Dear Chair Williams, and the OCOH Oversight Committee,

On behalf of the Supportive Housing Provider Network (SHPN), thank you for the thoughtful inclusive process you have led to shape proposals for investments from Our City, Our Home. Your commitment to ensuring that the voices of people with lived experience are centered in your process is inspiring.

We appreciated your attendance at the SHPN meeting in February and would like to emphasize the need for ensuring that resources are extended to individuals residing in PSH that are at a high risk of returning to homelessness. The proposed investments in creating additional housing are exciting, and we look forward to supporting the new units in the pipeline as well as ensuring our existing sites can meet the needs of the chronically homeless.

We participate in an ad-hoc collaborative group represented by SHPN leadership, DPH, HSH, DAAS-IHSS and the Mayor's Office discussing innovations in PSH. We discussed DPH's proposal to increase services in PSH through mobile consultation, service linkage and direct support targeting residents with acute needs. While we understand that OCOH cannot meet all needs, we strongly recommend that you include services for those living in PSH in an effort to increase housing retention and improve health outcomes for those we serve. Investment in high acuity residents in PSH is an investment in closing the revolving door back to homelessness.

While many people are very successful once placed in PSH, there are a significant portion of adults who require intensive support that when unmet can end in poor health outcomes, eviction, incarceration, community violence and in the worst case, death. As the priority shifts to serving adults with a higher level of acuity and our population ages, the needs continue to grow. There are incredibly skilled staff in PSH who are dedicated to supporting the tenants and meeting them where they are at, but often the clinical demands and life skills support needs from tenants exceeds the capacity of our PSH programs. In addition, accessing appropriate external services can be incredibly challenging, both during a crisis and before the issues become acute.

We appreciate the efforts of HSH to fund new programs to meet a higher level of acuity but PSH has been chronically underfunded both on the services and operating side. With a dearth of options for people with a higher level of need, PSH has become the default setting for people with complex issues related to mental health, physical health and substance use. We are encouraged that the OCOH opportunity has fostered greater interdepartmental collaboration so that the people we serve do not fall through the cracks in the systems that should be serving them.

Thank you for your work on improving San Francisco for all.

Sincerely,

Tramecia Garner, STP SHPN Co-Chair Lauren Hall, DISH SHPN Co-Chair

Cc: Supervisor Matt Haney Emily Cohen, HSH Amy Sawyer, Mayor's Office