

Department of Homelessness and Supportive Housing
SIP Rehousing and Site Demobilization Proposal

December 4, 2020

Introduction

In March 2020, a shelter-in-place order was issued by the San Francisco Department of Public Health (DPH) due to the community spread of COVID-19. The City and County of San Francisco (City) activated the first Shelter-in-Place (SIP) hotel in April 2020, providing a safe place for individuals who were at the highest risk for severe disease. Over the intervening months, the City expanded the emergency SIP program to include 25 SIP hotel sites. Thanks to the hard work of City Departments and nonprofit partners, San Francisco opened and filled nearly 20% of all hotel rooms operated as part of the state's Project Roomkey, despite San Francisco only having 5% of the state's homeless population.

Given the large number of SIP sites, the Department of Homelessness and Supportive Housing (HSH) has created a data- and stakeholder-informed proposed plan for Rehousing and Site Demobilization to connect people from the temporary COVID system of care to permanent solutions. The rehousing effort is closely coordinated with site demobilization activities aimed at completing repairs needed to end the leases and return hotels to their owners.

The Rehousing and Site Demobilization proposal uses a disaster rehousing model to move people from SIP sites into a variety of permanent housing interventions quickly. This model focuses rehousing efforts to act with urgency, connecting people in need immediately to housing resources, removing onerous documentation requirements and accessing needed public benefits and supports quickly. Additionally, HSH is exploring how to offer COVID-safe housing fairs within the plan to centralize resources on-site to assist the guests to connect to housing, receive service referrals and assist with move-out coordination, and is working with DPH to identify safe practices for quickly rehousing guests.

This implementation strategy is contingent upon both stakeholder input, staffing support, and new funding for an array of housing options needed to safely move guests from temporary hotels to stability. As additional input is received and funding approved, we will formalize the plan, but intend it to be iterative as we continue to respond to COVID and its impacts across our city.

HSH Core Values

HSH brings its four Core Values to the Rehousing and Site Demobilization proposal:

Courage The proposal requires we act faster than we ever have to house people. The proposal is infused with process improvements to break down the system barriers that keep guests from getting housed rapidly. In partnership with our providers, we are innovating by piloting a Housing Fair model and rapid rehousing practices, and using an iterative approach to identify, analyze and solve system barriers that slow the housing process.	Common Sense The proposal better aligns the timeline for demobilization with the timeline for rehousing. We have analyzed our pipeline of permanent supportive housing and other housing options, aligned it to the needs across SIP hotels, and reconfigured the timelines to ensure we have appropriate housing resources available as we demobilize each hotel.
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<p>Compassion</p> <p>Housing is health care, and the client-centered Rehousing and Site Demobilization proposal aims to ensure no guests in SIP hotels exit to unsheltered homelessness. The proposal focuses on assessment, with an objective of assessing 100% of guests and supporting them to develop exit plans appropriate to their needs. We are using new federal and state funding and requesting new local funding to broaden our array of housing exits available so guests receive the intervention that best supports them toward stability, rather than a one-size-fits-all approach.</p>	<p>Equity</p> <p>We believe Coordinated Entry is a tool to support equity in housing placements, including within this proposal, and we commit to regular monitoring to allow us to correct our course if we are not achieving our equity goals through the resulting plan. To ensure consistent racial equity analysis of all housing placements made, HSH will review the rehousing outcomes on a monthly basis and create a dashboard showing the housing placement outcomes by race, gender and sexual orientation.</p>
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HSH and Partner Roles and Responsibilities

The Department of Homelessness and Supportive Housing (HSH) will lead the SIP Rehousing process and work in partnership with the COVID-19 Command Center (CCC) on Site Demobilization. This process will mobilize staff from HSH, the Human Services Agency (HSA), DPH and community-based organization (CBO) partners (SIP operators, Access Points, Housing Navigation, Housing Providers, etc.) to not only ensure that anyone placed in the COVID system of care is connected to housing resources that best meet their needs, but also to efficiently demobilize the site and return it to the hotel owner.

Rehousing Coordination: HSH Coordinated Entry and Problem Solving Teams will lead the rehousing effort. This team's role is to supervise SIP hotel-based Care Coordinators, Coordinated Entry Access Points and assessors to ensure that every household who is involved in the Alternative Housing system of care is engaged in exit planning, address housing stability issues, and connect to other support networks or services.

Site Demobilization: The CCC Human Services Branch Housing Group / Hotel Demobilization Team is the lead for the Site Demobilization. This team works in close partnership with the Human Services Agency as the hotel booking contract owner, and with the CCC Rehousing Group which is the CCC lead for Rehousing. The Site Demobilization Plan will be integrated with the Rehousing Plan. The physical demobilization of sites will follow the Rehousing phases and operational decisions (what rooms to clean, when to send official 30-day notices to vacate the hotel booking contracts) will primarily be just-in-time decisions designed to demobilize the sites as quickly as possible while also 1) being responsive to the differences in each hotel booking agreement, 2) being responsive to the progress of guest rehousing on a site-by-site basis, and 3) planning in advance as much as possible to coordinate with other CCC partners involved in demobilization and rehousing.

Housing Coordination: Rehousing requires close partnership and coordination with the HSH Housing Program, which manages all forms of Permanent Supportive Housing and subsidy programs for HSH. The Housing Program will coordinate with its network of contracted housing providers to ensure vacancies can be leveraged in the rehousing timeline, bring pipeline housing online on schedule or troubleshoot changes with the Rehousing team, and develop and ramp up the broad array of subsidized housing options necessary for this proposal.

Client Services: DPH and the Human Services Agency (HSA) are essential partners in the rehousing process. DPH provides clinical services at SIP sites and supports a clinical review process to ensure clients with medical, behavioral health, and/or COVID vulnerabilities receive the rehousing support that aligns with their clinical needs. HSA has deployed benefits assistors to SIP sites since September to connect guests with Medi-Cal, CalFresh, and CAAP or CalWORKs benefits. This work helps ensure guests leave SIP sites with benefits needed to support them to achieve stability. The CCC client services team coordinates these efforts and has an active role in rehousing activities.

Staffing Needs

Staffing is critical to the Rehousing and Site Demobilization proposal, and gaps in staffing could delay progress on the plan. HSH is actively working with our City partners to identify staffing resources to support this plan, including multiple field-based housing placement teams supporting a COVID-safe model for housing fairs as well as staffing to provide capacity to rapidly expand housing exits.

Preliminary Lessons Learned

This proposal is intended to be a living document that will be updated based on new data and community learnings, as well as adaptations needed based on COVID impacts on the city. HSH communicated our commitment to rehousing in July and the need to begin rehousing starting in November. HSH developed an initial SIP rehousing and demobilization strategy that was presented to the community in October. At that time, we affirmed that we would launch the plan expecting to learn and adjust based on successes and challenges. Since that time, we have learned many things that will continue to inform the Rehousing and Site Demobilization Plan.

1. **Assessments:** HSH is continuing to coordinate a broad-scale assessment and problem-solving process in the hotels to ensure that we capture guests' needs for appropriate housing placement. HSH has trained hotel-based Care Coordinators in Coordinated Entry assessment practices and has instructed sites to conduct assessments and hold problem-solving conversations with all guests. Guests who are assessed and determined to be Problem Solving Status are also getting follow up Problem Solving services to identify potential problem-solving resolutions. This process takes time and with an insufficient number of staff performing the assessments, the initial review has provided a small sampling. Early data from these assessments and other data has supported initial estimates for types of housing resources HSH may need to complete the Rehousing Plan.
2. When launching the SIP hotels, the City used DPH data to determine vulnerability to COVID, which is the principle factor to prevent death to the population in the SIP sites. As the pandemic continues, HSH must continue to make COVID-informed decisions in the Rehousing Plan, including in determining the types of housing options that may be needed to complete the plan. The Department of Housing and Urban Development (HUD) has encouraged communities to adjust Coordinated Entry Systems to prioritize guests for housing based on health vulnerabilities that will cause them to become severely ill from COVID. With this guidance, HSH adjusted prioritization as described herein to take into account new and different medical vulnerabilities to connect guests to the most appropriate housing intervention.

HSH and partners have created an all-hands-on-deck strategy to engage all SIP guests on exit planning, increase assessment completion and work with DPH to utilize health data and work in partnership on rehousing coordination with guests who have severe medical or behavior challenges. In recent weeks, we have accomplished a significant number of assessments and so our data quality continues to improve.

3. **Partnerships:** Partnerships are critical to the Rehousing and Site Demobilization plan. A high level of coordination is needed between City departments, within the CCC branches, and with our CBO providers. CBO providers who operate SIP sites, Access Points, Housing Navigation and Housing Providers are all needed and essential to the successful rehousing of guests in the SIP sites. In partnership, we ask CBO partners to reduce documentation barriers and to utilize every program vacancy towards our Rehousing Plan.
4. **Data:** Data is critical to the plan and we have put in place weekly tracking both at the frontline and systems levels. Consistent and continual monitoring will assist us in making strategic decisions to course correct or adjust goals. While we have established tracking tools to support the rehousing efforts, the current data about guests continues to need refinement. In particular, as we assess

guests through Coordinated Entry, more information will be known about guests' housing needs, allowing us to plan housing options in accordance with these needs. Additionally, as described below, we are working with DPH to develop consistent reporting on COVID vulnerability to ensure guests who are vulnerable receive the appropriate housing resources.

5. **System Alignment and Interdependency:** The increasing number of assessments occurring within SIP sites provides HSH with data to better align client needs with housing resources, including our pipeline of Permanent Supportive Housing launching throughout the coming year. Additionally, this assessment data has allowed us to refine our understanding of housing needs using the new pandemic prioritization framework and make requests for new funding to address these needs.

While these learnings allow us to create a clear plan for achieving the goal of exiting all SIP guests to a stable solution, the plan also requires flexibility. HSH's plan relies on certain system interdependencies where ongoing uncertainty exists and means we must continuously review timelines and projections and adjust our plans accordingly throughout the rehousing process. Uncertainties include the following:

- Future citywide shelter-in-place orders due to surge could delay the opening of new housing units
- Evolving status of the pandemic could adjust specific aspects of our approach in order to ensure our plan remains in alignment with health guidance
- A need to repurpose a hotel for Isolation and Quarantine due to surge could change the timeline for demobilization
- Shifts in the rental market could change the pace at which we can house guests in scattered site units
- The roll-out of a vaccine could change City response strategies, including pandemic prioritization formulas and options within the Homelessness Response System.

Description of Housing Options Available

Permanent Supportive Housing (PSH)

There are two primary options for PSH: site-based PSH and scattered site. In both cases, guests pay up to 30% of their income toward rent and the remainder of the rent is permanently subsidized by HSH. In site-based PSH, support services such as case management are located within the building. In scattered site PSH (also called “Flex Housing Pool”), guests are linked to a leased unit in the community and receive varying levels of support services on a roving basis.

PSH is available for all populations, including TAY, families, adults and seniors. To support SIP rehousing efforts, HSH will be launching new PSH buildings and will be expanding scattered site PSH options for adults and seniors. As part of pandemic prioritization, seniors (over age 60) who are not Housing Referral Status will be eligible for scattered site PSH.

Rapid Rehousing (RRH)

Rapid Rehousing is a 24-month subsidy designed for individuals who are likely able to stabilize and increase income sufficiently to take over full rent payments at the end of the subsidy term. Modest levels of support services may be delivered alongside rent subsidies. RRH is a primary intervention for TAY and families experiencing homelessness and assessed as housing referral status, and this will continue through the SIP rehousing plan. HSH is expanding its adult RRH program to support COVID-vulnerable adults not prioritized for PSH to safely exit the SIP hotels to housing.

This will be a large expansion and requires San Francisco to learn more about using this intervention for the adult population. The assessment practices in place may not identify all barriers for adults to increasing income and sustaining rent on their own. As such, HSH commits to including a status update assessment of all adult guests placed in RRH within the first year of placement to ensure the intervention is appropriate for them and can be sustained. HSH will work to find alternative housing options for guests that cannot find stability through the RRH program.

Diversion (“Problem Solving”)

Problem solving conversations support guests to resolve their homelessness outside of the Homelessness Response System. Guests should receive problem solving conversations from trained staff prior to other assessments and should receive multiple conversations to support them to explore their options for resolving their homelessness.

For guests who are not housing referral status and not COVID-vulnerable, HSH offers problem solving interventions to support guests to exit to stability. Typically, the Problem Solving Program provides a grant of up to \$5,000 per person to be used as one-time rental assistance (e.g., first month’s rent and security deposit, back-payment of rent, etc.).

As part of the SIP rehousing process, HSH is establishing a “Diversion Plus” program specifically for SIP guests which will allow up to \$15,000 in assistance per person for guests requiring this level of support to exit the SIP hotels. Problem Solving is a relatively new approach in San Francisco, and HSH will use the SIP rehousing plan as a pilot for the Diversion Plus intervention. Lessons may inform future opportunities for Problem Solving interventions.

Pandemic Prioritization

As noted, HUD has encouraged communities to adjust Coordinated Entry Systems to prioritize guests for housing based on health vulnerabilities that will cause them to become severely ill from COVID. Based on DPH clinical data and HSH assessments, the following pandemic prioritization categories will inform housing placement out of the SIP sites. The standard Coordinated Entry assessment will be used to help determine the type of housing placement people will receive. After the pandemic has ended and appropriate distribution of a vaccine is available to people experiencing homelessness, HSH will revert to traditional prioritization factors to determine housing placement.

Prioritization Category	Description of Population	Exit Strategies	Estimated Population Distribution
A. Housing Referral Status	People in SIP sites who are assessed as Housing Referral Status, including those with COVID vulnerabilities and those who are not COVID vulnerable but are prioritized through the Coordinated Entry assessment	<ul style="list-style-type: none"> Adult PSH, including scattered site PSH TAY PSH or RRH Family PSH or RRH Senior PSH, including scattered site PSH 	40%
B. Pandemic Prioritization: 60+ COVID Vulnerable	People in SIP sites who are not Housing Referral Status but are COVID vulnerable due to age (age 60+) and will likely require a permanent subsidy to exit the SIP hotels	<ul style="list-style-type: none"> Senior scattered site PSH 	25%
C. Pandemic Prioritization: COVID Vulnerable <60	People in SIP sites who are not Housing Referral Status but have a medical condition making them COVID vulnerable and will likely require a temporary subsidy to exit the SIP hotels	<ul style="list-style-type: none"> Adult medium-term subsidies (24 months) TAY RRH Family RRH 	25%
D. Problem Solving Status, Non-COVID Vulnerable <60	People in SIP sites who are not Housing Referral Status and not COVID vulnerable and will likely require Problem Solving resources to exit the SIP hotels	<ul style="list-style-type: none"> Problem Solving rental assistance grant (Diversion Plus) 	10%

Caveats to the Population Distribution

The distribution and types of exits needed should be considered initial estimates. HSH will continue to refine the data in the short term and will update the plan as more guests are assessed. The following caveats should be noted when considering the number of guests in each prioritization category.

Housing Referral Status

The Coordinated Entry assessment uses barriers to housing, chronicity of homelessness and vulnerabilities related to physical health, behavioral health and experience of trauma to determine a guest's priority for

housing, including the type of housing that best fits their needs. While the majority of guests in Phase 1 hotels have been assessed, assessment rates across other phases are still low. HSH has set a goal to complete all assessments in Phase 2 and 3 sites by December 31 and in Phase 4 sites by January 31. Until assessments are completed, the rates of guests prioritized for housing in Phase 1 have been extrapolated across other phases per this matrix of pandemic prioritization. As assessments continue across phases, these distributions may adjust.

COVID Vulnerability

Pandemic prioritization for medium-term or ongoing housing resources requires validation of COVID vulnerability. These resources are being prioritized for people who are most likely to suffer adverse impacts if they contract COVID. Using DPH medical record data, HSH has already determined COVID vulnerability status of many guests, and this data is reflected in the distribution above. However, a large portion of guests have either “self-certified” their vulnerability upon intake at the SIP hotel or have no identified COVID vulnerability on record.

Preliminary Process:

- To ensure housing resources are prioritized for those with CDC-defined COVID vulnerabilities, HSH will be working with DPH and service providers to develop a process for documentation of qualifying diagnoses.
- HSH is working collaboratively w DPH support and partnership to improve the medical diagnosis data included in the client census report and to create a consistent and robust report that will enable the rehousing process to proceed timely.
- HSH will work with DPH and provider partners to develop a process to further document diagnoses among guests with self-certification or no certification of vulnerability, with a process for validation defined and implemented by December 31. HSH proposes that guests be given the opportunity to request documentation from their own doctor validating a CDC-defined diagnosis or to connect with DPH health care providers to determine whether they have a qualifying diagnosis.
- While this certification process may take time to develop and implement, HSH anticipates that a significant number of SIP guests will be able to document a qualifying condition and receive pandemic prioritization for housing resources. The population distributions will likely change as more information is known about guests’ COVID vulnerability across the system.
- The distribution assumes a high proportion of guests with no record of diagnosis (including those with “self-certification”) may be able to receive certification of a qualifying diagnosis and move into Category C.
- Until we begin the process of certifying diagnoses, a precise number of COVID vulnerable guests will not be known and housing exits cannot be specified.

Monitoring Equity in Rehousing

HSH will use dashboards to monitor race and ethnicity data and sexual orientation and gender identity (SOGI) data about SIP guests in the rehousing process. At this time, there are some guests with no race or SOGI data listed in our systems of record, but we anticipate updating this data as more assessments are completed. Though the data is incomplete, HSH anticipates that the proportion of queer and transgender guests in the rehousing process will be lower than the homeless population overall, and we are developing plans to address this disparity. In the data currently available, the proportion of black and Latinx guests in the rehousing process is higher than the population overall.

Other Exits to City Systems

We have used a housing first approach and assumed housing exits for all COVID vulnerable guests. However, we know that some guests in SIP hotels may need a higher level of care than HSH can offer through Permanent Supportive Housing or housing alone. The operation of SIP hotels has led to strong, integrated care by HSH and its partners, DPH clinical teams, and HSA service providers. We aim to leverage this integrated, team-based approach to determine the best housing options for guests.

- **Board and Care Needs:** Some guests may have self-care needs beyond the capacity of In-Home Support Services, and may require a Board and Care facility. Based on discussion with care teams across sites, we estimate approximately 25-50 guests will require this level of care, though this data is currently inexact, and will be informed by ongoing assessments by care coordinators and others on site as to client needs.
- **Behavioral Health Treatment:** Housing Navigators will work with care teams working on site to determine the right housing option for each client, including identifying behavioral health treatment options and/or linking a guest with behavioral health needs with outpatient and on-site care, where appropriate.

Implications of a Vaccine Roll-Out

Pandemic prioritization categories identified in this proposal are based on vulnerability to serious medical impacts from COVID. HSH is closely monitoring and the planning for vaccine distribution to vulnerable populations in San Francisco, including people experiencing homelessness. Vaccination plans may have implications for prioritization as well as resources available, and these components of the plan are subject to change as more is known about how vaccinations will impact our system of care.

SIP Rehousing and Demobilization – Proposed Workplan and Timeline

Overview of Workplan and Timeline

During the first phase, staff at all hotels (phases 1-4) must continue to focus on assessments and problem-solving to achieve the objective of 100% of guests in Phases 1-3 sites receiving an assessment (or 2 attempts) by December 31, 2020, and 100% of guests in Phase 4 sites receiving an assessment by January 31, 2021.

HSH and DPH have already begun developing a process to document COVID vulnerability among SIP guests. Once procedures are confirmed, all staff working in hotels (phases 1-4) should begin communicating to guests about the need to document COVID vulnerability. Guests with no documentation should be supported through the process of gathering information from their doctor or accessing medical services to receive a qualifying diagnosis, this process will be ongoing prior to and during each phase.

Each phase will occur in three parts:

A. Initial Rehousing:

- All guests are assessed prior to the phase.
- Determine appropriate matches for all guests per the assessment category.
- Guests matched to existing and available housing units are immediately placed.
- Guests matched to housing that is not yet available are transferred to consolidated sites retained for Part B of the phase.

B. Concluding Rehousing:

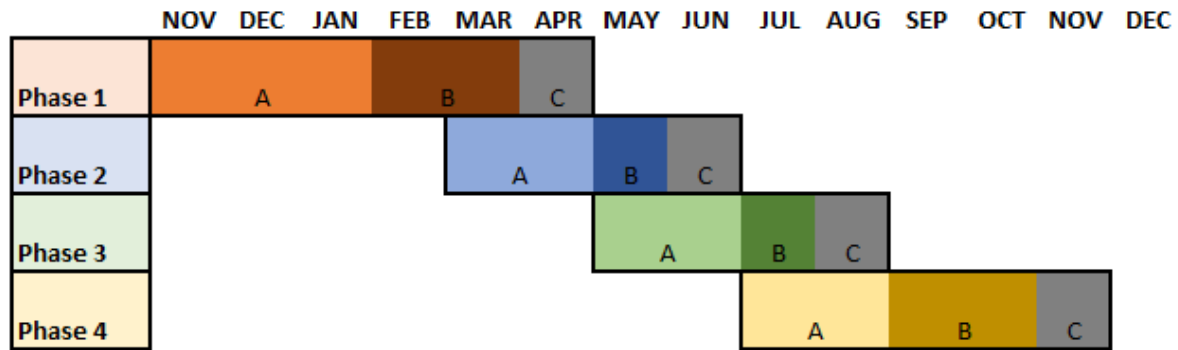
- Guests in consolidated hotels continue rehousing activity, including navigation to housing exits as they become available.
- Hotel sites vacated during Part A are demobilized.
- Any hotel sites vacated during Part B begin demobilization.
- All guests exit to stability.

C. Final Demobilization:

- All hotel sites are vacated and demobilized.

Each phase will overlap slightly as the number of guests in the prior phase decreases to levels where rehousing teams can begin work at new sites.

Specific timelines for each phase depend on the assessed needs of the population and housing availability during the phase. These dates are subject to change based on these factors.

**KEY:**

A: Rehousing across all hotels in phase

B: Consolidation of guests at 2-3 hotels; complete rehousing; demobilization of vacated sites

C: Final demobilization of hotels in phase

Phase 1: November 2020 – April 2021

Phase 1A: November 2, 2020 – January 31, 2021

Phase 1B: February 1, 2021 – March 31, 2021

Phase 1C: April 2021

Hotels in Phase:

Site #	CBO Partner	Total Units	Phase	Notes
1	Larkin Street	59	Phase 1A	
2	ECS	142	Phase 1B	Consolidation Site
4	ECS	116	Phase 1A	
5	Urban Alchemy	63	Phase 1B	Consolidation Site (as needed)
29	Community Forward	50	Phase 1A	
6	Community Forward	31	Phase 1A	Early demobilization and repurposing
31	ECS	106	Phase 1B	Consolidation Site

Timeline:

- Launched Phase 1 on November 2, 2020.
 - Housing Fair Pilot completed for Sites 2, 4 and 31 from November 4 – 6, 2020.
- Continue to pilot COVID-safe Housing Fairs in December. As feasible and safe, Housing Fair strategy will be integrated into the Rehousing and Site Demobilization Plan to rapidly assess, match and place guests into appropriate housing options.
- Prioritize Site 6 for demobilization as a SIP site by December 7.
 - This site is slated for conversion to Isolation and Quarantine to support the current COVID surge response. Guests in Housing Referral Status will be moved to housing match; all other guests will be transferred to an alternate site for full rehousing support.
- By January 31, move remaining guests (estimated at 200) into Phase 1B sites: Sites 2, 31 and 5 (as needed).
- Demobilize Sites 1, 4 and 29 during February, complete by or before February 28.
- Continue rehousing activity for guests in Phase 1B sites through February and March, with all exits expected by March 31.
- As appropriate based on occupancy at hotels, consolidate and demobilize Phase 1B hotels during the phase. Otherwise begin Phase 1C by April 1.
- Complete demobilization all Phase 1 sites by April 30, 2021.
- NOTE: a major contingency for this phase is the timeline for the launch of new Flex Pool and Rapid Rehousing units. The plan requires a significant scale-up of these programs to create housing for individuals in pandemic prioritization categories B and C. If there are delays in the full utilization of new units, it may delay the completion of Phase 1, which will have implications for later phases.

Phase 1 Rehousing Needs (as of 11/20/20)	Housing Options Available and Planned ¹
Total Hotel Units: 567 Hotel Units Occupied: 450 Approx. Number of Guests: 476 Approx. # of TAY (18-29): 71	Permanent Supportive Housing: <ul style="list-style-type: none"> Adult PSH: 315 TAY PSH: 24 Adult Flex Pool PSH: 130 Senior Flex Pool PSH: 75

¹ Units included in this and subsequent tables include an array of both budgeted and planned units. Planned units require new funding and are currently in an approval process.

<p>Approx. # of Adults (29-59): 275 Approx. # of Seniors (60+): 130 Approx. # of Family Households: 0</p> <p>Estimated Pandemic Prioritization:</p> <ul style="list-style-type: none">A. 190 (~40%) – PSHB. 120 (~25%) – Senior Flex Pool PSHC. 120 (~25%) – Subsidies & RRHD. 50 (~10%) – Problem Solving	<p>Medium-Term Subsidies & Rapid Rehousing:</p> <ul style="list-style-type: none">• Adult Subsidies: 50• Family RRH: 30• TAY RRH: 45 <p>Problem Solving:</p> <ul style="list-style-type: none">• Adult Diversion Plus: 70 <p><i>An estimated 200+ units of capacity can be carried forward to later phases of rehousing.</i></p>
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Phase 2: March 2021 – June 2021

Phase 2A: March 1, 2021 – April 30, 2021

Phase 2B: May 1, 2021 – May 31, 2021

Phase 2C: June 2021

Hotels in Phase 2:

Site #	CBO Partner	Total Units	Phase	Notes
17	ECS	58	Phase 2A	
25	Dolores Street	109	Phase 2B	Consolidation Site
33	ECS	119	Phase 2A	
34	Five Keys	70	Phase 2A	
35	Five Keys	92	Phase 2B	Consolidation Site
38	ECS	95	Phase 2A	
44	ECS	118	Phase 2B	Consolidation Site (as needed)

Timeline:

- In February, make any adjustments to options, needs or schedule based on review of prior phase.
- Launch Phase 2 on March 1. Use assessment data and housing navigation to rapidly match and place guests into appropriate housing options.
- By March, launch early rehousing at Phase 3 Site 28, which is a Family site.
 - Resources for Family RRH are already in place, but the timeline for navigation to units may take longer for more complex households. Additional rehousing support and duration will enable full rehousing of this site by Phase 3.
- By April 31, exit all guests with an available match, and move remaining guests into Phase 2B sites: Sites 25, 35 and 44 (as needed).
- Demobilize Sites 17, 33, 34 and 38 during May, complete by or before May 31.
- Continue rehousing for guests in Phase 2B sites through May, with all exits expected by May 31.
- As appropriate based on occupancy at hotels, consolidate and demobilize Phase 3B hotels during the phase. Otherwise begin Phase 2C by June 1.
- Complete demobilization all Phase 2 sites by June 30, 2021.

Phase 2 Rehousing Needs (as of 11/20/20)	Housing Options Available and Planned
Total Hotel Units: 661 Hotel Units Occupied: 507 Number of Guests: 557 Approx. # of TAY (18-27): 25 Approx. # of Adults (28-59): 323 Approx. # of Seniors (60+): 209 Approx. # of Family Households: 0 Estimated Pandemic Prioritization: A. 225 (~40%) – PSH B. 140 (~25%) – Senior Flex Pool PSH C. 140 (~25%) – Subsidies & RRH D. 55 (~10%) – Problem Solving	Permanent Supportive Housing: <ul style="list-style-type: none"> • Adult PSH: 190 • TAY PSH: 15 • Senior PSH: 30 • Senior Flex Pool PSH: 100 Medium-Term Subsidies & Rapid Rehousing: <ul style="list-style-type: none"> • Adults: 110 • Families: 30 • TAY: 20 Diversion Grants: <ul style="list-style-type: none"> • Adult Diversion Plus: 55

Phase 3: May 2021 – August 2021

Phase 3A: May 1, 2021 – June 30, 2021

Phase 3B: July 1, 2021 – July 31, 2021

Phase 3C: August 2021

Hotels in Phase 3:

Site #	CBO Partner	Total Units	Phase	Notes
7	Hospitality House	68	Phase 3B	Consolidation Site (as needed)
11	Community Forward/HR360	51	Phase 3A	
28	Catholic Charities	71	Phase 3A	
30	WeHope	101	Phase 3B	Consolidation Site
32	ECS	130	Phase 3A	Subject to change based on acquisition/rehab schedule
36	Providence	131	Phase 3B	Consolidation Site

Timeline:

- In April, make any adjustments to options, needs or schedule based on review of prior phase.
- Launch Phase 3 on May 1. Use assessment data and housing navigation to rapidly match and place guests into appropriate housing options.
- By June 30, exit all guests with an available match, and consolidate remaining guests into Phase 3B sites: Sites 30, 36 and 7 (as needed).
- Demobilize Sites 11, 28 and 32 during July, complete by or before July 31.
- Continue rehousing for guests in Phase 3B sites through July, with all exits expected by July 31.
- As appropriate based on occupancy at hotels, consolidate and demobilize Phase 3B hotels during the phase. Otherwise begin Phase 3C by August 1.
- Complete demobilization all Phase 3 sites by August 30, 2021.
- NOTE: Site 32 is currently slated for acquisition, with negotiations ongoing (expected to close in early December). Pending site rehabilitation needs to be defined in December, the timeline for rehousing and demobilization of this site is highly likely to change and may occur sooner or later than currently assigned.
- NOTE: Site 28 serves family households that are most likely to require Rapid Rehousing (RRH) subsidies as part of their exit plan. RRH resources are currently available, and rehousing will begin by March 2021 or sooner to provide additional time for complex households to navigate to housing.

Phase 3 Rehousing Needs (as of 11/16/20)	Housing Options Available and Planned
<p>Total Hotel Units: 552 Hotel Units Occupied: 430 Number of Guests: 541</p> <p><u>Site 28:</u> 60 Family households account for approx. 166 guests, and are likely eligible for Rapid Rehousing (60 units).</p> <p><u>Excluding Site 28, estimated 381 individuals:</u> Approx. # of TAY (18-28): 11 Approx. # of Adults (29-59): 209</p>	<p>Permanent Supportive Housing:</p> <ul style="list-style-type: none"> • Adult PSH: 115 • TAY PSH: 5 • Senior PSH: 10 • Senior Flex Pool PSH: 100 <p>Subsidies & Rapid Rehousing:</p> <ul style="list-style-type: none"> • Adult Subsidies: 115 • TAY RRH: 20 • Family RRH: capacity available from earlier phases <p>Problem Solving:</p>

<p>Approx. # of Seniors (60+): 161</p> <p>Estimated Pandemic Prioritization (excluding Site 28 households):</p> <ul style="list-style-type: none">A. 150 (~40%) – PSHB. 95 (~25%) – Senior Flex Pool PSHC. 95 (~25%) – Subsidies & RRHD. 40 (~10%) – Problem Solving	<ul style="list-style-type: none">• Adult Diversion Plus: 50
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Phase 4: July – November

Phase 4A: July 15, 2021 – August 30, 2021

Phase 4B: September 1, 2021 – October 31, 2021

Phase 4C: November 2021

Hotels in Phase 4:

Site #	CBO Partner	Total Units	Phase	Notes
10	Five Keys	459	Phase 4B	Consolidation Site
42	Community Forward	41	Phase 4A	
47	Safe House	61	Phase 4A	
48	Bayview Hunters Point Foundation	45	Phase 4A	
49	Bay Area Community Services	137	Phase 4A	

Timeline:

- In June, make any adjustments to options, needs or schedule based on review of prior phase.
- Launch Phase 4 on July 15. Use assessment data and housing navigation to rapidly match and place guests into appropriate housing options.
- By August 30, exit all guests with an available match, and consolidate remaining guests into Phase 4B Site 10.
- Demobilize Sites 42, 47, 48 and 49 during September, complete by or before September 30.
- Continue rehousing for guests in Phase 4B site through September and October, with all exits expected by October 31.
- Begin demobilization of Site 10 as occupancy decreases. Complete demobilization of all sites by November 30, 2021.

Phase 4 Rehousing Needs (as of 11/16/20)	Housing Options Available and Planned
Total Hotel Units: 743 Hotel Units Occupied: 583 Number of Guests: 625 Approx. # of TAY (18-28): 19 Approx. # of Adults (29-59): 310 Approx. # of Seniors (60+): 296 Approx. # of Family Households: 0 Estimated Pandemic Prioritization: A. 250 (~40%) – PSH B. 160 (~25%) – Senior Flex Pool PSH C. 160 (~25%) – Subsidies & RRH D. 60 (~10%) – Problem Solving	Permanent Supportive Housing: <ul style="list-style-type: none"> • Adult PSH: 200 • Senior PSH: 10 • TAY PSH: 10 • Senior Flex Pool: 275 Subsidies & Rapid Rehousing: <ul style="list-style-type: none"> • Adult Subsidies: 225 • TAY RRH: 35 Problem Solving: <ul style="list-style-type: none"> • Adult Diversion Plus: 80

SIP Guest Assessment and Demographic Data as of 11/30/20

The following charts reflect point-in-time data subject to change based on movement of guests within and out of the SIP system, new assessments delivered, and/or changes to the site demobilization plan. HSH will use real-time data to monitor the progress of the plan toward achieving our housing and equity goals.

NOTE: Phase 1 data is significantly more complete and therefore accurate than future phases.

SUMMARY OF HOUSING REFERRAL STATUS BY PHASE

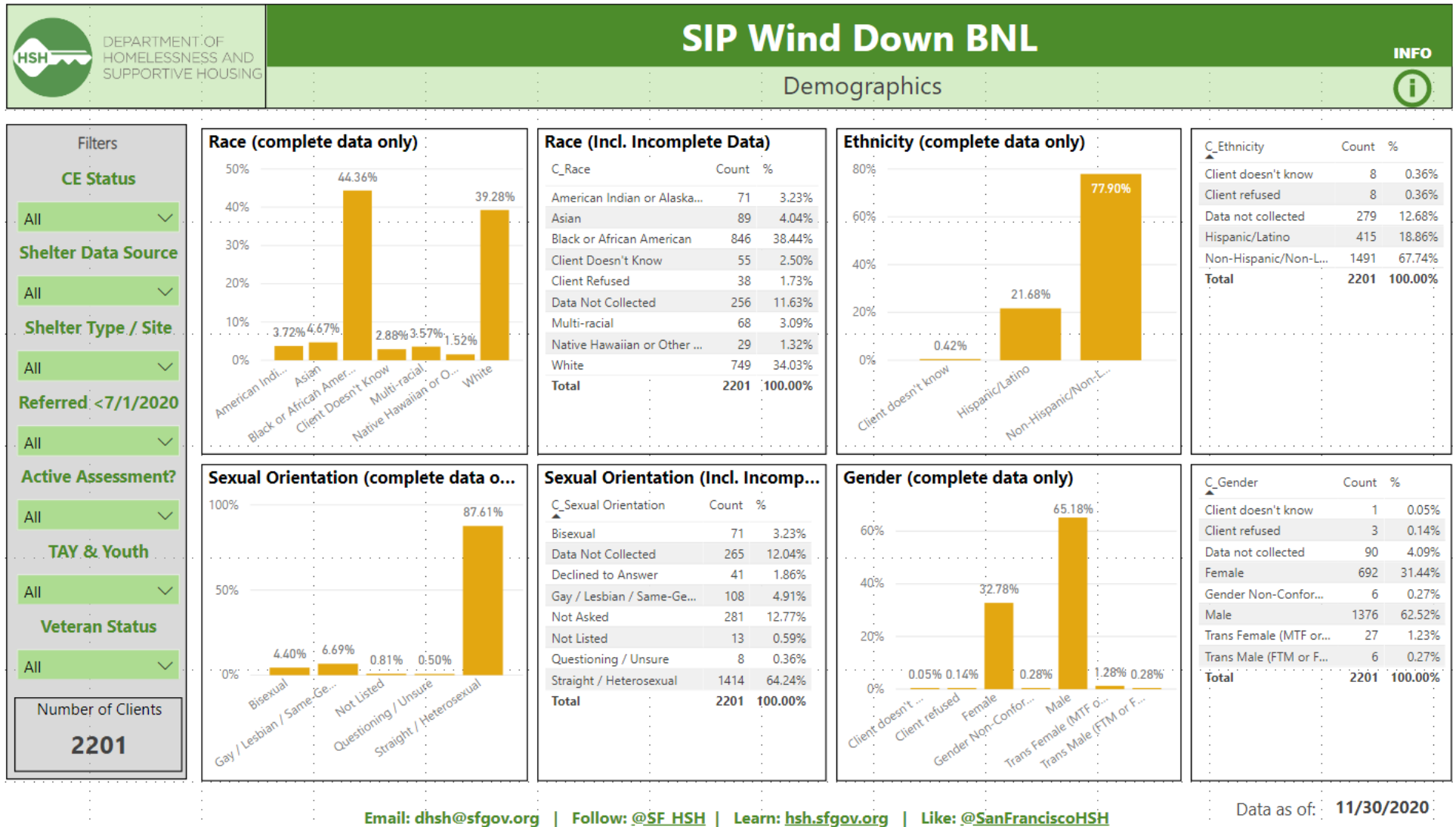
As of 11/30/20 – data subject to change

ALL PHASES 1-4

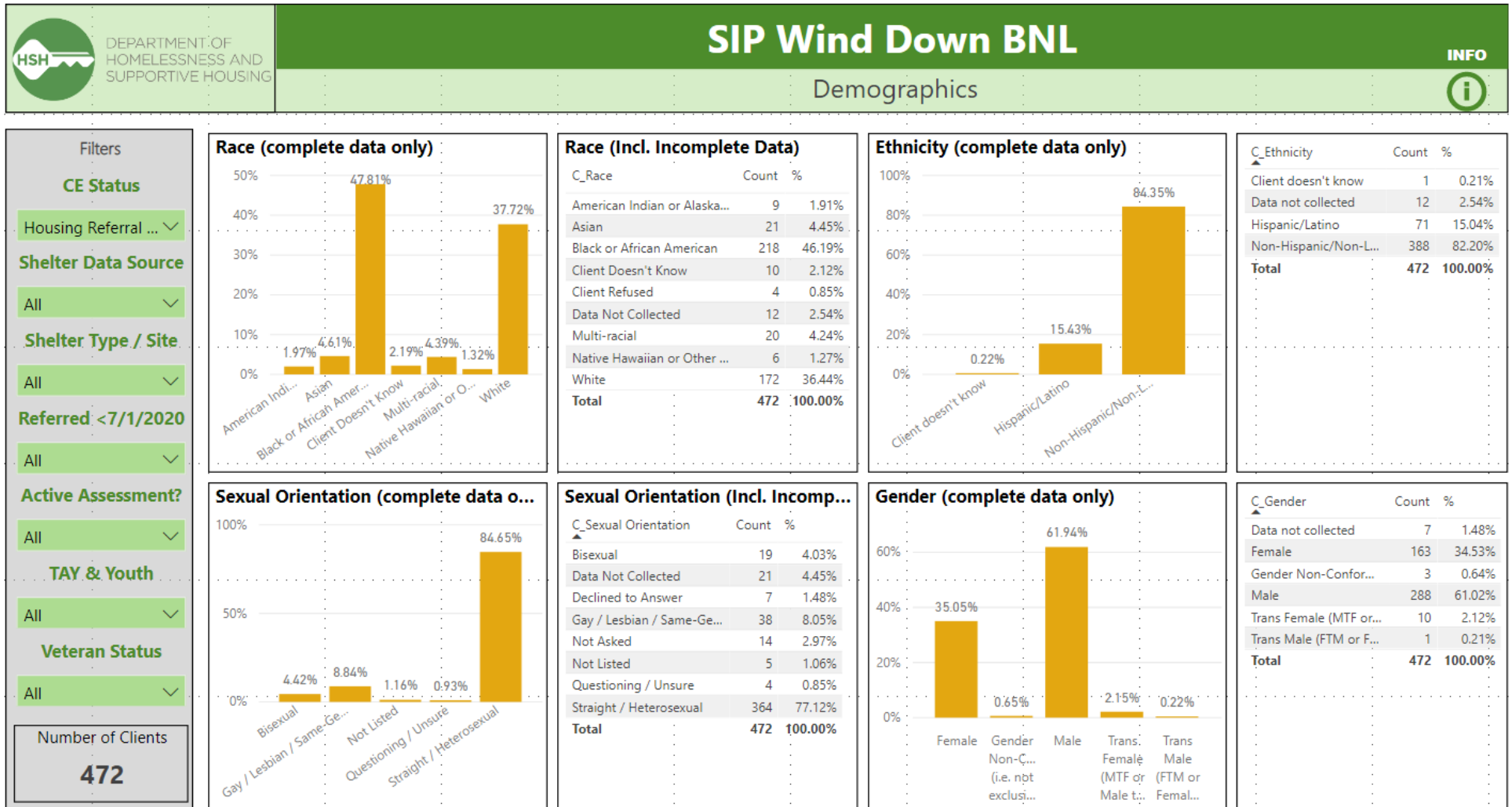
	PHASE 1	PHASE 2	PHASE 3	PHASE 4	ALL PHASES
# of Clients	470	559	541	631	2201
# of Clients with Unknown CE Status	54	272	311	424	1061
% of Clients Assessed	88%	50%	33%	31%	51%
% of Assessed Clients that are Housing Referral Status	45%	42%	26%	60%	43%

NOTE: Housing assessments are typically conducted for the Head of Household only, which is not readily available information in SIP site data. A small % of clients that appear as unassessed with unknown Coordinated Entry status may be part of a household where the Head of Household was assessed. This is particularly true for family site 28 in Phase 3.

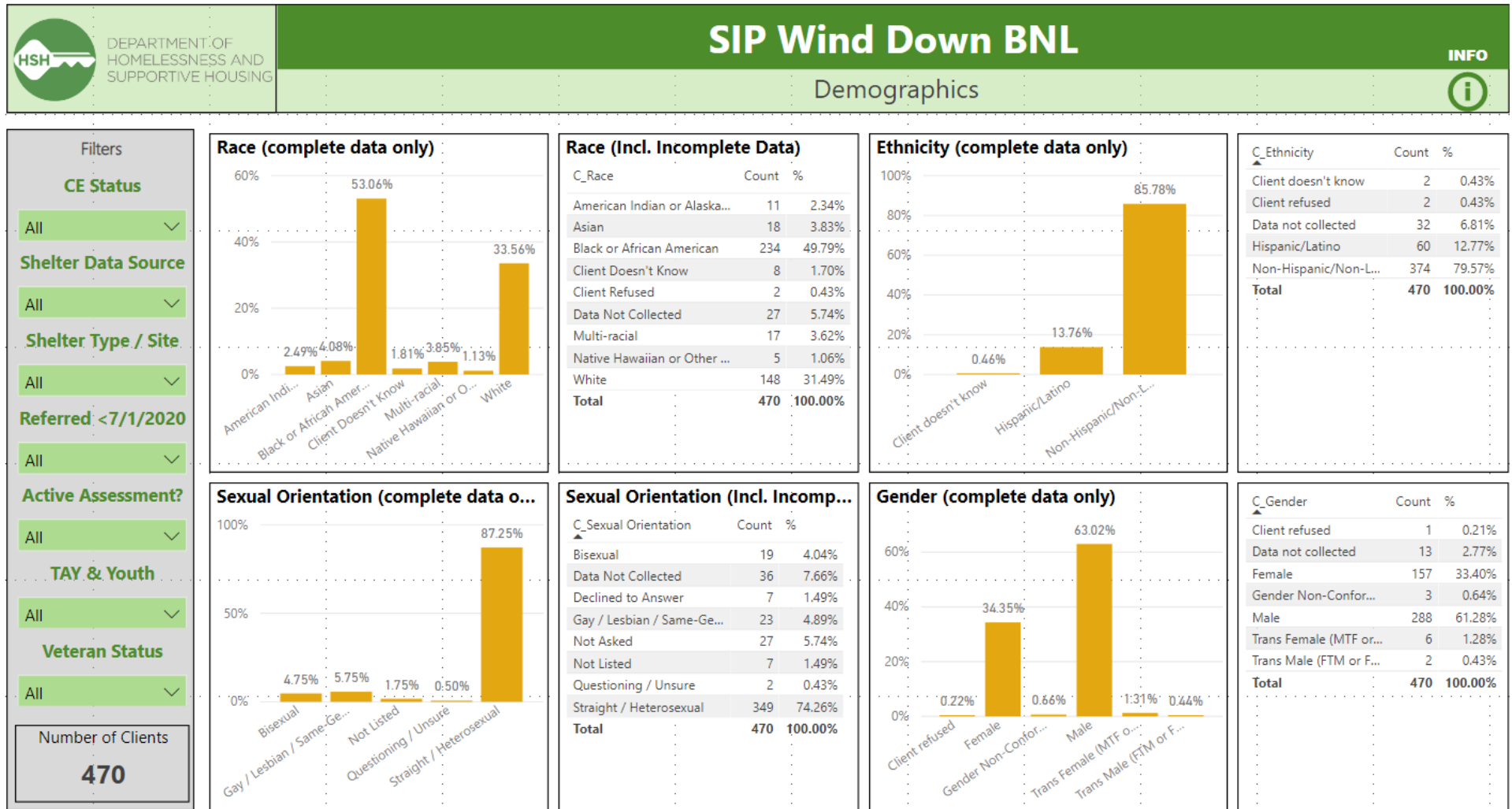
All Phases (1-4)



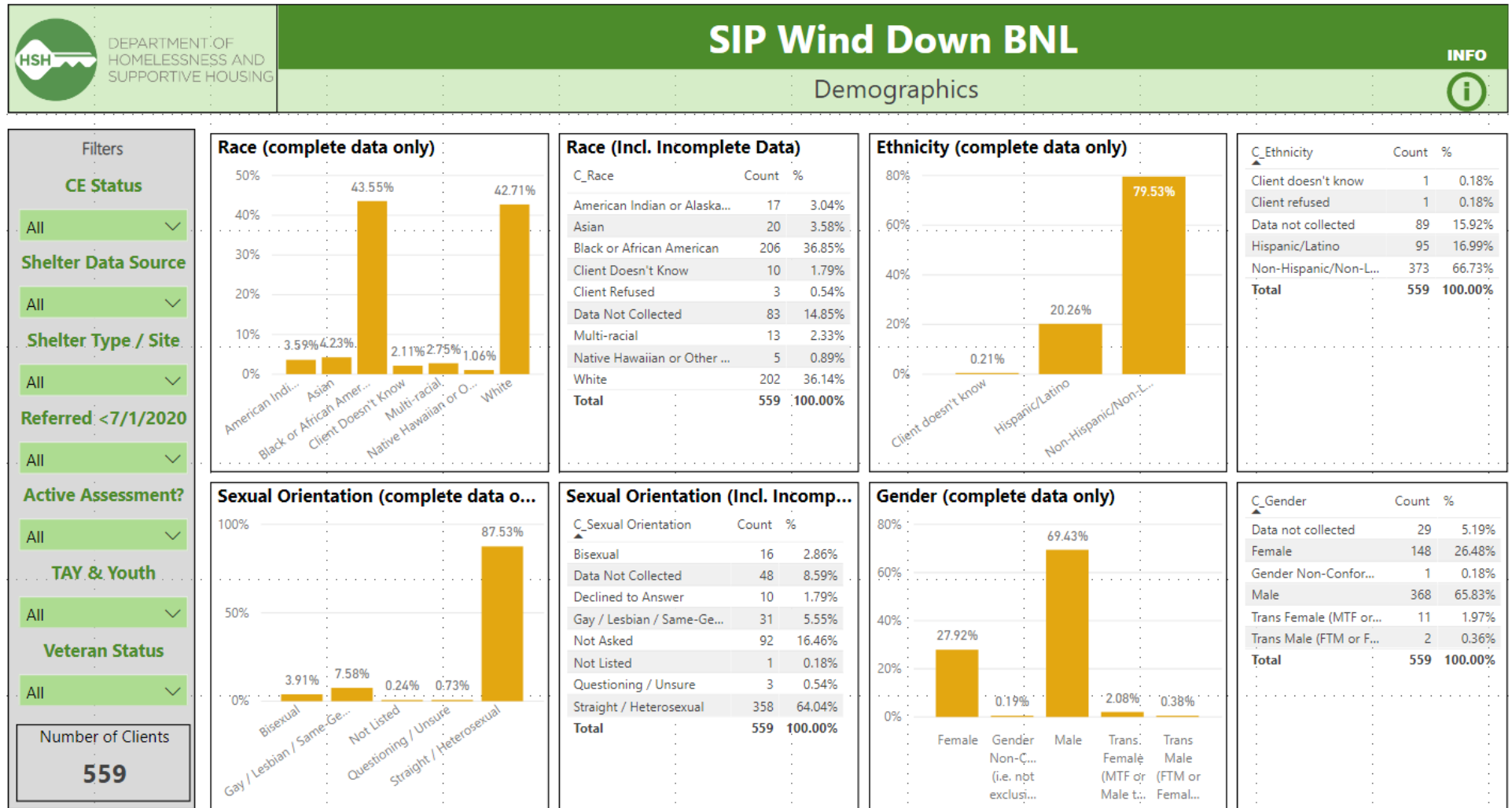
All Phases (1-4): Housing Referral Status Guests Only



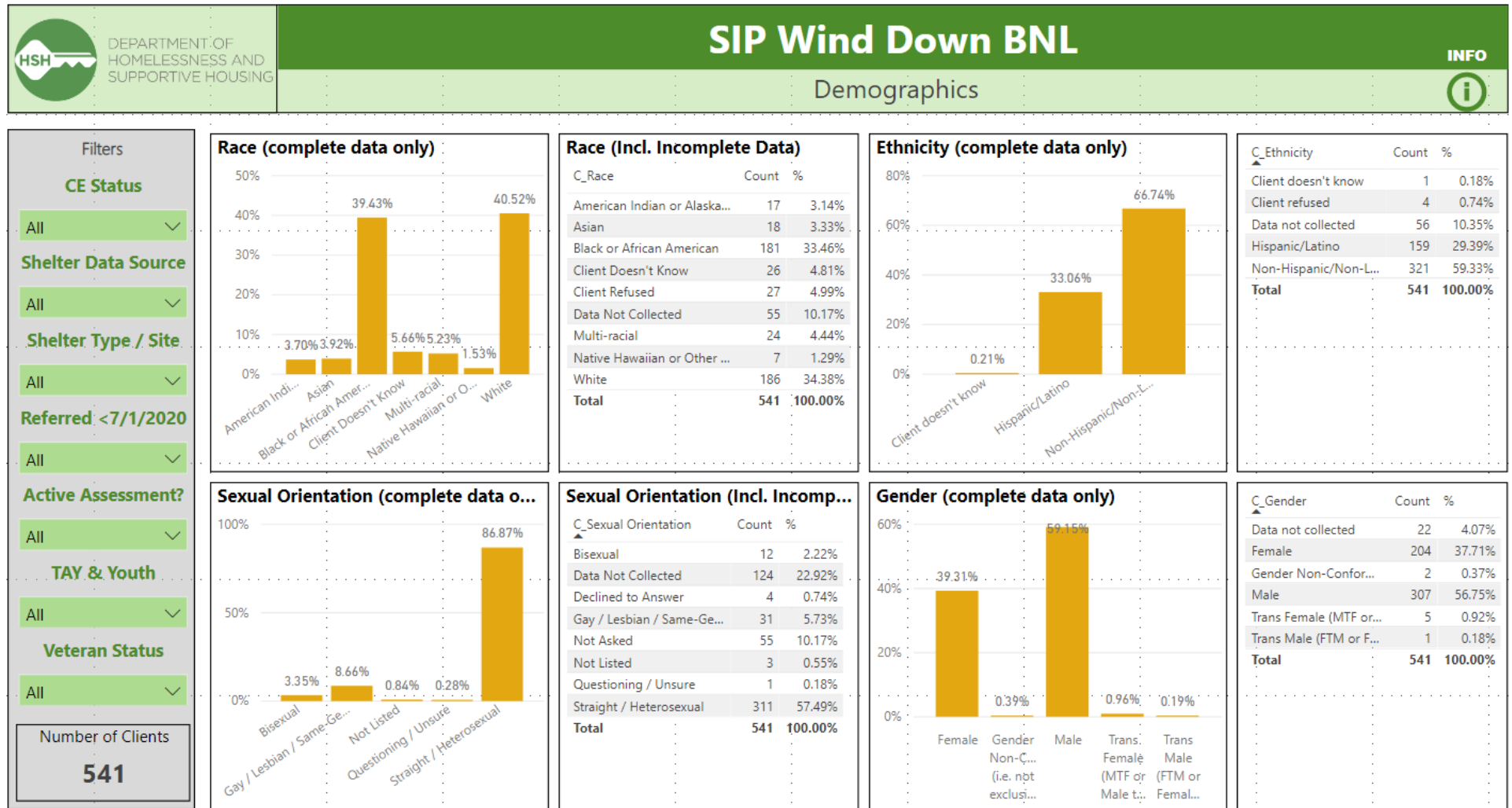
Guests at Phase 1 Sites



Guests at Phase 2 Sites



Guests at Phase 3 Sites



Guests at Phase 4 Sites

