I still have a job, but I was on the disabled list. I get nervous speaking to people. I **have panic attacks. Maybe counseling? I'm depressed.***

– Participant #30, Middle Eastern or North African, Female, Straight/Hetero. Age 45-54 years

*Working on being comfortable being alone. I **get depressed and I feel suicidal.** I need to try to work on being safe to be alone.*

– Participant #3, Hispanic, Latino, or Spanish, Male, Straight/hetero. Age 16-24 years

*Before [entering shelter] I paid a lot in rent, [and there was] very little [money] for food or daycare. . . I **didn't know there was mental health support.***

– Participant #1, Asian, Female, Straight/Hetero. Age 55-64 years

*Work on bettering mental health for youth, not just youth, but 14-28 years. Free programs because therapy is not cheap! So people don't have to deal with their shit alone! **Being on the streets, you will need someone to hear you out, help with your problems.***

– Participant #10, Black or African American, Female, Gay/Lesbian/Same gender loving. Age 16-24 years

Housing insecurity and overcrowding also illustrate structural racism in San Francisco

In addition to literally homeless households (Category 1), the OCOH definition of homelessness includes individuals and families who are at imminent risk of homelessness (Category 2) or be a family living in doubled up or overcrowded conditions (Category 3).

These households also face structural barriers that impact their housing stability.

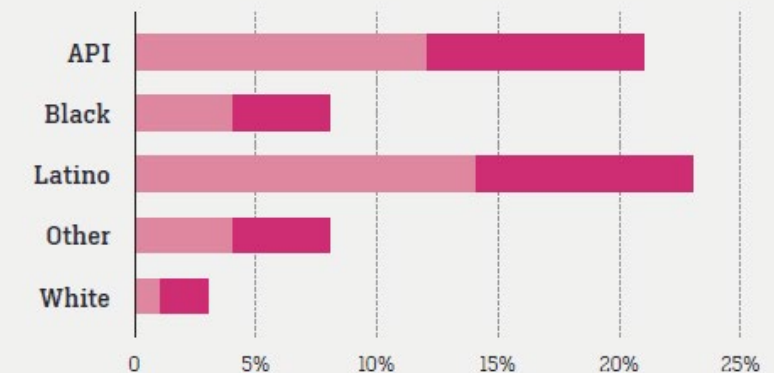
According to the *SF Planning Housing Needs and Trends Report – 2018*:

- Asian-Pacific Islander and Latinx respondents were more likely to live in overcrowded and severely over-crowded conditions.
- Black and Latinx reported experiencing housing insecurity at higher rates.



FIGURE 53.

Percentage of San Francisco Households Living in Overcrowded Conditions by Race, 2011-15



Source:
ACS (IPUMS-USA)

Overcrowded
Severely Overcrowded

Families with children living in SROs face significant barriers

2015 SRO Families Report

**Living in the Margins:
An Analysis and Census of San
Francisco Families Living in SROs**

Trapped in ever-disappearing sub par housing, families in **SRO** are suffering.



SROFAMILIESUNITEDCOLLABORATIVE

In San Francisco and under certain federal programs, families with children who live in Single Room Occupancy (SRO) hotels are considered homeless due to the overcrowded conditions.

SRO Families United Collaborative conducted a census of families with minor children living San Francisco SROs in 2015 and found:

- 75% of families in SROs are immigrants.
- 86% of adults are not fluent in English.
- 69% are of Asian descent.
- 96.5% of adults in SRO households with minor children are employed.
- 86% reported insufficient income to move out of SROs.

Housing suitable for families is not affordable to extremely low-income households in San Francisco. These families are disproportionately made up of immigrants, people with limited English proficiency, and people of color.

*We are living in cramped conditions here in the hotel. We do not have a kitchen. We only have a room with a small bathroom...If they kick me out [for nonpayment], I don't have money to pay for another place except the streets, with my children. **I don't want that for my children. We cannot sleep in the street. They will suffer being cold. I have no other alternatives.***

– Spanish speaking participant in OCOH Town Hall Meeting #3 April 22, 2022

*The caller said her two younger children learned to crawl late because the SRO does not have space for them to move around. **Her family of five sleep on a bunk bed with 2 people on the upper level and 3 on the bottom.** Thirty households share one bathroom. There are long waits for showers and cooking. **Her family was selected for an affordable housing development, but the rent was still too high.***

– Cantonese speaking Public Commenter at the OCOH Oversight Committee regular meeting of April 28, 2022

Victims of Domestic Violence (DV)

Fleeing DV (Category 4) is a common cause of homelessness.

The San Francisco Family Violence Council published its annual report in 2020 documenting:

- Victims of reported family violence are disproportionately Black and Latina/o/x
- Women make up 70% of victims of domestic violence who engage with police.
- There is significant unmet need for shelter and other supports for victims of domestic violence.

I was staying with my family. I didn't think of it as homeless, but it was difficult. The situation was uncomfortable. [I] started staying at domestic violence shelters. . . Then started going to school, had two jobs, I was comfortable bettering myself. . . But overall, [homelessness] started because of family.

– Participant #40, Black or African American, Female, Straight/Hetero. Age 24-34 years.



Executive Summary



Family Violence Council Report

JULY 01, 2019 – JUNE 30, 2020

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT ON THE STATUS OF WOMEN

Population Needs

Data about homeless populations and the words of people experiencing homelessness show the **structural roots of homelessness in racial and economic inequality**.

Racial inequality appears as barriers to education, stressed family networks, age and disabling health conditions all make the gap between income and the cost of living appear unbridgeable.

The population shows a significant need for ongoing housing and support service supports.

- 1 in 4 of adult households seeking help through Coordinated Entry were aged 55+.
- Public health data show that 46% of adults experiencing homelessness are suffering from a Substance Use Disorder or Serious Mental Illness.
- Households experiencing homelessness have extremely low incomes.

Against incredible barriers, homeless households are resourceful, motivated, and even ambitious.

- Youth have ambitions of economic stability and need programs and services to provide financial support, mental health services, learning opportunities as they become adults.

Through system modeling and Citywide strategic planning, **San Francisco should consider how understanding homelessness as a racial equity issue might change the kinds of responses that are considered appropriate and necessary.**

How many people are homeless in San Francisco?

1. A multi-year look at change over time in the Point in Time Count of People Experiencing Literal Homelessness.
2. Estimating the number of people and households experiencing literal homelessness in San Francisco is a starting place for understanding the scale of the solution.
3. Some kinds of homelessness are more difficult to count.
 - Families and youth who are living doubled up, in crowded conditions, or, in SROs with children.
 - People fleeing, or attempting to flee domestic violence

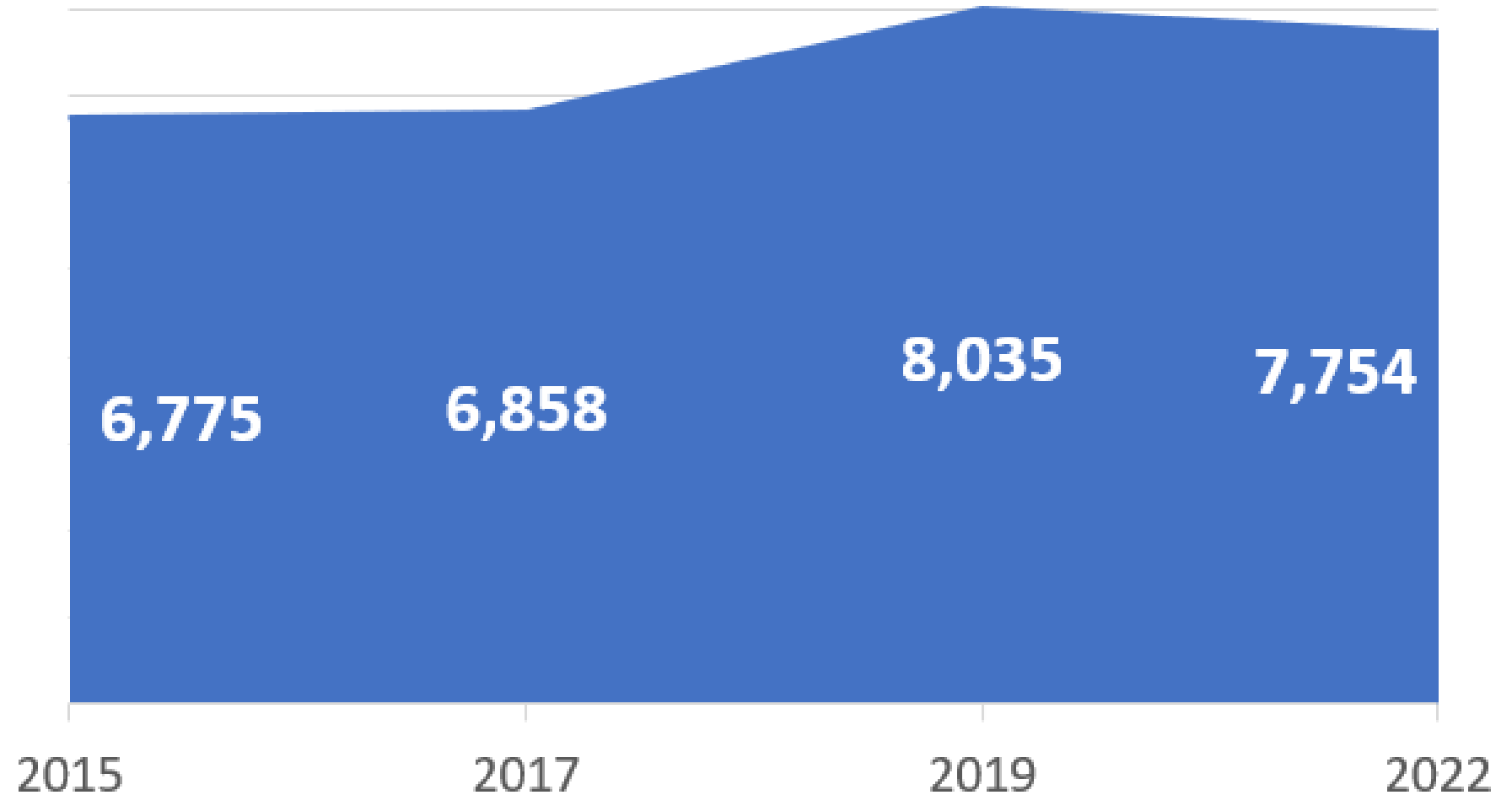
Point in Time Count of People Experiencing Homelessness in San Francisco

The newest point in time count report shows a decrease in the number of people experiencing homelessness in San Francisco at a point in time.

This decrease in the number of people experiencing homelessness broke with a trend of increases since 2015.

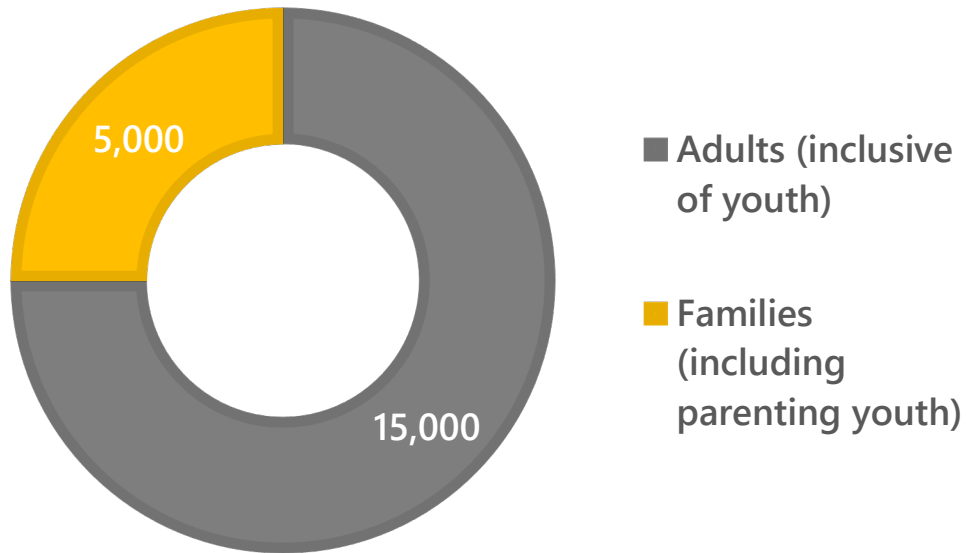
The count includes:

- Sheltered
- Unsheltered
- Domestic Violence



How many **people** experience homelessness each year (Category 1)?

ESTIMATED NUMBER OF PEOPLE
EXPERIENCING LITERAL HOMELESSNESS IN A
YEAR, BY HOUSEHOLD TYPE



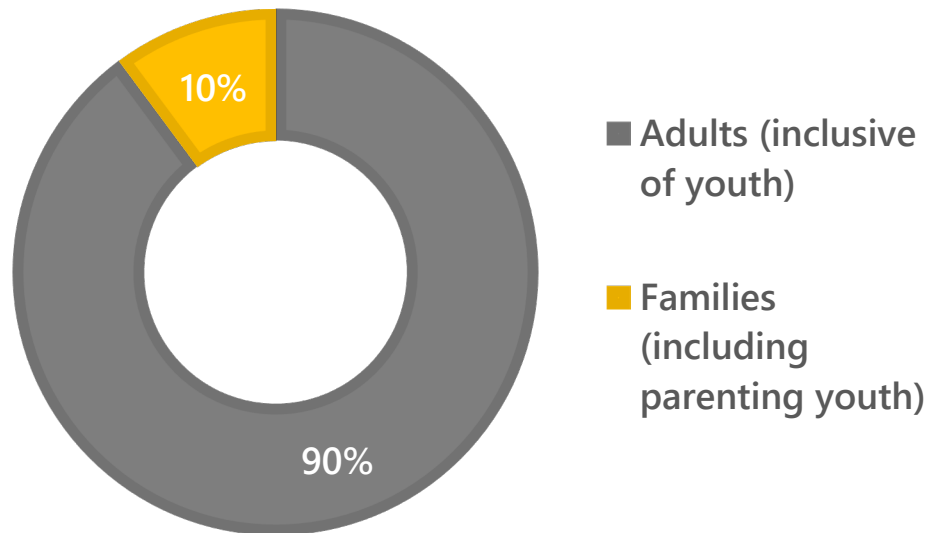
As many as 20,000 individuals may experience homelessness in San Francisco over the course of year.

This estimate reflects:

- An evidence-based method of estimating the number of unsheltered people who were uncaptured during the Point in Time Count.
- A higher inflow rate from the 2022 PIT Count Survey.
- The number of unique people and households experiencing homelessness who were served in a year by the Department of Homelessness and Supportive Housing and the Department of Public Health.

How many **households** are literally homeless each year (Category 1)?

ESTIMATED NUMBER OF HOUSEHOLDS
EXPERIENCING LITERAL HOMELESSNESS IN
A YEAR, BY HOUSEHOLD TYPE



20,000 people translates into roughly **16,700** households experiencing literal homelessness during a year in San Francisco.

Adults (including youth) make up roughly 90% of households experiencing literal homelessness in San Francisco; around **15,000** households each year.

Families with minor children (including parenting youth) make up roughly 10% of households experiencing literal homelessness in San Francisco; as many as **1,700 families** each year.

How many families and youth are living doubled up, in crowded conditions, or in SROs (Categories 2 & 3)?

Challenges to Counting

- Few opportunities to observe this type of homelessness.
- Families and youth may hide their living situation to avoid unwanted attention, including intervention from systems.

San Francisco Unified School District - 2018

- 1,661 students doubled up with friends or relatives
- 291 in hotels or motels
- 628 literally homeless students

SRO Collaborative - 2015

- +/- 700 households with minor children living in SRO units

How many households are fleeing domestic violence (Category 4)?

Challenges to Counting

- Violence—physical, sexual, emotional, financial — is underreported, particularly when it occurs in intimate relationships, families, homes, and other trusting relationships.
- Victims' safety may depend on confidentiality and/or geographic mobility.
- Victim service providers do not use common data systems.
- Victims' needs and choices are diverse.

San Francisco Continuum of Care Funding Application - 2021

- Estimates 4,109 survivors (all household members) annually displaced by DV in San Francisco.

Point in Time Count Survey - 2022

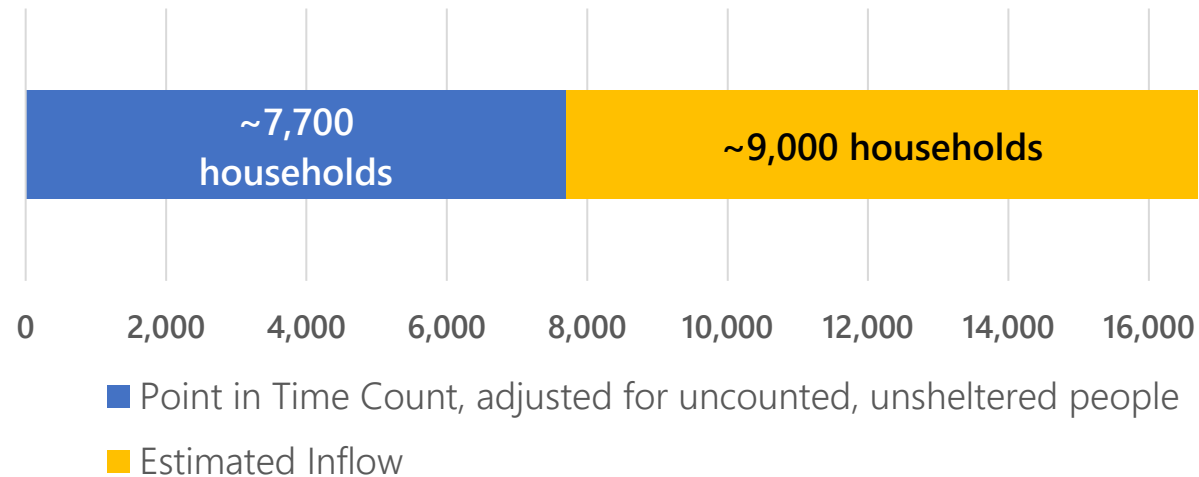
- Domestic violence was the primary cause of homelessness for 8% of literally homeless families and 4% of literally homeless non-families.

Inflow & Homelessness Prevention Resources

1. How many people are becoming homeless?
2. What do people with lived expertise say about the pressures making them homeless?
 - a) Earned Income
 - b) Health
 - c) Personal Relationships
3. Prevention Resources
 - a) What resources are there?
 - b) What needs do they meet?
 - c) What would have helped: Where is the social safety net? Finding and accessing services

Data suggests a higher inflow into homelessness in the coming years.

Current best thinking is that around 9,000 households lose their housing and become newly homeless over the course of a year.



- About 7,900 of those newly homeless households are adults (including youth)
- About 1,100 of households entering homelessness are families with children (including parenting youth)

Homelessness Prevention



The most common cause of homelessness for people of all ages was a **breakdown of relationships** that may have otherwise prevented homelessness.

You can have family members, but you don't want to put the burden on them because they've got enough on their plate. I've got two sisters, but they've got their own lives to live.

– Participant #27, Black/African American male aged 55-64, straight/hetero

I work a full-time job and there's no way I could afford the rent. Even with 5 of us earning in the family, we still couldn't afford rent. So, we all went our separate ways.

– Participant #22; Hispanic, Latino, or Spanish, Female, Age 45-54 years

Family is overrated.

– Participant #15, White, Male, Straight/Hetero, Age 45-54 years

All I was ever doing was for my mom. When she had a kid, went to jail, I took care of the kid. I was picking up the middle point. When I was 21, I had already done so many bills, done so much.

– Participant #38, Black or African American, Male, Gay/Lesbian/Same Gender Loving, Age 25-34 years

Prevention services need to be **accessible and timely**, to ensure people can get help when they need it and before they have lost their housing.

Flexible financial assistance, including help with rent, was most frequently cited form of help.

I've heard about [rental assistance], but I can't get to it. I called 311. Nothing came of it and I ended up evicted, living in a car. . . Everything just spiraled down. . . [I needed] something to stay in society, instead of outside society.

– Participant #30, Middle Eastern or North African, Female, Straight/Hetero. Age 45-54 years

*There is no specific program to **just give me a little additional rent help to stay housed**.*

– Participant #47, Black/African American, Male, Straight/Hetero. Age 25-34 years

*The City should have a 2-year program, if someone is in a bad situation, then you can go to a place and get 2 months of rent. Rather than get kicked out and losing your belongings, **you get 2 rent checks to figure it out**. This would keep people from becoming homeless, especially if they have kids.*

– Participant #28, Black/African American, Male, Straight/Hetero. Age 25-34 years

Qualitative data identified both structural **barriers** and **solutions** for preventing homelessness:

- Early intervention
- Life skills classes
- Rent regulation
- Right-sizing wages
- Access to better jobs
- Simplifying systems

*My little sister is in elementary right now. **The focus should be on her** to ensure that she doesn't end up homeless.*

– Participant #5, Black or African American, Male, Straight/Hetero. Age 16-24 years

***Finance classes**, about savings. How to save money from your check, stuff like that. Budget, time management, money management.*

– Participant #28, Black or African American Male straight/Hetero. Age 16-24 years

*It's really difficult to find a place and get accepted into an apartment in San Francisco specifically. [There's a] difficult landlord/renter climate. Apartments went from \$700 to \$3,000 per month. . . **[The] solution is don't let price increases happen.***

– Participant #46, Female, Age 55-64 years

*Finding an apartment in the Bay Area is hard. **Prices are really high [and] minimum wage doesn't match.** Minimum wage is going up, but it doesn't match.*

– Participant #49, Black or African American, Female, Gay/Lesbian/Same gender loving, Age 25-34 years

*There is no program in the world that could help deal with my partner dying and not [being married]. **Laws and rules don't align**, and no programs align.*

– Participant #48, Black or African American Trans Male, Gay/Lesbian/Same gender loving, Age 55-64 years

Reducing inflow is essential to ending homelessness.

The homelessness prevention system is in development.

Partners are working to incorporate many of the components that people experiencing homelessness say would have helped them:

- Flexible assistance
- Accessible through a variety of community-based services
- Builds upon the strengths and resources of people most at risk of homelessness

What else do people experiencing homelessness say is needed to prevent homelessness?

- Bringing those interventions to scale
- Greater accessibility of supports from CalFresh and Eviction Prevention to Flex Funds
 - Targeting neighborhoods and communities that are most at risk of homelessness
- Upstream solutions: supports for young children and families
- Access to opportunities
- Safe, reliable and efficient public transportation
- Jobs & Workforce Training

Resources Available and Service Needs of People Experiencing Homelessness

1. Shelter and Crisis Resources
 - a) What resources are in the system?
 - b) What needs do they meet?
2. How long are people staying homeless?
 - a) How does length of time impact need?
3. Mental Health Resources
 - a) What resources are in the system?
 - b) What needs do they meet?
4. What do people experiencing homeless say about the barriers and needs?

How many crisis and shelter resources does the system need?

The number of shelter beds and crisis intervention slots a system needs depends on how quickly or slowly homeless households can move into permanent housing. **Movement through the system is called flow.**

When permanent housing is available, outflow increases, and shelter beds and crisis intervention slots turn over and serve more households.

If permanent housing is not available:

- Shelter and crisis intervention beds will turn over slowly and serve fewer households.
- Unsheltered homelessness will increase.
- The length of time people remain homeless will increase.
- Demand for high-cost shelter beds will increase.

The following section outlines the currently available resources for people who are currently homeless, including shelter, crisis interventions, and behavioral health services. **Increasing permanent housing and otherwise increasing the rate of shelter outflow to housing is essential to efficient and effective use of shelter and crisis intervention capacity.**

Crisis Interventions - Outdoor

Crisis interventions include temporary outdoor safe places to sleep for people experiencing literal homelessness or fleeing domestic violence. These places are not shelter according to HUD standards.

Exiting to a temporary or permanent indoor location - ideally to permanent housing, but also shelter, treatment, or family and friends - is a positive outcome from these outdoor health and hygiene interventions.

Vehicle Triage Center: 57 Slots

People living in their vehicles can park overnight, with security and access to sanitation, drinking water, and connections to services.

Safe Sleep: ~62 Slots

People experiencing unsheltered homelessness sleep safely outdoors, off sidewalks, with access to services and sanitation.

Shelter Resources - Indoor

Shelter includes temporary, indoor safe places to sleep for people experiencing literal homelessness or fleeing domestic violence.

Exiting to permanent housing is a successful outcome from these temporary, indoor interventions.

Emergency Shelter:

1,612 Slots (households)

1,552 Non-Congregate Slots (households)

Indoor places where individuals and families can reside temporarily with access to plumbing, ventilation, heating/cooling, electricity, and prepared food and/or cooking elements.

Transitional Housing:

454 Slots (households)

Time-limited housing up to 2 years with intensive services to support the transition from homelessness to housing.

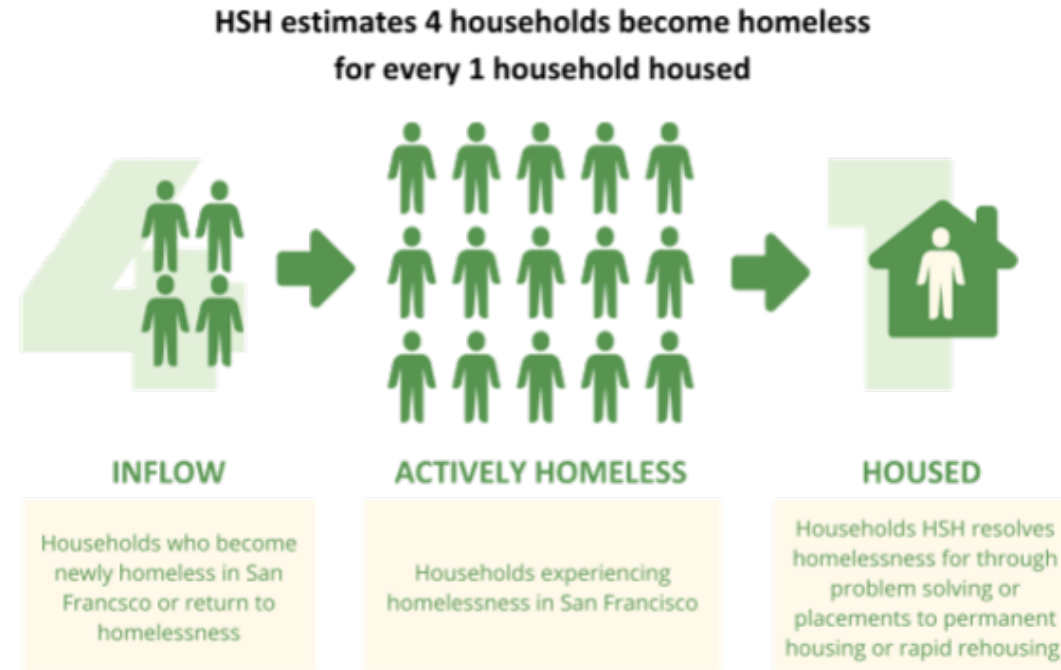
Transitional Housing is frequently targeted to families and subpopulations including youth, victims of domestic violence, people living with HIV, veterans.

Data suggest that the number of households flowing into homelessness far outpaces the system's capacity to generate outflow.

This chart compares inflow with outflow to permanent housing through problem solving, RRH placement, or PSH placement. Clearly the scale of the response does not match the need.

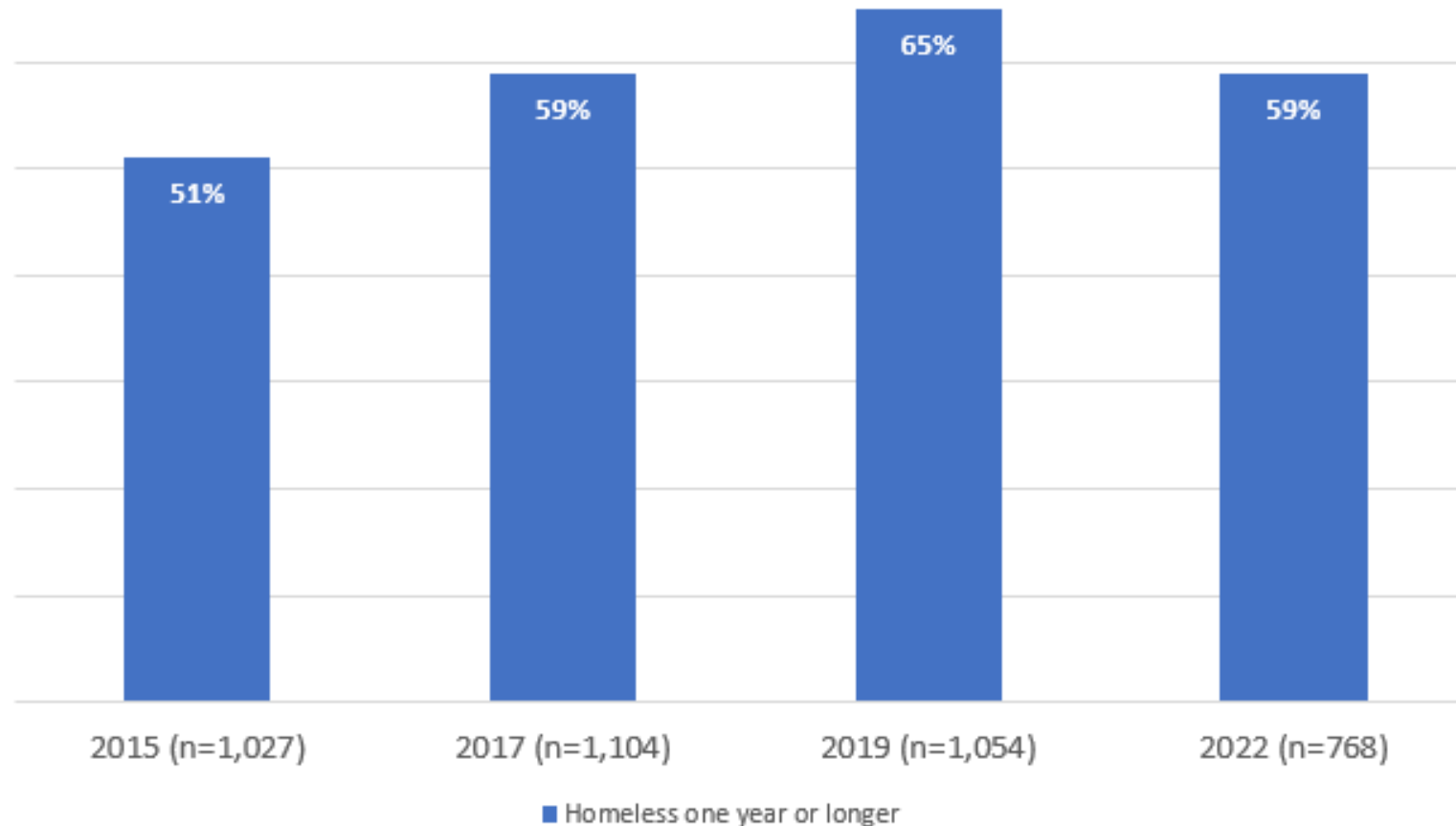
System-provided resources reflect some, but not all, of the pathways out of homelessness. Qualitative data show people experiencing homelessness are actively engaged in resolving their homelessness. Examples include, but are not limited to:

- Working, sometimes multiple jobs
- Reuniting with family or friends
- Relocating to another community.



Without enough permanent housing solutions and supports, people are remaining homeless for extended lengths of time.

Point in Time Count Survey Results, 2015-2022, show the proportion of respondents reporting one year or longer length of time homeless.



How does length of time homeless impact need?

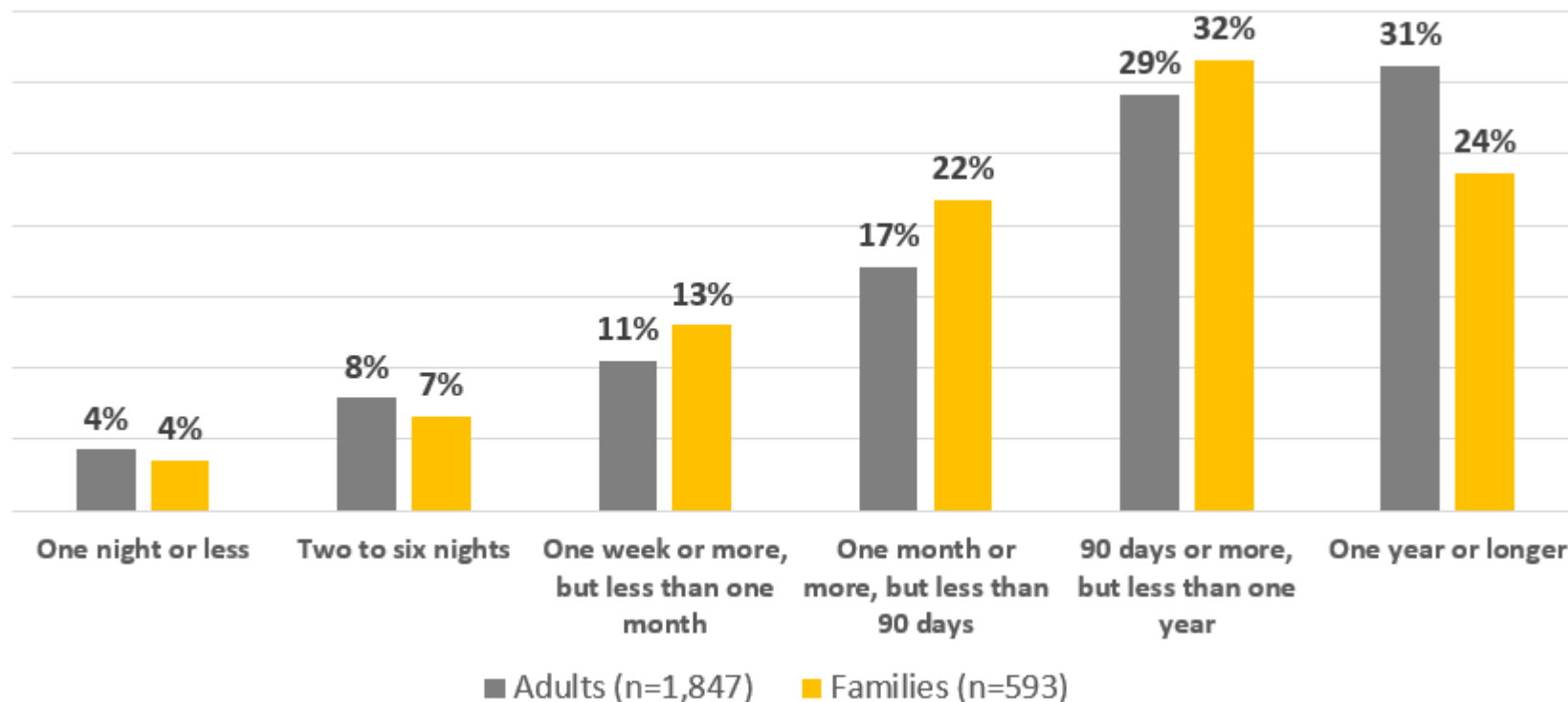
The chart shows the length of this episode of homelessness using data collected in the ONE System at the time of program enrollment. Data shows deduplicated households.

The data speaks to **diverse needs** of the homeless population:

Households with shorter lengths of time homeless may need a less-intensive resource to resolve their homelessness.

Households with extended lengths of time homeless will likely need significant economic and social supports to find and retain housing.

ONE System Enrollments, FY21-22

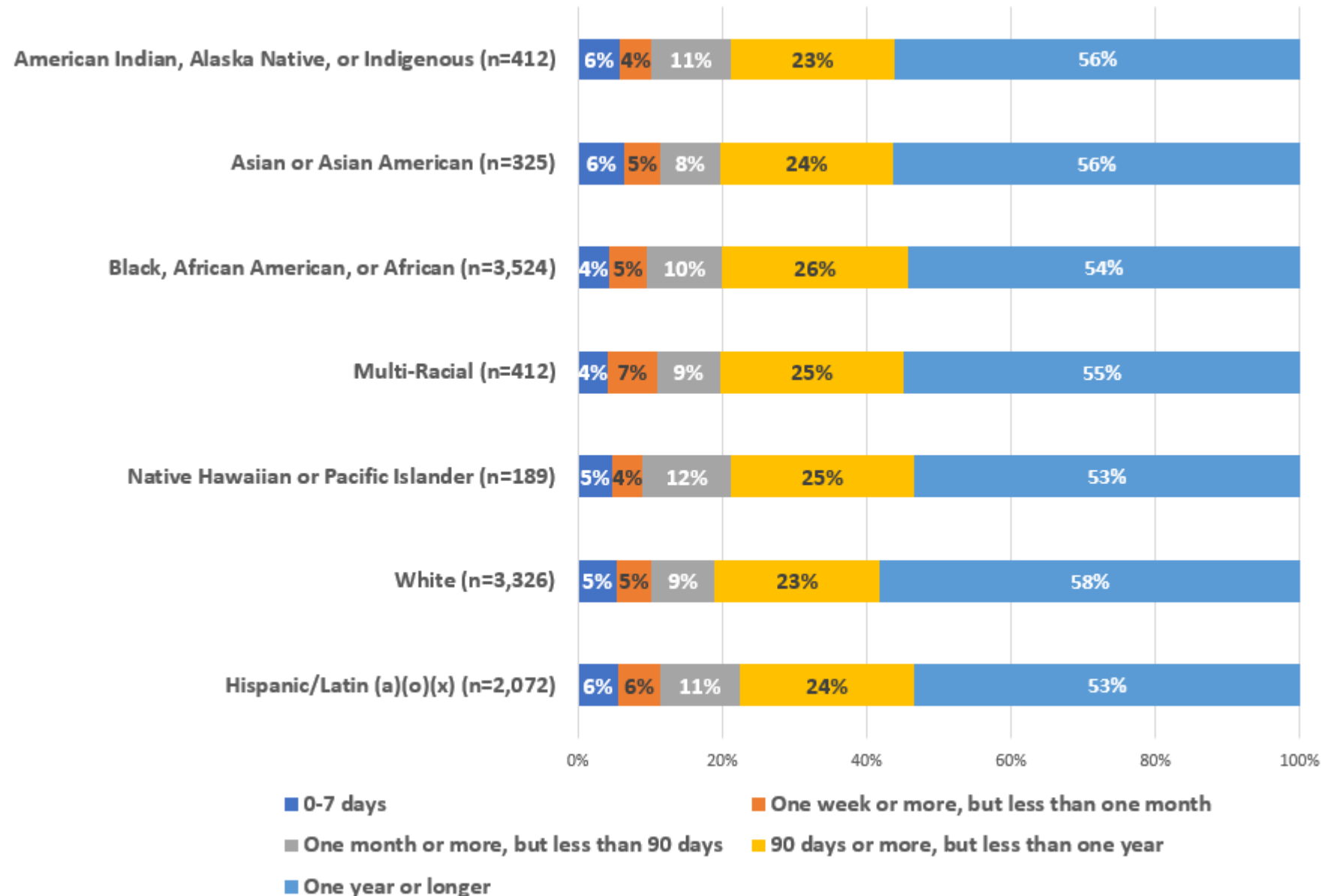


Length of Time Homeless, Disaggregated by Race and Ethnicity

Data collected in the ONE System at the time of program enrollment, FY21-22

Length of time in previous living situation at the time of program enrollment.

Data reflects deduplicated households.



People experiencing homelessness have diverse needs.

What kinds of programs should a system have in order to meet the variety of needs?

Sometimes I have to go somewhere, but my girlfriend can't come in [here]. . . [This place,] it's cool, and amazing people but at nighttime they can be [strict]. I'll try to use the restroom and they're like, "no!"

– Participant #5, Black or African American, Male, Straight/Hetero. Age 16-24 years

*[I was] afraid to go to shelter initially. I was told I didn't have to stay if I didn't like it. . . I got a lot of help from them. Many people don't want to go into shelter because of the restriction [or program rules]. But **for me, the restriction [or program rules] made it easier** to eat and sleep at the same time.*

– Participant #1, Asian, Female, Straight/Hetero. Age 55-64 years

I prefer being outside.

– Participant #21, Hispanic, Latino, or Spanish; Female, Straight/Hetero. Age 45-54 years

***In shelters, you don't have a chance.** I didn't feel comfortable. Haven't been to too many, [but I] didn't feel comfortable there.*

– Participant #33, Hispanic, Latino, or Spanish; Male, Straight/Hetero. Age 65-74 years

*I was homeless for a year outside and in parks. I was so ashamed. **I'm grateful to be here [in shelter].***

– Participant #30, Middle Eastern or North African; Female, Straight/Hetero. Age 45-54 years

The Department of Public Health serves people experiencing homelessness (Categories 1-4) throughout its System of Care.

Some programs in the Health Care Delivery System are designed specifically for people experiencing literal homelessness (category 1).

DPH Health Care Delivery System

- Zuckerberg San Francisco General (ZSFG)
- Laguna Honda Hospital
- Jail Health Services
- Primary **Care**
- Behavioral Health Services (BHS)
- Maternal & Child Health

Programs designed for people experiencing homelessness:

- Specific ZSFG & Primary Care Services
- Whole Person Integrated Care (WPIC)
- Mental Health SF
- Other OCOH Funded Programs
- Other Targeted BHS Programs

Each year DPH provides services to thousands of people experiencing homelessness through its integrated system of care.

This Needs Assessment focuses on Behavioral Health services designed for people experiencing homelessness (PEH).

	# of PEH served	% of total served
Zuckerberg San Francisco General Hospital	12,400	14%
Laguna Honda Hospital	30	3.5%
Jail Health Services	3,300	44%
Primary Care	9,600	15%
Behavioral Health Services	5,600	28%
Whole Person Integrated Care	8,200	96%
Maternal Child Adolescent Health*	160	8.5%

* Data from 3 MCAH programs which reliably collect housing status

Whole Person Integrated Care (WPIC) Services

The Department of Public Health has developed health care services targeted to people who are currently homeless. WPIC services bring together existing non-traditional primary care, urgent care, and behavioral health clinical services.

Street Medicine:

3,870 unique clients served
in 21,514 encounters during 2021

Uses harm reduction approaches to engage and assess patients in targeted locations including streets, parks, encampments, and navigation centers

Sobering Center:

319 unique clients served
in 1,482 encounters during 2021

Shelter Health:

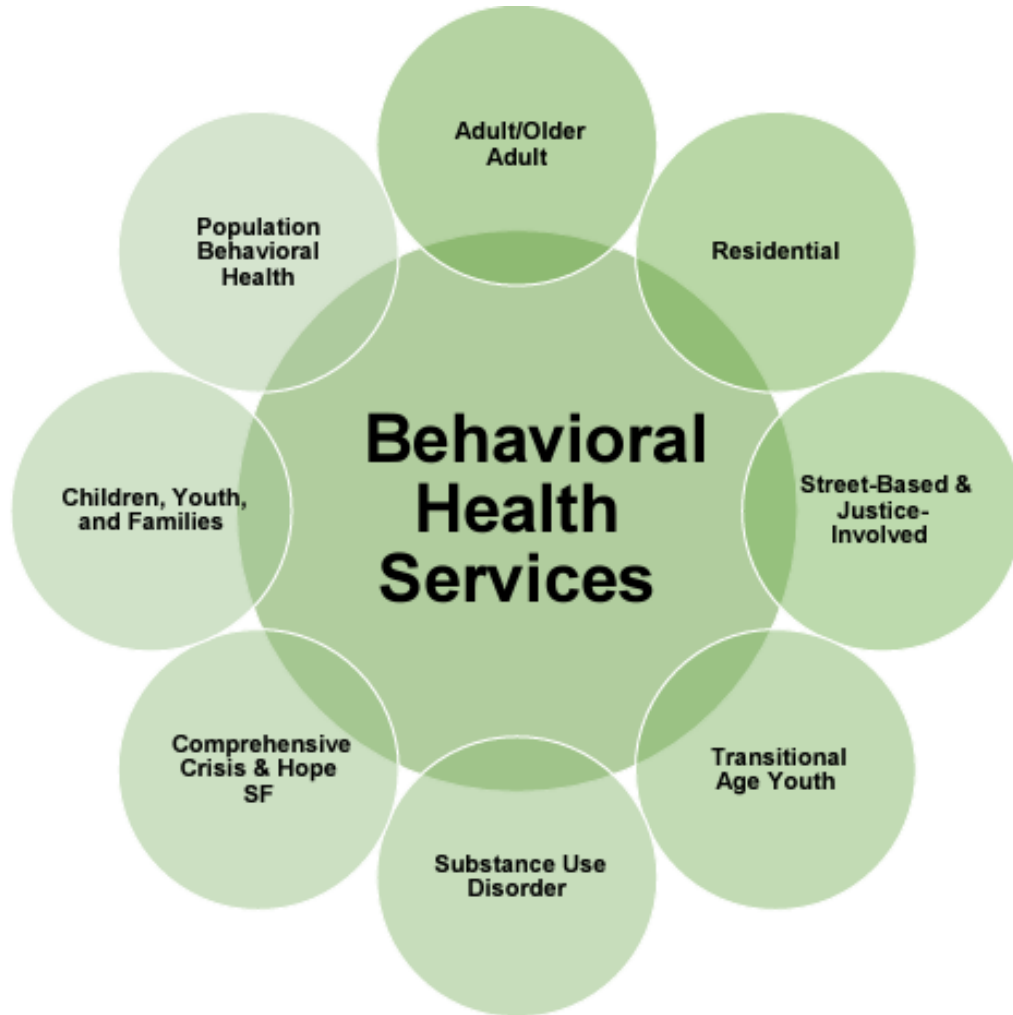
753 unique clients served
in 2,135 encounters during 2021

WPIC Urgent Care:

4,091 unique clients served
in 14,459 encounters during 2021

Medical Respite:

219 unique clients served
in 6,582 encounters during 2021



Behavioral health services for people who are currently homeless include both inpatient and outpatient services, as well as a variety of street-based and shelter-based service models.

Overdose & Harm Reduction Support:

1,447 pre-OCOH baseline units of service

Services to stop and/or reduce the risk of an overdose, including naloxone distribution and education, buprenorphine induction, opioid acute care treatment, and pharmacy services

Youth Mental Health Services:

1,205 unique clients served (pre-OCOH baseline)

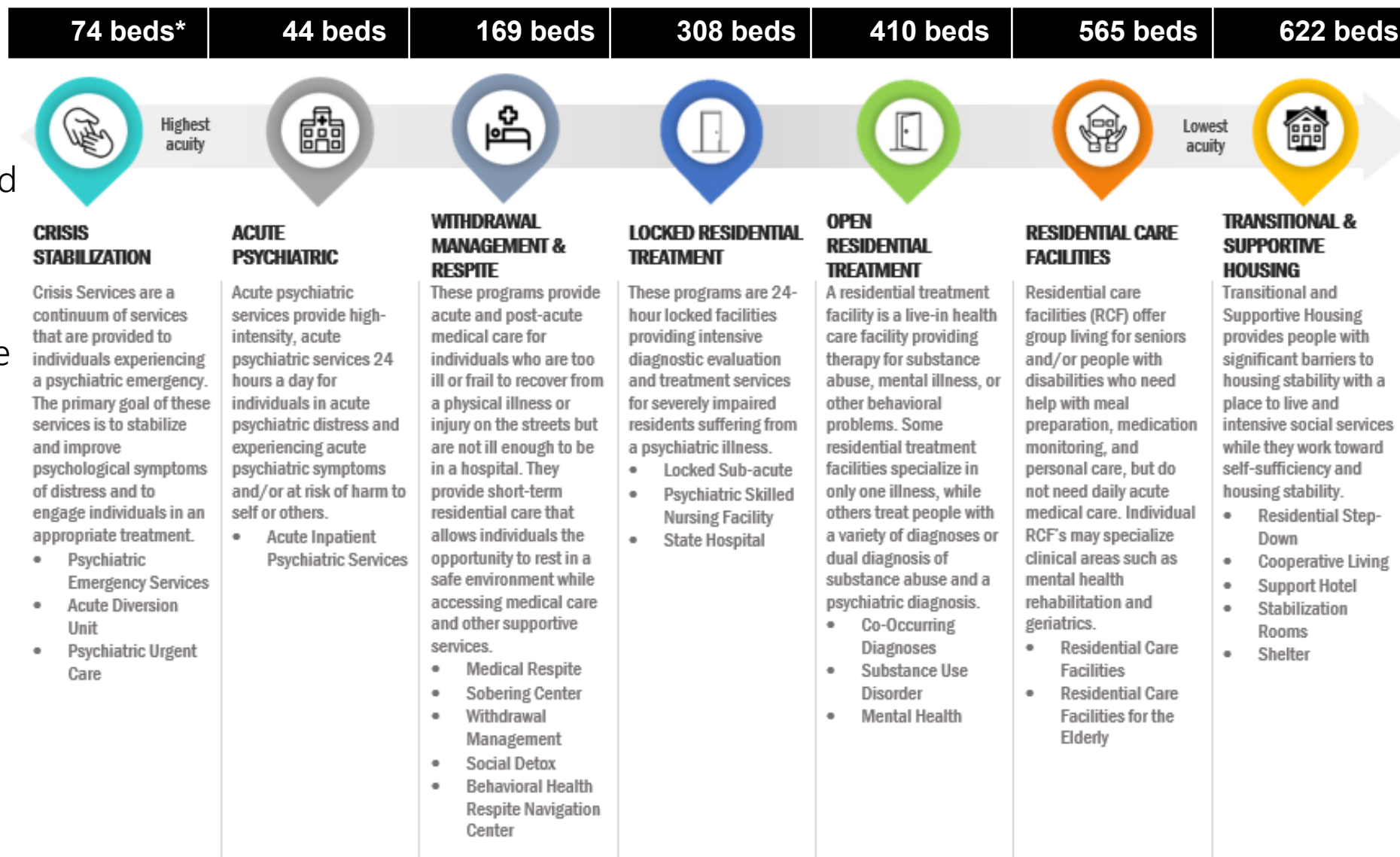
Continuum of outpatient mental and behavioral health programs serving youth, including harm reduction therapy.

Behavioral Health Access Programs:

563 pre-OCOH baseline units of service

Entry point to substance use and mental health system of care, including residential treatment and outpatient services.

BHS Residential Care Continuum – 2020 Inventory



DPH manages roughly 2,200 residential care and treatment beds.

Approximately 90% of people served with these treatment beds are experiencing homelessness.

How are behavioral health services working for homeless clients?

The health system has developed Key Performance Indicators for the Mental Health SF initiative, which targets people experiencing homelessness. Future KPIs will describe how well system interventions are working to serve this population.

MENTAL HEALTH SF CORE METRICS

Category	Proposed Metric
HOUSING	1 Increase the percentage of the Mental Health SF population assessed for housing.
	2 Increase the percentage of the Mental Health SF population who are placed in supportive housing
ROUTINE CARE	3 Increase the percentage of the Mental Health SF population receiving routine health care.
	4 Increase the percentage of the Mental Health SF population receiving routine health care post 5150 discharge.
WAIT TIMES	5 Decrease wait times for intensive case management services.
	6 Decrease wait times for residential treatment beds.
OVERDOSE RESPONSE	7 Increase the amount of naloxone distributed in the community.
	8 Increase the percentage of persons with opioid use disorders started on buprenorphine or methadone treatment.
	9 Decrease the number of deaths due to overdose.
	10 Decrease the disparity rates in deaths due to overdose.
QUALITY OF LIFE	11 Improve quality of life and functioning for persons in the Mental Health SF population

All metrics will be stratified by race/ ethnicity, language, and sexual orientation/ gender identity to identify disparities among groups.

Qualitative data shows a profound sense of isolation among people experiencing homelessness.

Many described needing mental and behavioral health supports for themselves and/or others.

*My dad would say it's an excuse, "you're sensitive, you don't have trauma." Our parents, our bosses. **They make us feel small. . . . So, then I relapse.** Then I'm not just homeless, I'm an addict now too.*

– Participant #5, Black or African American, Male, Age 16-24 years

***People here don't have anybody.** Just animals.*

– Participant #18, Black or African American, Male, Straight/Hetero. Age 45-54 years

Homelessness can be dehumanizing.

– Participant #30, Middle Eastern or North African; Female, Straight/Hetero. Age 45-54 years

It's tough. I don't like being alone.

– Participant #12, Black or African American; Male, Straight/Hetero. Age 16-24 years

***A lot of people have mental health issues.** They need help, but there's nothing.*

– Participant #22, Hispanic, Latino, or Spanish; Female, Age 45-54 years

There are no programs within the shelters for AA or NA. . . . To help people to their next steps.

– Participant #49, Black or African American, Female, Gay/Lesbian/Same gender loving, Age 25-34 years

People experiencing homelessness described feeling hopeless about their situation and the future.

The qualitative research found some participants struggling to navigate the system or [find help](#). This was particularly true of older adults.

Others described being ineligible for programs or supports that fell short of meeting their needs.

I feel lost and don't know how to make a plan because there's so many choices, and options and [I] don't know how to get anything.

– Participant #16, Hispanic, Latino, or Spanish; Female, Straight/Hetero. Age 45-54 years

Things are up in the air with me. I would like to get on some kind of list so I have some kind of contact.

– Participant #26, Black or African American, Female, Straight/Hetero. Age 55-64 years

Everything I did, I had to do on my own.

– Participant #2, Black or African American, Female, Age 55-64 years

What good is helping the homeless for two weeks when you're just going to kick it out from under them?

– Participant #15, White, Male, Straight/Hetero. Age 45-54 years

No one seems to care about us. Not enough care about us with our case managers.

– Participant #19, White; Female, Straight/Hetero. Age 55-64 years

Planning a systems approach to meeting diverse needs

Data show a growing number of people entering homelessness and many **remaining homeless** for a year or more. This means a large section of the population will need intensive supports to obtain housing.

Investments in shelter and crisis interventions must be **paired with permanent housing** investments.

Lost relationships, unsupportive family bonds, social alienation, and hopelessness emerged as commonalities across unique personal experiences of homelessness. Many people described wanting **not to be alone as they move through the experience of homelessness**.

Qualitative data show people have **diverse needs** and preferences as they experience homelessness; what is comfortable and safe for some isn't for others.

System-wide strategic planning should explore these needs further and consider the following questions:

- What kinds of crisis interventions, shelters, and behavioral health care interventions would the system need to meet the variety needs?
- **How much of the population needs each kind of program?**

Outflow & Permanent Housing

1. How many people exit homelessness each year?
2. Permanent Housing Resources
 - a) What resources are in the system?
 - b) What needs do they meet?
3. Mental Health Resources
 - a) What resources are in the system?
 - b) What needs do they meet?
4. What do people experiencing homeless say they need?

How much housing does the system need?

Currently, permanent **housing resources are tightly prioritized because they are scarce**, and demand is high. As the prior sections describe:

- A significant proportion of the homeless population need ongoing deep subsidies and support services to stabilize in housing.
- As many as 9,000 households will become homeless during the year.

Qualitative data reflect hopelessness and frustration among people experiencing homelessness.

Adding permanent housing to the homeless response system would expand the prioritization of housing and increase capacity in shelter and crisis interventions through turnover.

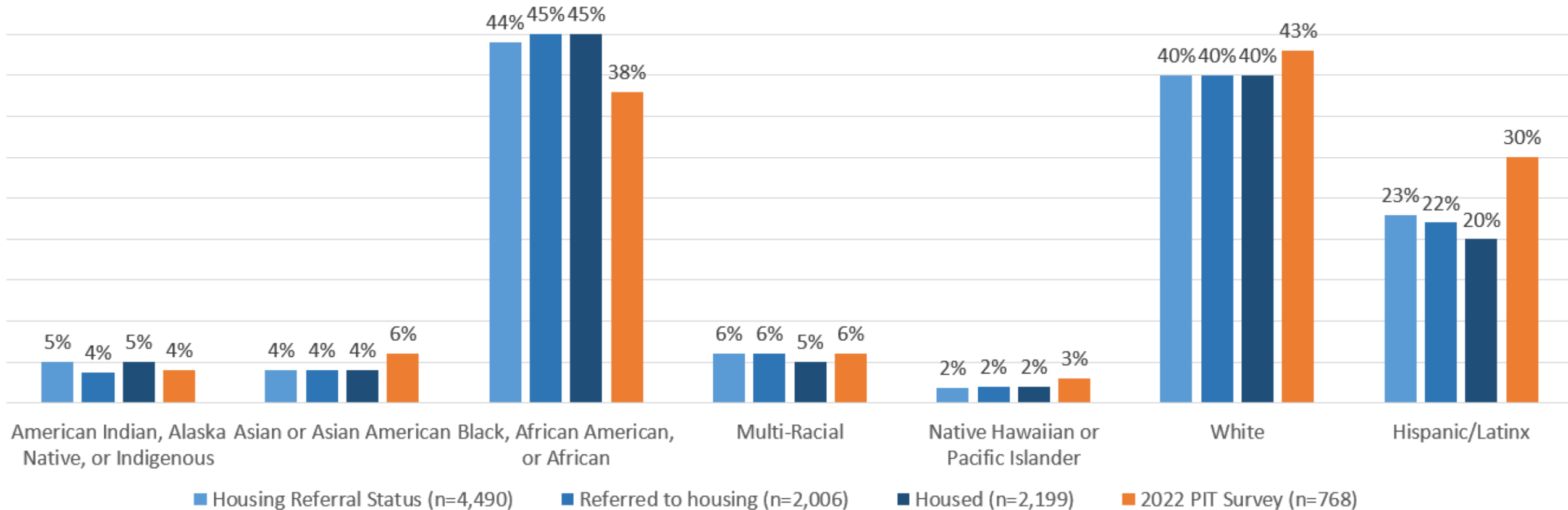
Creating permanent housing programs for households with lower support service intensity or shallow economic supports would respond to diverse needs in the homeless population.

Increasing services and programs to support permanent housing exits outside the homeless response system would help people quickly end their homelessness.

The following section outlines the housing resources currently available in the system, and the needs of the population.

Access to Permanent Housing Resources

Housing referral status, referred to housing, and housed participants, disaggregated by race and ethnicity, 7/1/2021-6/30/2022



Ongoing Permanent Housing Supports

There are a variety of permanent housing resources available, including rental subsidy programs administered by several City departments. The Homelessness Response System typically offers “permanent supportive housing” (PSH) which pairs deeply subsidized rental housing with intensive support services, including health care services.

Permanent Supportive Housing: 11,017 Units (current capacity)

PSH can be “project based” in designated buildings, or “scattered site” in private market apartments. Typically, households must have at least one member who meets the criteria of chronic homelessness, 1 year or more of homelessness and one or more disabling health conditions. About 7% of PSH is set aside for Families and 93% for Adults.

The homeless response system estimated having 1,912 units of PSH available for new placements in 2022.

Health Services in PSH : 419 unique individuals

Health-focused case management in Permanent Supportive Housing to help stabilize tenants in their homes.

How many people need Permanent Supportive Housing?

The answer involves figuring out the proportion of the homeless population whose needs fit the population targeted through the intervention. The answer provides a target for growth over time.

PSH is for people with **extremely low incomes (ELI)**, one or more **disabling health conditions**, and **extended lengths of time homeless**.

Extremely Low Income:

- Almost 1,000 families and 7,400 adults reported ELI at coordinated entry assessment in FY21-22.

Disabling Health Conditions:

- 39% of 2022 PIT Count survey respondents reported having one or more disabling conditions.
- Roughly 8,800 patients who are homeless and touch the homeless response or healthcare system have a serious mental illness and/or substance use disorder diagnosis.
- 1 in 3 adults, about 2,500 people, who accessed coordinated entry in FY21-22 were age 50+.

Extended Length of Time Homeless:

- The 2022 PIT Count identified about 2,700 (rounded) chronically homeless people, 35% of the PIT.
- 24% of families and 31% of adults (roughly 160 and 630 households, respectively) reported being homeless for 1 year or longer at program enrollment in FY21-22.

Many participants in the qualitative research needed PSH because of health conditions and income barriers.

The process to get PSH isn't quick. Many said they were **waiting**; some to get on a list and others for their name to come up on the list.

I'm on social security and can't get a job [because of disabilities]. So, I only get the social security checks. Hard to establish a life on that.

– Participant #50, Black or African American, Male, Straight/Hetero, Age 55-64 years

They just asked you a bunch of questions like you in a survey. Ain't nothing changed. Wait 6 months.

– Participant #18, Black or African American, Male, Straight/Hetero, Age 45-54 years

*I've been here [in this program] since just after Thanksgiving last year. I've applied for housing. They say my name is on the list, but **it's a slow process**. [I only get] SSI, so I'm still here.*

– Participant #27, Black or African American, Male, Straight/Hetero, Age 55-64 years

PSH is not for everyone.

For some, PSH supports stabilization and a transition to greater independence. And over time, it may become too restrictive.

For others, PSH isn't the right starting place.

Programs are offered, but it's programs with restrictions. Restrictions on top of restrictions. . . [In PSH] Everyone has to sign in and out, only four people can spend the night per month. . . We need someone to watch our kids because we are going to do late night security hours. . . Let us grow.

– Participant #40, Black or African American, Female, Straight/Hetero, Age 25-34 years

Once we get to a certain spot, let us graduate to a different state – more space, no restrictions and limitations, new options on where to live.

– Participant #37, Black or African American, Female, Straight/Hetero, Age 25-34 years

[It] seems like the system wants me to be on drugs or have some sort of issue for me to get housed. There aren't programs for people who just need a temporary boost.

– Participant #47, Black or African American, Male, Straight/Hetero, Age 25-34 years

Time Limited Permanent Housing Supports

Time-limited housing resources often provide a rental subsidy and support services for one or more years, and the subsidy may decrease over time. The Homelessness Response System calls these programs “Rapid Re-Housing” (RRH).

Rapid Re-Housing: 1,852 Households (at the 2022 Housing Inventory Count)

This program model provides support with housing search, move in costs, and a limited-term subsidy aimed at helping a household stabilize and become self-sufficient in housing. RRH frequently targets households that are likely to increase their income, including people who are younger and healthier. About 80% of RRH is set aside for Families with minor children and 20% for Adults.

The homeless response system estimated having 1,028 units of RRH available for new placements in 2022.

How many people need a time limited housing program?

Time limited programs are best for individuals expected to increase their income, such as youth or family households with adults who can work.

- Youth aged 18-24 years make up 14% of people experiencing homelessness, according to the 2022 PIT Count Survey.
- 49% of households assessed through CE during FY21-22 were between 25-45 years (4,300 households).

When considering how many people need a time limited housing program, it is also important to consider:

- What supports do people need to **increase their income**?
 - Low wage workers in minimum wage jobs may never earn enough to cover rent.
- **How long does it take** for a household to stabilize and earn enough to pay the full rent?
 - Subsidies are often 1-2 years, but individuals may need longer for job training or other programs aimed at stabilization.

Qualitative data show many people experiencing homelessness are **working**.

Some may have post-secondary training, but most work in entry-level or **minimum wage** positions.

*I just want to stay [in this program], look into school. **Save up if I can, pay off debt.***

– Participant #28, Black or African American, Male, Straight/Hetero, Age 25-34 years

***I got the job.** I'd be embarrassed if I'm still here in 3 months. In the next 2 months I need to save up enough to buy a car. I'm not staying here, [and I'm] not paying \$1,200 to live in a box.*

– Participant #30, Middle Eastern or North African, Female, Straight/Hetero, Age 45-54 years

***I have 3 jobs,** and I'm trying to save up to make progress.*

– Participant #3, Hispanic, Latino, or Spanish, Male, Straight/Hetero. Age 16-24 years

Housing that is affordable to households with extremely low incomes remains scarce.

I was trying to get into tiny housing but was told I don't qualify due to not being on drugs. . . . [I'm] looking for other apartments, but don't qualify due to income [fixed income is too low].

– Participant #48, Black or African American, Trans Male, Gay/Lesbian/Same gender loving, Age 65-74 years

*If someone doesn't want SRO, then programs should help financially for low-wage workers. Just **because someone's employed doesn't mean they can pay** the full amount of rent.*

– Participant #49, Black or African American, Female, Gay/Lesbian/Same gender loving, Age 25-34 years

*A father and resident of an SRO unit in Chinatown is a new immigrant and cannot afford housing in the private market. His 12-year-old son needs more privacy as he enters adolescence. . . The caller worries about his son's physical and mental health. The caller said **SRO families cannot even afford affordable housing.***

– Public comment made in Cantonese at the April 28, 2022, meeting of the Our City, Our Home Oversight Committee



The State of California requires local governments to create a plan to meet the housing needs of everyone in the Community.

The plan - called the Regional Housing Needs Assessment - provides the number of housing units needed in cities and counties throughout the Bay Area.

Between 2023-2031 San Francisco needs to add:

- 21,359 Units for Very Low-Income Households (50% AMI and below)
- 13,717 Moderate-Income Units (120% AMI)
- 35,471 Above Moderate-Income Units

System-wide strategic planning should consider the following questions to increase outflow to permanent housing

What proportion of households experiencing homelessness need **permanent supportive housing** because they have high service needs and extremely low incomes?

What proportion of households experiencing homelessness needs a **“temporary boost”** like rapid re-housing as they increase their income?

- What supports do households need to increase income?
- How much time do households need before they can assume the rent?

What can we learn about innovative housing solutions from other communities?

Conclusions

Conclusions

- Homelessness is the result of racial and economic inequality across all four categories of homelessness: literal homelessness, imminent risk of homelessness, homeless under other statutes (federal and local), and fleeing or attempting to flee domestic violence.
- People experiencing homelessness have diverse needs for crisis interventions, shelter, and housing. An effective response to homelessness will be modeled on the population's needs and may include approaches that aren't currently part of the citywide response.
- From social safety net to permanent housing, **resources are not available at the scale the crisis demands.**
- Adding investments with the twin goals of **meeting diverse needs** and **increasing flow** through the homeless response system will maximize capacity and effectiveness.

Conclusions

- The Department of Homelessness and Supportive Housing's System Modeling and City-Wide Strategic Planning process presents one opportunity to better quantify the additional resources need, and better align systems of care to meet the needs of people experiencing homelessness.
- Effectively responding to all four categories of homelessness will require significant new investment and coordinated effort across City departments to:
 - Strengthen the social safety net
 - Foster economic mobility for people living in poverty
 - Realize housing stability

Thank you.

Any questions?

You can reach me at jessica.shimmin@sfgov.org

The Oversight Committee is available at con.ocoh@sfgov.org

Visit www.sf.gov/ocoh for more details.

Process for Drafting a Letter to accompany the Needs Assessment from the Committee to the Board and Mayor

In the letter, the Committee will communicate key learnings and priorities from the Needs Assessment.

Proposing an adjustment to the drafting process discussed in October.

At the Retreat:

- Committee begins the discussion of priorities and learnings to inform the letter
- The Committee identifies up to 4 members to work with staff on drafting the letter.

After the Retreat:

- Committee Members will email their priorities/suggestions to Jessie Shimmin (staff in the Controller's Office) on or before Wednesday November 30, 2022.
- The designated drafting subgroup will meet Thursday Dec 1 or Friday December 2 to begin drafting the letter.
- A draft letter will be provided to the Committee by the end of the day on Monday December 12th
- Committee will finalize and vote on the letter at the Committee meeting on Thursday December 15th.

Discussion Questions

1. What stood out to most in the Needs Assessment analysis? What is important about that idea? What does it add to our understanding of need among people experiencing homelessness?
2. Structural racism is increasingly recognized as a root cause of homelessness in all its forms.
 - How does the racial equity frame change the conversation about the needs of people experiencing homelessness in San Francisco?
 - How can the Committee connect with, and build upon racial equity efforts across the City?
3. What do you think is the biggest opportunity for San Francisco's Response to homelessness?
4. What do you see as the greatest challenge for San Francisco's response to homelessness?
5. Does the analysis give you what you need to make recommendations?
6. What else? What questions do you have? What would you like to know more about? (Answers to these questions will inform the data development agenda for the coming year.)

Focus Group Sessions

The Controller's Office facilitated six focus group sessions between August and September of 2022 in order to:

- Learn from people with current or past experiences homelessness
- Understand inflow and outflow pathways through the homeless response system
- Explore racial disparities and opportunities to increase racial equity

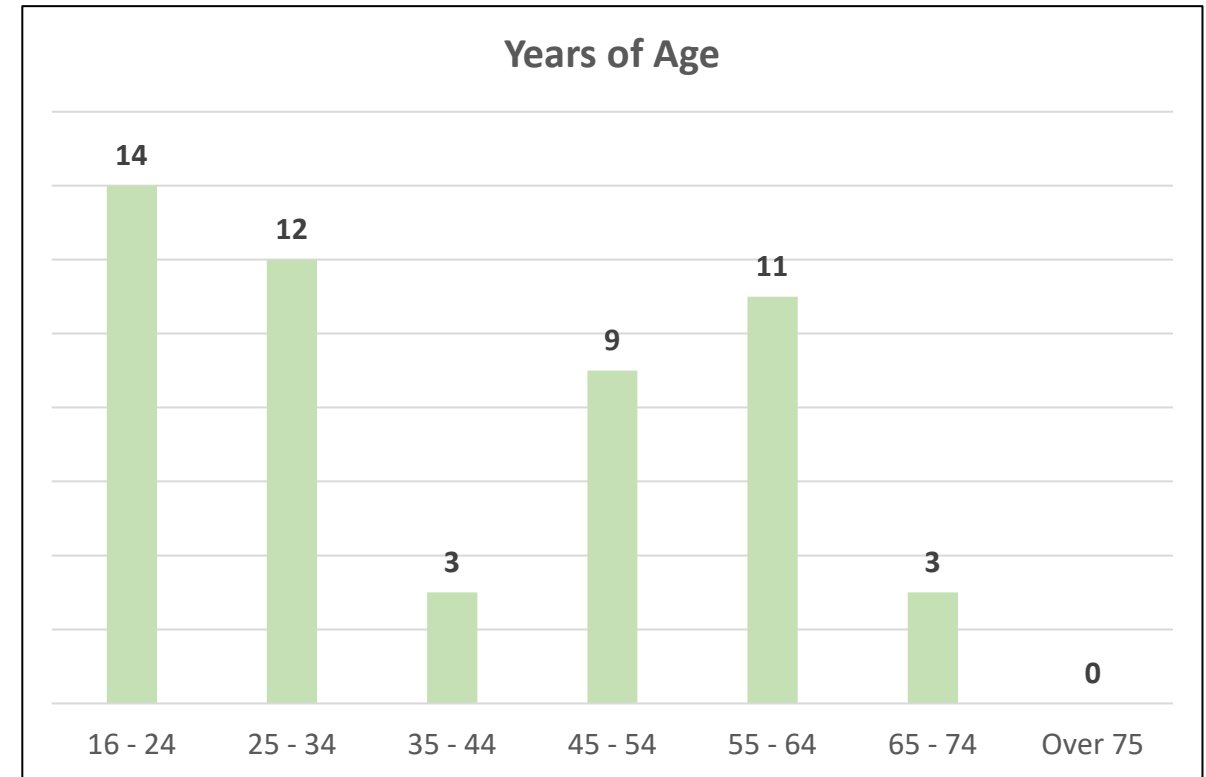
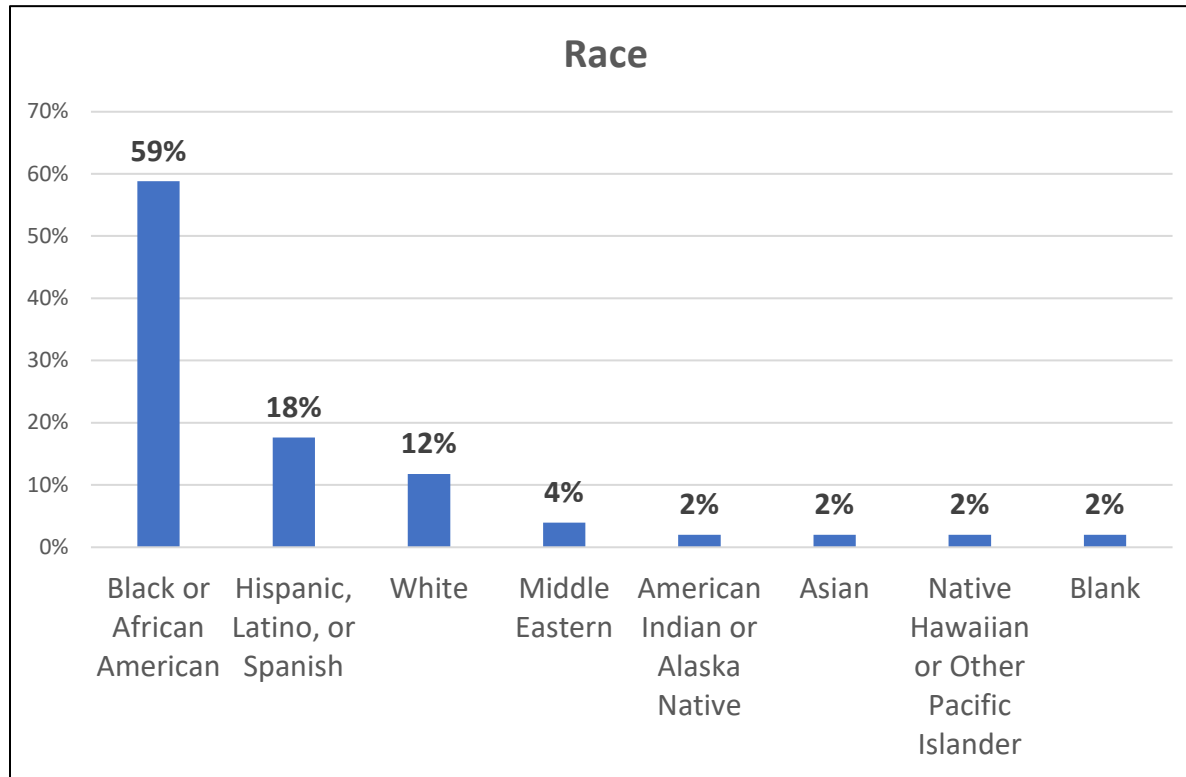
Site Location Type	Date	Attendance
Housed		
Family PSH	Aug. 15, 2022	2
TAY PSH	Sept. 1, 2022	10
Unhoused		
TAY Navigation Center	Aug. 18, 2022	12
Safe Parking	Aug. 23, 2022	10
Navigation Center	Aug. 30, 2022	11
Emergency Shelter	Sept. 20, 2022	7
Total		52

Focus Group Design

- 1-hour sessions
- In-person at program locations
- Provided food and \$50 gift cards
- Maximum of 12 individuals per session

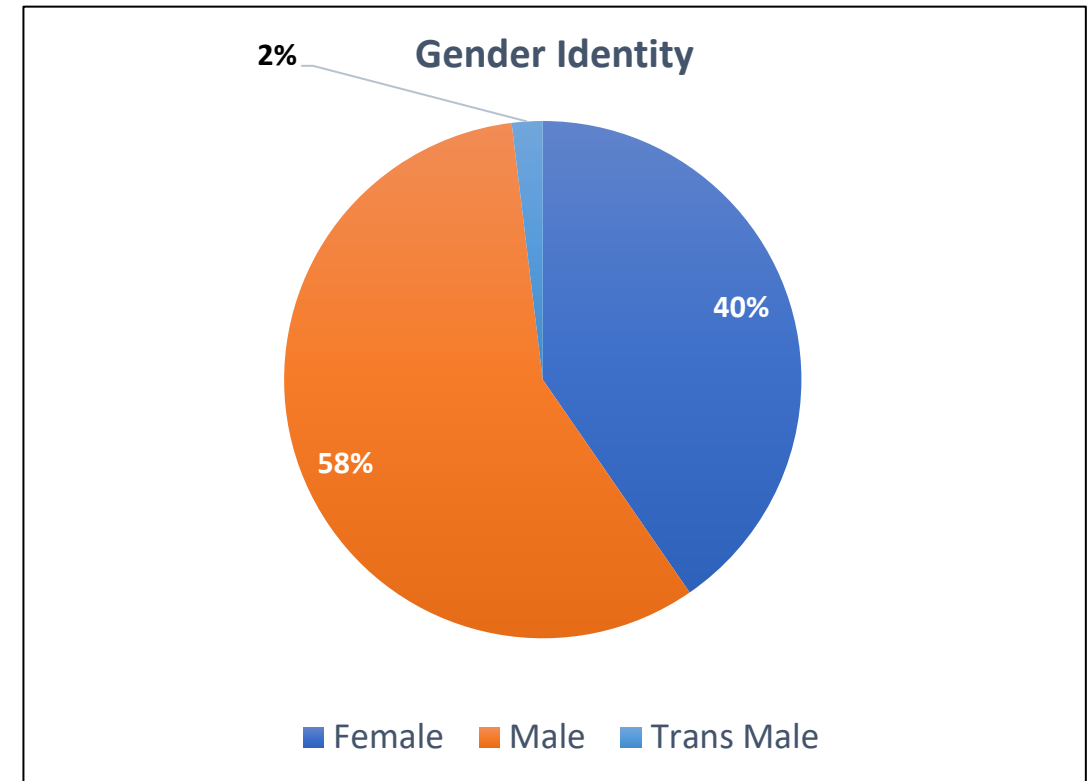
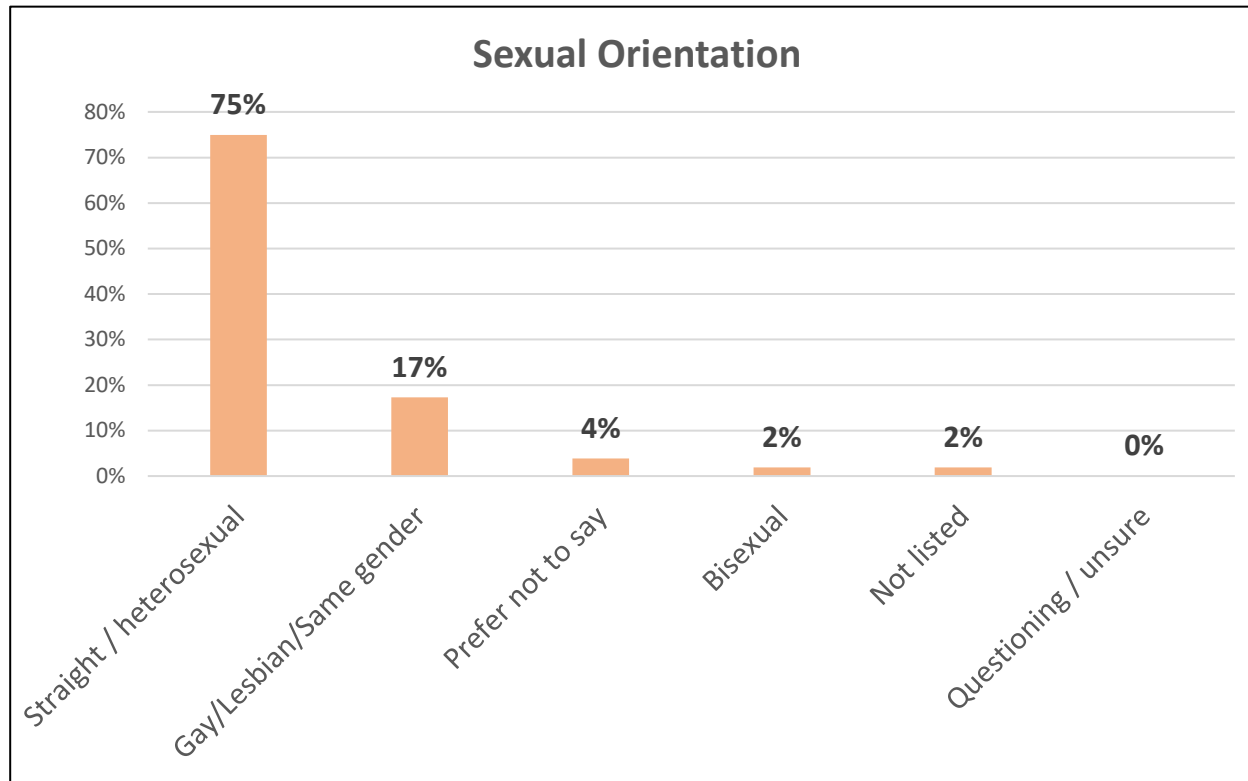
Focus Group Sessions – Participant Demographics

Of the 52 participants, majority identified as Black or African American (59%). Youth-serving organizations made up two of the six focus group sites and made up 27% of participants. Older adults aged 55+ years made up 27% of participants.



Focus Group Sessions – Participant Demographics

Of the 52 participants, majority identified as straight / heterosexual (75%). LGBTQI+ described at least 19% of the participants sexual orientations. Like the homeless population generally, male identified people were over-represented in among focus group participants at 58%.

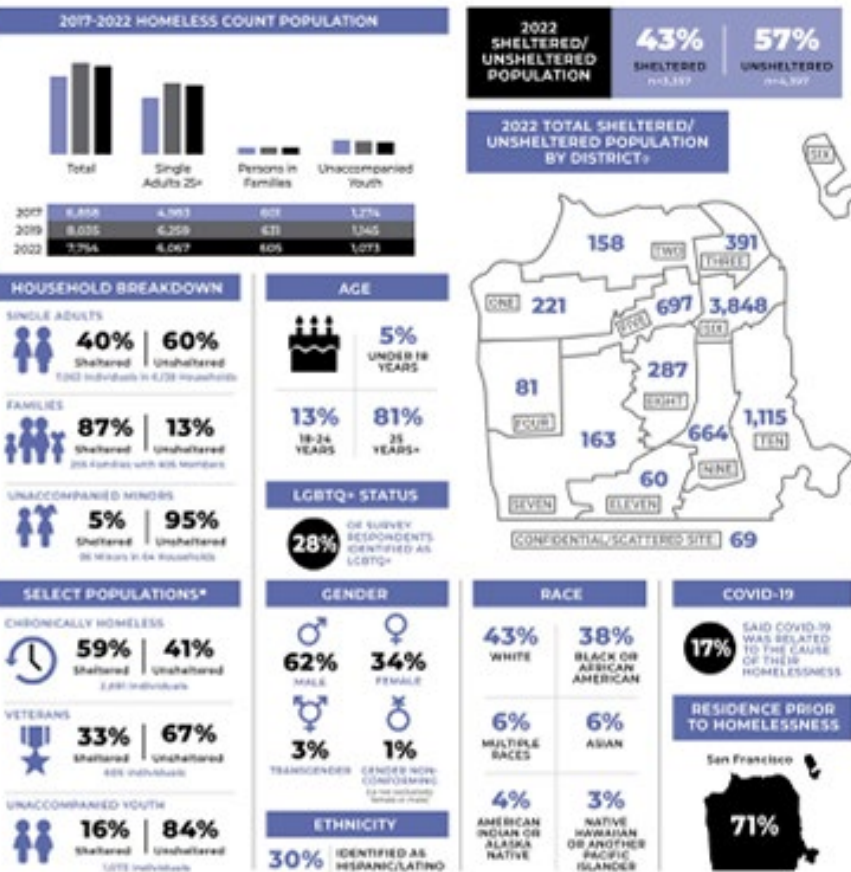


SAN FRANCISCO

2022 HOMELESS POINT-IN-TIME COUNT & SURVEY

Every two years, during the last 10 days of January, communities across the country conduct comprehensive counts of the local homeless populations in order to measure the prevalence of homelessness in each local Continuum of Care.

The 2022 City and County of San Francisco Point-in-Time Count was a community-wide effort conducted on February 23rd, 2022. San Francisco was canvassed by teams of volunteers. In the weeks following the street count, a survey was administered to 768 unsheltered and sheltered homeless individuals in order to profile their experiences and characteristics.



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