



Our City, Our Home Oversight Committee

Investment Plan For Fiscal Years 20-21, 21-22, 22-23

Adopted at the
May 18, 2021 OCOH Committee Meeting



Contributors and Acknowledgements

The Our City, Out Home Oversight Committee (“OCOH Committee” or “the Committee”) has nine (9) voting members who were all actively engaged in the planning and decision-making processes resulting in the development of this Investment Plan:

- Brett Andrews
- Julia D’Antonio (Vice-Chair)
- Jennifer Friedenbach
- Shaun Haines
- Julie Leadbetter
- Lena Miller
- Cynthia Nagendra
- Ken Reggio
- Shanell Williams (Chair)

Further, the OCOH Committee appointed Committee Members as Liaisons to work closely with City departments, to have deep engagement with the community input processes, and to convene discussions to inform the Committee’s recommendations for specific funding areas:

- Immediate Needs Liaison: Jennifer Friedenbach
- Community Impact and Communication Liaison: Shaun Haines
- Community Impact and Accountability Liaison: Julia D’Antonio
- Systems Modeling/Strategic Investment Plan Liaison: Cynthia Nagendra
- Diversion/Prevention Liaison: Julie Leadbetter
- Housing Inventory and Pipeline Liaison: Ken Reggio
- Behavioral Health Liaison: Brett Andrews

Liaisons and other OCOH Committee members worked very closely with staff from various City Offices and Departments to convene conversations in order to discuss priorities, consider and assess stakeholder input and recommendations, and to shape recommendations for consideration by the Committee. The OCOH Committee especially wishes to thank representatives from the following City departments and offices for their coordination and partnership through these planning processes:

- Office of Mayor London Breed
- Office of the Controller
- Department of Homelessness and Supportive Housing
- Mayor’s Office of Housing and Community Development
- Department of Public Health

The OCOH Committee also wishes to thank Tipping Point Community and Matthew Doherty Consulting for their support with the development of these investment recommendations, preparation of materials for consideration by the Committee, and the preparation of this Investment Plan.



EXECUTIVE SUMMARY

Proposition C, passed by the voters of San Francisco in November 2018, created the Homelessness Gross Receipts Tax to fund the Our City, Our Home (OCOH) Fund, to expand and be complementary to existing funding and strategic efforts to prevent and end homelessness for thousands of San Franciscans. This Investment Plan documents recommended investments that have resulted from planning and input processes rapidly mobilized by the OCOH Oversight Committee since December 2020, including:

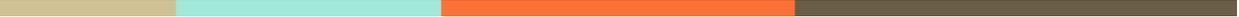
- Robust community input process;
- Extensive efforts of OCOH Committee members serving as liaisons for each of the expenditure categories, supported by Tipping Point Community and Matthew Doherty Consulting;
- Review and analysis of many other existing plans and reports to identify existing community analyses, priorities, gaps, and strategies that should inform OCOH investments decisions¹; and
- Close coordination and communication between Committee members and representatives from City Departments to discuss priorities, proposals, and recommendations.

The recommendations documented within this Investment Plan represent a major accomplishment for the Committee, City Departments, people experiencing homelessness, stakeholders, and advocates from across the community who have worked tirelessly on these issues for years. The investments recommended within this Plan also represent an unprecedented opportunity to better serve San Franciscans who are in crisis and drive progress on homelessness, through:

- A purposeful focus on addressing racial inequities and justice;
- The largest investment ever in the community into a concerted strategy to prevent people from experiencing the crisis of homelessness;
- Expanded crisis services, interim housing, and treatment options tailored to specific populations and communities;
- Resources to support acquisition and development of a new pipeline of hundreds of affordable and supportive housing units; and
- Improved access to behavioral health services and supports for people impacted by substance use and mental health conditions.

Through the community engagement process, the OCOH Committee held seventeen listening sessions during which they heard from over 800 community members. To ensure that people with lived experiences of homelessness had an opportunity to contribute their perspectives, the OCOH Committee sponsored three listening sessions specifically for families experiencing homelessness, and another listening session in conjunction with Glide in which more than 250 people with lived experience completed in-person surveys about their experiences and priorities. Many of the recommendations made within this Investment Plan directly reflect the priorities and concerns shared by the community.

¹ Plans and reports reviewed included: the *Five-Year Strategic Framework* developed by the Department of Homelessness and Supportive Housing; the *Mental Health Reform Plan* developed by the Department of Public Health; the *Stop the Revolving Door* report published by the Coalition on Homelessness; the *Behavioral Health and Homelessness in San Francisco: Needs and Opportunities* report produced by Tipping Point Community and the UCSF Department of Psychiatry; and the Mayor's *Homelessness Recovery Plan*.



The OCOH Committee also engaged in robust planning discussions with City Departments to gain an understanding of their priorities for OCOH funding.

These input processes informed the investment recommendations adopted by the Committee in April and May 2021 for OCOH resources for FYs 20-21, 21-22, and 22-23. At those meetings, the Committee recommended more than \$860 million in OCOH fund investments, across each of the expenditure categories and using projected resources from across those three (3) FYs. These investment recommendations are described in greater detail later within this Plan, and feature:

- **Recommended investments totaling \$508.3 million in Permanent Housing Expenditures**, prioritizing investments into a mix of development activities, Flexible Housing Subsidy Pool resources, Medium-Term Subsidies and Rapid Rehousing supports, and non-time-limited bridge housing for youth. These investments include \$22.5million that the Committee recommended be transferred from the Homelessness Prevention fund balances and used to increase investments into housing acquisition and development activities for adults, families with children, and transition age youth.
- **Recommended investments totaling \$66.4 million into Homeless Shelter Expenditures**, prioritizing investments into a range of different models for sheltering and supporting people, tailored to the needs of different sub-populations of people experiencing homelessness.
- **Recommended investments totaling \$136.39 million into Homelessness Prevention Expenditures**, prioritizing investments into a wide and flexible range of eviction prevention, targeted homelessness prevention, problem-solving/diversion activities, and workforce services and supports.
- **Recommended investments totaling \$150 million into Mental Health Expenditures**, prioritizing investments including, expanding residential treatment bed capacity, including both site acquisition and operations costs; supporting overdose prevention efforts targeting people using on the streets; enhancing access to behavioral health services through Behavioral Health Access Center and through services targeting specific populations and connected to existing settings; and expanding care coordination services for transition age youth.

This Investment Plan also summarizes recommendations from the Committee that were acted on in December 2020, which resulted in investments totaling \$252 million, **bringing the total investment recommendations adopted by the Committee to date to \$1.11 billion.**

BACKGROUND

Overview of Our City, Our Home Funding

Proposition C, passed by the voters of San Francisco in November 2018, created the Homelessness Gross Receipts Tax to fund the Our City, Our Home Fund (OCOH Fund), to expand and be complementary to existing funding and strategic efforts to prevent and end homelessness for thousands of San Franciscans. In order to have the greatest impact, these new funds must be aligned with other local, State, and Federal funding programs and invested into programming utilizing the strongest and best practices, and with a commitment to supporting progress toward racial equity and justice.

As described throughout this Investment Plan, through such intentional alignment, the OCOH Fund resources can support strategic priorities, reform efforts, and other initiatives already explored and prioritized within the community, including goals, strategies, and recommendations contained within the Department of Homelessness and Supportive Housing's Five-Year Strategic Framework; the Department of Public Health's Mental Health Reform recommendations and Mental Health SF implementation; and the Stop the Revolving Door report, which was deeply and directly informed by people experiencing homelessness.

OCOH has four (4) funding areas or "eligible expenditure categories":

1. **Permanent Housing Expenditures:**

- To receive at least 50% of OCOH funding
- Goal of providing permanent housing for 4,000 people

2. **Homeless Shelter Expenditures:**

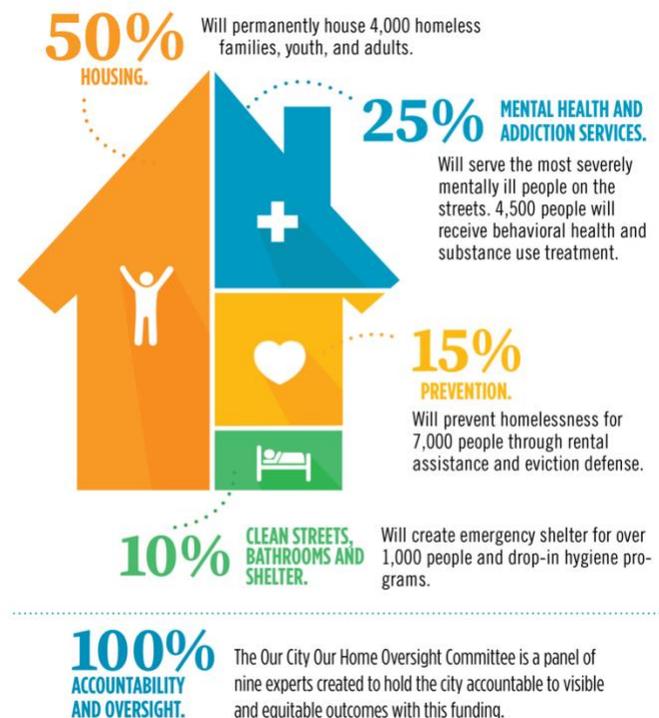
- To receive up to 10% of OCOH Funding
- Goal of creating emergency shelter for over 1,000 people and drop-in hygiene programs

3. **Homelessness Prevention Expenditures:**

- To receive up to 15% of OCOH funding
- Goal of preventing 7,000 people from becoming homeless

4. **Mental Health Expenditures for Homeless Individuals:**

- To receive at least 25% of OCOH funding
- Goal of providing behavioral health and substance abuse treatment for 4,500 people on the street



In addition, up to 3% of resources can be dedicated to administrative expenditures. More details regarding eligible expenditures within each of these areas is provided in the sections that follow, which are organized by these categories. Finally, these funds cannot be used to supplant funding for existing programs funded as of FY 17-18.



The strategic, purposeful use of these OCOH funds, and the pursuit of the OCOH goals described above, will also support progress toward other goals that have been established within the community, including goals from the Department of Homelessness and Supportive Housing’s Strategic Frameworks:

- End family homelessness by December 2022.²
- Reduce chronic homelessness by 50% BY December 2022.
- Reduce youth homelessness by 50% by December 2022.

The recommendations will further support other critical City and community goals, including:

- Support progress toward the **Mental Health Reform performance metric** of increasing number of people placed into permanent supportive housing or other long-term placements.
- Respond to the **Stop the Revolving Door’s survey results** emphasizing the importance of permanent housing for ending homelessness and for supporting people’s treatment and services goals.
- Align with the focus on permanent housing exits within the **SIP Rehousing Plan and Mayor’s Homelessness Recovery Plan**.

The OCOH Committee has had some initial discussions regarding the adoption of specific outcome targets, including equity-focused outcomes and targets, but the Committee has not yet adopted official outcomes or targets for their work.

The OCOH Committee’s Vision, Values, and Strategic Intentions

The OCOH Committee began its work by coming together for a retreat to develop the vision, values, and approach to carrying out its responsibilities as defined by the legislation. Members of the Committee agreed that the primary objective of the body was to develop recommendations to fund an equitable and sustainable homelessness response system that prevents and ends homelessness for thousands of people in San Francisco. The Committee’s approach to the development of their funding recommendations was guided by these values and goals:

- Center equity in recommendations and oversight responsibilities to be responsive to historic, structural, and systemic disparities.
- Develop recommendations in the form of a strategic investment plan that is guided by a comprehensive, data-driven vision for a sustainable and equitable homelessness response and prevention system that ensures homelessness in San Francisco is rare, brief, and one-time, rather than funding siloed proposals or programs that aren’t aligned with this vision.
- Prioritize recommendations that align with the Housing First approach to system and program design that recognizes permanent housing as the solution to homelessness with low-barrier and individualized services.
- Develop recommendations that facilitate system flow by pairing temporary interventions and services such as shelter, safe sleep sites, and behavioral health services with permanent housing solutions.
- Conduct a comprehensive, inclusive, and transparent community member and City Department input process to understand priorities of a wide range of stakeholders.

² The OCOH legislation and the Committee’s work includes a broader definition of families experiencing homelessness than used in the Strategic Framework.

- Seek out, listen, and be guided by the experiences and voices of people with lived expertise of homelessness and housing instability.
- Collaborate with City Departments and relevant stakeholders to develop recommendations.
- Prioritize OCOH funds for the most strategic uses with consideration of how to most effectively leverage and fill gaps of other local, state, and federal funds.
- Develop and evaluate outcomes and benchmarks to create transparency.
- Communicate clearly and regularly to the public about the Committee’s work and progress towards stated goals

Equity and Justice Goals

From the outset, the OCOH Committee prioritized ensuring that their investment recommendations embed equity and promote justice, particularly for Black and LGBTQ+ individuals who are disproportionately over-represented in San Francisco’s homeless population. While the Committee is still working on specific goals to reduce disparities for Black and LGBTQ+ individuals, they have already made recommendations that are designed to promote a more equitable response system.

The Committee has done so by prioritizing populations that are disproportionately impacted and/or face the greatest barriers to accessing housing and services through San Francisco’s homelessness response system. For example, by focusing investments in neighborhoods with the highest concentrations of Black residents and on strategies intended to reach individuals with criminal justice histories, the Committee hopes that their recommendations will result in a decrease in racial disparities.

Similarly, by making a specific investment for increased behavioral health services for transgender individuals, the Committee hopes that their investments will help support a reduction in the trauma that many trans people experiencing homelessness face. The Committee also plans to request disaggregated data by race and sexual identity/orientation so that they can monitor whether their investments are having the desired impact.

Details about specific equity and justice investments are described below.

Intentions of this Investment Plan

This Investment Plan documents the detailed and specific recommendations for the investment of OCOH Fund resources for FYs 20-21, 21-22, and 22-23 adopted by the OCOH Oversight Committee at their April 20, 2021 and May 3, 2021 meetings, across each of the eligible expenditure categories:

- Permanent Housing Expenditures
- Homelessness Prevention Expenditures
- Homeless Shelter Expenditures
- Mental Health Expenditures for Homeless Individuals

Further, in order to align these recommendations with existing community plans and priorities, when possible, these funding recommendations are organized by the following population categories:

- General / Adult Population
- Transition Age Youth Population
- Families with Children Population

When possible, this Plan also describes the outcomes or outputs projected to be achieved through the recommended investments. Further, the Plan documents input provided through community

stakeholder processes, how the recommended investments are informed by equity and justice goals, and how they align with by City Departments, and with identified gaps and strategic priorities within the community.

The rapid mobilization into the community of the significant scale of resources within this Investment Plan, across a wide range of critically important activities, can be expected to create very significant capacity challenges, which could delay deployment of resources and assistance reaching people in crisis, as quickly as needed. In its oversight role, the Committee will discuss mechanisms for tracking expenditures and progress toward the projected outcomes documented in this Investment Plan.

Projected Our City, Our Home Funding Available

Table 1 (below) summarizes the fund balances projected to be available through the OCOH Fund for each of these expenditure categories for FY 20-21, FY 21-22, and FY 22-23. The balances projected in this table are prior to the release of any investments approved in December 2020 and prior to any Advance Repayments subtracted from OCOH Fund balances to pay for costs previously incurred by the City, as described in more detail in section below.³ As of the date of this report, the full Committee has not received detailed information regarding expenses toward which those Advance Repayments have been applied.

TABLE 1: OCOH FUNDING PROJECTED TO BE AVAILABLE FOR ALL EXPENDITURE CATEGORIES FOR FYs 20-21, 21-22, AND 22-23 (PROJECTED)			
EXPENDITURE CATEGORY	Balances FY 20-21	Balances FY 21-22	Balances FYs 22-23
<i>Permanent Housing Expenditures (At least 50%)</i>	At least \$337.5 million	At least \$166.2 million	At least \$176.8 million
<i>Homeless Shelter Expenditures (Up to 10%)</i>	Up to \$67.5 million	Up to \$33.2 million	Up to \$35.4 million
<i>Homelessness Prevention Expenditures (Up to 15%)</i>	Up to \$101.2 million	Up to \$49.9 million	Up to \$53.0 million
<i>Mental Health Expenditures for Homeless Individuals (At least 25%)</i>	At least \$168.7 million	At least \$83.1 million	At least \$88.4 million
<i>Administrative Expenditures (Up to 3%)</i>	\$0	Estimated at \$3.25 million	Estimated at \$3.5 million
TOTALS:	\$675.0 million	\$335.6 million	\$357.1 million

³ The projected fund balances throughout this Investment Plan have been revised to reflect the OCOH Committee's recommendation, adopted at their May 18, 2021 meeting, for funds available for Administrative Expenditures to be increased from \$2.5 million to \$3.25 million in FY 21-22 and from \$2.5 million to \$3.5 million in FY 22-23, in order to have more financial resources available to support robust processes for engaging people with lived experiences of homelessness and for continuing to gather community input to inform Committee activities.



COMMUNITY INPUT INTO THE DEVELOPMENT OF THIS INVESTMENT PLAN

The OCOH Committee led an inclusive engagement process to hear directly from a wide range of community members about the barriers that San Franciscans face in exiting homelessness, and the strategies and interventions that they think the OCOH Committee should prioritize for funding.

The OCOH Committee hosted community meetings designed intentionally as listening sessions. Any community member, group, or organization was invited to host listening sessions that could include staff, people with lived experience, and other interested community members. The OCOH Committee also did wide stakeholder outreach to encourage community members to provide input through listening sessions, surveys, and 1-1 meetings. At listening sessions, OCOH Committee members provided only brief updates on the Committee process, and most of each session's time was devoted to gathering feedback in response to versions of three main questions:

- What interventions should the OCOH Committee prioritize for funding
- What barriers do individuals and nonprofit service providers face; and
- What strategies are working well and should be scaled

Consistent with its intent to make funding recommendations that center equity, the OCOH Committee also asked for input on ways to reduce disparities based on race, sexual orientation, and gender identity.

The OCOH Committee held seventeen listening sessions during which they heard from over 800 community members. To ensure that people with lived experience of homelessness had meaningful opportunities to contribute their perspectives, the OCOH Committee sponsored three listening sessions specifically for families experiencing homelessness, and another listening session in conjunction with Glide in which more than 250 people with lived experience were surveyed through in-person interviews about their experiences and priorities.

In addition to identifying challenges, the OCOH listening sessions resulted in dozens of recommendations across the OCOH funding priorities: housing, behavioral health, prevention, and shelter/hygiene. Notably, there was widespread agreement that the OCOH Committee should prioritize:

1. Permanent housing solutions
2. A wider range of housing and prevention options that meet people where they are, not where we expect them to be
3. Interventions that are flexible in design and duration, and approaches are individualized to each household, in recognition that a one-size-fits-all approach does not work
4. Services that address the true needs of clients, particularly individuals with higher acuity or individuals who require only "light touch" services. Many community members expressed concern that our system does not serve either of these populations well.

Highlights and important themes of recommendations for each of the OCOH funding categories are summarized in sections below. A full summary of these processes, and the feedback and recommendations generated, [Our City, Our Home Oversight Committee Community Input Sessions Summary Report](#), is included as Attachment E to this Plan.



INVESTMENT PLAN RECOMMENDATIONS FOR FYs 20-21, 21-22, AND 22-23

This Investment Plan documents the detailed and specific recommendations for the investment of OCOH Fund projected resources from FYs 20-21, 21-22, and 22-23 adopted by the OCOH Committee at their April 20, 2021 and May 3, 2021 meetings, across each of the eligible expenditure categories

- Permanent Housing Expenditures
- Homeless Shelter Expenditures
- Homelessness Prevention Expenditures
- Mental Health Expenditures for Homeless Individuals

PERMANENT HOUSING EXPENDITURES

Permanent Housing Expenditures are to receive at least 50% of OCOH funding, with the goal, over time, of providing permanent housing for 4,000 people.

Eligible Permanent Housing Expenditures include: Uses that help homeless adults, families, or youth, including but not limited to homeless persons with mental illness or addiction, permanently exit homelessness and secure permanent housing. Uses are limited to:

- Short-term rental subsidies of five years or less. (Up to 12% of resources can be invested into such uses.)
- Permanent supportive housing, including costs for construction, acquisition, rehabilitation, lease, preservation, and operations.
- New acquisition or master lease of SRO units/buildings and associated protection of extremely low and very low-income households (with incomes of up to 50% of Area Median Income), including costs for acquisition, rehabilitation, master leasing (in which nonprofit or government entity lease units and re-lease to residents), and operations.
- Long-term rental subsidies of longer than five years

Table 2 (below) summarizes the OCOH fund balances projected to be available from FY 20-21, FY 21-22, and FY 22-23 resources for Permanent Housing Expenditures. The balances projected in this table are prior to the release of any investments and prior to any Advance Repayments subtracted from OCOH Fund balances.

TABLE 2: OCOH FUNDING AVAILABLE FOR PERMANENT HOUSING EXPENDITURES FOR FYs 20-21, 21-22, AND 22-23 (PROJECTED)			
EXPENDITURE CATEGORY	Balances FY 20-21	Balances FY 21-22	Balances FYs 22-23
<i>Permanent Housing Expenditures:</i> GENERAL	Up to \$185.6 million	Up to \$91.4 million	Up to \$97.2 million
<i>Permanent Housing Expenditures:</i> FAMILIES AND YOUTH UNDER 18 (At least 25%)	At least \$84.4 million	At least \$41.5 million	At least \$44.2 million
<i>Permanent Housing Expenditures:</i> TRANSITION AGE YOUTH (At least 20%)	At least \$67.5 million	At least \$33.2 million	At least \$35.4 million
<i>Permanent Housing Expenditures:</i> TOTAL	At least \$337.5 million	At least \$166.2 million	At least \$176.8 million
<i>Used for Short-term Rental Subsidies (up to 12%)</i>	Up to \$40.5 million	Up to \$19.9 million	Up to \$21.2 million

Previous Investments and Advance Repayments

These fund balances were reduced through decisions regarding Permanent Housing Expenditures made in December 2020, including investments totaling \$55.2 million into:

- **Operating costs for new Homekey projects**, totaling \$8.2 million from projected resources across the three (3) FYs.
- **Flexible Housing Subsidy Pool resources** projected to serve:
 - Approximately 325 adults, totaling \$30.9 million from projected resources across the three (3) FYs.
 - Approximately 50 family households, totaling \$4.3 million from projected resources across the three (3) FYs.
 - Approximately 20 transition age youth, totaling \$2.0 million from projected resources across the three (3) FYs.
- **Medium-Term Subsidies and Workforce Services** projected to serve approximately 165 adults, totaling \$16.9 million from projected resources across the three (3) FYs.
- **Department of Homelessness and Supportive Housing operating costs** totaling \$0.4 million in FY 20-21 resources.
- **Rapid Rehousing Expansion** projected to serve approximately 60 transition age youth, totaling \$3.3 million from projected resources across the three (3) FYs.

- **One-time Housing Frontline Worker Pay Bonuses**, totaling \$6.5 million in FY 20-21 resources.

Fund balances available for Permanent Housing Expenditures were further reduced by the deduction of Advance Repayments to pay for costs previously incurred by the City, totaling \$91.9 million in FY 20-21 resources. As of the date of this report, the full Committee has not received detailed information regarding expenses toward which those Advance Repayments have been applied.

Priorities and Recommendations Identified through Community Stakeholder Input Processes

Input gathered through community stakeholder engagement processes focused on the following themes and recommendations across all populations experiencing homelessness:

- Fund **more permanent housing**, including developments of various sizes, created through a variety of mechanisms (permanent subsidies, acquisitions, etc.), in a variety of neighborhoods, implementing low-barrier approaches, and including strategies that will provide improved access for BIPOC households, for trans people, for families with children, and for transition age youth.
- Expand the **flexible housing subsidy pool** to provide a flexible array of longer-term subsidies and other assistance to support access to private-market housing in a variety of neighborhoods, to support people to be able to stay in their neighborhoods.
- Provide **time-limited subsidies**, with timeframes tailored to support success, targeted to specific populations, such as people impacted by the justice system, people exiting treatment programs, and survivors of domestic and intimate partners violence, and bridge housing programs with strong focus on supporting successful exits to permanent housing.
- Support the availability of **culturally competent services to support people after they are connected to housing**, including on-site treatment or care options.

See more details regarding recommendations within the [Our City, Our Home Oversight Committee Community Input Sessions Summary Report](#), included as Attachment E to this Plan.

Recommendations for Investments Adopted at April and May OCOH Committee Meetings

A detailed table is included as Attachment A to this Plan which documents the recommendations for investments into Permanent Housing Expenditures adopted by the OCOH Committee at their April 20, 2021 and May 3, 2021 meetings.

At those meetings, the Committee recommended investments totaling \$508.3 million into Permanent Housing Expenditures and prioritized investments into a mix of development activities, Flexible Housing Subsidy Pool resources, Medium-Term Subsidies and Rapid Rehousing supports, and non-time-limited bridge housing for youth. These investments include \$22.5 million that the Committee recommended be transferred from the Homelessness Prevention fund balances and used to increase recommended investments into housing acquisition and development activities for adults, families with children, and transition age youth.

The Committee's recommended Permanent Housing investments include:

- **General / Adult Population:**
 - **Acquisition, rehabilitation, and operations of Homekey and other new Permanent Supportive Housing projects**, recommending investment of \$122.7 million into acquisition/rehab of and

estimated 612-712 units, and \$20.8 million in operations and services for nearly 1,000 units, using projected resources from across the three (3) FYs. These funding investments assume that these resources will be leveraged with other capital resources, but seek to provide adequate funding for operations and services given the challenges of leveraging other resources for such costs.

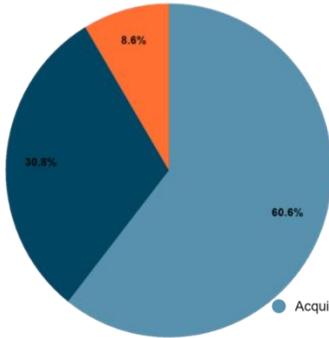
- **Flexible Housing Subsidy Pool resources** to house approximately 650 Shelter-in-Place hotel residents and 300 other unhoused persons, non-SIP residents, including but not limited to people staying in Safe Sleeping Villages, treatment settings, shelters, or who are unsheltered, totaling \$73.0 million from projected resources across the three (3) FYs.
- **Medium-term Subsidies and Workforce Programming** to serve approximately 185 SIP hotel residents and 50 people with justice-system involvement, totaling \$20.3 million from projected resources across the three (3) FYs.
- **Transition Age Youth Population:**
 - **Acquisition, rehabilitation, and operations of new Permanent Supportive Housing projects and bridge housing units**, recommending investments totaling \$94.6 million into acquisition/rehab of an estimated 225 units (including 25 bridge housing units) and \$10.1 million in operations and services for an estimated 244 units, using projected resources from across the three (3) FYs.
 - **Flexible Housing Subsidy Pool resources** to house approximately 50 sheltered or unsheltered transition age youth, totaling \$6.2 million from projected resources across the three (3) FYs.
 - **Rapid Rehousing and Workforce Services** to house and serve approximately 80 sheltered or unsheltered transition age youth, totaling \$7.5 million from projected resources across the three (3) FYs.
 - **Non-Time-Limited Bridge Housing** with capacity to serve 25 transition age youth at a time, totaling \$3.4 million from projected resources across the three (3) FYs.
- **Families with Children:**
 - **Acquisition, rehabilitation, new construction, and operations of new Permanent Supportive Housing projects**, recommending investment of \$105.7 million into acquisition/rehab/new construction for an estimated 350 – 450 units, and \$9.4 million in operations and services for an estimated 250 units expected to be on-line by FY 22-23, using projected resources from across the three (3) FYs. These funding recommendations assume that these resources will be leveraged with other capital resources, but seek to provide adequate funding for operations and services given the challenges of leveraging other resources for such costs.
 - **Flexible Housing Subsidy Pool resources** to house approximately 300 currently unsheltered families, sheltered families, and families in SROs, totaling \$24.4 million from projected resources across the three (3) FYs.

General/Adult Pop (in millions)

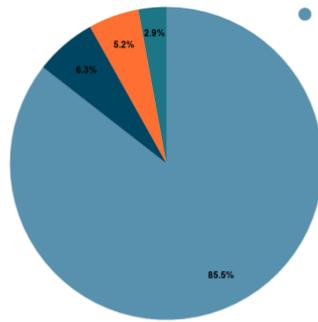
TAY (in millions)

Families with Children (in millions)

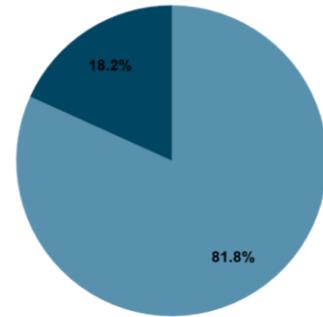
● Acquisition, rehabilitation, and operations of Homekey and other new PSH, \$143.5
 ● Flex Pool, \$73 ● Med-term Subsidies and workforce programming, \$20.3



● Acquisition, rehabilitation, and operations of Homekey and other new PSH, \$101.1
 ● Rapid Rehousing and Workforce Services, \$7.5 ● Flex Pool, \$6.2
 ● Non-Time-Limited Bridge Housing, \$3.4



● Acquisition, rehabilitation, and operations of Homekey and other new PSH, \$109.4
 ● Flex Pool, \$24.4



Alignment of Recommended Investments with Equity and Justice Goals

For the General Population/Adults, the Committee recommended funding rapid rehousing vouchers for 50 people with criminal justice histories. This recommendation is important for several reasons. First, San Francisco’s jail population is even more disproportionately Black than its homelessness response system. Therefore, creating a dedicated funding stream for justice-involved individuals is more likely to help individuals who are Black, which, in turn, could help reduce racial disparities in the homelessness response system. Second, evidence shows that justice-involved individuals face more barriers to accessing housing. As a result, many of the “housing” options available for people exiting jail are short-term in nature, e.g., shelter or transitional housing. There are very few opportunities for justice-involved individuals to secure medium-term subsidies. By prioritizing this population for housing subsidies, the OCOH Committee has addressed a critical need and done so in a way likely to support Black San Franciscans.

Alignment with Department Proposals and with Community’s Strategic Priorities

The recommendations approved by the OCOH Committee in April and May 2021 are aligned with recommendations and proposals provided by City Departments in most areas, with areas of difference including:

- The Committee recommended a slightly lower investment into operating costs for sites funded through ERAF grant funded in 2020 that was proposed by HSH as match for those grant resources.
- The Committee recommended investment into Flexible Housing Subsidy Pool to support the rehousing of approximately 300 unhoused people, including people staying in Safe Sleeping Villages, exiting treatment, shelter, or streets, although HSH only proposes 100 subsidies for this purpose..
- The Committee recommended investments into Medium-term Subsidies and Workforce Programming to serve 50 people with justice-system involvement, which was not requested by City departments.
- The Committee recommended a transfer of \$22.5 million from the Homelessness Prevention fund balances and used to increase recommended investments into housing acquisition and development activities. Departments adopted this approach at the recommendation of the Committee, but transferred less funding than the Committee’s plan recommends, at \$10.1 million.

Collectively, all of the investments recommended by the Committee in December 2020, April 2021, and May 2021 meeting will drive substantial progress toward the OCOH goal of providing 4,000 exits to permanent housing.

HOMELESS SHELTER EXPENDITURES

Homeless Shelter Expenditures are to receive up to 10% of OCOH funding, with the goal, over time, of creating emergency shelter for over 1,000 people and drop-in hygiene programs.

Eligible Homeless Shelter Expenditures include: Uses that help Homeless adults, families, or youth, including but not limited to Homeless persons with mental illness or addiction, secure short-term residential shelter and fund hygiene programs. Including but not limited to:

- Navigation Centers
- Shelters
- Hygiene - any program for those who do not have access to facilities that provides:
 - Bathrooms
 - Handwashing stations
 - Showers

Table 3 (below) documents the OCOH fund balances projected to be available from FY 20-21, FY 21-22, and FY 22-23 resources for Homeless Shelter Expenditures. The balances projected in this table are prior to the release of any investments and prior to any Advance Repayments subtracted from OCOH Fund balances.

TABLE 3: OCOH FUNDING AVAILABLE FOR HOMELESS SHELTER EXPENDITURES FOR FYs 20-21, 21-22, AND 22-23 (PROJECTED)			
EXPENDITURE CATEGORY	Balances FY 20-21	Balances FY 21-22	Balances FYs 22-23
<i>Homeless Shelter Expenditures (Up to 10%)</i>	Up to \$67.5 million	Up to \$33.2 million	Up to \$35.4 million

Previous Investments and Advance Repayments

These fund balances were reduced through decisions regarding Homeless Shelter Expenditures made in December 2020, including investments totaling \$25.9 million into:

- **COVID-19-focused activities, including SIP hotels, Safe Sleep sites, and trailer sites**, totaling \$23.6 million in FY 20-21 resources.
- **One-time Shelter/Hygiene Frontline Worker Pay Bonuses**, totaling \$2.3 million in FY 20-21 resources.

Fund balances available for Homeless Shelter Expenditures were further reduced by the deduction of Advance Repayments to pay for costs previously incurred by the City, totaling \$46.2 million in FY 20-21 resources. As of the date of this report, the full Committee has not received detailed information regarding expenses toward which those Advance Repayments have been applied.

Priorities and Recommendations Identified through Community Stakeholder Input Processes

Input gathered through community stakeholder engagement processes included a strong focus on the following themes and recommendations across all populations experiencing homelessness:

- Expanded **sheltering options, across a full range of non-congregate models**, with increased, trauma-informed services, and that can provide same-day access.
- Ensure there are **sheltering options tailored and targeted to specific populations**, including justice-system involved people, women, LGBTQIA+ community, survivors of domestic and intimate partner violence, families with children, and transition age youth.
- Provide **continued access to hotel settings as shelter options**, including through emergency vouchers for families with children.
- Increase **sheltering options dedicated to transition age youth in wider range of neighborhoods**, away from Tenderloin neighborhood.
- Address people's basic needs through **expanded outreach and facilities** for showers, laundry, and toilets.

See more details regarding recommendations within the [Our City, Our Home Oversight Committee Community Input Sessions Summary Report](#), included as Attachment E to this Plan.

Recommendations for Investments Adopted at April and May OCOH Committee Meetings

A detailed table is included as Attachment B to this Plan which documents the recommendations for investments into Homeless Shelter Expenditures adopted by the OCOH Committee at their April 20, 2021 and May 3, 2021 meetings.

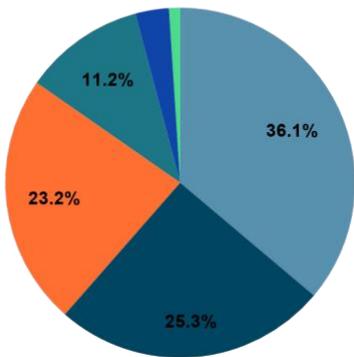
At those meetings, the Committee recommended investments totaling \$66.4 million into Homeless Shelter Expenditures, and prioritized investments into a range of different models for sheltering and supporting people, tailored to the needs of different sub-populations of people experiencing homelessness, as follows:

- **General / Adult Population:**
 - **Trailer Program** providing access to an estimated 120 trailers, totaling \$14.7 million in from projected FY 21-22 and FY 22-23 resources.
 - **Safe Sleep sites**, beginning at 190 program slots and reducing to 63 program slots in FY 22-23, totaling \$21.0 million from projected FY 21-22 and FY 22-23 resources.
 - **Navigation Center Operations** for an estimated 498 beds, including Bayview SAFE, TAY Navigation Center, and Division Circle Navigation Center, totaling \$13.5 million from projected FY 22-23 resources.
 - **Navigation Center for Justice-Involved Adults**, providing services funding for 50 program slots, totaling \$1.8 million from projected FY 21-22 and FY 22-23 resources, and leveraging other funding for facility costs.
 - **Safe Parking Site in Bayview**, providing 100 program slots, totaling \$10.0 million from projected FY 21-22 and FY 22-23 resources, including \$3 million for capital costs and \$3.5 million for operating and services costs per year.

- **Hotel Vouchers for Survivors of Domestic Violence**, providing up to 5 hotel rooms per night, totaling \$600,000 from projected FY 21-22 and FY 22-23 resources.
- **Families with Children:**
 - **Drop-in Shelter for Families**, providing respite opportunities for 40 families at a time, totaling \$3.6 million from projected FY 21-22 and FY 22-23 resources.
 - **Hotel Vouchers for Pregnant People and Families**, providing up to 10 hotel rooms per night, totaling \$1.2 million from projected FY 21-22 and FY 22-23 resources.

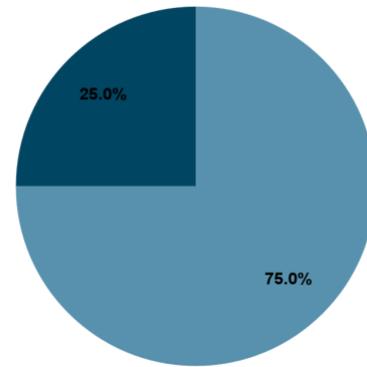
General/Adult Pop (in millions)

● Safe Sleep sites, \$21
 ● Trailer Program, \$14.7
 ● Navigation Center Operations, 13.5
● Safe Parking Site in Bayview, \$6.5
 ● Naivation center for Justice-Involved Adults, 1.8
● Hotel Vouchers for Survivors of Domestic Violence, \$0.6



Families with Children (in millions)

● Drop-in Shelter for Families, \$3.6
 ● Hotel Vouchers for Pregnant People and Families, \$1.2



Alignment of Recommended Investments with Equity and Justice Goals

The Committee made several shelter investment recommendations with an eye toward fostering greater equity. First, the Committee recommended funding the continuation of the RV park in the Bayview, and also made a recommendation to create a 100-vehicle Safe Parking Site, also to be located in the Bayview. The Bayview neighborhood has one of the largest concentrations of Black residents in San Francisco, the second largest homeless count by District, but very few housing and homelessness resources . By recommending that the Safe Parking Site be located in the Bayview, the Committee hopes to enable more Black homeless residents to exit unsheltered homelessness and remain in the neighborhood where they currently reside (and likely have resided for a long time).

The OCOH Committee recommended funding the creation of a navigation center for justice-involved individuals. Currently, many people are discharged from jail at night or during other times in which they are unable to access shelter or services. The navigation center would be open 2/47 and be staffed by people who are experts at working with homeless people who are justice-involved, thereby increasing the likelihood that they could provide the type of support that would allow the navigation center residents to secure housing and supportive services.

The implementation of expanded shelter capacity through these investments can be aligned with **Stop the Revolving Door’s survey results and recommendations** regarding low-barrier emergency shelters with services people most want and need, including housing case management and general case

management. These investments also create opportunities to expand shelter options for transgender people, an important recommendation within the **Stop the Revolving Door report**.

Alignment with Department Proposals and with Community's Strategic Priorities

The recommendations approved by the OCOH Committee in April and May 2021 are aligned with recommendations and proposals provided by City Departments in most areas, with some small differences in recommended funding levels for some investment and with the most significant areas of difference including:

- The committee recommended funding \$13.5 million to support operating costs for 498 Navigation Center beds, while the City Department proposal included \$16.5 million to support 553 Navigation Center beds.
- The Committee recommended the investment into a Navigation Center for Justice-Involved Adults, providing services funding for 50 program slots, which was not proposed by City Departments.
- The Committee recommended the investments into Hotel Vouchers for Survivors of Domestic Violence, and Hotel Vouchers for Pregnant People and Families, which were not proposed by City Departments.

HOMELESSNESS PREVENTION EXPENDITURES

Homelessness Prevention Expenditures are to receive up to 15% of OCOH funding, with the goal, over time, of preventing 7,000 people from becoming homeless.

Eligible Homelessness Prevention Expenditures include: Services to those at risk of becoming homeless or have recently become homeless limited to:

- Financial, utility, and/or rental assistance
- Flexible funding (e.g. security deposit, expenses necessary to maintain housing)
- Short-term case management
- Conflict mediation
- Legal representation in eviction cases
- Connection to mainstream services (e.g. services from public benefit agencies)
- Housing search assistance
- Assistance to newly homeless families and individuals to identify immediate alternate housing arrangements

Table 4 (below) documents the OCOH fund balances projected to be available from FY 20-21, FY 21-22, and FY 22-23 resources for Homelessness Prevention Expenditures. The balances projected in this table are prior to the release of any investments and prior to any Advance Repayments subtracted from OCOH Fund balances.

TABLE 4: OCOH FUNDING AVAILABLE FOR HOMELESSNESS PREVENTION EXPENDITURES FOR FYs 20-21, 21-22, AND 22-23 (PROJECTED)			
EXPENDITURE CATEGORY	Balances FY 20-21	Balances FY 21-22	Balances FYs 22-23
<i>Homelessness Prevention Expenditures (Up to 15%)</i>	Up to \$101.2 million	Up to \$49.9 million	Up to \$53.0 million

Previous Investments and Advance Repayments

These fund balances were reduced through decisions regarding Homelessness Prevention Expenditures made in December 2020, including investments totaling \$3.4 million into:

- **Problem Solving Plus Emergency Rental Assistance**, providing problem-solving flexible grants and up to \$15,000 per client emergency housing subsidy, targeted to SIP hotel clients, to serve approximately 125 people, totaling \$2.1 million in FY 20-21 resources.
- **One-time Prevention Provider Frontline Worker Pay Bonuses**, totaling \$1.3 million in FY 20-21 resources.

Fund balances available for Homelessness Prevention Expenditures were further reduced by the deduction of Advance Repayments to pay for costs previously incurred by the City, totaling \$41.8 million in FY 20-21 resources. As of the date of this report, the full Committee has not received detailed information regarding expenses toward which those Advance Repayments have been applied.

Priorities and Recommendations Identified through Community Stakeholder Input Processes

Input gathered through community stakeholder engagement processes focused on the following themes and recommendations across all populations experiencing homelessness:

- **Expansion of homelessness prevention assistance, supported through flexible forms of financial assistance addressing a range of costs and debts**, reaching targeted populations and neighborhoods facing the greatest risks, and tailored to different situations, safety concerns, and levels of need.
- **Provide expanded access to flexible problem-solving assistance, services, and supports for people who have recently lost housing**, available through access points but also through community based organizations, including options readily accessible to transition age youth.
- **Increased eviction prevention and housing stabilization assistance, legal services, and supports**, including for non-lease holders, people with prior experiences of homelessness, and other highest-risk households.
- **Supporting access to workforce training, employment programs, and job placement services** for people receiving housing assistance,
- **Implement small-site acquisition strategies to preserve units** currently available to ELI and at-risk families and youth.

See more details regarding recommendations within the [Our City, Our Home Oversight Committee Community Input Sessions Summary Report](#), included as Attachment E to this Plan.

Recommendations for Investments Adopted at April and May OCOH Committee Meetings

A detailed table is included as Attachment C to this Plan which documents the recommendations for investments into Homelessness Prevention Expenditures adopted by the OCOH Committee at their April 20, 2021 and May 3, 2021 meetings.

At those meetings, the Committee recommended investments totaling \$136.39 million into Homelessness Prevention Expenditures, and prioritized investments into a wide and flexible range of eviction prevention, homelessness prevention, problem-solving/diversion activities, and workforce services and supports. Further, the Committee that \$22.5 million be transferred from the Homelessness Prevention fund balances and used to increase recommended investments into housing acquisition and development activities for adults, families with children, and transition age youth with the Permanent Housing Expenditure category, as follows:

The Committee's recommended Homelessness Prevention investments include:

- **General / Adult Population:**
 - **Targeted Homelessness Prevention services for all populations**, providing flexible financial assistance and supportive services for an estimated 2,000 people, totaling \$50.0 million from projected FY 21-22 and FY 22-23 resources.
 - **Eviction Prevention and Housing Stabilization services for all populations**, providing legal services, emergency rental assistance, and a range of supportive services for an estimated 3,000 people, totaling \$33.0 million from projected FY 21-22 and FY 22-23 resources.
 - **Problem-Solving Plus services**, to support rehousing of 125 SIP hotel residents, totaling \$2.1 million from projected FY 21-22 resources.
 - **Problem-Solving, Diversion, Rapid Exit, and other related services**, providing flexible options for addressing needs of adults who have already lost housing or will stay in shelter or outside immediately, if not assisted, as follows:
 - For 266-4,000 adults, totaling \$4.0 million from projected FY 21-22 and FY 22-23 resources.
 - For 133 – 2,000 justice system-involved people, totaling \$2.0 million from projected FY 21-22 and FY 22-23 resources.
 - For at least 416 Veterans, totaling \$6.24 million from projected FY 21-22 and FY 22-23 resources.
 - **Workforce services and supports to support housing stability among adults**, serving an estimated 400-6000 people, totaling \$6.0 million from projected FY 21-22 and FY 22-23 resources.
 - **Legal and Support Services to Secure Disability Income**, supporting people to retain and secure variety of benefits for which they are eligible, totaling \$3,500,000 from projected FY 22-23 resources.
 - **Increased health and behavioral health services people being housed in permanent supportive housing units**, in order to support their successful tenancy, totaling \$7.05 million from projected FY 21-22 and FY 22-23 resources.

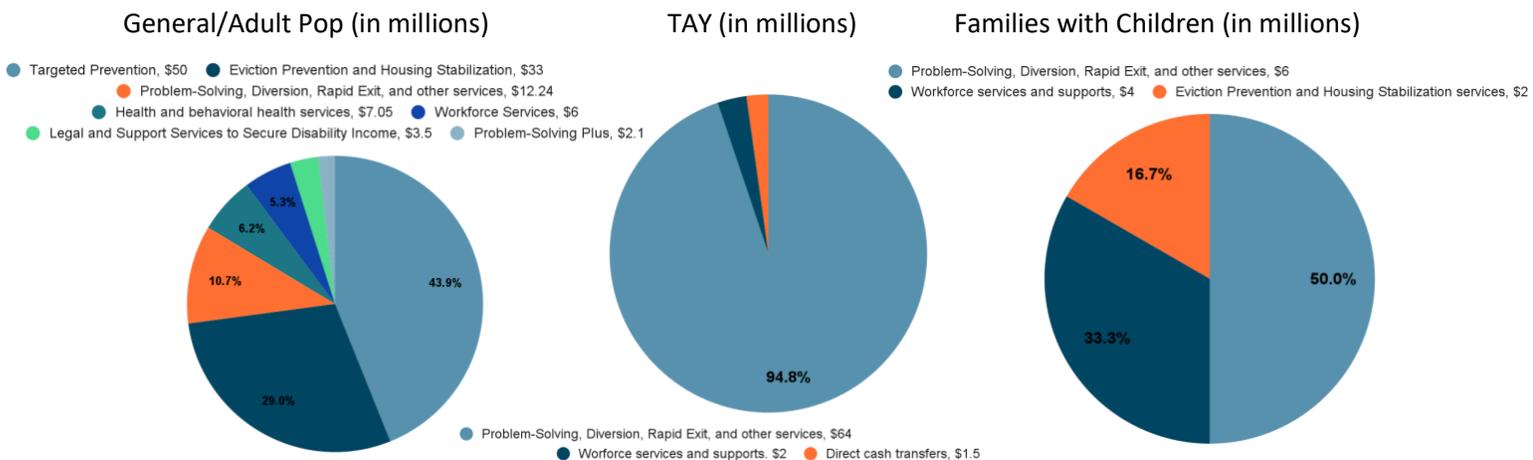
- **Transition Age Youth Population:**

- **Problem-Solving, Diversion, Rapid Exit, and other related services**, providing flexible options for addressing needs of 266 – 4000 transition age youth who have already lost housing or will stay in shelter or outside immediately, if not assisted, totaling \$4.0 million from projected FY 21-22 and FY 22-23 resources.
- **Direct cash transfers** of up to \$15,000 per transition age youth household, totaling \$1.5 million from projected FY 21-22 and FY 22-23 resources.
- **Workforce services and supports** to support housing stability among transition age youth, serving an estimated 133 – 2000 people, totaling \$2.0 million from projected FY 21-22 and FY 22-23 resources.

- **Families with Children:**

- **Eviction Prevention and Housing Stabilization services for justice-involved women and children**, to serve 11-12 families, totaling \$2.0 million from projected FY 21-22 and FY 22-23 resources.
- **Problem-Solving, Diversion, Rapid Exit, and other related services**, providing flexible options for addressing needs of 450 – 9000 families who have already lost housing or will stay in shelter or outside immediately, if not assisted, totaling \$9.0 million from projected FY 21-22 and FY 22-23 resources.
- **Workforce services and supports** to support housing stability among families with children, serving an estimated 265 – 4000 families, totaling \$4.0 million from projected FY 21-22 and FY 22-23 resources.

The projected ranges for the number of households that may be assisted through these Homelessness Prevention investments are currently too wide to inform effective oversight activities to be performed by the Committee; therefore, the Committee expects to work with City staff in the months ahead to further refine the projected scale of these activities and impacts.



Alignment of Recommended Investments with Equity and Justice Goals



As with the Housing and Shelter recommendations, the Prevention recommendations also prioritized the justice-involved population. The OCOH Committee recommended funding enhanced problem solving/shallow subsidy pool for people involved in the criminal justice system and eviction prevention/housing stabilization services specifically for justice-involved women with children. Again, by focusing on the justice-involved population, which is disproportionately Black and Brown, the Committee hopes to reduce some of the racial disparities that exist in the homelessness response system.

Alignment with Department Proposals and with Community's Strategic Priorities

The recommendations approved by the OCOH Committee in April and May 2021 are fundamentally aligned with recommendations and proposals provided by City departments in most areas, especially regarding the nature of prevention services and assistance to be funded. The primary areas of difference include:

- The Committee recommended targeting some investments into Problem-Solving, Diversion, Rapid Exit, and other related services toward specific subpopulations rather than all resources being managed within one general pool of funding, including investments targeted toward serving adults, Veterans, justice-system involved people, families with children, and transition age youth.
- Further, the Committee recommended that these investments be paired with investment into Workforce services and supports to support housing stability among people receiving assistance.
- The Committee did not recommend that OCOH fund resources be used to provide shallow subsidies for people residing in permanent supportive housing, as was proposed by City departments, and the Committee also recommended a lower investment of OCOH resources into increased health and behavioral health services for people being housed in permanent supportive housing units than proposed by City departments. In addition, the Committee proposed a robust community engagement and planning process to ensure that community based organizations be given an opportunity to provide some of the behavioral health services instead of directing all of the funding to DPH. To allow time for the community planning process, the Committee recommended only six months of funding for FY 21-22.

Collectively, these investments will likely exceed the OCOH goal of preventing homelessness for at least 7,000 people, but as noted above, the Committee expects to work with City staff in the months ahead to further refine the projected scale of these activities and impacts.

MENTAL HEALTH EXPENDITURES

Mental Health Expenditures are to receive at least 25% of OCOH funding, with the goal of, over time, providing behavioral health and substance abuse treatment for 4,500 people on the street.

Eligible Homelessness Prevention Expenditures include: Creation of new mental health services or programs that are specifically designed for homeless people impaired by behavioral health issues.

Eligible uses are limited to:

- Intensive street-based mental health services and case management
- Assertive outreach services
- Mental health and substance abuse treatment, including medications
- Peer support

- Residential and drop-in services
- Specialized temporary and long-term housing rental assistance, housing linkage, and referrals into supportive housing

These limitations do not prevent the use of OCOH funding to acquire or lease facilities to provide the above services.

Table 5 (below) documents the OCOH resources projected to be available from FY 20-21, FY 21-22, and FY 22-23 resources for Mental Health Expenditures. The balances projected in this table are prior to the release of any investments and prior to any Advance Repayments subtracted from OCOH Fund balances.

TABLE 5: OCOH FUNDING AVAILABLE FOR MENTAL HEALTH EXPENDITURES FOR FYs 20-21, 21-22, AND 22-23 (PROJECTED)			
EXPENDITURE CATEGORY	Balances FY 20-21	Balances FY 21-22	Balances FYs 22-23
<i>Mental Health Expenditures for Homeless Individuals (At least 25%)</i>	At least \$168.7 million	At least \$83.1 million	At least \$88.4 million

Previous Investments and Advance Repayments

These fund balances were reduced through decisions regarding Mental Health Expenditures made in December 2020, including investments totaling \$127.0 million into:

- **Expansion of street crisis response teams**, creating six (6) teams working in partnership with the San Francisco Fire Department to respond to behavioral health emergencies 24/7 and totaling \$25.3 million from projected resources across the three (3) FYs
- **Expanded mental health and substance abuse treatment beds**, providing an additional 132 beds and totaling \$35.6 million from projected resources across the three (3) FYs.
- **Supporting site acquisition costs for new beds**, totaling \$7.7 million in FY 20-21 resources.
- **Expansion of intensive case management and care coordination services**, expanding capacity by 865 people and totaling \$16.0 million over from projected resources across the three (3) FYs.
- **Expanded access to assessments, evaluations, and pharmacy services**, expanding evening and weekend hours at the Behavioral Health Access Center and BHS Pharmacy and totaling \$11.5 million from projected resources across the three (3) FYs.
- **Support for Care Coordination and Transitions Management (CCTM) teams**, to work directly with people initially encountered in crisis on the street, or on discharge from PES, jail, or another acute setting, and totaling \$9.8 million from projected resources across the three (3) FYs.
- **Increasing urgent care capacity by creating a crisis diversion facility** with 15 beds, and piloting telehealth in the field, totaling \$8.4 million from projected resources across the three (3) FYs.
- **Funding for 12% indirect operating costs to ensure programs are implemented in a timely manner**, including additional staffing and support for processing new RFPs and contracts, payment processing

and cost reporting, facilities (analysis and acquisition), data and IT staff, totaling \$12.7 million from projected resources across the three (3) FYs.

Fund balances available for Mental Health Expenditures were further reduced by the deduction of Advance Repayments to pay for costs previously incurred by the City, totaling \$16.1 million in FY 20-21 resources. As of the date of this report, the full Committee has not received detailed information regarding toward what expenses those Advance Repayments have been applied.

Priorities and Recommendations Identified through Community Stakeholder Input Processes

Input gathered through community stakeholder engagement processes focused on the following themes and recommendations across all populations experiencing homelessness:

- Expansion of **street-based health services and mobile outreach**, to address both substance use concerns and mental health concerns, able to connect with people in variety of settings.
- **Residential and drop-in behavioral health treatment services**, providing trauma-informed care and wraparound services and access to treatment on demand, including a need for additional care and treatment options designed for families with children and need for options **specifically designed for transition age youth**.
- Provision of additional **specialized temporary and long-term housing options**, including units, rental assistance, board and care beds, and connections to housing, including supportive housing with intensive services for people with significant needs and better options for people who are dually-diagnosed.
- Culturally competent services designed to meet the needs of specific populations, including particularly transgender people experiencing homelessness or housing instability

See more details regarding recommendations within the [Our City, Our Home Oversight Committee Community Input Sessions Summary Report](#), included as Attachment E to this Plan.

Recommendations for Investments Adopted at May OCOH Committee Meeting

A detailed table is included as Attachment D to this Plan which documents the recommendations for investments into Mental Health Expenditures adopted by the OCOH Committee at their May 3, 2021 meeting.

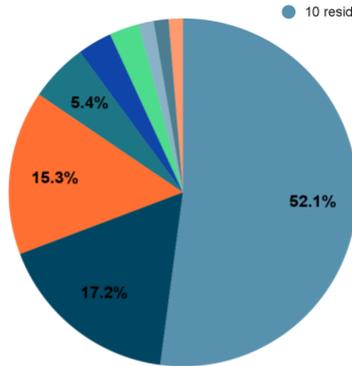
At that meeting, the Committee recommended investments totaling \$150 million into Mental Health Expenditures, and prioritized investments into: expanding residential treatment bed capacity, including both site acquisition and operations costs; supporting overdose prevention efforts targeting people using on the streets; enhancing access to behavioral health services through Behavioral Health Access Center and through services targeting specific populations and connected to existing settings; expanding care coordination services for transition age youth, and expanding services for transgendered people.

The Committee's recommended Mental Health / Behavioral Health investments include:

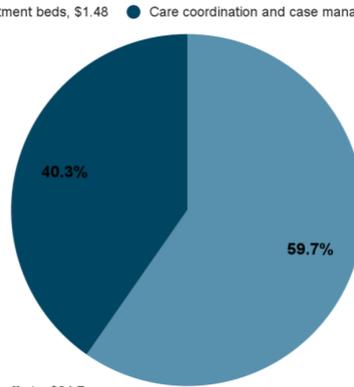
- **General / Adult Population:**
 - **Behavioral health services in Permanent Supportive Housing**, providing services to 600 unduplicated people in PSH to support their housing stability, totaling \$4.6 million from projected FY 21-22 and FY 22-23 resources.

- **Partially funding overdose prevention efforts to build upon existing services** to provide intentional outreach to people who inject and smoke fentanyl, especially those who are using on the streets, totaling \$24.7 million from projected FY 21-22 and FY 22-23 resources.
- **Expanded mental health and substance abuse treatment beds**, providing an additional estimated 180 beds and totaling \$22.0 million from projected FY 21-22 and FY 22-23 resources.
- **Supporting site acquisition costs for new Behavioral Health beds**, totaling \$75 million from projected FY 21-22 resources.
- **Partially supporting continued expanded access to assessments and evaluations through expanded evening and weekend hours at the Behavioral Health Access Center** during FY 22-23, totaling \$2.0 million from projected FY 22-23 resources.
- **Expansion of Behavioral Health Services of an existing trans health specialty provider** to include programming specifically for transgender people experiencing homelessness, and may include specialized care for people pursuing gender affirming surgery and support for people transitioning into PSH totaling \$2.0 million from projected FY 21-22 and FY 22-23 resources.
- **Supporting creation of new Harm Reduction Therapy Center and expansion of pop-up clinics**, providing multidisciplinary integrated care for people who are unsheltered, and totaling \$2.0 million from projected FY 21-22 and FY 22-23 resources.
- **Funding the addition of another co-operative housing program for people with behavioral health care needs**, serving up to six (6) residents at a time, totaling \$1.9 million from projected FY 21-22 and FY 22-23 resources.
- **Providing funding to community-based providers to enhance their capacity to deliver behavioral health within existing sheltering and drop-in settings**, totaling \$4.0 million from projected FY 21-22 and FY 22-23 resources.
- **Additional funding for 12% indirect operating costs to ensure programs are implemented on a timely manner**, including additional staffing and support for processing new RFPs and contracts, payment processing and cost reporting, facilities (analysis and acquisition), data and IT staff, totaling \$7.8 million from projected FY 21-22 and FY 22-23 resources.
- **Transition Age Youth Population:**
 - **Creating ten (10) residential treatment beds for TAY population**, totaling \$1.5 million from projected FY 21-22 and FY 22-23 resources.
 - **Funding care coordination and case management services exclusively for TAY populations**, serving up to 85 people, and totaling \$1.0 million from projected FY 21-22 and FY 22-23 resources. (Note: Transition-age youth would also have access to the other care coordination and case management services described above.)
 - **TAY-focused mental health services**, totaling \$1.5 million from projected FY 21-22 and FY 22-23 resources.
- **Families with Children:**
 - Families with children moving into/ and living in HSH's Permanent Supportive Housing units will receive care coordination and behavioral health treatment provided through the investment into Behavioral Health Services in Permanent Supportive Housing described above.

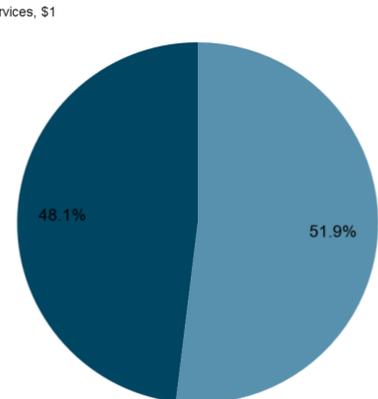
General/Adult Pop (in millions)



TAY (in millions)



Beds vs. Services (in millions)



● 10 residential treatment beds, \$1.48 ● Care coordination and case management services, \$1
● Site acquisition costs for new Behavioral Health beds, \$75 ● Overdose prevention efforts, \$24.7
● Mental health and substance abuse treatment beds, \$22 ● 12% indirect operating costs, \$7.8
● Behavioral health services in PSH, \$4.6 ● Funding community-based providers, \$4
● Expanded access to assessments and evaluations, \$2 ● Harm Reduction Therapy Center and pop-up clinics, \$2
● Co-operative housing \$1.9

Alignment of Recommended Investments with Equity and Justice Goals

Through the Community Listening Sessions, the Committee heard extensive comments about the need for more culturally competent services for transgender people. After consultation with the Department of Public Health, it was agreed that the OCOH Fund should provide dedicated resources for this population. Ultimately, the OCOH Committee recommended \$1 million in behavioral health services for transgender people.

Alignment with Department Proposals and with Community’s Strategic Priorities

The recommendations approved by the OCOH Committee in May 2021 are largely aligned with recommendations and proposals provided by City Departments in most areas, but the primary areas of difference include:

- The Committee recommended additional investment, beyond that requested by City Department, for increased residential treatment beds, to include investment into 10 Managed Alcohol beds with a focus on Latinx/Mayan clients.
- The Committee recommended investment to support the creation of new Harm Reduction Therapy Center and expansion of pop-up clinics, providing multidisciplinary integrated care for people who are unsheltered, which was not included within proposals from City Departments.
- The Committee recommended investment to support the addition of another co-operative housing program for people with behavioral health care needs, which was not included within proposals from City Departments.
- The Committee recommended investment to provide funding to community-based providers to enhance their capacity to deliver behavioral health within existing sheltering and drop-in settings, which was not included within proposals from City Departments.
- To help support the costs of these investments, the Committee recommended a lower level of funding for the overdose prevention services proposed by City Departments and did not support the additional expansion of street medicine behavioral health teams proposed by City Departments.

Collectively, these investments will create substantial progress toward the OCOH goal of ultimately providing mental health and substance abuse treatment for 4,500 people. Further:

- 
- By addressing these service needs, these investments are aligned with HSH's **Five-Year Strategic Framework Goals** related to improving response to street homelessness and addressing encampments of unsheltered people.
 - These investments support achievement **Mental Health Reform report's performance metrics and recommendations** focused on access to behavioral health care services, care coordination, and quality of life.
 - These investments address needs identified within the **Stop the Revolving Door's survey results**, which demonstrated significant levels of behavioral health care challenges, including dual diagnoses, **and that report's recommendations** addressing the need to expand services and appropriate models of care.



CONCLUSION

The recommendations described within this Investment Plan will, if approved by the Board of Supervisors and implemented, deploy a total of more than \$1.11 billion in funding to drive progress toward preventing and ending homelessness for thousands of San Francisco residents. This represents an unprecedented infusion of essential resources to strengthen the community's homelessness response and its capacity to address the housing and services needs of people experiencing homelessness in San Francisco.

Importantly, the development of these recommendations was deeply informed by input received from hundreds of community members and stakeholders, and the recommendations reflect a strong commitment to planning and decision-making processes that emphasize driving progress on racial equity and justice.

Much more work remains, of course. Future planning processes and implementation strategies can do even more to provide people with lived expertise and experiences with leadership roles. Community partners can continue to strengthen their capacity to lead with a focus on racial equity and justice throughout decision-making processes and implementation. Public and private partners can do more to ensure that plans for the investment of many other funding sources are effectively aligned with these investments of OCOH resources. And the mobilization of this scale of resources will create very significant capacity challenges for the public and private agencies responsible for ensuring their impact.

The OCOH Committee is committed to continuing to play its oversight roles for the implementation of this funding, and also looks forward to many opportunities to help inform and shape the San Francisco efforts to strengthen and address these important challenges.



ATTACHMENTS

- **Attachment A:** Summary of Recommended Investments for Permanent Housing Expenditures with FY 20-21, FY 21-22, and FY 22-23 Resources
- **Attachment B:** Summary of Recommended Investments for Homeless Shelter Expenditures with FY 20-21, FY 21-22, and FY 22-23 Resources
- **Attachment C:** Summary of Recommended Investments for Homelessness Prevention Expenditures with FY 20-21, FY 21-22, and FY 22-23 Resources
- **Attachment D:** Summary of Recommended Investments for Mental Health Expenditures with FY 20-21, FY 21-22, and FY 22-23 Resources
- **Attachment E:** Our City, Our Home Oversight Committee Community Input Sessions Summary Report

ATTACHMENT A

SUMMARY OF RECOMMENDED INVESTMENTS FOR PERMANENT HOUSING EXPENDITURES WITH FY 20-21, FY 21-22, AND FY 22-23 RESOURCES APPROVED AT APRIL 20, 2021 OUR CITY, OUR HOME COMMITTEE MEETING; UPDATED FOLLOWING MAY 18, 2021 MEETING

Activity for Investment (By Population)	Funding Recommendations FY 20-21 Resources	Funding Recommendations FY 21-22 Resources	Funding Recommendations FY 22-23 Resources	TOTALS through FY 22-23	Projected Outcomes or Outputs	Notes
General Population (To receive up to 55% of investments)						
Previously Released (December 2020)	\$109,800,000	\$19,300,000	\$18,000,000	\$147,100,000	165 Rapid Rehousing and 325 flex pool slots	Represents mix of advance repayments, operating subsidy for new Homekey projects, flex pool, medium-term subsidies and workforce services, frontline worker pay bonus, and HSH operating
Acquisition of Homekey Projects (Diva and Granada) Code Section: 1280(A)(ii)	\$17,300,000	\$22,200,000	\$12,100,000	\$51,600,000	362 units acquired and rehabbed; 362 sheltered and unsheltered adults housed	Homekey permanent financing match; due in FY22-23; now projected at \$51.6M
Other New PSH Projects Funded with One-Time Funding Code Section:	\$0	\$0	\$5,000,000	\$5,000,000	Operations and services for 287 formerly unsheltered persons adequately funded	One-time operating funds for Post, 270 Turk, Abigail, and Cadillac, partial match for ERAF grant committed in 2020
Other PSH Acquisition and Rehab Code Section: 1280(A)(ii)	\$71,100,000	\$0	\$0	\$71,100,000	250-350 units acquired and rehabbed; 250-350 sheltered and unsheltered adults housed; total units may increase based on addition of \$19.1M in new acquisition funds, but no additional operating funds have been added.	Assumes \$350K-\$400K cost per unit; OCOH funds to leverage State and Federal matching funds; siting of projects and lease-up strategies need to address racial equity and other equity goals, including gender equity
Operations and Services in New Acquisitions Code Section: 1280(A)(ii)	\$0	\$1,800,000	\$7,000,000	\$8,800,000	Operations and services for 350 residents adequately funded	Assumes \$20.0K per unit per year for operations and services, with 3% annual inflator; based on assumption of 200 newly acquired units (average of projected units to be acquired); FY 21-22 investment level assumes partial year (25%) operations and services in FY21-22
Homekey, Diva and Granada, Operations and Services Code Section: 1280(A)(iii)	\$0	\$2,200,000	\$4,800,000	\$7,000,000	Operations and services for 362 residents adequately funded	First year of operations partially funded in December 2020 release; cost of operations and services based on HSH calculation
Flexible Housing Subsidy Pool - SIP Rehousing Code Section: 1280(A)(ii)	\$0	\$22,600,000	\$27,100,000	\$49,700,000	650 SIP residents placed and provided rent subsidies and support services in scattered sites	Augments December 2020 flex pool funding for 325 SIP residents, now totaling 975 SIP residents; aligns with HSH request
Flexible Housing Subsidy Pool Code Section: 1280(A)(ii)	\$0	\$11,500,000	\$11,800,000	\$23,300,000	300 unsheltered persons (non-SIP residents), including but not limited to people staying in Safe Sleeping Villages, exiting treatment, shelter, street, placed and provided rent subsidies with support services in scattered sites.	Assumes annual cost of \$38K per HSH and Controller
Medium-term Subsidies and Workforce Programming Code Section: 1280(A)(i)	\$0	\$7,800,000	\$7,800,000	\$15,600,000	185 additional SIP hotel residents placed and provided rent subsidies in scattered sites, plus workforce development and other support services	Augments December 2020 medium-term subsidies funding for 165 SIP residents, now totaling 350 SIP residents

Activity for Investment (By Population)	Funding Recommendations FY 20-21 Resources	Funding Recommendations FY 21-22 Resources	Funding Recommendations FY 22-23 Resources	TOTALS through FY 22-23	Projected Outcomes or Outputs	Notes
Medium-term Subsidies and Workforce Programming (Justice-involved Population) Code Section: 1280(A)(i)	\$0	\$2,300,000	\$2,400,000	\$4,700,000	50 justice-involved persons provided rent subsidies, support services, and workforce development services	Assumes annual cost of \$46K per person for two-year subsidies, with 3% annual escalator
TOTALS - General Population	\$198,200,000	\$89,700,000	\$96,000,000	\$383,900,000		
Projected Fund Balances - General	\$185,600,000	\$91,400,000	\$97,200,000	\$374,200,000		
Transferred from Prevention	\$12,400,000	\$0	\$0	\$12,400,000		
Remaining Balances - General	-\$200,000	\$1,700,000	\$1,200,000	\$2,700,000		
TAY Population (To receive at least 20% of investments)						
Previously Released (December 2020)	\$1,300,000	\$2,100,000	\$2,100,000	\$5,500,000	20 Flex Pool and 60 Rapid Rehousing slots for TAY	Represents mix of Flex Pool, Rapid Rehousing expansion, and frontline worker pay bonus
PSH Acquisition and Rehab, Code Section: 1280(A)(ii)	\$67,700,000	\$19,900,000	\$7,000,000	\$94,600,000	225 units acquired and rehabbed, including 25 units of bridge housing at approximately \$10M for youth with behavioral health needs; increased by \$4.6M with transfer from Prevention.	Assumes \$350K-\$400K cost per unit; Prop C funds sufficient to cover full cost, but Committee encourages effort to leverage other public and private resources; siting of projects and lease-up strategies need to address racial equity and other equity goals
PSH Operations and Services in New Acquisitions Code Section: 1280(A)(ii)	\$0	\$4,500,000	\$5,600,000	\$10,100,000	Operations and services for 200 youth in new PSH acquisitions adequately funded; plus operations and services for 44 TAY adequately funded; see below for services and operations for youth in behavioral health bridge housing	Assumes \$20K per unit per year for operations and services in new acquisitions, with 3% annual inflator; plus one-time operating funds for Artmar, partial match for ERAF grant committed in 2020
Rapid Rehousing, including Workforce Services Code Section: 1280(A)(i)	\$0	\$3,700,000	\$3,800,000	\$7,500,000	80 additional sheltered and unsheltered youth placed and provided short-term rent subsidies and support services in scattered sites	Assumes \$47K per person per year
Non-Time-Limited Bridge Housing Code Section: 1280(A)(ii)	\$1,100,000	\$1,100,000	\$1,200,000	\$3,400,000	Operations and services for 25 youth with behavioral health and other challenges adequately funded	Assumes \$44K per unit per year for operations and services, with 3% annual inflator
Flexible Housing Subsidy Pool Code Section: 1280(A)(ii)	\$2,000,000	\$2,000,000	\$2,200,000	\$6,200,000	50 additional sheltered and unsheltered youth placed and provided rent subsidies and support services in scattered sites (50 new subsidies)	Rehousing of Youth/Young Adults; partial year funding from 20-21 funding; ongoing funding through future Fiscal Years
TOTALS - TAY	\$72,100,000	\$33,300,000	\$21,900,000	\$127,300,000		
Projected Fund Balances - TAY	\$67,500,000	\$33,200,000	\$35,400,000	\$136,100,000		
Transferred from Prevention	\$4,500,000	\$0	\$0	\$4,500,000		
Remaining Balances - TAY	-\$100,000	-\$100,000	\$13,500,000	\$13,300,000		
Families with Children Population (To receive at least 25% of investments)						
Previously Released (December 2020)	\$800,000	\$1,900,000	\$2,000,000	\$4,700,000	50 Flex Pool slots for families	Represents mix of Flex Pool and frontline worker pay bonus

Activity for Investment (By Population)	Funding Recommendations FY 20-21 Resources	Funding Recommendations FY 21-22 Resources	Funding Recommendations FY 22-23 Resources	TOTALS through FY 22-23	Projected Outcomes or Outputs	Notes
PSH Acquisition of at least 70% vacant building & Rehab / New Construction Code Section: 1280(A)(ii)	\$89,300,000	\$16,400,000	\$0	\$105,700,000	350-450 units acquired and rehabbed; 350-450 families housed; increased by \$5.7M with transfer from Prevention	Assumes \$560K cost per unit; OCOH funds to leverage State and Federal matching funds; siting of projects and lease-up strategies need to address racial equity and other equity goals. Can be partnered with affordable housing buildings to add homeless family units.
PSH Operations and Services in New Acquisitions/construction Code Section: 1280(A)(ii)	\$0	\$1,900,000	\$7,500,000	\$9,400,000	Operations and services for 250 families by FY22-23 adequately funded	Assumes \$30K per unit per year for operations and services, with 3% inflator; assumes partial year operations and services in FY21-22; assumes that OCOH commitment for operating and services commitment will increase up to \$13.5M annually in future years as number of leveraged units increase to 450
Flexible Housing Subsidy Pool Code Section: 1280(A)(ii)	\$0	\$12,000,000	\$12,400,000	\$24,400,000	300 currently unsheltered families, sheltered families, and families in SROs provided rent subsidies and support services in scattered sites; includes goal of housing 100 families currently residing in SROs	Assumes \$40K per family per year
TOTALS - Families	\$90,100,000	\$32,200,000	\$21,900,000	\$144,200,000		
Projected Fund Balances - Families	\$84,400,000	\$415,600,000	\$44,500,000	\$544,500,000		
Transferred from Prevention	\$5,600,000	\$0	\$0	\$5,600,000		
Remaining Balances - Families	-\$100,000	\$383,400,000	\$22,600,000	\$405,900,000		
TOTALS - ALL	\$360,400,000	\$155,200,000	\$139,800,000	\$655,400,000		
Projected Fund Balances - ALL	\$337,500,000	\$540,200,000	\$177,100,000	\$1,054,800,000		
Transferred from Prevention	\$22,500,000	\$0	\$0	\$22,500,000		
Remaining Balances - ALL	-\$400,000	\$385,000,000	\$37,300,000	\$421,900,000		

ATTACHMENT B

SUMMARY OF RECOMMENDED INVESTMENTS FOR HOMELESS SHELTER EXPENDITURES WITH FY 20-21, FY 21-22, AND FY 22-23 RESOURCES APPROVED AT APRIL 20, 2021 OUR CITY, OUR HOME COMMITTEE MEETING; UPDATED FOLLOWING MAY 18, 2021 MEETING

Activity for Investment	Funding Recommendations FY 20-21 Resources	Funding Recommendations FY 21-22 Resources	Funding Recommendations FY 22-23 Resources	TOTALS through FY 22-23	Projected Outcomes or Outputs	Notes
Previously Released						
Previously Released (December 2020)	\$72,100,000	\$0	\$0	\$72,100,000		Represents COVID-19 Shelter Costs: SIP (FY21), Safe Sleep, Trailers (\$23.6 million); frontline worker pay bonus (\$2.3 million); and advance replays (\$46.2 million)
COVID-19 Response						
COVID-19 Shelter Costs: Trailer Program Code Section: 2810b	\$0	\$6,400,000	\$8,300,000	\$14,700,000	120 trailers	Aligns with Departments' proposal, costs in FY 22 assumes FEMA resources covering 3 months, including staffing for program
COVID-19 Shelter Costs: Safe Sleep Code Section: 2810b	\$0	\$15,000,000	\$6,000,000	\$21,000,000	Starts at 190 slots and reduces to 63 slots in FY 23	Lower than Departments' very first proposal in first year (\$18.2 M); includes staffing and demobilization costs, now aligns
New Shelter Programs						
Navigation Center Operations Code Section: 2810b	\$0	\$0	\$13,500,000	\$13,500,000	498 beds	Lower than Departments' proposal (\$16.5 M); for Bayview SAFE, TAY, Division Circle Navigation
Safe Parking (Bayview) Code Section: 2810b	\$0	\$6,500,000	\$3,500,000	\$10,000,000	100 program slots	Aligns with Departments' proposal; \$3m for capital, \$3.5 ongoing
Drop-In Shelter For Families (Respite) Code Section: 2810b	\$0	\$1,800,000	\$1,800,000	\$3,600,000	40 program slots	Not in Departments' proposal; Oasis Hotel, Providence, adds staffing to current operation, no meals, drop-in
Navigation Center for Justice Involved Adults Code Section: 2810b	\$0	\$900,000	\$900,000	\$1,800,000	50 program slots	Not in Departments' proposal; priority population of justice involved adults; leverages other funding for facility, OCOH funds services
Domestic Violence Hotel Vouchers Code Section: 2810b	\$0	\$300,000	\$300,000	\$600,000	5 hotel rooms per night	Not in Departments' proposal; vouchers estimated at \$164 per night
Pregnant People and Family Hotel Vouchers Code Section: 2810b	\$0	\$600,000	\$600,000	\$1,200,000	10 hotel rooms per night	Not in Departments' proposal; vouchers estimated at \$164 per night; can add to access points or other programs.
Family Non-Congregate Shelter in Mission (40) Code Section: 2810b	\$0	\$0	\$0	\$0		This is for future consideration. Look at private room/studio shelter for families instead of congregate
Private Room Emergency Shelter for Single Adults Code Section: 2810b	\$0	\$0	\$0	\$0		This is for future consideration: 40 hotel rooms to be leased for private room shelter beds for those with behavioral health accommodation needs.
TOTALS	\$72,100,000	\$31,500,000	\$34,900,000	\$138,500,000		
Projected Fund Balances	\$67,500,000	\$33,200,000	\$35,400,000	\$136,100,000		
Remaining Balances	-\$4,600,000	\$1,700,000	\$500,000	-\$2,400,000		

ATTACHMENT C

**SUMMARY OF RECOMMENDED INVESTMENTS FOR HOMELESSNESS PREVENTION EXPENDITURES WITH FY 20-21, FY 21-22, and FY 22-23 RESOURCES
APPROVED AT APRIL 20, 2021 MEETING; UPDATED FOLLOWING MAY 18, 2021 MEETING**

Activities for Investment (By Populations)	Notes / Description of Activities	Proposed By	Funding Recommendations FY20-21	Funding Recommendations FY21-22	Funding Recommendations FY22-23	TOTALS through FY 22-23	Projected Outcomes or Outputs
Building the Core Prevention System Serving All Populations							
Targeted Homelessness Prevention - All Populations Code Section: 1280(C)	Flexible financial assistance and supportive services for persons facing a loss of housing, whether on a lease or not; targeted to those most likely to become homeless based on risk factors; overlaps with eviction prevention for those who have a lease but reaches other housing situations and vulnerabilities; flexible supports to preserve housing or find new; at Access Points and/or other locations	HSH/MOHCD/CBO Network/Listening Session	\$0	\$20,000,000	\$30,000,000	\$50,000,000	2000
Eviction Prevention and Housing Stabilization - All Populations Code Section: 1280(C)	Eviction-related legal services and emergency rental assistance, tenant counseling/ education/ outreach, housing-related mediation, supportive services, households with a lease; behind in rent or facing eviction; prevents loss of current rental housing, destablization and displacement; targets City's most vulnerable tenants, including formerly homeless households in supportive housing programs and other subsidized housing; may prevent some homelessness but majority won't become homeless; at Access Points and/or other locations	HSH/MOHCD/CBO Network/Legal Services Network/Listening Sessions	\$0	\$15,000,000	\$18,000,000	\$33,000,000	3000
Problem Solving / Diversion / Rapid Exit / Problem Solving Plus / Shallow Subsidy - All Populations Code Section: 1280(C)	Creative alternative resolutions; flexible assistance; mediation/reunification services; housing location assistance; persons who have already lost housing or will sleep in shelter or outside tonight if not assisted; offered to prevent need for homeless services; may provide temporary or permanent solution; builds on person's network and resources; may include returning to family or friends; within or outside City; plan to extend services beyond 1-time assistance to include short term rehousing supports; at Access Points and/or other locations	HSH/MOHCD/CBO Network/Listening Sessions	\$0	\$0	\$0	\$0	0
Eviction Prevention and Housing Stabilization - PSH stabilization services	Housing Stabilization focused on permanent supportive housing (includes site-based and scattersite PSH) targets City's most vulnerable tenants, including formerly homeless households in supportive housing programs and other subsidized housing; including behavioral health services, and working with eviction-related legal services and emergency rental assistance, tenant counseling/ education/ outreach, housing-related mediation, supportive services to prevent loss of rental housing, destablization and displacement. This includes 6 months of funding for FY21-22 in order to allow for an inclusive community planning process to determine outcomes and service design prior to any RFP or city department allocation. Planning process should be inclusive of cbos that provide community based behavioral health and permanent supportive housing, and inclusion of CBOs in service delivery models.	DPH/HSH/CBO Network	\$0	\$2,650,000	\$4,400,000	\$7,050,000	~2000.

Activities for Investment (By Populations)	Notes / Description of Activities	Proposed By	Funding Recommendations FY20-21	Funding Recommendations FY21-22	Funding Recommendations FY22-23	TOTALS through FY 22-23	Projected Outcomes or Outputs
Population Specific Prevention Strategies							
Problem Solving / Diversion / Rapid Exit / Problem Solving Plus / Shallow Subsidy for Adults Code Section: 1280(C)	At Access Points or other locations serving adults experiencing homelessness or housing instability, increased amount allowed per household and more flexible uses than current problem-solving, shallow subsidies portion may be on-going/multiyear, any unspent subpop funds could be reallocated to all populations	Prevention Listening Sessions	\$0	\$2,000,000	\$2,000,000	\$4,000,000	~ 266-4000
Problem Solving / Diversion / Rapid Exit / Shallow Subsidy for Justice Involved Code Section: 1280 (C)	At Access Points and other locations serving justice-involved people experiencing homelessness or housing instability, increased amount allowed per household and more flexible uses than current problem-solving, shallow subsidies may be on-going/multiyear	OHO/APD/ Prevention Listening Sessions	\$0	\$1,000,000	\$1,000,000	\$2,000,000	~133-2000
Eviction Prevention and Housing Stabilization for Justice Involved Women with Children Code Section 1280(C)	Eviction prevention and housing stabilization for justice involved women with children	Prevention Listening Sessions	\$0	\$1,000,000	\$1,000,000	\$2,000,000	~11-12 families. Committee recommends that HSH does an emergency prioritizaion of this service to prevent loss of service in the system prior to July/FY2021-22
Problem Solving Plus for SIP Rehousing Code Section 1280 (C)	SIP rehousing only, up to \$15K per household	HSH/Mayor's Recovery Plan/OHO	\$0	\$2,100,000	\$0	\$2,100,000	~125-2100
Flexible and Supportive Workforce Strategies to Exit Homelessness / Ensure Housing Stability for Adults Code Section 1280 (C)	At Access Points and/or other locations that serve adults experiencing homelessness or housing instability; job readiness; training; incentives; stipends; earn and learn; modified earn and learn; barrier removal	Prevention Listening Sessions	\$0	\$3,000,000	\$3,000,000	\$6,000,000	~400-6000
Problem Solving / Diversion / Rapid Exit / Problem Solving Plus / Shallow Subsidies for Families Code Section 1280 (C)	At Access Points and/or other locations that serve families experiencing homelessness or housing instability including families fleeing domestic violence, increased amount allowed per household and more flexible uses than current problem-solving, shallow subsidies may be on-going/multiyear, any unspent subpop funds could be reallocated to all populations	Prevention Listening Sessions	\$0	\$4,500,000	\$4,500,000	\$9,000,000	~450-9000
Flexible and Supportive Workforce Strategies to Exit Homelessness/Ensure Housing Stability for for Families Code Section 1280 (C)	At Access Points and/or other locations that serve families experiencing homelessness or housing instability including families fleeing domestic violence; job readiness; training; incentives;stipends; earn and learn, modified earn and learn; barrier removal	Prevention Listening Sessions	\$0	\$2,000,000	\$2,000,000	\$4,000,000	~265-4000

Activities for Investment (By Populations)	Notes / Description of Activities	Proposed By	Funding Recommendations FY20-21	Funding Recommendations FY21-22	Funding Recommendations FY22-23	TOTALS through FY 22-23	Projected Outcomes or Outputs
Problem Solving / Diversion / Rapid Exit / Problem Solving Plus / Shallow Subsidy for Youth / Young Adults Code Section 1280 (C)	At Access Points and/or other locations serving youth/young adults experiencing homelessness or housing instability, up increased amount allowed per household and more flexible uses than current problem-solving, shallow subsidies may be on-going/multiyear, any unspent subpop funds could be reallocated to all populations	Prevention Listening Sessions	\$0	\$2,000,000	\$2,000,000	\$4,000,000	~266-4000
Problem Solving/Diversion/Rapid Exit/Problem Solving Plus/Shallow Subsidy for Youth/Young Adults	At Access Points and/or other locations serving youth/young adults experiencing homelessness or housing instability, direct cash transfer up to \$15K per household	Prevention Listening Sessions	\$0	\$750,000	\$750,000	\$1,500,000	Approx minimum served = 100
Problem Solving / Diversion / Rapid Exit / Problem Solving Plus /Shallow Subsidies for Vets Code Section 1280 (C)	At Access Points and/or other locations serving veterans experiencing homelessness or housing instability, increased amount allowed per household and more flexible uses than current problem-solving, shallow subsidies may be on-going/multiyear, any unspent subpop funds could be reallocated to all populations	Prevention Listening Sessions/ Vets Network/OHO	\$0	\$3,120,000	\$3,120,000	\$6,240,000	Approx minimum served = 416
Legal and Support Services to Secure Disability Income Code Section 1280 (C)	At Access Points and/or other locations serving people experiencing homelessness or housing instability; assist homeless people with applications for disability benefits (SSDI, SSI, CAPI) and maintaining safety net benefits (CAAP, CalWorks, CalFresh, Medi-Cal), assist people experiencing housing instability to maintain ongoing benefits and remove legal barriers that arise post-entitlement (disability reviews, suspensions, overpayments, etc.).	Prevention Listening Session/Legal Services Network	\$0	\$0	\$3,500,000	\$3,500,000	Unknown. Community planning process needed to determine use of funds.
Flexible and Supportive Workforce Strategies to Exit Homelessness / Ensure Housing Stability for Youth/Young Adults Code Section 1280 (C)	At Access Points and/or other locations that serve families experiencing homelessness or housing instability including families fleeing domestic violence; job readiness; training; incentives/stipends; earn and learn; modified earn and learn; barrier removal	Prevention Listening Sessions	\$0	\$1,000,000	\$1,000,000	\$2,000,000	~133-2000
Transfer Balance to Housing	Committee recommend transferring portion of balance in Prevention fund to housing acquisition for adults, youth and families.		\$22,500,000	\$0	\$0	\$22,500,000	
Total Recommended Investments:			\$22,500,000	\$60,120,000	\$76,270,000	\$158,890,000	
Current Starting Projected Fund Balances Per FY (Up to):			\$56,100,000	\$49,900,000	\$53,000,000	\$159,000,000	
Current Projected Fund Balances Per FY with Rollover from Previous FY Added In (Up to):			\$56,100,000	\$83,600,000	\$76,680,000	N/A	
Projected Remaining Fund Balances Following these Recommended Investments Per FY (Up to):			\$33,600,000	\$23,480,000	\$410,000	\$110,000	

ATTACHMENT D

**SUMMARY OF RECOMMENDED INVESTMENTS FOR MENTAL HEALTH EXPENDITURES WITH FY 20-21, FY 21-22, AND FY 22-23 RESOURCES
APPROVED AT MAY 3, 2021 MEETING; UPDATED FOLLOWING MAY 18, 2021 MEETING**

Activity for Investment (By Population)	Funding Recommendations (Previously Approved) FY 20-21	Funding Recommendations FY 21-22	Funding Recommendations FY 22-23	Total Funding Recommended	Future FY Spending Required to Sustain	Alignment with Ordinance & Community Input Sessions	Projected Outcomes or Outputs	Notes
General Population								
Approved By BOS in December								
Street Crisis Response Teams (SCRT)	\$4,600,000	\$10,100,000	\$10,600,000	\$20,700,000	Yes	Ordinance: Intensive street-based mental health services; Assertive outreach services; peer support Input: Mobile Behavioral Health Services: meet people where they are: streets, shelters, etc.; Developing greater crisis response, with staff trained specifically in mental health	10,000 touchpoints annually	Creates six teams in collaboration with SF Fire Department that provide a 24/7 non-law enforcement response to behavioral health emergencies on the street. Diverts individuals in crisis away from emergency rooms and incarceration into behavioral health treatment. The team has diverted more than 800 calls from law enforcement since launching in December 2020.
Care Coordination and Transition Management (formerly included under SCRT)	\$1,600,000	\$4,000,000	\$4,200,000	\$8,200,000	Yes	Ordinance: Case management services; Assertive outreach services; Input: Mobile Behavioral Health Services: meet people where they are: streets, shelters, etc.; Developing greater crisis response, with staff trained specifically in mental health	1,500 clients annually	Care Coordination and Transitions Management (CCTM) teams will be a key part of BHS' new Office of Care Coordination. CCTM staff will receive 'warm handoffs' from SCRT and other outreach teams who work directly with people initially encountered in crisis on the street, or on discharge from PES, jail, or another acute setting. This team will work with clients continuously until they are able to connect with ongoing long-term treatment and services, including housing, benefits and other social supports.
Urgent Care & Crisis Diversion Facility (formerly included under SCRT)	\$1,000,000	\$3,700,000	\$3,700,000	\$7,400,000	Yes	Ordinance: Residential and drop-in services Input: Develop greater crisis response, with staff trained specifically in mental health; Mobile (Telehealth) Behavioral Health Services: meet people where they are: streets, shelters, etc.; Drop-in centers specifically for people using substances; Treatment on demand	15 beds, up to 72-hour stays	Increases urgent care capacity by creating a crisis diversion facility and piloting telehealth in the field to expediate initiation of medication treatment and to eliminate wait-times for crisis mental health care. Will accept clients from SCRT, EMS-6, Homeless Outreach Team, and other community partners.
Expand Intensive Case Management Services	\$4,200,000	\$5,800,000	\$6,000,000	\$11,800,000	Yes	Ordinance: Case management; Housing linkage, and referrals into supportive housing with continued intensive case management and mental health services Input: Outpatient behavioral health services with flexible funding; Support for people coming out of PES, jails, and hospitalization; One-on-one therapy; Better options for dual diagnosed patients	Expand case management capacity by 865 cases (note: client engagement can last anywhere from 3 months to >2 years of care)	Expansion of Intensive Case Management (ICM) services for people with complex behavioral health needs who face barriers to engagement with services and ongoing care. ICM provides an 'anything it takes' level of care to help clients achieve their goals. ICM programs support clients to identify housing options and overcome barriers to placement into housing and work closely with clients and the homeless response system to navigate Coordinated Entry and the housing placement process. Outreach and engagement efforts to link clients with care coordination and ICM supports will focus on people experiencing homelessness by developing closer collaborations with resources such as drop-in centers, outreach teams, housing navigation programs, street medicine, and shelters.
Expanded Access to Assessment, Evaluation and Pharmacy	\$5,100,000	\$3,100,000	\$3,300,000	\$6,400,000	Yes	Ordinance: Mental health and substance abuse treatment, including medications; Residential and drop-in services Input: Drop-in center for people using substances/treatment on demand, designed; Funding for more one-on-one therapy; 24/7 services. Better options for dual diagnosed patients.	2,500 Touchpoints	Expansion of evening and weekend hours at the Behavioral Health Access Center (1380 Howard) and BHS Pharmacy. Services are being designed to specifically address the needs of people experiencing homelessness, providing a safe, welcoming environment with assessment, triage, linkage services, and benefits enrollment on a drop-in basis. As part of our overdose response effort, will provide increased access to medications for addiction treatment, including low threshold buprenorphine. Will provide harm reduction education and barrier-free access to naloxone
Expand Mental Health and Substance Use Treatment Beds	\$4,000,000	\$15,600,000	\$16,000,000	\$31,600,000	Yes	Ordinance: Residential and drop-in services; Specialized temporary and long-term housing; Mental health and substance abuse treatment, including medications; Input: Board and care beds; More beds without funding restrictions/ timelines; Increasing hospital treatment beds; More housing options and services for people with high/acute needs and conditions; Residential treatment programs; 24/7 services; Better options for dual diagnosed patients; Drop-in centers specifically for people using substances/treatment on demand	132 beds	Supports beds recommended in the bed optimization report and designed to reduce wait-time for residential treatment in our system, especially for those experiencing homelessness. Includes: •Locked Subacute (31 beds) •Psychiatric SNF (13 beds) •Board and Care (53 beds) •Mental Health Residential (20 beds) Also provides additional funding for a 20-30 bed 24/7 Drug Sobering Center which was the top recommendation from the Meth Task Force and a new program for San Francisco. TAY-specific residential treatment program described below under TAY services.
New Proposals								

Activity for Investment (By Population)	Funding Recommendations (Previously Approved) FY 20-21	Funding Recommendations FY 21-22	Funding Recommendations FY 22-23	Total Funding Recommended	Future FY Spending Required to Sustain	Alignment with Ordinance & Community Input Sessions	Projected Outcomes or Outputs	Notes
Behavioral Health Services in Permanent Supportive Housing	\$0	\$1,300,000	\$3,300,000	\$4,600,000	Yes	<p>Ordinance: Mental health and substance abuse treatment, including medications; Residential and drop-in services;</p> <p>Input: Mobile Behavioral Health Services: meet people where they are: streets, shelters, etc.; Wraparound services - whole person approach on site; Outpatient behavioral health services with flexible funding</p>	<p>2,000 new behavioral health engagements, offering services to people moving into PSH.</p> <p>600 unduplicated clients will receive in-person on-site behavioral health and/or physical health services from direct service staff</p>	<p>The City's commitment to ensuring that people experiencing homelessness with the greatest vulnerabilities are housed in Permanent Supportive Housing has significantly increased the acuity level of people living in PSH. By providing increased health and behavioral health services to homeless individuals in the process of being housed, the City can better support PSH providers in helping people to transition and supporting the clients to stabilize in housing. Services include client assessments as they're moving into housing and dedicated, direct-service behavioral health and medical staff to provide in-person support to newly housed individuals. Through expanding behavioral health services for people transitioning into PSH and supporting PSH providers, we will increase the percentage of people who successfully transition from unsheltered homeless to PSH. All care coordination services under this programming will begin with people who are currently experiencing homelessness and continue as they stabilize in housing.</p>
Overdose Prevention	\$0	\$11,700,000	\$13,000,000	\$24,700,000	Yes	<p>Ordinance: Mental health and substance abuse treatment, including medications; Assertive Outreach Services; Peer Support</p> <p>Input: Mobile Behavioral Health Services: meet people where they are: streets, shelters, etc.; Low-threshold, street-based counseling (re: fentanyl especially), with drug testing; Developing greater crisis response, with staff trained specifically in mental health; Drop-in centers specifically for people using substances/treatment on demand; 24/7 services; Outpatient behavioral health services with flexible funding</p>	3,450 touchpoints	<p>Will partially fund effort to build on existing services to provide intentional outreach to people who inject and smoke fentanyl, especially those who are using on the streets by:</p> <ul style="list-style-type: none"> -A new collaboration between Street Medicine & EMS-6 called, Street Overdose Response Team, to provide immediate response and intervention to people suffering a non fatal overdose, as well as persistent outreach following the overdose, offering treatment services, and harm reduction resources -Improving our outpatient services and making them more accessible for people experiencing homelessness through: <ul style="list-style-type: none"> - Low threshold buprenorphine access (including tele-buprenorphine) -Contingency Management (incentivizing engagement with services) -Expansion of BAART's Market St. Clinic hours to 24 hours; -Providing harm reduction training and clinical support for service providers in high-risk shelter and housing sites; -Expanding access to safe consumption supplies and other harm reduction resources at outpatient behavioral health and primary care clinics; and -Increasing access to medications & addiction treatment through expanding street medicine, providing medical care over the telephone, and supporting medication delivery to areas with few pharmacies.
Increasing Capacity for Local Treatment Beds	\$0	\$11,100,000	\$10,900,000	\$22,000,000	Yes	<p>Ordinance: Specialized temporary and long-term housing, Rental Assistance, housing linkages, supportive housing with intensive case management;</p> <p>Input: Board and care beds; More beds without funding restrictions/ timelines; Increasing hospital treatment beds; More housing options and services for people with high/acute needs and conditions; Residential treatment programs; 24/7 services; Better options for dual diagnosed patients; Outpatient behavioral health services with flexible funding</p>	~180 beds	<ul style="list-style-type: none"> •Managed Alcohol (estimated 10 beds in FY21-22 and 10 more in FY22-23 with a focus on Latinx/Mayan clients) This is a new program that would be the first of its kind in San Francisco, informed by our experience successfully piloting a managed alcohol option for a small cohort of people with chronic alcohol use disorder who could not safely shelter in place during COVID. •Residential Step-Down (estimated 150 beds) This is an expansion of beds that are highly utilized, are an important step-down from residential treatment. We currently lack sufficient capacity to meet the demand for this level of substance use treatment bed. •Up to 20 additional Behavioral Health beds.
Site Acquisition for New Beds	\$7,700,000	\$75,000,000	\$0	\$75,000,000	No	<p>Ordinance: Specialized temporary and long-term housing, Rental Assistance, housing linkages, supportive housing with intensive case management;</p> <p>Input: Board and care beds; More beds without funding restrictions/ timelines; Increasing hospital treatment beds; More housing options and services for people with high/acute needs and conditions; Residential treatment programs; 24/7 services; Better options for dual diagnosed patients; Outpatient behavioral health services with flexible funding</p>	City-owned sites to house Behavioral Health beds, including Board and Care, to counter further loss of local beds.	This would support 2-3 site acquisitions for all the new beds.
24/7 Access to Assessment, Evaluation, Urgent Care	\$0	\$0	\$2,000,000	\$2,000,000	Yes	<p>Ordinance: Mental health and substance abuse treatment, including medications; Residential and drop-in services</p> <p>Input: Drop-in center for people using substances/treatment on demand, designed; Funding for more one-on-one therapy</p>	>2,500 touchpoints, will depend on program model	Partially supports the expansion of the Mental Health Services Center detailed above to 24/7 operations in the second year, ensuring access to assessment and treatment on demand at all times to people experience homelessness and substance use disorders.

Activity for Investment (By Population)	Funding Recommendations (Previously Approved) FY 20-21	Funding Recommendations FY 21-22	Funding Recommendations FY 22-23	Total Funding Recommended	Future FY Spending Required to Sustain	Alignment with Ordinance & Community Input Sessions	Projected Outcomes or Outputs	Notes
Transgender Mental Health Services	\$0	\$1,000,000	\$1,000,000	\$2,000,000	Yes	Ordinance: Case management; Housing linkage, and referrals into supportive housing with continued intensive case management and mental health services Input: Mental health and substance abuse programs, including treatment on demand, designed specifically for trans population; More mental health care accessible to trans population.	TBD	Model to be developed with community input. Will expand Behavioral Health Services of an existing trans health specialty provider to including programming specifically for transgender people experiencing homelessness. May include specialized care for people pursuing gender affirming surgery and support for people transitioning into PSH.
Street Medicine Behavioral Health Expansion [eliminated on recommendation of OCOH]	\$0	\$0	\$0	\$0	Yes	Ordinance: Intensive street-based mental health services; Assertive outreach services; Case Management; Mental health and substance abuse treatment, including medications Input: Mobile Behavioral Health Services: meet people where they are: streets, shelters, etc.; Developing greater crisis response, with staff trained specifically in mental health	200 unduplicated clients served with these enhanced services	Expand Street Medicine team to include Complex Case Management and Behavioral Health Clinicians. Street-based whole person clinical model for people experiencing homelessness utilizing a successful model which engages people, provides a continuity relationship with a care team, and addresses the persons medical and behavioral health team. The team will be based in our new Health Resource Center and work in collaboration with other service and care providers.
New Harm Reduction Therapy Center	\$0	\$1,000,000	\$1,000,000	\$2,000,000	Yes	Ordinance: Mental health and substance abuse treatment, including medications; Residential and drop-in services; Input: Balancing public health run care with need for building capacity of community based organizations with cultural capacity to meet needs.	Work with 2000 annually, 1,000 of those on-going sustained relationships and services	This would be funded with a \$1m reduction in pharmacy proposal and greatly expand access to care for folks on the streets. Open access clinic and/or drop-in structure including a range of services so that the holistic needs of each person can be met in the moment. Creation of new site plus expansion of pop up clinics. Include medical, behavioral health and socio economic support to ensure multidisciplinary integrated care.
New Co-op Housing	\$0	\$1,800,000	\$100,000	\$1,900,000	Yes	This would add another co-operative housing program to our system. Currently, this has been an innovative way to serve those with mental health struggles in shared housing with support from case management. This can be used to purchase a flat or apartment.	6 residents at any one time	This would ensure we have some alternative permanent housing options for those with BH needs, instead of relying on Permanent Supportive Housing alone, and balances the BH proposal focus on front end and temporary interventions.
Culturally competent, community based Behavioral Health Expansion for CBO partners [enhancing behavioral health at shelter and drop-in settings]	\$0	\$2,000,000	\$2,000,000	\$4,000,000	Yes	Ordinance: Mental health services. Input: Bring behavioral services to meet homeless people where they are at in shelters, drop in centers. Ensures on-going support in homeless programs for individuals with behavioral health challenges, integrated into community programs models.	1,400 adults and 75 children unduplicated served with these enhanced services	Funds community based homeless providers to build up behavioral staff that is continuously on-site. Intention is to fund CBO's with this to enhance capacity of community based providers to deliver behavioral health at their settings, add childrens therapy/behavioral health, set targets for families and adults, add site based services at drop-ins, shelter.
Operating and Implementation Costs (12%)	\$2,000,000	\$8,900,000	\$9,500,000	\$18,400,000	Yes	Sec 281(b)(3). All remaining amounts for the following purposes, in the following percentages, which amounts shall include the costs of administering the programs described.	Supports the cost of administering the Mental Health programs	This line item is for 12% indirect operating costs to ensure programs are implemented on a timely manner. This includes additional staffing and support for processing new RFPs and contracts, payment processing and cost reporting, facilities (analysis and acquisition), data and IT staff.
TAY Population								
TAY Residential Treatment Beds	\$0	\$730,000	\$750,000	\$1,480,000	Yes	Ordinance: Specialized temporary and long-term housing, housing linkages, supportive housing with intensive case management; Input: Mental health and substance abuse programs, including treatment on demand, designed specifically for TAY; More mental health care accessible to TAY	10 beds	This is a new program that has been developed based on input from TAY clients served in BHS, provider and other community input, and priority service areas articulated by OCOH and others in the stakeholder listening sessions.
TAY Care Coordination & Case Management	\$0	\$500,000	\$500,000	\$1,000,000	Yes	Ordinance: Intensive street-based (telehealth) mental health services and case management; Housing linkage, and referrals into supportive housing with continued intensive case management and mental health services Input: Outpatient behavioral health services with flexible funding; Support for people coming out of PES	Expand case management capacity by 85 cases (note: client engagement can last anywhere from 3 months to >2 years of care)	Care coordination and case management exclusively for TAY populations (note: TAY are also not excluded from the General Population care coordination & case management services listed above). This line item is for dedicated TAY programming.
TAY Mental Health Services	\$0	\$750,000	\$750,000	\$1,500,000	Yes	Mental Health Services	TBD	Model TBD with community input
Families with Children Population								
Families with children moving into/ and living in HSH's Permanent Supportive Housing units will receive care coordination and behavioral health treatment as described under "Behavioral Health Services in Permanent Supportive Housing".								
Advance repayments	\$ 16,100,000							
Totals:	\$46,300,000	\$158,080,000	\$88,600,000					
Fund Balance	\$168,700,000	\$83,100,000	\$88,400,000	\$340,200,000				
Remaining Balance	\$122,400,000	(\$74,980,000)	(\$200,000)	\$47,220,000				

Our City, Our Home Oversight Committee Community Input Sessions Summary Report

April 2021

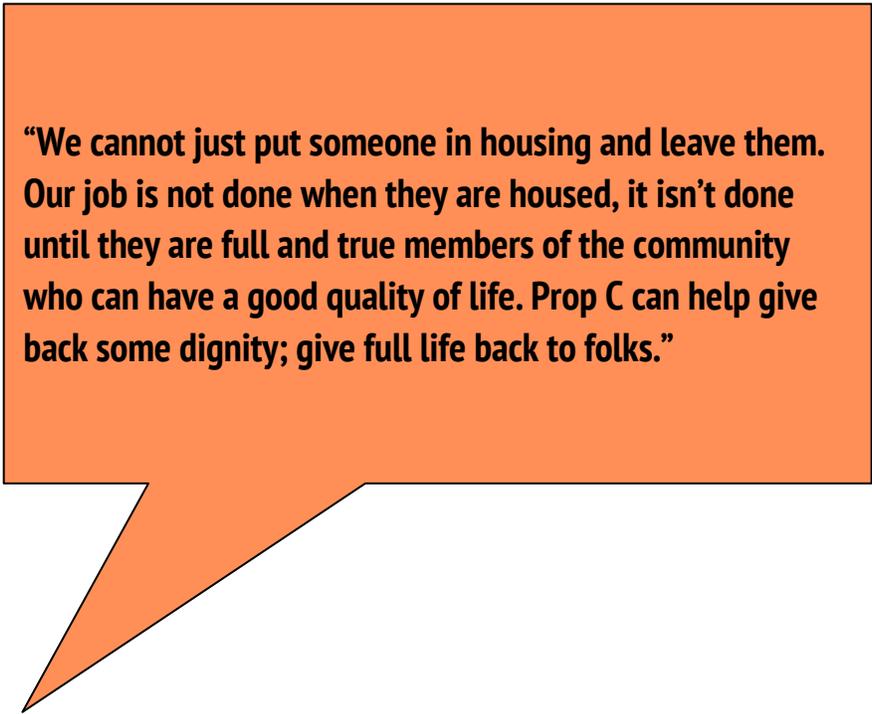
Executive Summary

Over the past two months, the Our City, Our Home (“OCOH”) Oversight Committee has led an inclusive engagement process to hear directly from a wide range of community members about the barriers that San Franciscans face in exiting homelessness, and the strategies and interventions that they think the OCOH Committee should prioritize for funding. Feedback gathered from the community reveals a stark gulf between the ambitions of a compassionate homelessness response system and the lived reality for many of the people for whom the system was designed. While San Francisco strives to adopt a low-barrier approach to its homelessness response system, many community members continue to feel overwhelmed by obstacles as they interact with the system.

One community member explained that there are so many barriers, from hard-to-meet eligibility criteria including background checks, to a confusing maze of programs, that he started to feel as if he **“wasn’t good enough”** to get housed. Another community member shared that the process of getting housed **“can be very intense and discouraging. Juggling jobs while also having to attend workshops to get certain certifications and approvals to even be eligible for certain programs– that is a lot to handle simultaneously.”**

In addition to identifying challenges, the OCOH listening sessions have resulted in dozens of recommendations across the OCOH funding priorities: housing, behavioral health, prevention, and shelter/hygiene. And, while there have been many and varied recommendations, some common themes have emerged. Notably, there is widespread agreement that the OCOH Committee should prioritize:

1. Permanent housing solutions
2. A wider range of housing and prevention options that meet people where they are, not where we want them to be;
3. Interventions that are flexible in design and duration, and recognize that a one-size-fits-all approach does not work;
4. Services that address the true needs of clients, particularly individuals with higher acuity or individuals who require only “light touch” services. Many community members expressed concern that our system does not serve either of these populations well.



“We cannot just put someone in housing and leave them. Our job is not done when they are housed, it isn’t done until they are full and true members of the community who can have a good quality of life. Prop C can help give back some dignity; give full life back to folks.”

In addition to identifying funding priorities, community members also identified what is currently working well within the Homelessness Response System, with one listening session participant reporting, “There are many good things happening in the City such as realignment funds that support rental subsidies and housing/pathways to permanent housing for justice involved individuals.” This report includes recommendations regarding strategies and approaches that the City could consider expanding.

Background & Methodology

The OCOH Committee hosted community meetings designed intentionally as listening sessions, with OCOH Committee members providing only brief updates on the Committee process, and most of the sessions' time devoted to gathering feedback on three main questions¹:

1. What interventions should the OCOH Committee prioritize for funding
2. What barriers do individuals and non-profit service providers face; and
3. What strategies are working well and should be scaled

The OCOH Committee has held seventeen listening sessions during which they heard from over 800 community members. To ensure that people with lived experience of homelessness had an opportunity to contribute their perspectives, the OCOH Committee sponsored three listening sessions specifically for families experiencing homelessness, and another listening session in conjunction with Glide in which community members were surveyed about their experiences and priorities.

Consistent with its intent to make funding recommendations that center equity, the OCOH Committee has also asked for input on ways to reduce disparities based on race, sexual orientation, and gender identity. There was widespread agreement among community members that the homelessness response system must embed equity in all aspects of its work. The OCOH Committee intends to explicitly address equity in its funding recommendations.

The tables below summarize the feedback across each of the funding categories, with additional charts drawn from the Glide survey, as well as some additional recommendations voiced by the community but which can't be funded with OCOH dollars. Some of these recommendations are critical to implementation of the OCOH Committee's funding recommendations and should be considered by the City as part of its overall efforts to improve the effectiveness and efficiency of the homelessness response system.²

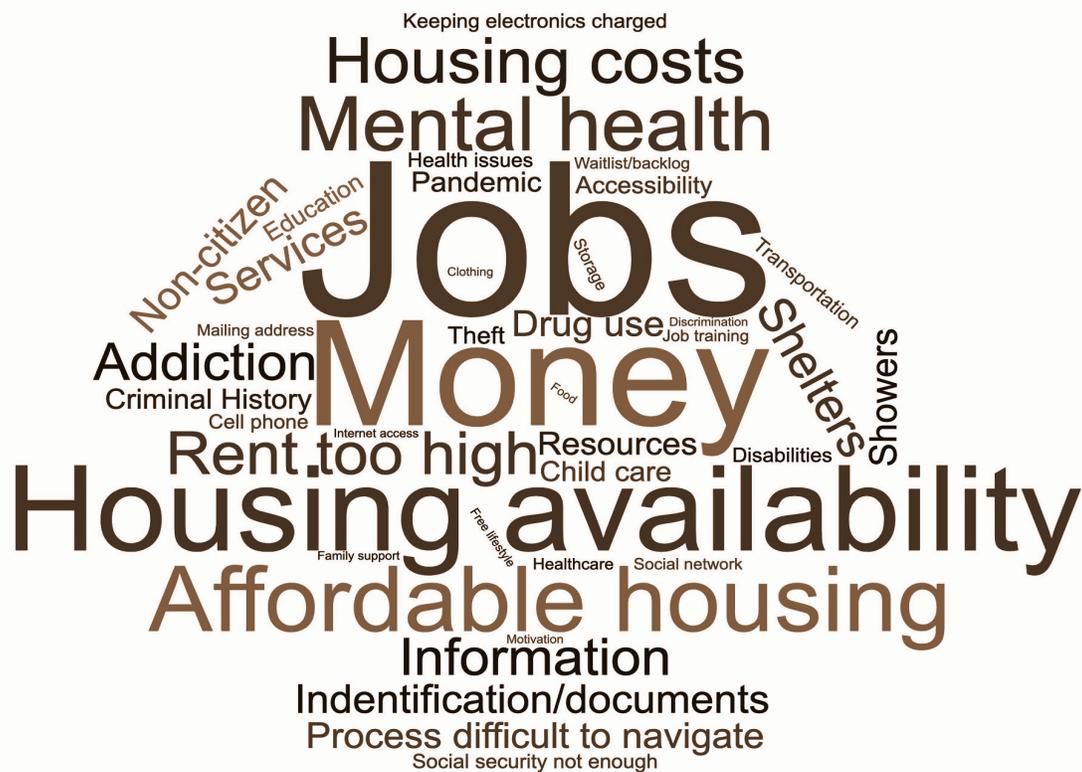
¹ In a few sessions, the questions were modified to be more relevant to the participants.

² The OCOH Committee plans to continue conducting listening sessions. Accordingly, this report will be updated with additional findings.

Summary of Community Feedback

Barriers to Accessing Housing and Services

Community members expressed a host of barriers that prevented them from accessing housing and services. Insufficient income, whether due to lack of job or other reasons, lack of affordable housing options, behavioral health, and lack of information about how to access City services cited as the biggest challenges.



Summary of Community Feedback

Priorities for Prevention Funds

Investment Activity by Populations	Community Listening Session Input
Adults	
Targeted Prevention for Extremely Low Income (ELI), at-risk housed (including Rental Assistance; flexible funding; case management, etc.)	<ul style="list-style-type: none"> ● Flexible funding (including security deposits, utilities, back rent) ● Emergency rental assistance ● Funds that last for longer periods of time (until the need is met) ● More upstream interventions <ul style="list-style-type: none"> ○ Automatic triggers such as a missed utility bill or rent payment to unlock prevention programs ○ Every service provider should be asking about housing status ● More services for queer and trans young people ● Universal Basic Income (UBI) for financial stability <ul style="list-style-type: none"> ○ Higher UBI for families, pregnant women ● Focus on areas where there is not much outreach or services (94134 or 94124 zip codes)
Problem solving for recently unhoused people (including diversion and rapid exits, housing search assistance, case management, etc.)	<ul style="list-style-type: none"> ● Expand problem solving beyond just the access points; utilize community based organizations ● More flexibility with problem solving dollars
Eviction prevention and housing stabilization	<ul style="list-style-type: none"> ● More flexibility in funding for stabilization services ● Protections for non-lease holders ● Target populations at risk of displacement, such as those who have experienced homelessness before.

Flexible shallow subsidy pool	<ul style="list-style-type: none"> ● Security deposit, short-term subsidies must be more than one-time assistance because most people need support for at least 3-6 months ● Project-based, shallow and deep subsidies
Workforce Development	<ul style="list-style-type: none"> ● Workforce training and employment programs ● Alignment between housing programs and employment services with growth opportunities ● Job placement services with case management
Other	<ul style="list-style-type: none"> ● Personalized support, a one-size fits all approach does not work, sometimes a higher level of care/services needed
Families with Children	
Targeted Prevention (ELI, doubled up, at-risk housed)	<ul style="list-style-type: none"> ● Need to go upstream for earlier prevention; families need more income and deeper subsidies to be able to stay in SF
Problem Solving (Recently unhoused)	<ul style="list-style-type: none"> ● Flexible and larger pot of problem solving dollars (must cover expenses like hotel stays, etc.) ● Recognition of the particular challenges faced by survivors of domestic violence (heightened safety and confidentiality concerns)
Eviction Prevention and housing stabilization	<ul style="list-style-type: none"> ● Legal services beyond just eviction prevention, e.g., habitability, eligibility criteria, custody ● Legal services for survivors of domestic violence
Small site acquisition (preserve units for ELI, at-risk housed)	<ul style="list-style-type: none"> ● Acquisition and rehab of units large enough and affordable for families <ul style="list-style-type: none"> ○ Non-profit, community ownership model

Other	<ul style="list-style-type: none"> ● Access to services that are culturally competent, available in multiple languages, trauma-informed ● Families need longer duration of prevention strategies
Youth/Young Adults	
Targeted Prevention	<ul style="list-style-type: none"> ● Funding that can cover expenses to keep someone housed, not just direct housing costs
Problem Solving (Recently unhoused)	<ul style="list-style-type: none"> ● Bigger pot of problem solving dollars <p>Access points need to have greater resources and/or non-profits should be able to do work with transition age youth (TAY) directly instead of sending them to an access point</p> <ul style="list-style-type: none"> ● Peer led resources -- support and outreach and working within leadership roles in community organizations
Eviction Prevention and housing stabilization	<ul style="list-style-type: none"> ● Greater flexibility in funds available for rental assistance, including for non-leaseholder, etc.
Workforce/education	<ul style="list-style-type: none"> ● Employment ● Reducing barriers to employment
Small site acquisition (preserve units for ELI, at-risk housed)	<ul style="list-style-type: none"> ● TAY want to stay in the communities where they are raised; need a strategy to acquire and maintain housing in those communities
Other	<ul style="list-style-type: none"> ● Programs like what the SF AIDS Foundation offers, paying not only for medication but emergency loans/cash to accompany it

- | | |
|--|---|
| | <ul style="list-style-type: none"> • More services for queer and trans youth |
|--|---|

“Working upstream is where we should be investing our time. We understood there was limited opportunity the older someone got. The heartbreak is that we need to have a system of care that is tailored. It can't be this one size fits all type of thing.”

Priorities for Housing Funds

Investment Activity by Populations	Funding Recommendations from Community Listening Sessions
Adults	
Permanent Supportive Housing	<ul style="list-style-type: none"> • More permanent housing • Rehabilitation funds to facilitate use of empty/old buildings for housing • Fund more small-site (25 units and below) development • Wider range of housing options • Buy hotels • Housing and services for Black Trans women who face tremendous barriers to accessing both

Flex pool expansion (permanent subsidies)	<ul style="list-style-type: none"> ● Subsidies/vouchers for private-market rate housing ● PSH outside of the Tenderloin ● Increase flexible funds, security deposits, etc.
Time Limited Subsidies	<ul style="list-style-type: none"> ● Jails to transitional housing, treatment programs ● Transitional housing for DV survivors ● Additional step-up housing for DV survivors ● Prioritize long term residential transitional housing until people can exit into permanent housing (1 to 2 years) ● Bridge housing and strong discharge planning programs
Supportive Services	<ul style="list-style-type: none"> ● More services connected to housing and continuing after a person is housed ● Fund the gap in services that prevents referrals from translating to placements (and leads to vacancies in PSH) ● More on-site treatment/care
Other	<ul style="list-style-type: none"> ● Different populations require different services, different levels of care. Not one size fits all: <ul style="list-style-type: none"> ○ Gender specific justice-involved housing ○ More housing for justice-involved individuals ● Expanding the housing continuum ● For people exiting custody, housing money should go towards the right bed to meet their needs and who they are
Families with Children	
Permanent housing	<ul style="list-style-type: none"> ● Dedicated housing for young mothers with children <ul style="list-style-type: none"> ○ Extremely low barriers needed for families worried about separation and other upheaval if they engage with housing programs/services ● Real estate set-aside to develop new sites; maximizing investments in community (land trust model) ● Acquire and rehab small sites suitable for families with children

Flex pool expansion (long-term subsidies)	<ul style="list-style-type: none"> • More flex pool housing subsidies
Time limited subsidies	<ul style="list-style-type: none"> • Longer term RRH: 2 years is not enough • Transitional supportive housing for justice impacted women and their children/alternative sentencing • Transitional housing for DV survivors • Additional step-up housing for DV survivors
Other	<ul style="list-style-type: none"> • Strategies that will keep families of color in SF • Reunification; more options to keep families together
Youth / Young Adults	
Permanent housing	<ul style="list-style-type: none"> • More youth housing options and options for youth who “fail” out of programs • Acquisition of small site properties that can be maintained for TAY • Focus on housing for young parents • More TAY-dedicated permanent supportive housing
Time Limited Subsidies	<ul style="list-style-type: none"> • 2 years of RRH is not enough, and TAY need more intensive supports • Justice-involved TAY housing that includes transitional housing, pretrial housing, and RRH
Flex Pool expansion	<ul style="list-style-type: none"> • Options outside of the TL and SOMA • TAY want to live where they feel comfortable; too many are getting relocated away from supports • Especially for RRH, let young people stay in their neighborhoods
More Supportive services tied to housing	<ul style="list-style-type: none"> • Culturally competent services, language access especially for monolingual speakers • Housing programs need support services built-in, to avoid revolving door

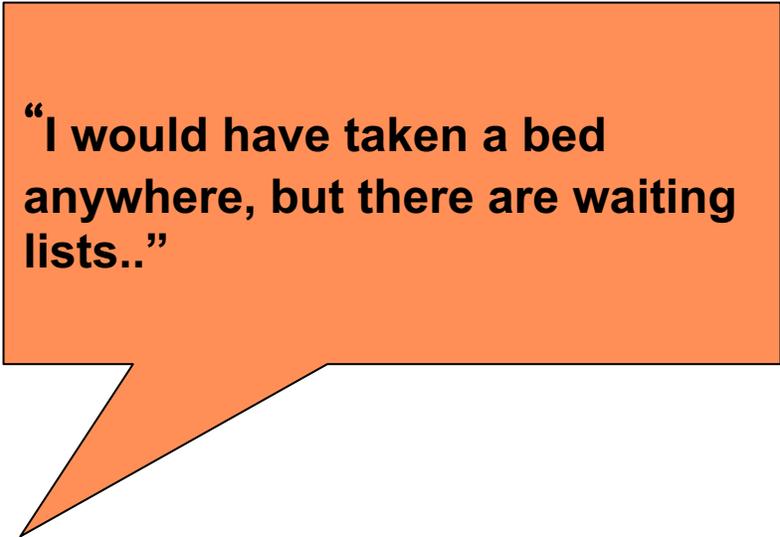
	<ul style="list-style-type: none">• Fund local community organizations that provide specific and individualized services to clients
Other	<ul style="list-style-type: none">• Structured TAY living arrangements• Nonstandard housing models, especially for TAY, with an awareness of sponsoring kinship/community

“Expand types of housing. We have permanent supportive housing for some, but we also need housing without services and housing for others who need higher levels of care; we need a range of housing options that matches our diversity of needs.”

Priorities for Homeless Shelter and Hygiene Services

Investment Activity by Populations	Funding Recommendations from Community Listening Sessions
Adults	
Safe sleeping villages	<ul style="list-style-type: none"> • More services available at safe sleeping sites
RV Park	<ul style="list-style-type: none"> • Safe parking sites
New shelter/Nav Center	<ul style="list-style-type: none"> • Nav Center for justice-involved folks • Shelter for justice-involved women • Shelter for DV survivors
Existing Shelter/Navigation Center	<ul style="list-style-type: none"> • More trauma-informed staff at shelters, nav centers • Wraparound services in shelters
SIP hotels	<ul style="list-style-type: none"> • SIP hotels
Hygiene/Basic needs	<ul style="list-style-type: none"> • Shower, laundry, toilet, etc facilities
Other	<ul style="list-style-type: none"> • Different types of non-congregate shelter (tiny homes, pod homes, etc.) • Services and shelter for DV survivors in the LGBTQIA+ community • Justice-involved people need places to go upon release late night
Families with Children	
Emergency, same day shelter with individual rooms	<ul style="list-style-type: none"> • Dedicated safe sleeping sites for families • SIP hotels • Medium-term shelter options: some families are spending months in emergency shelters that aren't designed for longer term stays, which can be traumatizing • Additional shelter capacity for survivors of domestic violence • Homeless shelters/emergency shelter

Other	<ul style="list-style-type: none">● SIP hotels have worked well for families. Need more funding to access these types of options● Emergency vouchers for hotels
Youth/Young adults	
TAY shelter and crisis housing	<ul style="list-style-type: none">● Dedicated TAY facilities away from the Tenderloin
Expanded drop-in and outreach (mobile and weekend capacity + meals)	<ul style="list-style-type: none">● More spaces where TAY can access supports● Greater outreach in neighborhoods that are typically overlooked, such as the southeast part of the City



“I would have taken a bed anywhere, but there are waiting lists..”

Priorities for Behavioral Health Expenditures

Activity for Investment by Populations	Funding Recommendations from Community Listening Sessions
Adults	
Street-based and mobile outreach	<ul style="list-style-type: none"> ● Mobile Behavioral Health Services: meet people where they are: streets, shelters, etc. ● Low-threshold, street-based counseling (re: fentanyl especially), with drug testing ● Developing greater crisis response, with staff trained specifically in mental health ● Funding for more one-on-one therapy ● Support for people coming out of PES ● Mobile HIV/STI/COVID testing
Behavioral Health treatment (residential and drop-in)	<ul style="list-style-type: none"> ● Drop-in centers specifically for people using substances/treatment on demand ● Wraparound services - whole person approach on site (DPH clinics at SIP hotels are a great model) ● Outpatient behavioral health services with flexible funding
Specialized temporary and long-term housing, Rental Assistance, housing linkages, supportive housing with intensive case management	<ul style="list-style-type: none"> ● Board and care beds ● More beds without funding restrictions/ timelines ● Increasing hospital treatment beds ● More housing options and services for people with high/acute needs and conditions ● Residential treatment programs ● 24/7 services ● Better options for dual diagnosed patients
Families with Children	
	<ul style="list-style-type: none"> ● Additional care and treatment options designed for families ● More trauma-informed care and services ● Mental health support and services

Youth/Young adults

- Mental health and substance abuse programs, including treatment on demand, designed specifically for TAY
- More mental health care accessible to TAY

“Harm reduction shouldn’t be pitted against abstinence. They can be integrated to offer a wide menu of options. Can we meet people where they are so it isn’t a binary choice? Any door is the right door!”

Policy and Implementation Recommendations

Includes items that may be critical to the implementation of the OCOH recommendations above, as well as system or policy changes to consider, aside from cost items.

Housing

- Expand rent control
- Ability to age in place, rather than being sent to other “institutions”
- For DV, all housing options need to work for families, particularly families with young children (no SROs)
- Reduce requirements for SRO placements, allow more options for clients
- Not just housing, but quality of housing; bring supportive and permanent housing options up to par - not below standards
- Establish housing as a human right
- Understand the difference between short-timers and long-timers in the justice involved population. Long timers need housing that does not resemble prison
- Increase housing options for people on the 290 (sex offender) registry
- Greater emphasis on safe, healing spaces, not just any room will do, particularly if a person has experienced trauma: small SROs can replicate the smallness of a jail
- Supportive housing needs 24/7 social worker and mental health support
- Focus should not just be on housing, but quality of life

Coordinated Entry/Housing Process	<ul style="list-style-type: none"> ● Underserves TAY who would be successful with light touch interventions. But the TAY who are prioritized need more care than is currently available; need a TAY specific assessment tool ● The Coordinated Entry system works for a select few, while people who don't fit certain boxes don't get access ● Coordinated Entry access from jail with assessment to help transition and help meet recovery goals and mandates ● Coordinated Entry needs to better indicate when particularly high-needs clients need care beyond PSH ● Coordinated Entry needs to work better for families <ul style="list-style-type: none"> ○ The Coordinated Entry process is exhausting for families ○ Too many waitlists ● Reform coordinated entry to make it more accessible for TAY (e.g., youth complete their own assessment) ● Coordinated entry should also make workforce referrals ● Housing process needs to reduce documentation requirements ● Eliminate background checks ● There needs to be more flow through the system; we need to be able to right-size our interventions
Prevention	<ul style="list-style-type: none"> ● Higher availability of services and activities ● Justice-involved people, including sex workers over 18 and those involved in buying/selling drugs, should be given the opportunity to access services without fear of being arrested or put in an institution ● Coordinated entry or case management while people are still in jail/prison so that they don't exit straight to the streets ● Expand programs to include undocumented people ● Share community stories to inform people about what's happening, where the system breaks down ● Greater effort to keep families in SF ● Include Child Welfare and SFUSD in programs for TAY ● Counselors and parole officers in the juvenile court system should be able to provide housing or financial subsidies ● Other types of legal services: IDs, tickets, fines, etc. ● Continuum of care: move from prevention, to early intervention, to more intensive services
Behavioral Health	<ul style="list-style-type: none"> ● A focus on racial equity <ul style="list-style-type: none"> ○ Service providers must demonstrate cultural competency, language access, etc. ○ Support more diversified, BIPOC-led service provision ● Link program exits directly to housing

	<ul style="list-style-type: none"> ● Supporting the “hardest to serve” ● Include peers, community resources to provide services ● Help with digital access for remote treatment ● More transparency in the hospital admission process, including why patients are rejected ● Training for staff/clients on how to access services ● Decouple TAY Medi-Cal eligibility from parents’ status ● Expand scope of Medi-Cal services ● Community outreach/public education to fight stigma ● Funding for a Research Investigation/Blue Ribbon Panel on Drug Decriminalization ● Every entry point must reduce barriers; more low barrier programs and housing ● Reduce barriers to applying for health insurance ● Safe Consumption Sites ● Services for people to age in place ● Overdose Prevention Programs ● Remove care from clinical settings, support alternative forms of care ● Increased drawdown of Medi-Cal funds ● Additional care and treatment options designed for families ● More trauma-informed care and services
Shelter & Hygiene	<ul style="list-style-type: none"> ● Need information on law enforcement and how they interact with minors/TAY, harassment vs support, routing to prison vs shelter. <ul style="list-style-type: none"> ○ Law enforcement overlaps with other emergency services, needs a broader view across all systems ● HOT needs to do a better job at placing people in shelter or housing ● Safe sleeping sites with pathways to SIP and more ● In Custody to Release - in partnership with Jail Health - sometimes people are sitting in jail for 2-3 months because a treatment or PSH is not available at the end ● Coordinate navigation center and shelter availability with release times for justice-involved people ● Funding for cell phones, other electronic devices, with “Mobile Geek Squad” for device support, zoom training, charging stations ● Funding for transportation ● Funding for help with transitioning out of homelessness - teaching skills about moving from being homeless to housed ● Funding for a place for unhoused people to safely store their things - medication, etc
Other	<ul style="list-style-type: none"> ● Increase collaboration and sharing of information -- working together across systems in support of individuals or initiatives ● Remove silos between HSH, DPH, and other agencies <ul style="list-style-type: none"> ○ Unclear who’s in charge, where is responsibility/authority

- Transparent data from the city: who's getting housing, who's getting prioritized. Hard to tell if services are being distributed disproportionately, or equitably

“Link folks coming out of treatment into housing - right from start they should get assessed in coordinated entry and then be able to move into housing.”

Spending Priorities that Fall Outside of the Scope of OCOH

Includes items that would not add capacity for exits from homelessness

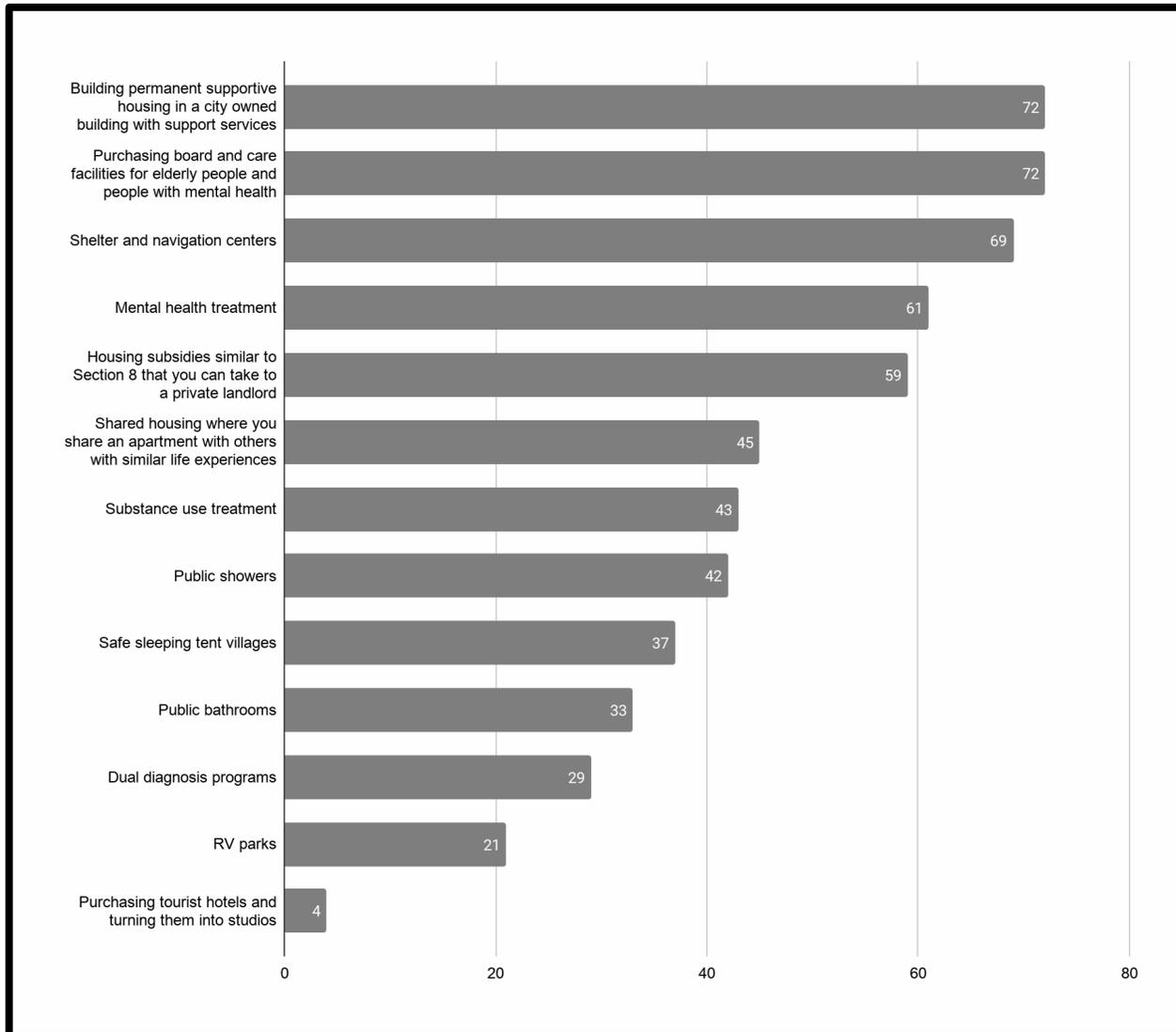
- Living wages for Homelessness Response System workers: Supportive housing staff, front line staff, case managers, nonprofit workers in the system
- Increased child care options
- Young Professionals Advisory Council (at Family House) as a model, potentially to be expanded
- Funding to help TAY with tickets including sit-lie/quality-of-life violations and traffic tickets
- Improving the quality of existing housing
- Programs like the Earl Simms' program (in LA): provide TH for people who have mental health issues and have challenges re-entering society. 50% of staff are formerly incarcerated; utilize peer connections for individuals who can identify with people who have the same experience to make that sense of connection and safety.
- More training/development for providers to ensure cultural/linguistic appropriateness
- Include outdoor meeting "rooms" at service providers for safe in-person meetings during COVID
- Funding for incentive programs (like Stonewall)
- Fully fund Mental Health SF

Glide Survey Overview

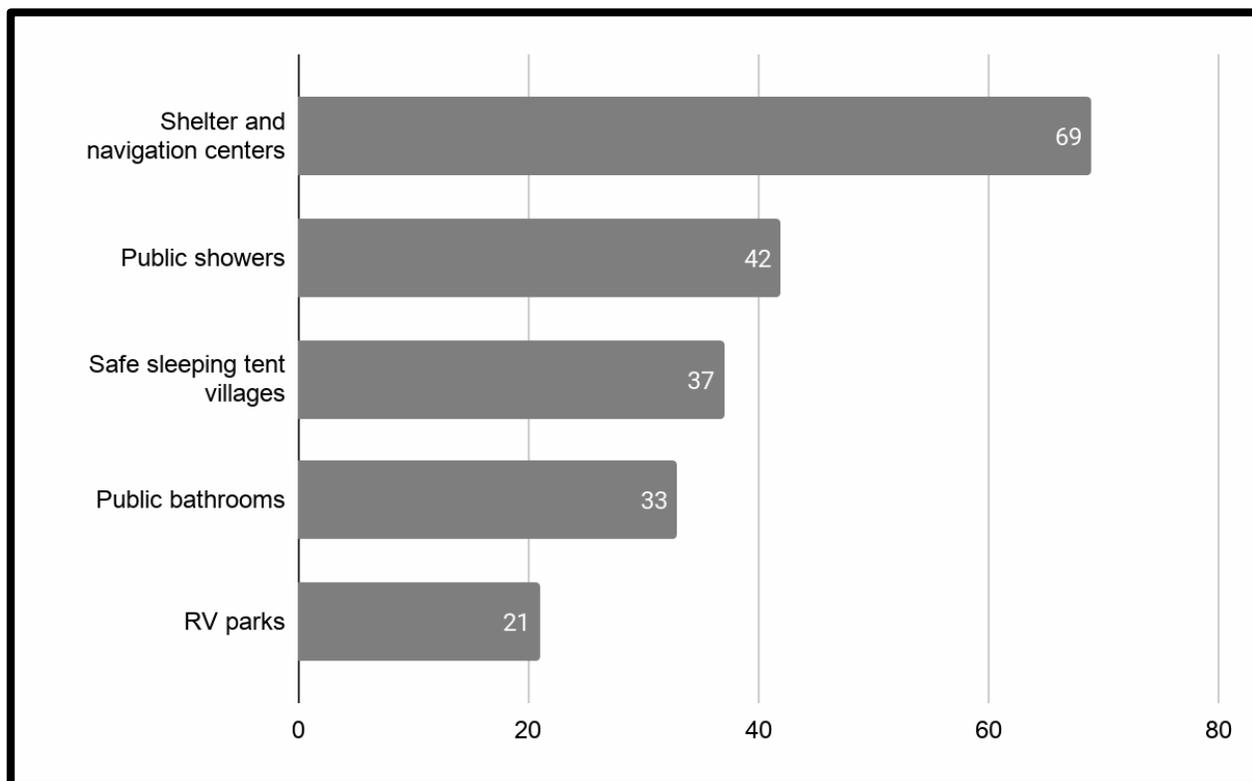
The main barriers and funding priorities identified by participants in the Glide survey of approximately 250 participants are reflected here in graph form, along with a couple pictures of the event.



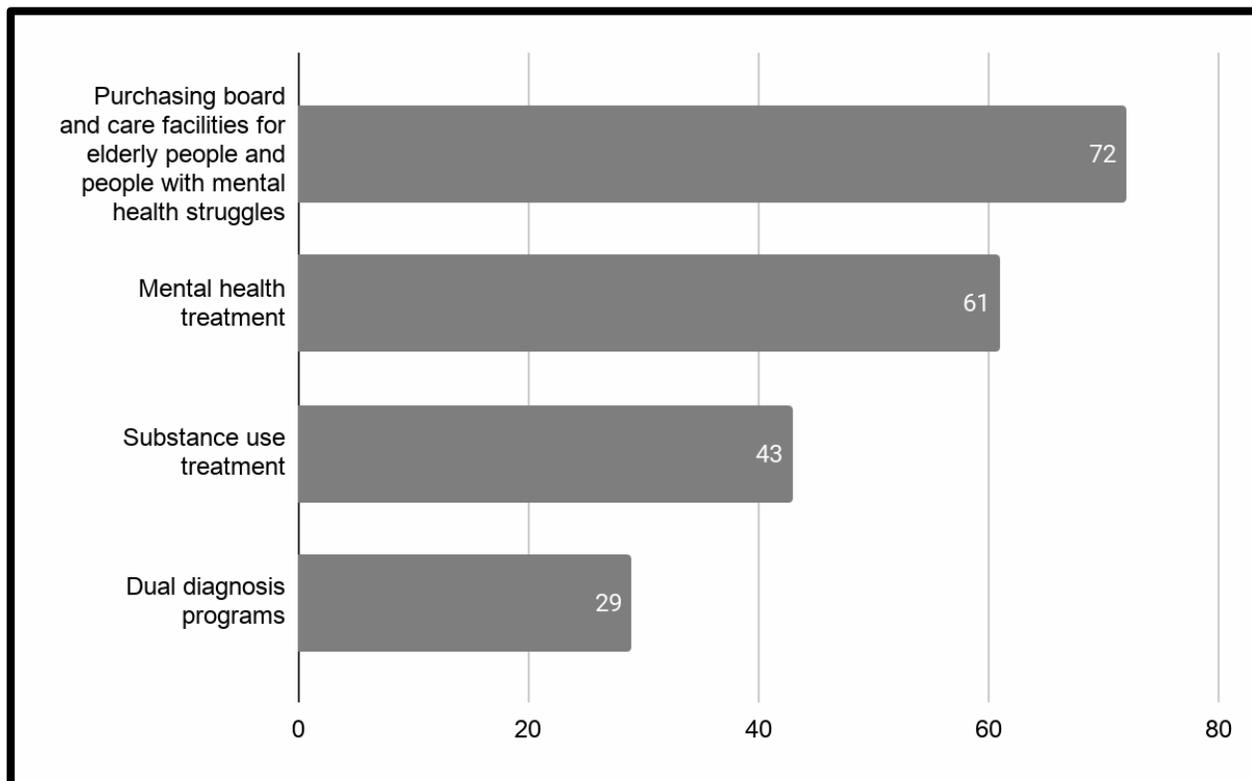
The funding priorities identified by participants in the Glide survey of approximately 250 participants:



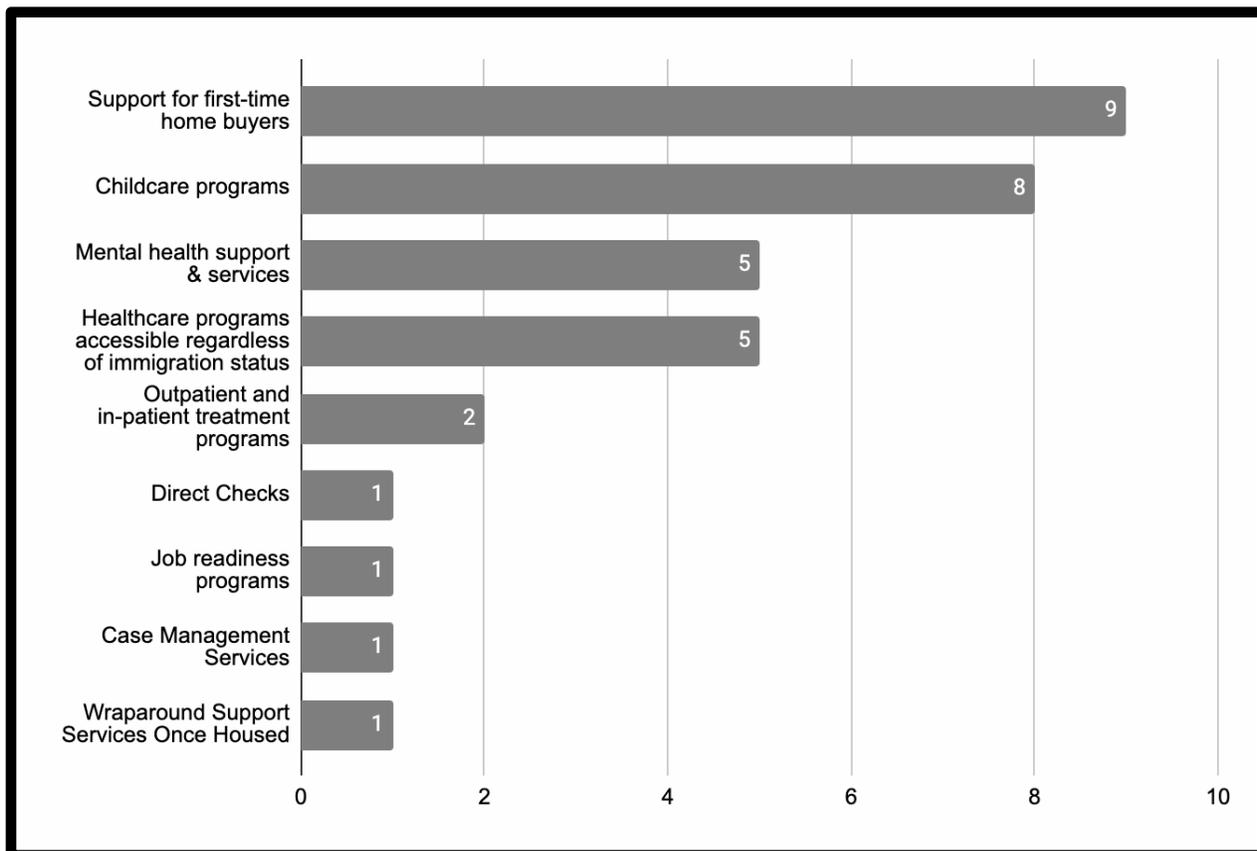
**GLIDE SURVEY PARTICIPANTS HIGHLIGHTED
THE FOLLOWING SHELTER & HYGIENE PRIORITIES**



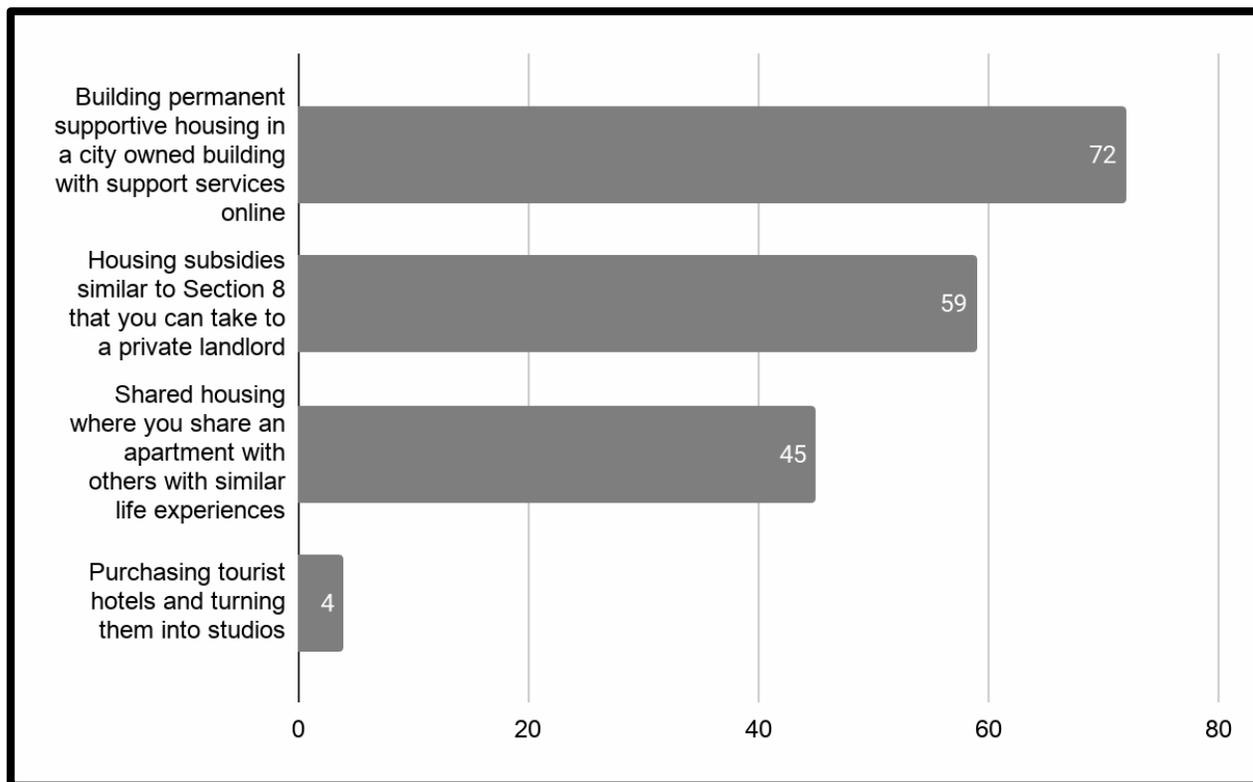
**GLIDE SURVEY PARTICIPANTS HIGHLIGHTED
THE FOLLOWING BEHAVIORAL HEALTH PRIORITIES**



**FAMILY LISTENING SESSION PARTICIPANTS
HIGHLIGHTED THE FOLLOWING PREVENTION PRIORITIES**



**FAMILY LISTENING SESSION PARTICIPANTS HIGHLIGHTED
THE FOLLOWING HOUSING PRIORITIES**



**FAMILY LISTENING SESSION PARTICIPANTS HIGHLIGHTED
THE FOLLOWING POLICY AND IMPLEMENTATION PRIORITIES**

