

## Questions posed to DPH/HSB by Tipping Point on behalf of OCOH Oversight Committee Liaisons

Building on information presented during meetings with liaisons and at the March 29 OCOH Committee meeting, the City is prepared this document that provides additional information on funding priorities, investments, populations to be served, the type of assistance, and estimated outcomes for each funding category: Housing, Prevention, Shelter, and Services. Additionally, answers to specific questions posed to City Departments are provided for each category.

## Housing Funding Priorities

The funding priorities focus on increasing available housing for Adults, Family, and Youth. This will be done by investing in newly created housing and expanding rental assistance programs that will connect people with ongoing flexible housing subsidies and medium term subsidies (up to 24-months). These rental assistance programs can be quickly deployed and will allow future tenants to seek housing in their neighborhood of choice. Finally, the focus is on acquiring over 500 new units. To support this effort, a multi-departmental strike team is forming to leverage local, state, and federal funds to quickly acquire housing. Below, the proposed use of Unallocated FY 21 Budget includes the total available funding in the FY 20-21 budget that can be leveraged to acquire, lease, or rehab new PSH.

### Permanent Housing

Investment Area	FY 20-21 Budget	FY 21-22 Budget	FY 21-23 Budget	Adult	TAY	Family	Units/ Placements
New Pipeline PSH	11.9	34.6	39.0	✓			639
Future PSH Acquisition and Operations	205	12	16.1	✓	✓	✓	500-800 (Exact Units TBD)
Flex Pool	6.6	36.2	41.1	✓	✓	✓	1,095
Medium-Term Subsidies/RRH	5.4	17.8	13.1	✓	✓		430
<b>Total</b>	<b>327.7</b>	<b>100.6</b>	<b>109.3</b>	✓	✓	✓	<b>2,500+</b>

\*Includes Additional FY 20-21 Allocations:

- Frontline Worker Bonus Pay (6.5M)
- HSH Operating (0.4 M)
- Advance Payments (91.9M)

### Permanent Housing – General/Adults

Investment Area	FY 20-21 Budget	FY 21-22 Budget	FY 22-23 Budget	Population	Assistance Type	Units/ Placements
<b>New Pipeline PSH</b>	<b>11.9</b>	<b>34.6</b>	<b>39.0</b>	<b>Unhoused</b>	<b>Ongoing Subsidy &amp; Services</b>	<b>639</b>
<b>12/20 Release</b> HomeKey Projects Operating	<b>1.2</b>			Unhoused	Ongoing Subsidy & Services	339
HomeKey Acquisition and ongoing operating	10.7	34.6	28.7	Unhoused	Ongoing Subsidy & Services	(see above)
Other New PSH Projects funded with one-time resources			10.3	Unhoused	Ongoing Subsidy & Services	300
<b>Future PSH Acquisition and Operating</b>	<b>65.0</b>	<b>5.0</b>	<b>8.9</b>	<b>Unhoused</b>	<b>Ongoing Subsidy &amp; Services</b>	<b>TBD</b>
<b>Flex Pool</b>	<b>5.8</b>	<b>33.5</b>	<b>38.3</b>	<b>Unhoused</b>	<b>Ongoing Subsidy &amp; Services</b>	<b>975</b>
<b>12/20 Release</b> plus ongoing	<b>5.8</b>	12.4	12.7	Unhoused	Ongoing Subsidy & Services	525
New Adult Flex Pool		21.1	25.6	Unhoused	Ongoing Subsidy & Services	450
<b>Medium-Term Subsidies</b>	<b>4.7</b>	<b>16.1</b>	<b>11.3</b>	<b>Unhoused</b>	<b>Temporary Subsidies</b>	<b>350</b>
<b>12/20 Release</b> plus ongoing	<b>4.7</b>	6.9	5.3	Unhoused	Subsidies up to 24 months	165
New Medium-Term Subsidies		9.2	6.0	Unhoused	Subsidies up to 24 months	185
<b>TOTAL</b>	<b>185.6*</b>	<b>91.6</b>	<b>97.5</b>			<b>1,964</b> (Plus new TBD PSH)

**\*Includes Additional FY 20-21 Allocations:**

- Frontline Worker Bonus Pay (5.8M)
- HSH Operating (0.4 M)
- Advance Payments (91.9M)

*Ongoing Funding for PSH:*

The funding recommended for permanent supportive housing includes resources for acquisition of PSH for adults, TAY, and families. Through this allocation the City would purchase buildings that could be converted into PSH for adults, families, and TAY.

Additionally, in the housing investment area, the City recommends allocation to include operating subsidies and services for PSH.

<b>PSH Acquisitions, Operations &amp; Services</b>	<b>Placements</b>	<b>FY 21</b>	<b>FY 22</b>	<b>FY 23</b>
Ongoing funding for PSH, leveraging one-time ERAF funding (Abigail, Cadillac, 270 Turk, Scatter Site)	300			\$10.3M
HomeKey Operating and Acquisition (Diva & Granada)	399	\$10.7M	\$34.6M	\$27.8M

For these units HSH estimates an operating subsidy of approximately \$1,100 per unit per month and \$550 per unit per month in services.

For the acquisition of the Diva and Granada Hotels in partnership with Episcopal Community Services, the City anticipates \$71.8 million in FY 23 which includes match development funds and operating and services costs that will begin when the initial state operating support expires.

HSH also recommends investing in \$10.3M in FY 23 and \$10-.6 in FY 24 to support the ongoing operating subsidies and services for 300 units of PSH which were opening by leveraging ERAF funds and include Flexible Housing Subsidy Pool units, 270 Turk, the Abigail Hotel and the Cadillac Hotel (new units leased).

## Permanent Housing – Families

Investment Area	FY 20-21 Budget	FY 21-22 Budget	FY 22-23 Budget	Population	Assistance Type	Units/ Placements
Future PSH Acquisition and Operations	80.0	4.0	4.1	Unhoused	Ongoing Subsidy & Services	TBD
Flex Pool	0.4	1.9	2.0	Unhoused	Ongoing Subsidy & Services	100
12/20 Release plus ongoing Family Flex Pool	0.4	0.8	0.8	Unhoused	Ongoing Subsidy & Services	20
New Family Flex Pool		1.1	1.2	Unhoused	Ongoing Subsidy & Services	30
<b>Total</b>	<b>80.8</b>	<b>5.9</b>	<b>6.1</b>			<b>50</b> (Plus TBD New PSH)

### \*Includes Additional FY 20-21 Allocations:

- Frontline Worker Bonus Pay (0.5 M)

Permanent Housing – Transition Age Youth (TAY)

Investment Area	FY 20-21 Budget	FY 21-22 Budget	FY 22-23 Budget	Population	Assistance Type	Units/ Placements
Future Acquisition and Operations	60	3.0	3.1	Unhoused	Ongoing Subsidy & Services	TBD
Flex Pool	.4	.08	.08	Unhoused	Ongoing Subsidy & Services	20
12/20 Release and ongoing TAY Flex Pool	.4	.08	.08	Unhoused	Ongoing Subsidy & Services	20
Medium-Term Subsidies	.7	1.7	1.8	Unhoused	Temporary Subsidies	80
12/20 Release and ongoing TAY Rapid Rehousing Expansion	.7	1.3	1.3	Unhoused	Subsidies up to 24-months	60
New TAY Rapid Rehousing Expansion		0.4	0.4	Unhoused	Subsidies up to 24-months	20
<b>Total</b>	<b>61.3</b>	<b>5.5</b>	<b>5.7</b>			<b>100</b> (Plus TBD New PSH)

\*Includes Additional FY 20-21 Allocations:

- Frontline Worker Bonus Pay (0.2)

## Prevention Funding Priorities

*The table below outlines the City's recommendations for investment in targeted homelessness prevention and represents a dramatic expansion of prevention resources that leverage one-time federal resources and prepare our community for an anticipated increase in need when COVID related eviction moratoriums are lifted.*

*San Francisco has several programs to prevent homelessness, which are housed in MOHCD and HSH. These include rental assistance, eviction legal defense, temporary and permanent housing subsidies, and "Problem Solving" for those who have recently become homeless. These programs co-exist with broader City efforts to maintain and expand public, affordable housing and permanent supportive housing, as well as policies and services to support tenants, preserve existing affordable units, and protect against displacement.*

*Despite these programs, the number of people experiencing homelessness has continued to climb -- and the pandemic and its economic impact are compounding and worsening the pre-COVID need for homelessness prevention. New investments are needed now to address the wave of potential housing loss, prevent increases in homelessness, and create an overall and ongoing prevention system that will be strategic, coordinated, help advance the Mayor's Homelessness Recovery Plan, allow San Francisco to strategically use federal and local funds, and set the stage to comprehensively prevent homelessness across the city now and into the future.*

Investment Area	FY 20-21 Budget	FY 21-22 Budget	FY 22-23 Budget	Adult	TAY	Family	Population	Assistance Type	Units/ Placements
<b>Problem Solving Plus Rental Assistance Initiative</b>	<b>4.2</b>	<b>4.2</b>	<b>4.4</b>	✓			<b>Unhoused</b>	<b>Temporary, Short-Term Assistance</b>	<b>250</b>
<b>12/20 Release</b>	<b>2.1</b>	2.1	2.2	✓			Unhoused	Temporary, Short-Term Assistance	125
New Problem Solving Plus Rental Assistance	2.1	2.1	2.2	✓			Unhoused	Temporary, Short-Term Assistance	125
<b>Expand Homeless Prevention and Eviction Prevention</b>	<b>35.0</b>	<b>39.8</b>	<b>41.1</b>	✓	✓	✓	<b>Housed, at-risk of homelessness or recently unhoused</b>	<b>Temporary, Short-Term Assistance</b>	<b>4,500</b>
New Homeless Prevention and Financial Assistance	20.0	27.0	27.8	✓	✓	✓	Housed, at-risk of homelessness or recently unhoused	Temporary, Short-Term Assistance	2,000
New Eviction Prevention and Housing Stabilization	15.0	12.8	13.3	✓	✓	✓	Housed, at-risk of homelessness	Temporary, Short-Term Assistance	2,500
<b>Shallow Subsidy to support 30% income cap</b>		<b>6.0</b>	<b>6.0</b>	✓			<b>Housed, at-risk of homelessness</b>	Ongoing shallow subsidy	<b>2,800</b>
<b>Total</b>	<b>82.3*</b>	<b>50.0</b>	<b>51.5</b>	✓	✓	✓			<b>7,550</b>

**\*Includes Additional FY 20-21 Allocations:**

- Frontline Worker Bonus Pay (1.3M)
- Advance Payments (41.8)



### *Capping PSH Rent at 30% of Income to Prevent Reoccurrences of Homelessness*

Paying 30% of your income toward housing costs is widely considered the affordability standard and the tenant contribution level that HSH has included in all the PSH it has opened since the department was formed. HSH supports the campaign and ordinance to cap tenant contributions at 30% of income in order to prevent housing instability or another episode of homelessness among PSH tenants. While PSH programs have very low eviction rates, we do know that previous experiences of homelessness are one of the most predictive factors of homelessness and therefore we want to target this population for a portion of our prevention investments.

Our City, Our Home funds provide an ongoing funding source that would allow the City to right-size the rent contribution for PSH tenants in an ongoing way. Many other available sources provide only one-time funding rather than the ongoing funding that would be required to reduce the tenant rent levels and enhance equity across the PSH portfolio. Investing in the tenant contribution cap has been championed by PSH tenants, providers and advocates but needs an ongoing funding source to be fully implemented.

Ensuring that tenants in PSH pay only 30% of their incomes is something the Board of Supervisors and community has expressed an interest in. Given the uncertainty of the city's general funds, and the ongoing nature of this need, leveraging Prop C funds can ensure that we are able to support people in PSH so that they do not return to homelessness using ongoing funding.

## Shelter Funding Priorities

Through the City's recommended investments, we can significantly expand temporary shelter capacity in our community and address the crisis of unsheltered homelessness. Within these investment recommendations, the City has included resources to expand Safe Parking in the Bayview. The Bayview neighborhood is home to the largest number of people living in their vehicles (cars and RVs) and is in need of resources to address the challenge. The city's only program designed to serve this community, the Vehicle Triage Center, recently closed and the City is currently working to find a replacement site and build on the initial success of the pilot program.

Investment Area	FY 20-21 Budget	FY 21-22 Budget	FY 22-23 Budget	Adult	TAY	Family	Population	Assistance Type	Units/ Placements
<b>COVID-19 Response</b>	<b>23.6</b>	<b>25.8</b>	<b>14.5</b>	✓	✓		<b>Unhoused</b>	<b>Temporary Assistance</b>	<b>340</b>
<b>12/20 Release</b> SIP, Safe Sleep, Trailer	<b>23.6</b>			✓	✓		Unhoused	Temporary Assistance	
Safe Sleep, Trailer		25.8	14.5	✓	✓		Unhoused	Temporary Assistance	340
<b>New Shelter</b>		<b>7.5</b>	<b>21.0</b>				<b>Unhoused</b>	<b>Temporary Assistance</b>	<b>653</b>
New Navigation Center Operations			16.5	✓	✓		Unhoused	Temporary Assistance	553
Safe Parking (Bayview)		6.5	3.5	✓	✓	✓	Unhoused	Temporary Assistance	100
Homeless Resource Center		1.0	1.0	✓	✓	✓	Unhoused	Temporary Assistance	
<b>Total</b>	<b>72.1*</b>	<b>33.3</b>	<b>35.5</b>						

**\*Includes Additional FY 20-21 Allocations:**

- Frontline Worker Bonus Pay (2.3)
- Advance Payments (44.2)

## Service Funding Priorities

The table below outlines the City's recommendations for increased investments in behavioral health services. This includes a significant investment in substance use, treatment beds, crisis intervention and increased services for people transitioning to and living in supportive housing. The City's growing focus on ensuring that people with the greatest vulnerabilities are housed in Permanent Supportive Housing has significantly increased the acuity level of people living in Permanent Supportive Housing, which necessitates more services and support to ensure that these tenants are able to stabilize and thrive in their new homes. By providing increased health and behavioral health services to PSH tenants, the City can better support the PSH providers and tenants.

Investment Area	FY 20-21 Budget	FY 21-22 Budget	FY 22-23 Budget	Adult	TAY	Family	Population	Assistance Type	Units of Service
<b>Assertive Outreach Services</b>	<b>7.2</b>	<b>25.5</b>	<b>26.3</b>	✓	✓	✓	Unhoused and/or housed, at Risk of homelessness	<b>Temporary with links to Long-Term</b>	<b>12,450 touchpoints</b>
<b>12/20 Release</b> and ongoing Street Crisis Outreach Team	<b>7.2</b>	13.8	14.3	✓	✓	✓	Unhoused	Temporary with links to Long-Term	10,000 touchpoints
Overdose Prevention Services		11.7	12.0	✓	✓	✓	Unhoused and Housed, at risk of homelessness	Temporary and Long Term	2,450 touchpoints
<b>Case Management Services</b>	<b>4.2</b>	<b>17.0</b>	<b>18.4</b>	✓	✓	✓	Unhoused and housed, at Risk of homelessness	<b>Long-Term</b>	<b>950 Cases and 2,000 people</b>
<b>12/20 Release</b> and ongoing Expand Intensive Case Management	<b>4.2</b>	10.4	10.7	✓	✓	✓	Unhoused and Housed, at risk of homelessness	Long-Term	950 cases
Behavioral and Clinical Health Services in PSH		6.6	7.7	✓	✓	✓	Unhoused and Housed, at risk of homelessness	Long-Term	2,000 people
<b>Treatment Beds</b>	<b>11.2</b>	<b>102.8</b>	<b>28.1</b>	✓	✓		Primarily Unhoused	<b>Temporary &amp; Long-Term</b>	<b>~342 beds</b>

12/20 Release Site Acquisition for New Treatment Beds	7.2			✓			Primarily Unhoused	Temporary & Long-Term	
12/20 Release and ongoing Increase Treatment Bed Capacity	4.0	16.4	16.8	✓			Primarily Unhoused	Temporary & Long-Term	~132 beds
Site Acquisition for New Treatment Beds		75.0		✓	✓		Primarily Unhoused	Temporary & Long-Term	
Increase Treatment Bed Capacity		11.4	11.3	✓	✓		Primarily Unhoused	Temporary & Long-Term	~210 beds
<b>Drop-In Services</b>	<b>5.1</b>	<b>4.1</b>	<b>6.3</b>	✓	✓	✓	<b>Unhoused and housed, at Risk of homelessness</b>	<b>Temporary, with linkages to Long-Term</b>	<b>2,500 touchpoints</b>
12/20 Release and Ongoing Mental Health Service Center to expand access (and transportation services) to Assessment, Diagnosis, Medication, Evaluation, Urgent Care Services, and/or Referrals	5.1	4.1	4.3	✓	✓	✓	Unhoused and Housed, at risk of homelessness	Temporary, with linkages to Long-Term	2,500 touchpoints
Mental Health Service Center Service Enhancements			2.0	✓	✓	✓	Unhoused and Housed, at risk of homelessness	Temporary, with linkages to Long-Term	(see above)
<b>Operating and Implementation</b>	<b>2.0</b>	<b>8.9</b>	<b>9.5</b>						
12/20 Release and ongoing	2.0	5.4	5.3						
Operation and Implementation		3.6	4.2						
<b>Total</b>	<b>45.8*</b>	<b>83.3</b>	<b>88.6</b>						<b>18,000+</b>

**\*Includes Additional FY 20-21 Allocations:**

- Advance Payments (16.1)

*Homeless Service Center*

The Department of Public Health (DPH) will continue to invest significantly in services the Homeless Service Center, including urgent care, street medicine, and the dental clinic. At this time, Prop C/OCOH funding for the Homeless Services Center has been prioritized in the Shelter category.

*Security at Service Centers*

Security is currently provided by the Sheriff's Department at 1380 Howard, where the Behavioral Health Access Center (BHAC) and BH Pharmacy are located. As part of our plan to extend services hours for these two programs, we will also expand security services to match. No funding for security at the new Homeless Service Center located at 555 Stevenson (1062 Mission) is included in this budget proposal.

*Treatment Beds*

The beds investments shared with the Committee in December include an expansion of beds identified as areas of needed added capacity in Director of Mental Health Reform Dr. Anton Nigusse Bland's 2019 Bed Optimization Report. This report was presented to the OCOH Committee on November 10<sup>th</sup>. The report was conducted to answer the question: *how many beds are needed in each behavioral health bed category to maintain consistent patient flow for adult clients in San Francisco with zero wait time?* The report largely focused on mental health residential treatment beds and not behavioral health residential treatment beds.

The report findings recommend additional beds to reduce wait-time for residential treatment in our system, which includes:

- Locked Subacute (31 beds)
- Psychiatric SNF (13 beds)
- Board and Care (53 beds)
- Mental Health Residential (20 beds)

Our December proposal also included 15 beds for a new Drug Sobering Center which was the number one recommendation from the Meth Task Force and a new program for San Francisco.

Recognizing the need for Behavioral Health Services (BHS) that don't currently exist and were not included in the original Bed Optimization Report, the city has prioritized one-time funding available for acquisition of new facilities and additional ongoing funding for ongoing operating costs to support the new bed investments. See below for an estimated number of beds for each category; the actual number is dependent on the identification of appropriate facilities.

- TAY Residential (10 beds) This is a new program that does not currently exist and is not included in the Bed Optimization Report. The proposed program 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.
- Managed Alcohol (10 beds) This is a new program that does not currently exist and is not included in the Bed Optimization Report. The proposed program 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 (150 beds) This is an expansion of beds. During the year the Bed Optimization report was conducted, we did not have strong data for residential step-down beds to be able to properly project future need. However, we now know that these beds are highly utilized, are an important step-down from residential treatment, and we currently lack sufficient capacity to meet the demand.

Additional Behavioral health beds (from 15 to 40). DPH is actively exploring acquisition of new facilities to stabilize the current board and care system in the City to meet behavioral health needs of people experiencing homelessness. The vast majority of clients treated in residential programs are people experiencing homelessness. Expanding treatment beds will only be effective in improving population health and helping people get into and stay in permanent housing if there is a clear strategy for connecting people from treatment beds to housing. Through increased care coordination, behavioral health services can begin to close the gap between treatment and housing. New linkage services will focus on key transition points where we know clients experiencing homelessness are falling through the cracks. These points include discharges from Psychiatric Emergency Services (PES), jail, and residential treatment programs, coordinating with the HSH community based housing providers to strengthen access to permanent housing. *Overdose Prevention Funds:*

The Surplus Ordinance, a separate funding source, provides \$1.6 million to support two key overdose prevention efforts which are well aligned with DPH's overdose response plan:

- **Overdose prevention measures in SROs and PSH.** This is an expansion of the successful work of the DOPE Project and dovetails well with the SRO and PSH clinical teams which are included in the Services proposal.
- **Street-based overdose response and heatmap tracking of overdoses.** This is an innovative proposal from San Francisco AIDS Foundation (SFAF). DPH hopes to partner with SFAF on developing new strategies for immediate response to people with non-fatal overdose and their social networks in order to help prevent future overdose and death. People who survive an overdose are at high risk for fatal overdose

According to the the 2019 Point-in-Time Count, more than 60 percent of chronically homeless individuals reported alcohol and drug use. Drug use in San Francisco has changed in recent years, as it has in most major urban areas. Fentanyl shifted from being an occasional contaminant in the heroin supply to becoming a primary drug of choice. This shift has contributed to a dramatic increase in opiate related overdose fatalities in 2019, continuing in 2020 and 2021. To respond to this worsening crisis, the City has prioritized overdose prevention. DPH will build on existing

services to provide intentional outreach to people who inject and smoke fentanyl, especially those who are using on the streets. DPH will also increase low-barrier access points for treatment, which was a theme that surfaced in the community listening sessions. Key activities include:

1. Improving our outpatient services and making them more accessible for people experiencing homelessness through:
  - a. Low threshold buprenorphine access (including tele-buprenorphine)
  - b. Contingency Management (incentivizing engagement with services)
  - c. Expansion of BAART's Market St. Clinic hours to 24 hours
2. Harm reduction training, increased access to naloxone and other resources, and clinical support for service providers in high-risk shelter and housing sites (i.e. SIPs, PSH, SROs, etc.);
3. Expanding access to safe consumption supplies and other harm reduction resources at outpatient behavioral health and primary care clinics, focusing on those which serve a high proportion of people experiencing homelessness;
4. Increasing access to medications for addiction treatment through expanding street medicine, providing medical care over the telephone, and supporting medication delivery to areas with few pharmacies.

*Intensive Case Management & Care Coordination:*

Many Behavioral Health Services treatment programs don't currently have the resources needed to effectively link people to care and housing resources. The absence of a designated care coordinator can lead to poor communication, incomplete transfer of information, lack of education for clients and caregivers, and limited or no access to needed services. Under DPH's new Office of Coordinated Care, care coordination will be focused on strengthening the connection of people in treatment to housing; promoting placement in housing is a core outcome of BHS services for people experiencing homelessness and supporting people once in housing as they stabilize.

Care coordination is about helping clients access the right services at the right time - this includes housing, benefits and other social supports.

Care Coordination includes collaboration and communication with:

- 1) Client's existing provider to facility care
- 2) Existing BHS programs and outside agencies to facility care
- 3) HSH to connecting individuals to long-term housing by enrolling all eligible individuals enroll in Coordinated Entry assessments
- 4) Other social service agencies to ensure client's social needs are met
- 5) Medical care providers to ensure client's medical needs are met

Care coordination supports case management for the system's most complex clients, including a target population of adults and transitional aged youths experiencing homelessness. Often, these clients carry a psychiatric diagnosis in addition to a substance use disorder and physical

health problems. The intersecting issues of homelessness, substance use, justice/forensic involvement, and socioeconomic issues exacerbate their existing psychiatric challenges. Intensive Case Management (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. ICM programs 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.



## Centering Equity in Prevention, Housing, Shelter, and Services

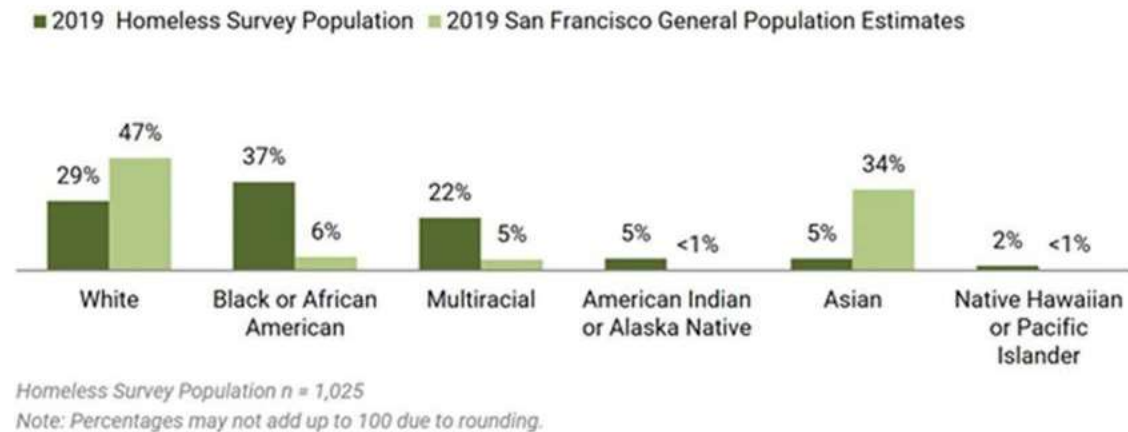
We are committed to collectively identifying disparities in housing and health and are using data and resources to drive system improvements and achieve equitable outcomes, utilizing the following

- Prevent homelessness before it starts
- Meet people where they are and offer life-saving resources
- Focus prevention resources for people *most likely* to become homeless
- Strategically align interventions and acquire more housing in diverse neighborhoods
- Promote choice and housing justice through flexible rental assistance programs
- Provide clinical and wraparound support for formerly homeless residents of PSH
- Reduce health disparities

### *Prevention*

Centering equity in the homelessness response requires doing all we can to prevent homelessness before it starts among those *most likely* to become homeless without assistance. This means we must use our prevention efforts to address the vastly disproportionate rates at which Black, Latinx and mixed-race people become homeless in our city.

Data from 2019 Homeless Point in Time Count and Survey show that Black, Indigenous, mixed-race and Latinx people are vastly overrepresented in the homeless population in San Francisco. For African Americans, the rate of homelessness is more than six times their representation in the City population (6% vs. 37%.)



Achieving racial equity in our homelessness response cannot just be considered once people have already become homeless; it must begin with stopping homelessness from the beginning. It also means that when people do become homeless, we must put in preventive measures to ensure they do not become homeless again.

Prior to the COVID-19 pandemic, three people were entering homelessness for every person who was exiting it. Due to COVID, the Budget and Legislative Analyst's office estimated in October that between 13,750 and 33,200 low income San Francisco households were anywhere from one to six months behind on rent. Black and Hispanic renters were found to be almost twice as likely to make a partial rent payment from May to July 2020 compared to white renters in the UCLA/ USC Los Angeles renter survey. The Turner Center estimated that *two thirds* of renters who experienced job loss in San Francisco from April to June had a Person of Color in the household.

The prevention funding priorities focus on a program supported by HSH and MOHCD that includes targeting using key factors that are strongly associated with likelihood of becoming homeless. In particular, a geographic focus on both outreach to and targeting people from those areas of the City with the largest BIPOC populations will help to ensure that the majority of resources go to those people and areas of the city who need them most to avoid homelessness.

The 2019 Count also showed that 31% of people counted were homeless for the first time. This was an increase from 25% in 2017. When asked about where they lived immediately prior to becoming homeless, thirty percent (30%) of respondents had lived in a home owned or rented by themselves or a partner, thirty-three percent (33%) reported staying with friends or family and twelve percent (12%) reported living in subsidized housing. These three groups are the target for our homelessness prevention.

### *New Housing and Services*

Once a person does become homeless, providing housing solutions is essential to addressing the racial disparities among people experiencing homelessness. Creating more housing across the system and targeting that housing to the most vulnerable members of the homeless community will help ensure that BIPOC households are housed at rates at least equitable to their representation in the homeless population. In order to address the disparities within the population, it is important to create diverse housing options that meet the needs of the community including:

- Project-based PSH with onsite services for highly vulnerable people
- Flexible Housing Subsidies to allow people to live in or near their home neighborhood and support networks
- Short- and medium-term rental subsidies to allow people choice in where they live and the workforce supports to assume the rent when the subsidy expires
- New housing – creates housing that meets people’s needs

Subsidy programs that target specific neighborhoods may also help enhance equity in the Homeless Response System. HSH is rolling out the Bayview focused Flex Pool Subsidies this month and we share the OCOH committee’s assumption that the geographic focus on both outreach to and targeting people from those areas of the City with the largest BIPOC populations will help to ensure that the majority of resources go to people who need them most.

The funding priority to expand behavioral and physical health services to people accessing project-based permanent, supportive housing and flexible housing subsidies further solidifies success in housing designed to support BIOPC populations and prevents a return to homelessness for BIOPC populations.

Finally, providing enhanced behavioral health services to tenants in Permanent Supportive Housing enhances our shared equity goals by ensuring that our most vulnerable tenants have the services they need to thrive. Tenants of PSH are disproportionately BIPOC. Based on data from the HSH ONE system, roughly 37% of clients within permanent supportive housing identified as Black or African American, while 18% identified as Hispanic/Latinx. Both of these demographics are overrepresented within PSH based upon 2019 census figures, which indicate 6% of San Francisco residents are Black, and 15% come from Latinx communities.

### *Shelter - Safe Parking*

The expansion of Safe Parking also allows us to serve BIPOC populations in a new way. Vehicular homelessness disproportionately impacts people living in the Bayview community and by focusing safe parking in that neighborhood we can bring additional resources to the homeless and

housed community there. By adding a geographic focus in targeted for this resource to people from those areas of the City with the largest BIPOC populations will help to ensure that the majority of resources go to people who need them most.

#### *Outreach and Treatment*

DPH behavioral health services included in the funding priorities are designed and targeted for individuals experiencing homelessness with behavioral health needs. In San Francisco, there are approximately 4,000 adults experiencing homelessness who suffer with co-occurring mental health and substance use disorder. Thirty-five percent of this population is Black/African American compared to 5 percent of San Francisco's population. These individuals are the target population for all of the initiatives within the City's Prop C/OCOH Services funding priorities. For example, expanding hours at the Behavioral Health Access Center, BH Pharmacy, and treatment sites are specifically designed to increase access to these resources for individuals experiencing homelessness and treating substance use disorders, so that they can more readily access care.

Additionally, Black residents represent 30% of patients served by Substance Use Disorder (SUD) services. These services have historically been made accessible to Black residents by contracting with community organizations that specifically serve and hire people within the Black community. DPH also contracts with agencies that include cultural and language-specific services for San Francisco's Latinx population.

The improved accessibility and expansion of treatment beds will also serve BIPOC populations commensurate to their need, with the intention of achieving equitable outcomes. The "Behavioral Health Bed Optimization Project" report analyzed demographic data on 1,000 clients admitted to DPH behavioral health beds, and found the majority of patients served were economically disenfranchised and from BIPOC communities. Specifically, people experiencing homelessness represented a significant percent (68%) of the population utilizing and needing BHS beds. Amongst individuals that chose to identify their race, 24% of people accessing treatment beds identified as Black/African Americans, compared to 6% of the population in San Francisco.

*Characteristics of Patients Admitted to nearly 1,000 DPH  
Behavioral Health Beds FY1819*

Characteristic		Number of Unique Patients <sup>3</sup>	Percent of Total Unique Patients
Homelessness <sup>4</sup>	Yes	4,140	68%
	No	1,955	32%
Gender	Male	4,032	66%
	Female	1,763	29%
	Other <small>Text</small>	300	5%
Race/Ethnicity	White	2,015	33%
	Black/African American	1,434	24%
	Latino/a	720	12%
	Asian/Pacific Islander	359	6%
	Other/Not Stated	1,567	26%
<b>Total</b>		<b>6,095</b>	<b>100%</b>

While only 12% of clients self-identified as Latino, and 6% as Asian/Pacific Islander, among the 26% of users whose race/ethnicities were “Other” or “Not Stated,” 56% were from racial/ethnic minorities (32% Black/African American, 16% Latino/a, and 8% Asian/Pacific Islander.) The Department will continue to focus on working with contractors that serve Black, Latinx, and Asian communities, and offer culturally and linguistically appropriate service, where appropriate.

Finally, as mentioned in the housing and services section above, providing enhanced behavioral health services to tenants in Permanent Supportive Housing enhances our shared equity goals by ensuring that we remove all barriers possible to making sure tenants of these buildings have the clinical support many need in order to stay housed.