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;

> "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."

4. Services that _____ the true needs of clients, particularly individuals with higher _____ or individuals who require only "light touch" services. _____ community members expressed concern that our system _____ does not serve either of these populations well.

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 questions[1]:

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

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

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]

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[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
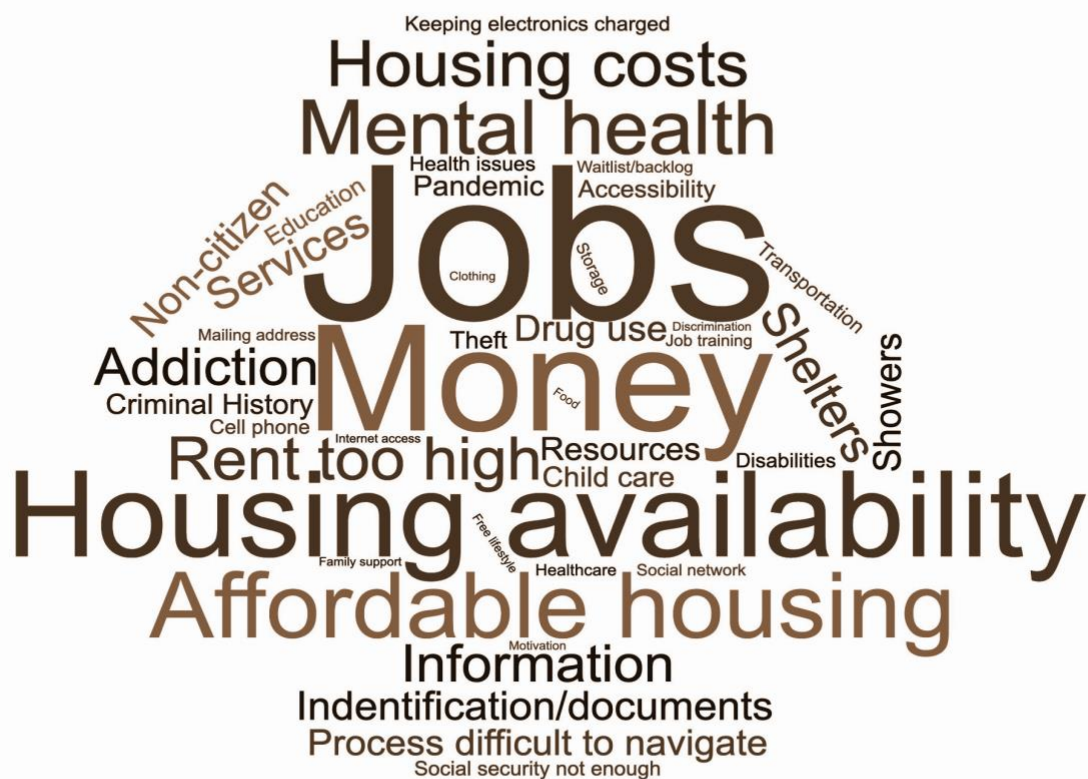
challenges.

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.)	- 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 - 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 - 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.)	- Expand problem solving beyond just the access points; utilize community based organizations - More flexibility with problem solving dollars
Eviction prevention and housing stabilization	- 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	• 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	• Workforce training and employment programs • Alignment between housing programs and employment services with growth opportunities • Job placement services with case management
Other	• 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)	• 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)	• 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	• 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)	• Acquisition and rehab of units large enough and affordable for families ○ Non-profit, community ownership model
Other	• 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	• Funding that can cover expenses to keep someone housed, not just direct housing costs
Problem Solving (Recently unhoused)	• Bigger pot of problem solving dollars 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 • Peer led resources -- support and outreach and working within leadership roles in community organizations
Eviction Prevention and housing stabilization	• Greater flexibility in funds available for rental assistance, including for non-leaseholder, etc.
Workforce/education	• Employment

	● Reducing barriers to employment
Small site acquisition (preserve units for ELI, at-risk housed)	● TAY want to stay in the communities where they are raised; need a strategy to acquire and maintain housing in those communities
Other	● Programs like what the SF AIDS Foundation offers, paying not only for medication but emergency loans/cash to accompany it ● 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	- 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)	- Subsidies/vouchers for private-market rate housing - PSH outside of the Tenderloin - Increase flexible funds, security deposits, etc.
Time Limited Subsidies	- 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	- 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	- Different populations require different services, different levels of care. Not one size fits all: - 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	- Dedicated housing for young mothers with children - 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)	More flex pool housing subsidies
Time limited subsidies	- 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	- Strategies that will keep families of color in SF - Reunification; more options to keep families together
Youth / Young Adults	
Permanent housing	- 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	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	- 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	- Culturally competent services, language access especially for monolingual speakers - Housing programs need support services built-in, to avoid revolving door - Fund local community organizations that provide specific and individualized services to clients
Other	- 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	● More services available at safe sleeping sites
RV Park	● Safe parking sites
New shelter/Nav Center	● Nav Center for justice-involved folks ● Shelter for justice-involved women ● Shelter for DV survivors
Existing Shelter/Navigation Center	● More trauma-informed staff at shelters, nav centers ● Wraparound services in shelters
SIP hotels	● SIP hotels

Hygiene/Basic needs	● Shower, laundry, toilet, etc facilities
Other	● 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	● 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	● 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	● Dedicated TAY facilities away from the Tenderloin
Expanded drop-in and outreach (mobile and weekend capacity + meals)	● More spaces where TAY can access supports ● Greater outreach in neighborhoods that are typically overlooked, such as the southeast part of the City

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"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	- 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)	- 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	- 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	
	- 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	● 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
	  ○ 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	● 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	● A focus on racial equity
	  ○ Service providers must demonstrate cultural competency, language access, etc.
	  ○ Support more diversified, BIPOC-led service provision

	- Link program exits directly to housing - 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	- Need information on law enforcement and how they interact with minors/TAY, harassment vs support, routing to prison vs shelter. - 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	Increase collaboration and sharing of information -- working together across systems in support of individuals or initiatives

- Remove silos between HSH, DPH, and other agencies
  - 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

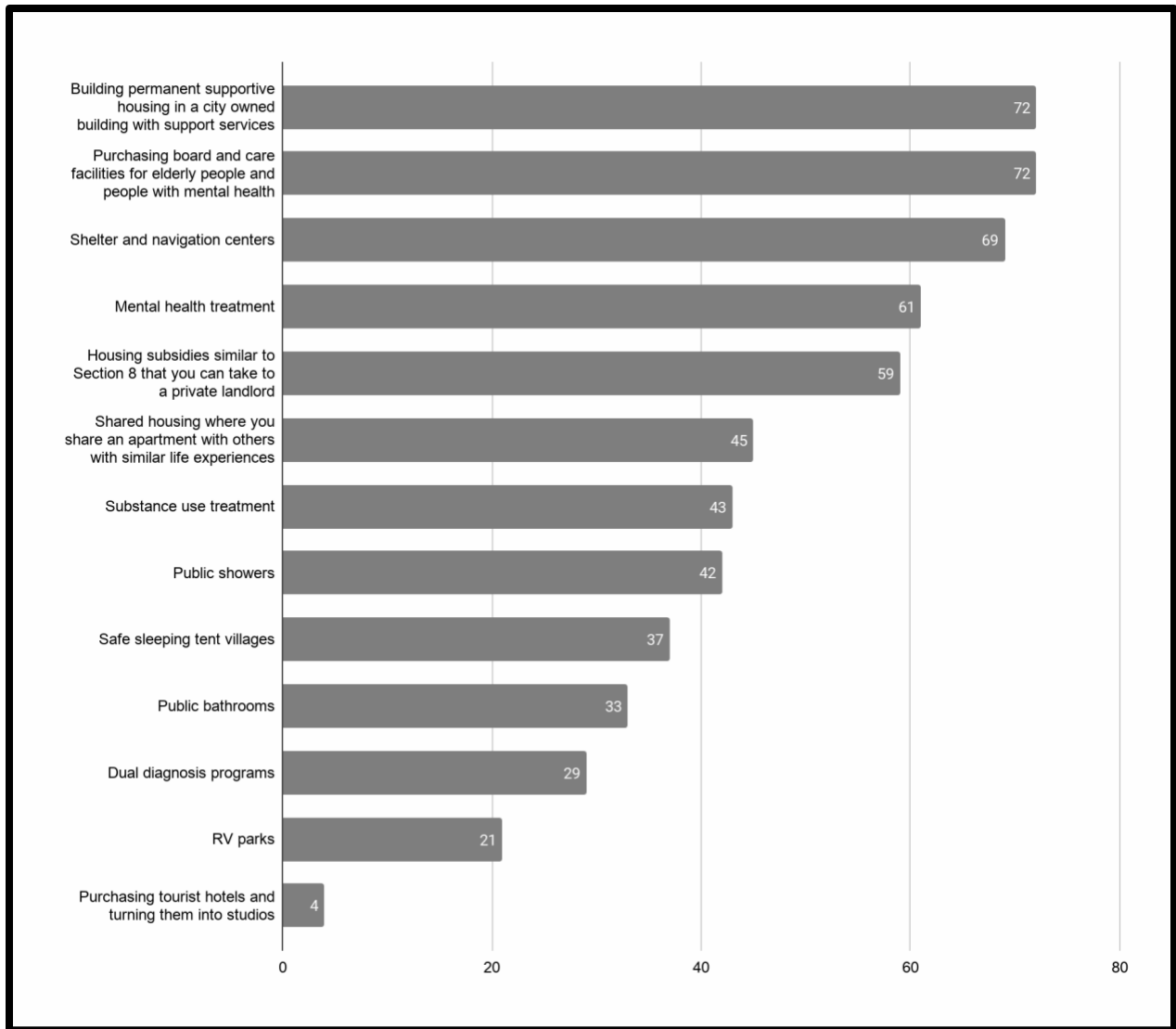*Includes items that would not add capacity for exits from homelessness*

- 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
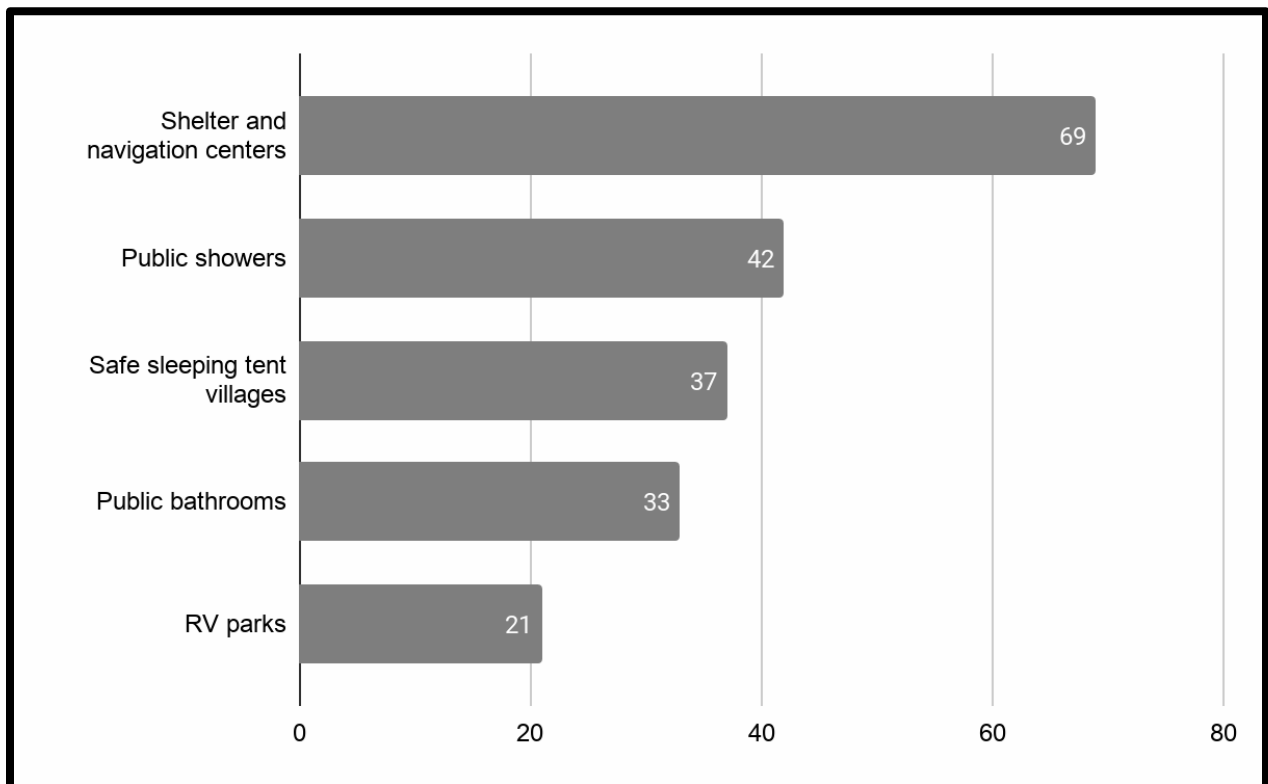
Glide Survey Overview

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:

| Priority	Value
Building permanent supportive housing in a city owned building with support services	72
Purchasing board and care facilities for elderly people and people with mental health	72
Shelter and navigation centers	69
Mental health treatment	61
Housing subsidies similar to Section 8 that you can take to a private landlord	59
Shared housing where you share an apartment with others with similar life experiences	45
Substance use treatment	43
Public showers	42
Safe sleeping tent villages	37
Public bathrooms	33
Dual diagnosis programs	29
RV parks	21
Purchasing tourist hotels and turning them into studios	4

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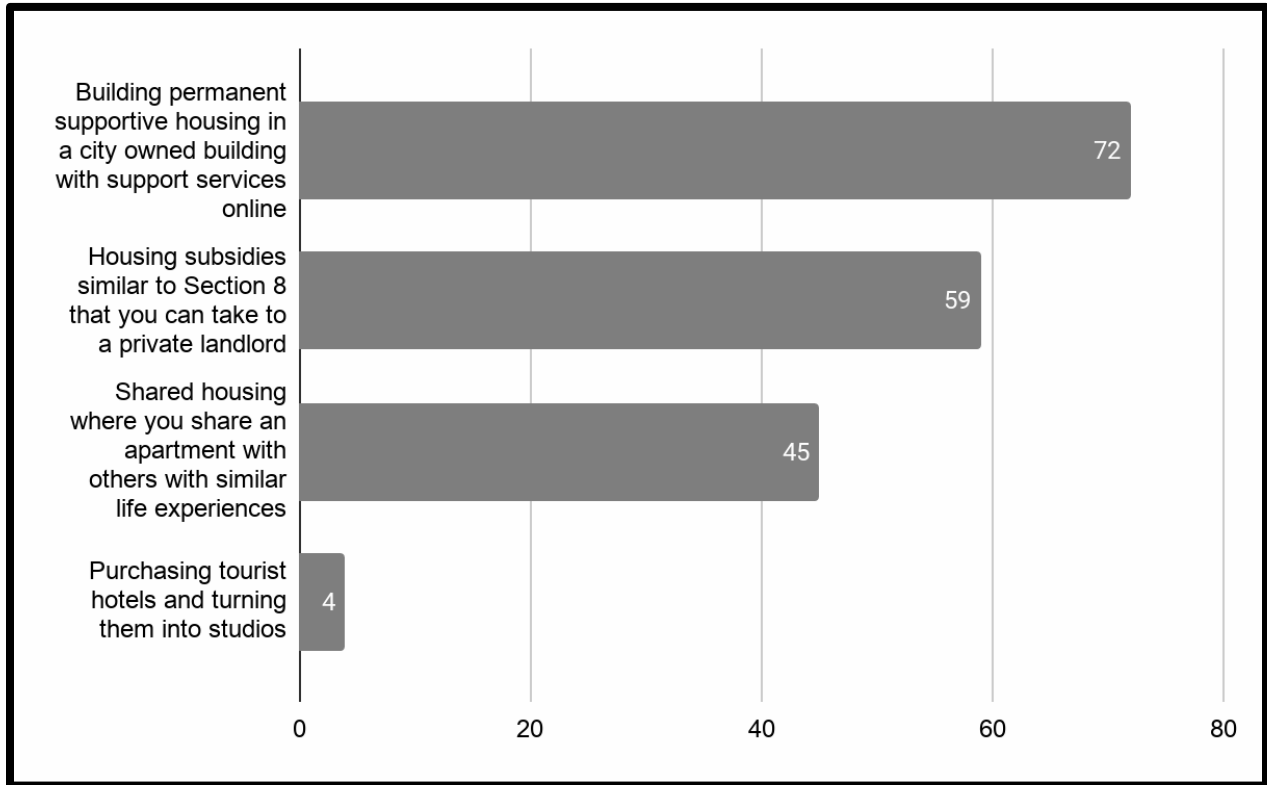THE FOLLOWING SHELTER & HYGIENE PRIORITIES**

**GLIDE SURVEY PARTICIPANTS HIGHLIGHTED
THE FOLLOWING BEHAVIORAL HEALTH PRIORITIES**
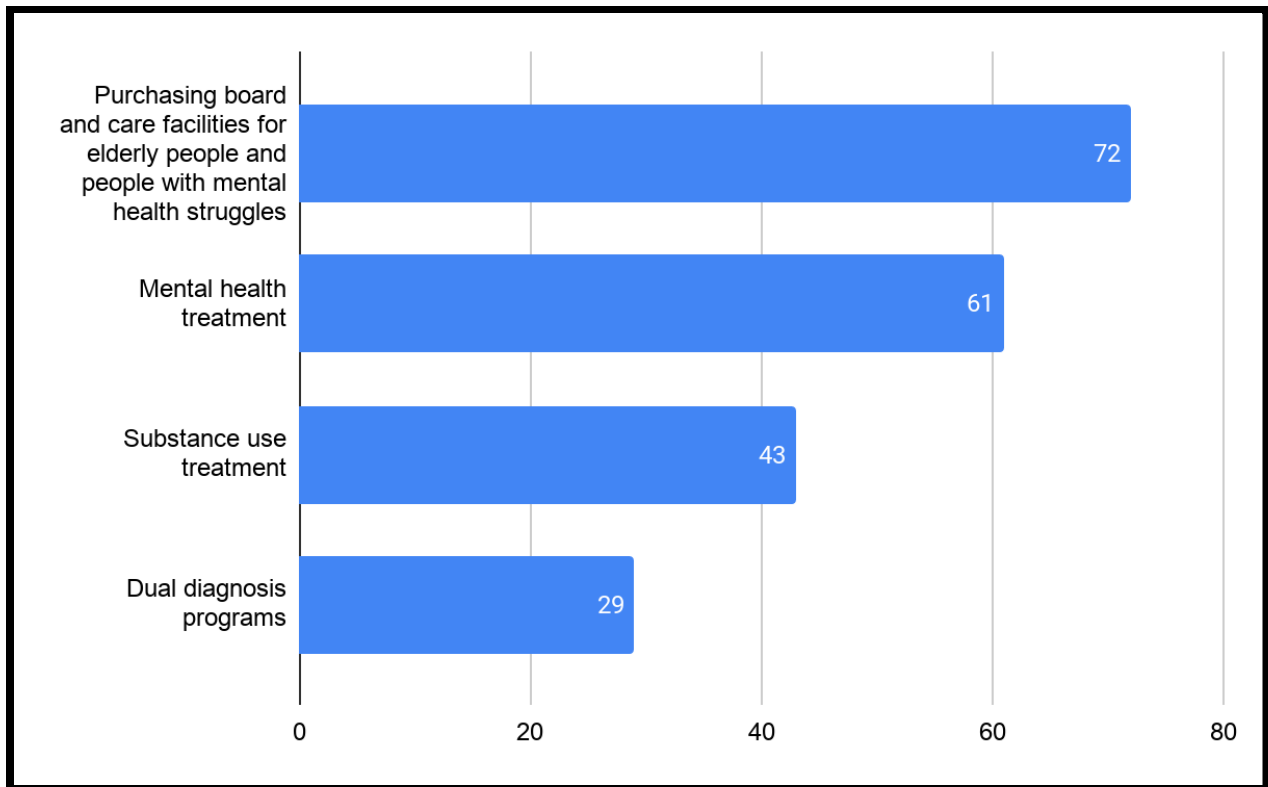
FAMILY LISTENING SESSION PARTICIPANTS HIGHLIGHTED THE FOLLOWING PREVENTION PRIORITIES
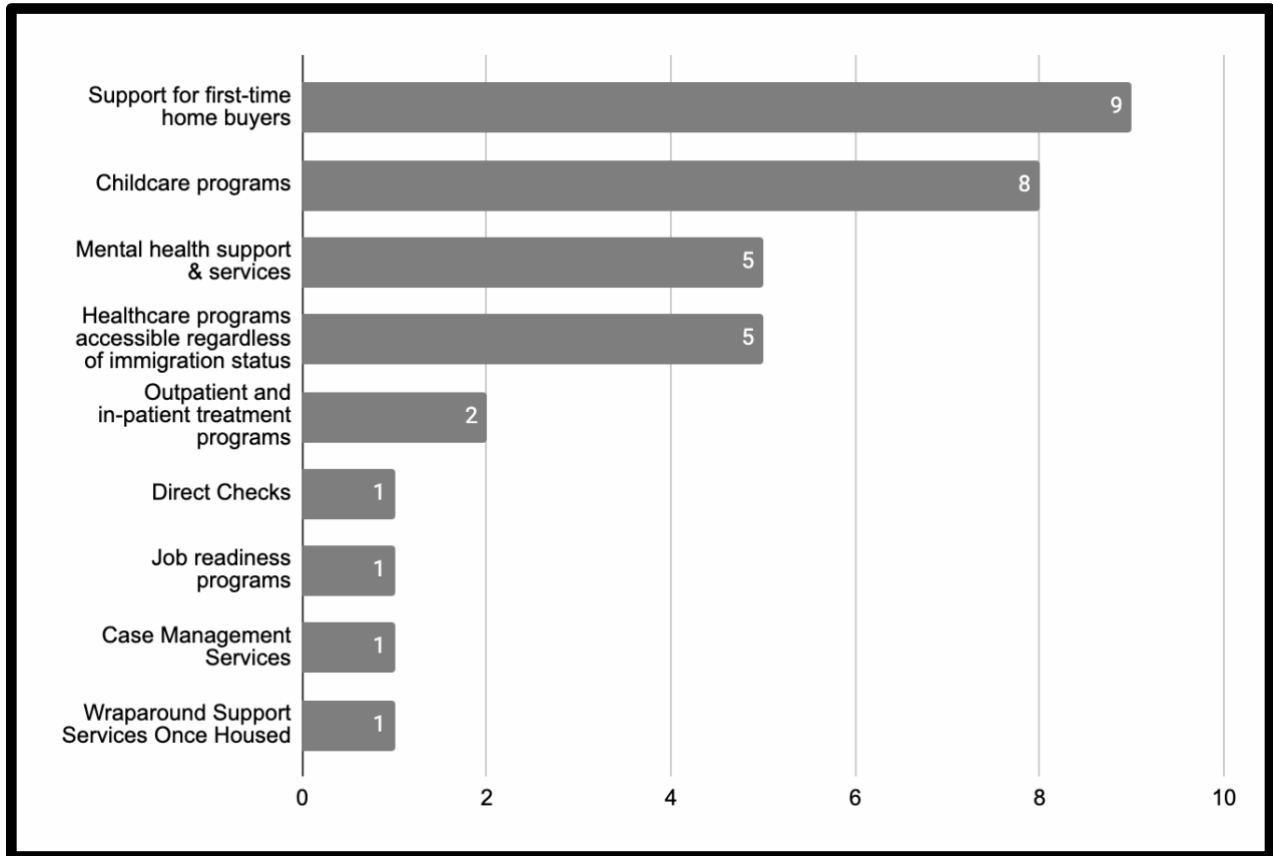
FAMILY LISTENING SESSION PARTICIPANTS HIGHLIGHTED THE FOLLOWING HOUSING PRIORITIES

THE FOLLOWING POLICY AND IMPLEMENTATION PRIORITIES