



OFFICE OF THE CONTROLLER CITY AND COUNTY OF SAN FRANCISCO

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Controller
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MEMORANDUM

TO: Board of Supervisors

FROM: Bryan Okelo, Performance Analyst
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Peg Stevenson, City Performance Director

CC: Angela Calvillo, Clerk of the Board
Abigail Stewart-Kahn, Interim Director, Department of Homelessness and Supportive Housing
Dylan Schneider, Manager of Policy and Legislative Affairs, Department of Homelessness and Supportive Housing

DATE: February 1, 2021

SUBJECT: Vehicle Triage Center Evaluation

BACKGROUND

The Department of Homelessness and Supportive Housing (HSH) operates a Vehicle Triage Center (VTC) in Supervisorial District 11. HSH launched this pilot project as part of the Safe Parking Program instituted by a City ordinance passed by the Board of Supervisors in April 2019. According to the ordinance, a VTC is a facility or location where homeless persons residing in a vehicle may be given a license to park and sleep in their vehicles while they are assessed by HSH staff for eligibility for City services and programs. The City ordinance requires an evaluation report on the VTC to be jointly developed between the Controller's Office and HSH and submitted to the Board of Supervisors once the center has been in operation for one calendar year.

What is the Vehicle Triage Center?

The VTC began operations in November 2019. The VTC is located in a parking lot at 2340 San Jose Avenue and includes parking spots for approximately 29 passenger vehicles and recreational vehicles (RVs). Guests can either park their vehicle within the VTC parking lot and remain sleeping in their vehicle while accessing case management and other stabilization services or store their vehicles at the site while accessing other services within the Homelessness Response System such as Temporary Shelter. HSH did not establish a cap on the length of stay during the pilot.

HSH contracted with a nonprofit service provider to operate the facility. That contractor provides 24/7 site monitoring, unarmed security, and practitioners on site to address guest needs. Site operation also includes subcontracted laundry and shower facilities.¹ In addition to contracted site operation, HSH provided case management services via the SFHOT² case management team. Case management was not explicitly funded via the ordinance but was delivered by existing staff in addition to other assignments. Case management services include supporting guests to access the Homelessness Response System, conducting assessments, and engaging in exit planning and other service linkage.

Guests access the site via referrals from SFHOT. Adult and Family Access Points may contact SFHOT if they identify clients who are living in vehicles who may be an eligible candidate for the VTC. SFHOT used the 311 application to identify where individuals living in vehicles in need of outreach may be located.³ SFHOT conducted outreach among people living in vehicles citywide, and prioritized intakes for households living in Supervisorial District 11. Prior to launching outreach efforts, HSH coordinated a community process to identify locations and individuals that should receive outreach for the site.

Evaluation Methodology

The Board of Supervisors required several key data points for evaluation and the Controller's Office worked with HSH to develop an evaluation plan that addressed the interests of the Board as well as operational considerations that support HSH to refine and adapt the VTC program model as needed. The evaluation period is November 30, 2019 through November 30, 2020. The evaluation answers the following questions:

- Who did the VTC serve?
 - E.g., number of clients served, demographics, household characteristics, etc.
- What were the outcomes for VTC clients?
 - E.g., average length of stay, exit destinations, and service connections, etc.
- What were clients' perceptions and experiences of the VTC?
 - E.g., perceived value and quality of the VTC, feedback about the VTC, etc.
- Is the VTC model feasible and sustainable as a shelter setting?
 - E.g., cost effectiveness and operational advantages and disadvantages, etc.

The Controller's Office used the following data sources to answer the evaluation questions:

- VTC client records, with matching to HSH ONE System reports for supplemental information
- Program budgets and scopes of work
- Stakeholder Interviews with 1) HSH Program Manager/Clinical Team Lead, 2) Contracted Site Operator, 3) DPW Site Planning Lead and 4) Community Advisory Group Chair
- Guest survey administered to 15 guests by SFHOT case managers

¹ Provision of food is not a component of the VTC service model. As part of the COVID-19 emergency response, the City began delivering food to the site, funded either through donations or COVID-related resources.

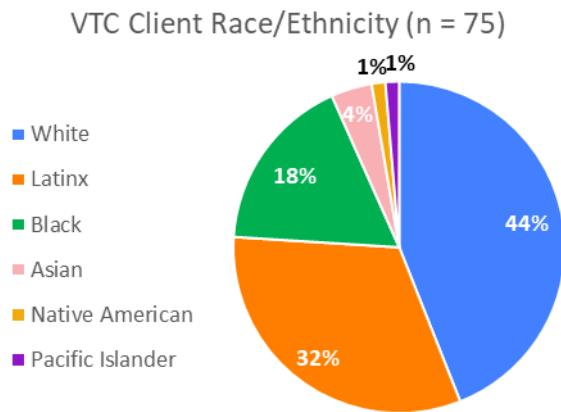
² The San Francisco Homeless Outreach Team (SFHOT) is a program of HSH with services and staffing provided through a contract with a nonprofit provider.

³ During the pilot, some guests may have been referred through non-standard processes, including self-referral. HSH assessed these non-standard referrals and some were approved to be placed on the wait list.

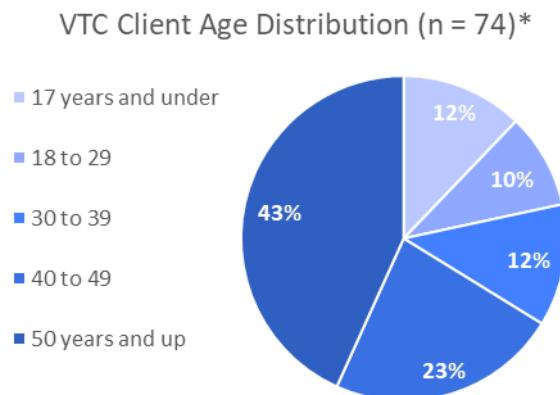
ANALYSIS

Clients Served by the VTC

In its first year of operation from November 2019 to November 2020, the VTC served a total of 75 individuals.

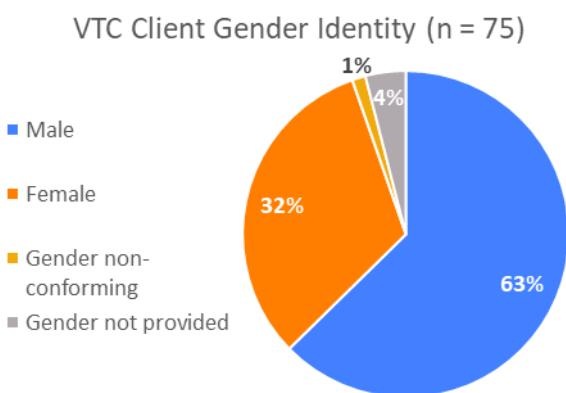


The 2019 Point-in-Time (PIT) Count⁴ estimated that 15-18% of homeless individuals have an ethnicity of Hispanic/Latinx and 37% have a race of Black or African American. However, the PIT Count uses a two-question method for assigning race and ethnicity, while the VTC uses a combined race/ethnicity question. As such we cannot accurately compare race and ethnicity demographics of VTC residents to the PIT Count. These comparisons are provided for context only.



VTC clients trend slightly older than the general homeless population, and they are most likely to be seniors (50+ years old). The 2019 PIT Count found that approximately 35% of surveyed individuals were over age 50, whereas 43% of VTC guests are 50+.

⁴ https://hsh.sfgov.org/wp-content/uploads/2020/01/2019HIRDReport_SanFrancisco_FinalDraft-1.pdf

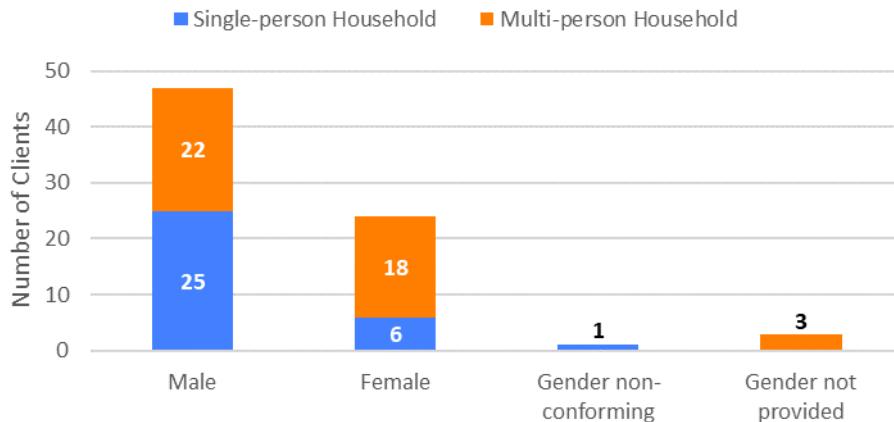


VTC clients are more likely to be male (almost 2-to-1 male-to-female ratio).

Nine clients (12%) identify as Bisexual, Gay, Lesbian, Same-Gender Loving, Questioning, and/or Unsure. According to the 2019 PIT Count report, "it is estimated that 12% of San Francisco's population identifies as LGBTQ+; 27% of survey respondents identified as LGBTQ+."⁵

Single-person households are defined as households comprising a single adult client. Multi-person households are those comprising at least one adult and one partner or minor. Male clients were almost evenly split between single-person and multi-person households (47% and 53%, respectively), while most female clients (75%) were living in a multi-person household while at the VTC.

VTC Client Gender Identity & Household Composition (n = 75)

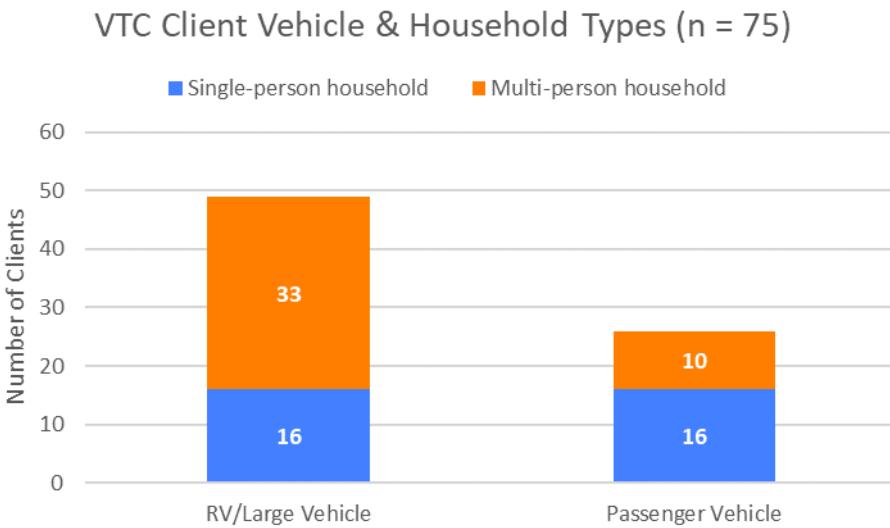


Two thirds of clients who entered the VTC were living in RV's or large vehicles. About 67% of households living in an RV or a large vehicle were multi-person households. The remaining third of VTC clients entered the site in passenger vehicles, with about 60% of these clients living alone.

During initial planning for the VTC, HSH hypothesized that half of the parking spots at the VTC would be reserved for clients staying on site, and the other half would be for clients whose vehicles are parked on site while they stay at another location. Because of this, the site was designed with a power grid that supplied electricity via outlets located only on one half of the site that is largely occupied by non-RV vehicles. However, during its first year of operations, a majority of guests remained on site and in their

⁵ Additionally, HSH's FY19-20 Sexual Orientation and Gender Identity (SOGI) Report showed that 5%-15% of clients in the Homelessness Response System identify as Bisexual, Gay, Lesbian, Same-Gender Loving, Questioning, and/or Unsure: https://hsh.sfgov.org/wp-content/uploads/2021/01/SOGI-Report_FINAL_HSH_FY19-20.pdf

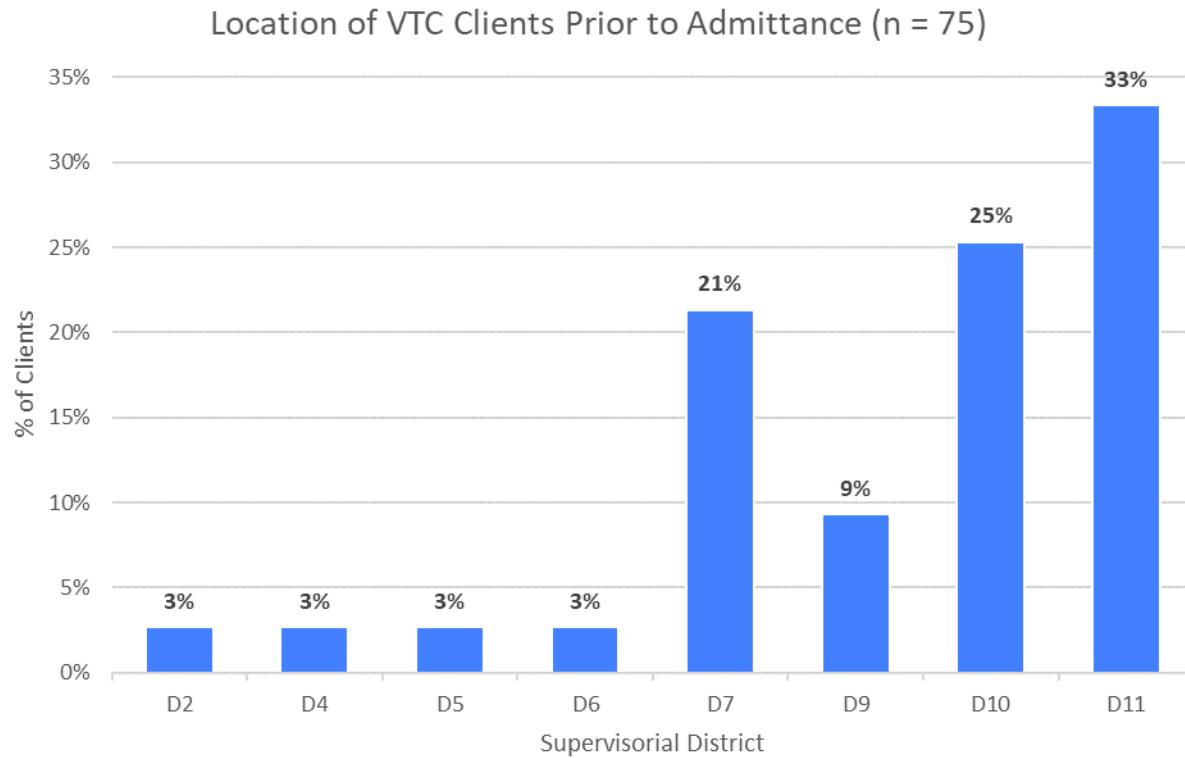
vehicles. Feedback from guests and staff indicate that additional power outlets would support both passenger vehicles and RVs and should be arrayed around the site, so as not to limit intakes based on vehicle type.



One third of clients who entered the VTC were living in Supervisorial District 11 prior to their stay at the site, making it the supervisorial district with the greatest representation in the client population. Significant portions of the client population also originated from Districts 7 and 10.

Client outreach, referral, and intake were largely managed by members of SFHOT. The Vehicle Encampment Resolution Team (VERT) within SFHOT distributed flyers across District 11 informing the general public about the site and contact information. This team also sought out potential clients during routine encampment resolution work. An announcement from the Mayor's Office also publicized the program.

The VTC prioritized unsheltered individuals living in Supervisorial District 11 who were Housing Referral Status or eligible for housing via Care Not Cash and were willing to apply for benefits. Other target groups included unsheltered individuals with medical issues exacerbated by living in a vehicle, and those whose medical records could verify them as San Francisco residents.



The average period a client household waited in the VTC's pre-admission queue was 22 days. Admission was slightly dependent on appropriate space becoming available; however, the wait time did not vary much between households living in RVs/large vehicles (24 days) and those living in passenger vehicles (21 days). One-third of households that stayed at the VTC were admitted with no wait time.

Client Outcomes

All adult clients were required to be assessed for housing prior to intake into the VTC. Coordinated Entry is a consistent intake process used by HSH to match individuals to available housing and resources. The assessment prioritizes people with longer durations of homelessness, more barriers to housing such as a history of eviction or incarceration, and greater vulnerability. Individuals who are not prioritized for a housing resource based on the Coordinated Entry assessment are referred to Problem Solving, an HSH program that seeks to help individuals resolve their homelessness outside of the formal response system, e.g., with small grants for rental assistance, one-time flexible grants or by connecting with family or friends for support. Because of their high level of vulnerability clients assessed as Housing Referral Status were given priority for intake into the VTC.

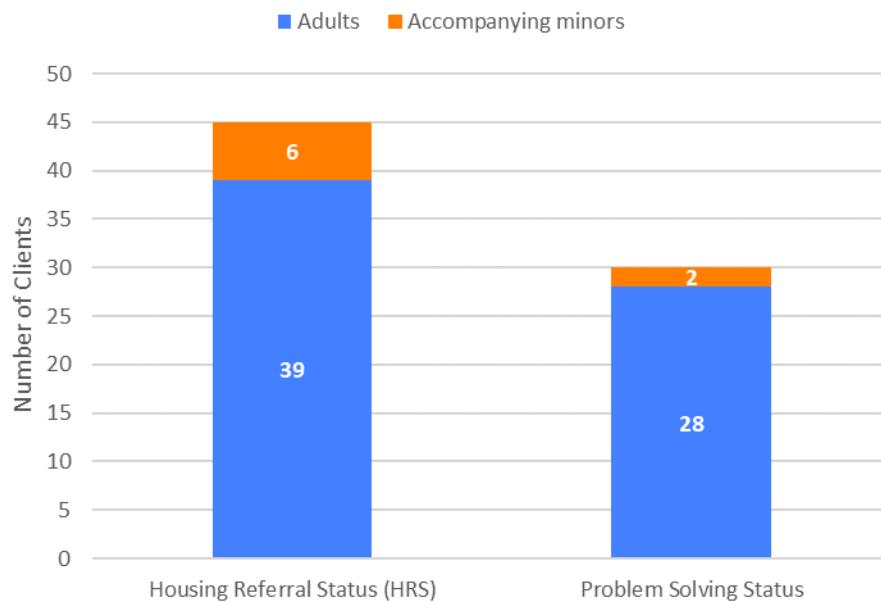
Assessment Results

Among the 75 guests at the VTC in its first year, 57% of adult clients were assessed as Housing Referral Status while remaining 43% of adult clients were assessed as Problem Solving Status.⁶ The chart below

⁶ The data source for this figure is the VTC client log, which may vary slightly from ONE System records.

indicates the status of all household members, including accompanying minors (who receive the status of their adult head of household).

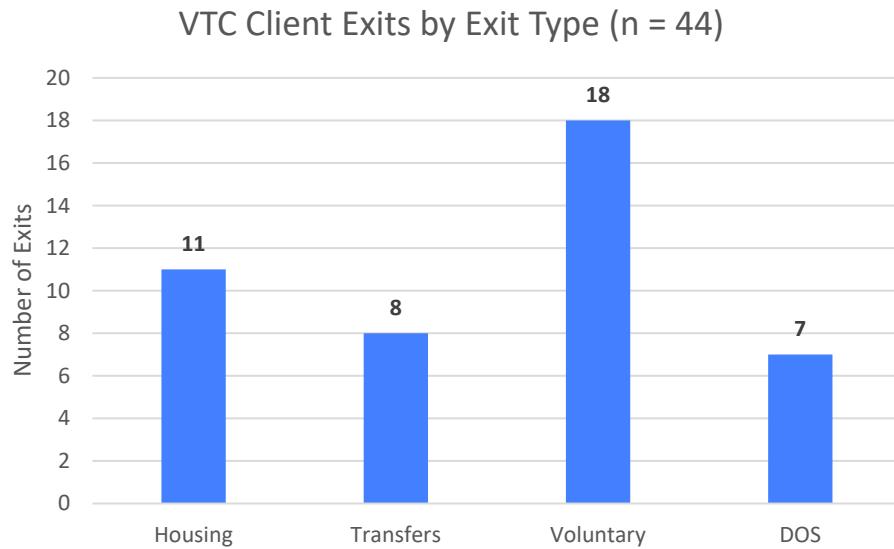
VTC Client Coordinated Entry Assessment Results (n = 75)



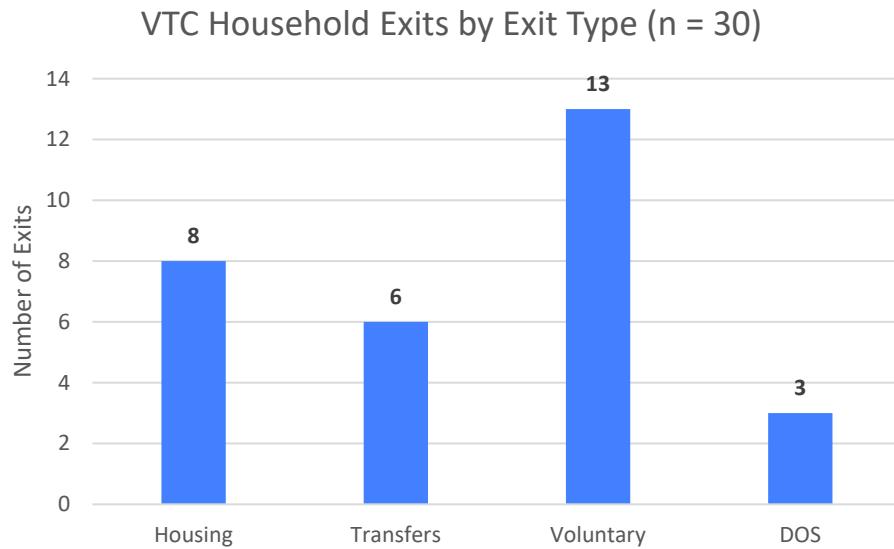
Clients who are Housing Referral Status (whether through an initial assessment or further vulnerability review) are eligible for a housing resource within the portfolio of subsidized housing. Problem Solving status work with case managers on strategies to end their homelessness via job placement, reconnection to families of origin, submitting referrals to the Mayor's Office of Housing and Community Development for affordable housing, relocating to other cities, connecting to medical and/or behavioral health services, etc.

Client Exits

Among the 75 guests served at the VTC, 44 total guests (59%) exited during the year, representing 27 households. Of these exits, 25% of clients exited to housing, the majority of which was subsidized. Two of the exiting guests (one household) exited via Problem Solving. Eight guests had medical needs that could not be properly cared for while they resided in their vehicles. These guests were transferred from the VTC to a stabilization room or Shelter-in-Place hotel. Though they continued to receive case management services via SFHOT, they did not reside at the VTC, and are reflected as "transfers" in the data below.



The majority of exits (57%) were either voluntary or denials of service (DOS). In voluntary exits, clients may or may not indicate a reason or destination and are most commonly noted as due to households leaving the site and not returning for more than 48 hours. Seven clients, representing three households, had a denial of service due to behaviors of one or more household members. Because households typically exit together, the chart above is replicated below showing the total exits by household as opposed to by client.



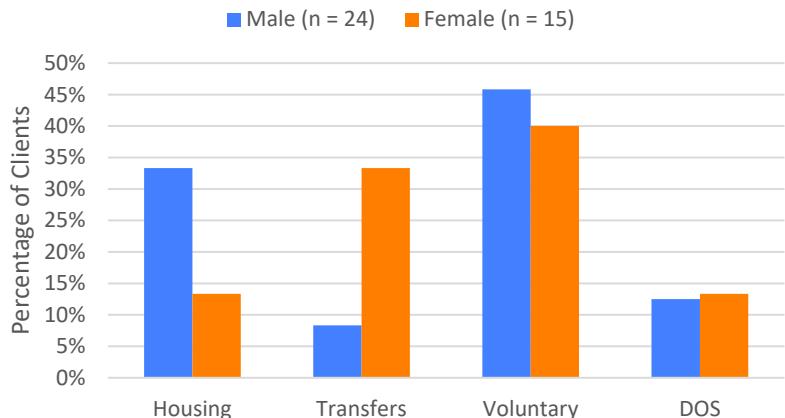
Over the VTC's first year, 73% of its white client population exited the program, compared to 48% percent of its non-white client population. White and non-white guests exited to housing at the same rate. However, white clients were more likely than non-white clients to exit due to denials of service or voluntary reasons.

VTC Client Exit Types and Race/Ethnicity*



Excluding minors—who only exit to follow their adult guardians—male clients that exit the program are over twice as likely as female clients to exit to housing (33% vs 13%). Female clients typically enter and exit the VTC with accompanying partners/children. All single adult female clients who exited the VTC (n=6) either transferred out of the program or voluntarily left.

VTC Adult Exit Types and Gender Identity*



*1 DOS exit not shown. Client gender was not provided.

Average Length of Stay

Clients who exited to housing had an average length of stay of 103 days. Clients who exited voluntarily or due to a DOS had an average length of stay of 39 days. The average length of stay among current clients is 214 days. Public health orders made in response to the COVID-19 emergency (including the closure of some government services like the Social Security Administration) have delayed the housing process, including gathering needed documentation, for Housing Referral Status guests. This may be impacting the observed length of stay among current guests who are identified as Housing Referral Status.

Program Costs

In its first year of operations, the City expended \$1,662,503 to establish and operate the VTC for 75 guests. This equates to \$22,166 per client served in the last year. Costs include \$552,783 in one-time capital expenditures made by DPW for site set-up and \$615,946 in ongoing site operations expenditures established as part of the contract with the site operator.

VTC Program Operating Costs	Total
Contractor Salaries	\$ 493,774
Operating, Subcontracts and Indirect Expenses	\$ 615,946
<i>Subtotal – Operating Costs</i>	<i>\$1,109,720</i>
VTC Capital Costs (one-time)	
DPW Site Set-Up Costs	\$552,783
<i>Subtotal – Capital Costs</i>	<i>\$552,783</i>
Total Costs – Year 1	\$1,662,503

One-time capital expenses include site construction, electrical and utility service setup, and rental of an office trailer, and water tanks.

Operating costs include salaries for contracted staff, costs associated with the subcontractors for other expenses such as phones and uniforms, and indirect costs. The site operator provides 24-hour staffing across three shifts: morning, swing, and night. Staff roles include a site supervisor and deputy supervisor as well as 6.5 full-time equivalent Parking Lot Practitioners to conduct guest engagement, ensure a clean and safe environment, collaboration with SFHOT on intakes and case management. There are typically two Parking Lot Practitioners on each shift.⁷

Considering just ongoing expenditures, the VTC costs \$14,796 per client served over its first year. It should be noted that the number of clients served in the first year was impacted by the COVID pandemic and may not represent the number of clients possible to be served in a year. Another way to evaluate costs is to assess it per parking spot. The VTC has 29 parking spots serving single and multi-person households. Operating costs total \$36,990 per spot, or \$101 per spot per night.

The costs listed above do not include the proportional costs associated with existing SFHOT case managers providing services to the site as part of their duties. HSH has indicated that it would contract for such services in any future sites. Using an existing Navigation Center contract

VTC Operating Costs

\$14,796 per client served in year one

\$38,266 per parking spot

\$105 per parking spot per night

Potential Cost of Case Management

\$4,500 per parking spot (estimate)

⁷ Program operating costs reflect negotiated rates for a single provider and may not reflect the cost to replicate the program, as other contracted providers may have varying salary rates or internal cost structures that would change the overall cost of the program.

as a model, we estimate that incorporating case management support in a future VTC program could add up to \$4,500 per parking spot. The VTC includes 29 parking spots, and this model would have added approximately \$130,000 to the annual operating expense of the program.⁸

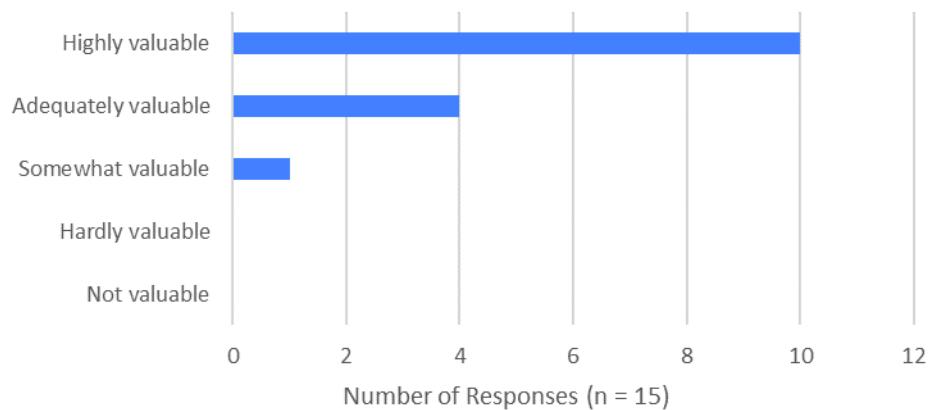
The Controller's Office did not compare the cost of the VTC to other shelter settings, but further comparative analysis could support an assessment of cost effectiveness of the VTC. However, just seven of the total guests at the VTC (9%) had a shelter stay during the two years prior to the launch of the VTC pilot. As such, a comparative cost analysis should acknowledge the distinctions between settings and the clients likely to be served in each.

SUMMARY OF FEEDBACK

Client Feedback

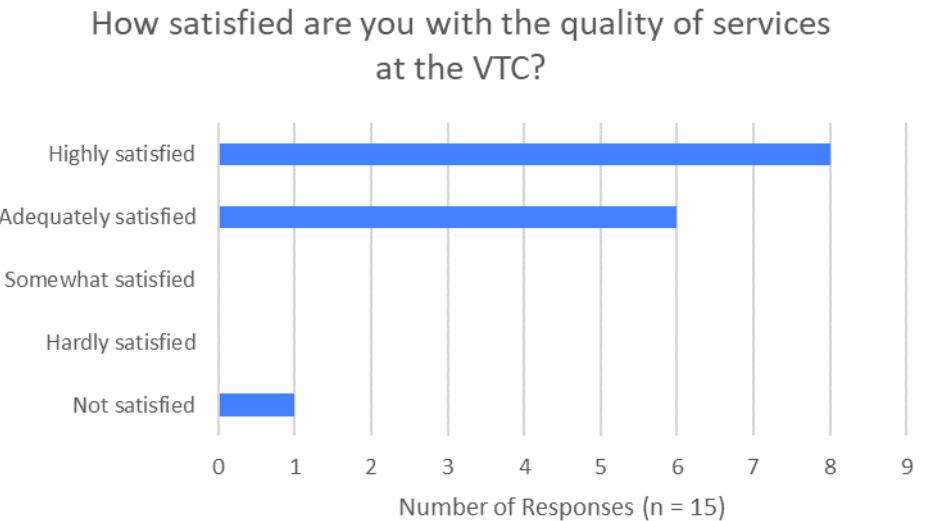
The Controller's Office designed a client survey in Survey Monkey which was administered by SFHOT case management team members to clients in English, Spanish and Tagalog. The survey had a 47% response rate (15 of 32 current VTC clients). The survey included structured and open-ended questions, which have been aggregated and summarized below.

How valuable has the VTC been in helping you achieve stability?



Perceptions of the VTC program were generally positive with the majority respondents indicating that their stay at the VTC has been either highly or adequately valuable in helping them achieve stability. Clients reported that on-site staff are generally helpful, trustworthy, and they contribute to a positive atmosphere. Clients also generally reported that they felt the site was a safe, secure location both for sleeping overnight and for storing their vehicle/belongings. Shower and laundry services were also highlighted as positive aspects of the program.

⁸ The \$4,500 per spot cost is based on the FY19-20 contract budget of a navigation center operating with a 1:25 case manager to bed ratio, plus proportional clinical supervision. An alternate scenario would be to apply the SAFE Navigation Center model to a future VTC program, which operates at a 1:40 case manager to slot ratio, and if this model were applied, it would reduce the cost per spot estimate.



While clients mostly responded that they were highly or adequately satisfied with the quality of services at the VTC, there were some who expressed desires for better electricity and internet access across the site, as well as permanent showers and to be able to cook on-site. Some clients would also like for visitors to be allowed on-site.

Additional Operational Considerations

Interview participants and surveyed guests offered various points of feedback about the VTC that could inform HSH's and the City's decisions about site operations, and/or continuing or replicating the program model.

Cost Projections

Feedback from the DPW site planning lead indicated that site set-up costs depend on several factors including number and the types of parking spaces, the shape and size of the program's physical site, and the level and variety of care provided at the site. Site set-up costs cannot be uniformly predicted, and it is unclear how cost analysis presented in this evaluation would translate to new sites with varied set-up needs. This inability to directly scale costs may also apply to the level of staffing needed to keep a site safe and secure, which depends on lines of sight, number of access points and other site-specific issues.

Client-Centered Approach

Feedback suggests that the program model is client-centered and addresses a specific population's needs. Few guests used the traditional shelter system prior to staying at the VTC, indicating the site may serve a population not otherwise accepting shelter. Input from guests indicates they are satisfied with the services they receive, including positive feedback for the site operator's engagement with guests. For example, the site operator maintains a "client wish list" and connects with the VTC Community Working Group to facilitate donations of food, supplies, and other items to meet client needs.

Community Investment

HSH conducted a robust community engagement process for the Vehicle Triage Center. The process began with HSH working with the District Supervisor's office to identify and set up a meeting with community leaders. HSH complied with Prop I notification requirements including signage posted on the proposed site. A letter was sent to all residents and businesses within 200 feet of the proposed site that included an upcoming public meeting hosted by HSH, District Supervisor's Office and community leaders. Following the public meetings, HSH worked with the District Supervisor's Office to develop a Vehicle Triage Center Community Working Group that included some of the pre-identified community leaders as well as others in the district representing diverse stakeholder groups. This group met monthly starting in October 2019 with HSH, the District Supervisor's Office and the site provider to provide input and ensure commitments to the community and clients were being met. The Community Working Group also supported the Vehicle Triage Center through donations including holiday decorations and gifts, additional supplies during COVID-19 and provided connections to other resources within the district.

Feedback from the VTC Community Working Group community chair indicates that the VTC program benefited from early, community-driven community engagement. The community chair also reported that establishing a community leader as chair of the working group was effective at relieving neighbor's concerns about site safety and security and also promoted donation of supplies to the site.

Case Management Services

The original VTC model did not include case management services. However, the HSH program team identified a need for case management services when designing the program model of the VTC. For the pilot period, the VTC program relies on three case managers and one supervisor, all part of the SFHOT case management team to provide case management services to clients and connect them with housing services and/or benefit programs, including one case manager identified to address the needs of the LatinX population using the VTC. Case managers visit the site weekly or as needed to work with clients, as well as visiting guests who transferred from living in their vehicles to stabilization rooms or other settings to better manage health issues.

Case managers document client needs and support getting clients document ready and connect to the following services: application for public benefits such as general assistance, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) and veterans' benefits; medical services provided by the Department of Public Health's Street Medicine team or other connection to health resources; and enrollment or applications for other affordable housing options.

Case managers support guests to access needed treatment services, including by coordinating with the site operator's on-site practitioners who may flag behavioral health issues clients are manifesting so that referrals to appropriate providers can be made. The site operator's staff addresses client issues and deescalates situations day to day, and the SFHOT case management team conducts additional interventions needed to keep the environment safe for all guests.

The Clinical Lead noted that most vehicularly housed clients want to access the VTC site for safety and respite from the day-to-day harassment and fear of and/or actual violence on the streets, stating that until this daily sense of survival is addressed it is difficult to imagine getting other "higher" needs met like medical and behavioral health. Once people are placed at the VTC, they are initially grateful and

then need to acclimate to the new environment and new case manager before starting to address issues they have had to neglect for survival while living unhoused. The VTC provides the safety and security necessary for attention to wellness to begin.

According to the Clinical Team Lead, finding appropriate housing for VTC guests can be difficult based on the preferences of these individuals. Many tend to live in remote areas of the city away from neighborhoods or busy streets, and guests report wanting similarly calm and quiet settings for housing. Those living in an RV may have their own bathroom, shower and kitchen and also want such amenities in their housing. According to the Clinical Team Lead, many guests at the VTC report that they do not want to live in an SRO in busy downtown areas, which encompasses many of the subsidized options. Case managers support guests staying at the VTC to identify and seek out appropriate housing options.

According to the Clinical Team Lead, due to COVID-19, case managers saw an increased need for addressing isolation and conflict, including domestic violence, as guests were asked to shelter in place and could not access clinics, libraries, restaurants and other places to have space away from their partners or other households. There were very few incidences of violence at the VTC due to the 24/7 onsite supervision provided by the site operator. Safety and having a no tolerance for violence policy was needed to keep the VTC a safe place for everyone.

The program team asserted in interviews that case management services provided as part of the VTC model are valuable and that any future VTC program should include funding case management as an integrated component of the program. As a comparison, Navigation Centers offer case management at a 20:1 ratio. While this ratio is lower than the VTC's pilot model using three SFHOT case managers across 29 households at the site at a given time, Navigation Center case managers are on site full time rather than visiting the site at key intervals. Additionally, HSH staff report that case management included as part of a service contract is better integrated with site monitors to deliver wrap-around guest services. Further analysis is necessary to determine the appropriate level and type(s) of services the VTC model should employ in order to best serve client needs, but it is HSH's recommendation to deliver such services as an embedded part of a site operation contract.