OCOH Needs Assessment

Purpose and Planning

CITY & COUNTY OF SAN FRANCISCO

Member Leadbetter, Data Officer

03.21.2022

Purpose of OCOH Committee

The purpose of the Oversight Committee shall be to monitor and make recommendations in the administration of the Our City, Our Home Fund, to take steps to ensure that the fund is administered in a manner accountable to the community and consistent with the law, and to advise the Board of Supervisors on appropriations from the Our City, Our Home Fund.

Purpose of OCOH Committee

As part of this purpose, the Oversight Committee shall:

- Develop recommendations for prioritizing the use of funds appropriated from the Our City, Our Home Fund;
- By December 31, 2019, and every three years thereafter, conduct a needs assessment with respect to homelessness and homeless populations, including but not limited to an assessment of available data on subpopulations with regard to race, family composition, sexual orientation, age, and gender served by the programs and expenditures described in Section 2810(b)(3), and make annual recommendations about appropriations from the Our City, Our Home Fund to the Board of Supervisors consistent with that needs assessment;
- Promote and facilitate transparency in the administration of the Our City, Our Home Fund.
- Promote implementation of the programs funded by the Our City, Our Home Fund in a culturally sensitive manner.

Approach to OCOH Needs Assessment

- On-going analysis and community engagement to inform OCOH recommendations, facilitate transparency, and promote program implementation (an iterative process meant to support learning and strategic decision-making, not only a report every three years)
- Racial equity and lived expertise at the center
- Coordinated with, building upon, and supportive of other citywide planning and evaluation activities (HSH, DPH, Controller's Office)
- Community-based research methods (i.e, integrated with OCOH lived expertise leadership, investing in opportunities for lived experts to be hired and trained to conduct analysis and engagement activities)
- Regular reporting and discussion aligned with annual performance and budget timeline in order to support Committee recommendations
- The needs assessment process is underway, and collectively we will build out the infrastructure for transparent analysis, reporting, and lived expertise leadership

OCOH Needs Assessment Activities 2022

Component	Timeline
Population analysis	Initial analysis presented to Committee in November 2021, updated with PIT data June - August
Inventory gaps analysis	Present to Committee in March, updated with HIC data June - August
Performance analysis	System performance data and collected and analyzed June - August
Qualitative analysis	Focus groups April – September, and on-going engagement through lived expertise leadership program
Reporting and discussion	Revisit needs assessment annually, annual presentation in October/November to support the following year's budget recommendations, presentation serves to meet our legislative requirement, formally presented to Mayor's Office and Board of Supervisors every 3 years
Lived expertise leadership	Proposals in development, Presentation to Committee in April resulting in recommendations for inclusion in FY2022-23 budget

San Francisco's Homelessness Planning Efforts in 2022-23

2023 Strategic Plan on Homelessness (January 2023)

- Transition from HSH Strategic Framework (2017-2022)
- Will include homeless system performance and equity goals
- Planning process throughout 2022 to develop city-wide strategies and goals to prevent and end homelessness
- In collaboration with OCOH, LHCB, and other bodies
- Align strategies and outcomes with city partners: DPH, MOHCD , Criminal Justice Partners
- Planning will draw on data from:
  - OCOH Needs Assessment, Coordinated Entry Evaluations, System Modeling, updated 2022 PIT
  - Broad engagement with and input from community stakeholders including people with lived experience, providers, and other partners

Homeless Housing, Assistance and Prevention (HHAP3) Homelessness Action Plan (June 30th, 2022)

- State funding requires the development of "homelessness action plans" for state HHAP3 funds and HHIP funds
- Requires SF to establish goals for advancing equity and achieving system performance measure goals

Housing and Homelessness Incentive Program (HHIP) Homelessness Action Plan (June 30th, 2022)

- State funding requires San Francisco Health Plan - in partnership with HSH, and DPH - to develop a "homelessness action plan" to achieve better health outcomes for people experiencing homelessness

Our City, Our Home Needs Assessment

Inventory Gaps Analysis

CITY & COUNTY OF SAN FRANCISCO

Office of the Controller

City Performance Unit

Jessica Shimmin

03.21.2022

Terms

Our City, Our Home Funds help people who are homeless or at risk of homelessness in San Francisco.

Literally Homeless ("HUD Definition")

- Sleeping in emergency shelters or transitional housing programs
- Staying in places not meant for people to live such as sidewalks or in tents, vehicles, abandoned buildings, etc.
- Fleeing domestic violence

Homeless (McKinney Vento Definition)

- Families with minor children living in Single Resident Occupancy units
- Households that are doubled up for economic reasons

At Risk of Homelessness

- Person or family who will lose their primary nighttime residence within 2 weeks, and without resources or networks to prevent homelessness

Assessing Existing Data
Part 1: Homeless Populations

Why population?

Population data describes the size and characteristics of a particular section, group, or type of people living in an area.

Descriptive population data supports homeless system planning by making it possible to:

- Estimate the number of households experiencing homelessness in a year
- Anticipate the needs of people experiencing homelessness
- Track changes in homelessness over time in San Francisco.

Existing Sources for Population Data

Administrative data is data collected by providers about the participants in or consumers of services as part of operating programs.

These data--when looked at as a sum whole, or aggregate--offer insight into the characteristics and needs of people receiving services in the homeless response and health care systems.

Examples of administrative data sources include the Department of Homelessness and Supportive Housing's ONE System, Public Health's Epic and Avatar health records.

Homeless Point in Time Count (PIT) is a census and survey of people experiencing sheltered and unsheltered homelessness.

The PIT is the only measure of people experiencing unsheltered homelessness in most communities in the United States.

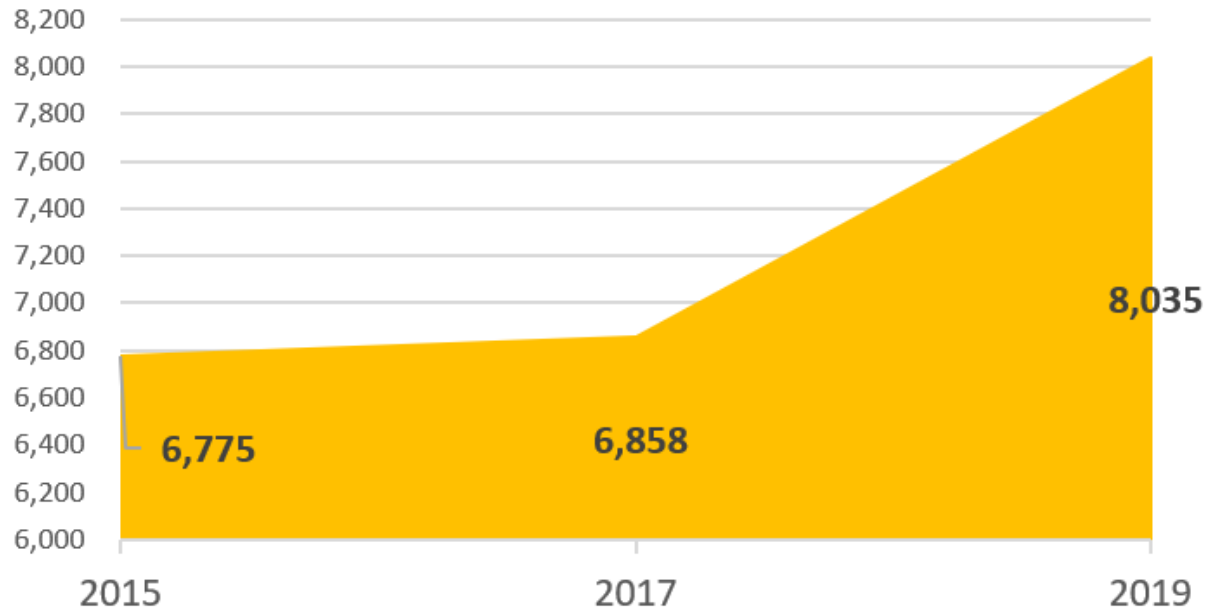
Existing Sources for Population Data

Censuses and Surveys

- *Stop the Revolving Door* (2020), Coalition on Homelessness
- *Housing Needs and Trends Report* (2018), SF Planning Department
- *SRO Families Report* (2015), SRO Families United Collaborative
- American Community Survey (2019), US Census Bureau
- KidsData.org (2018), SF Unified School District

OCOH Needs Assessment: Population

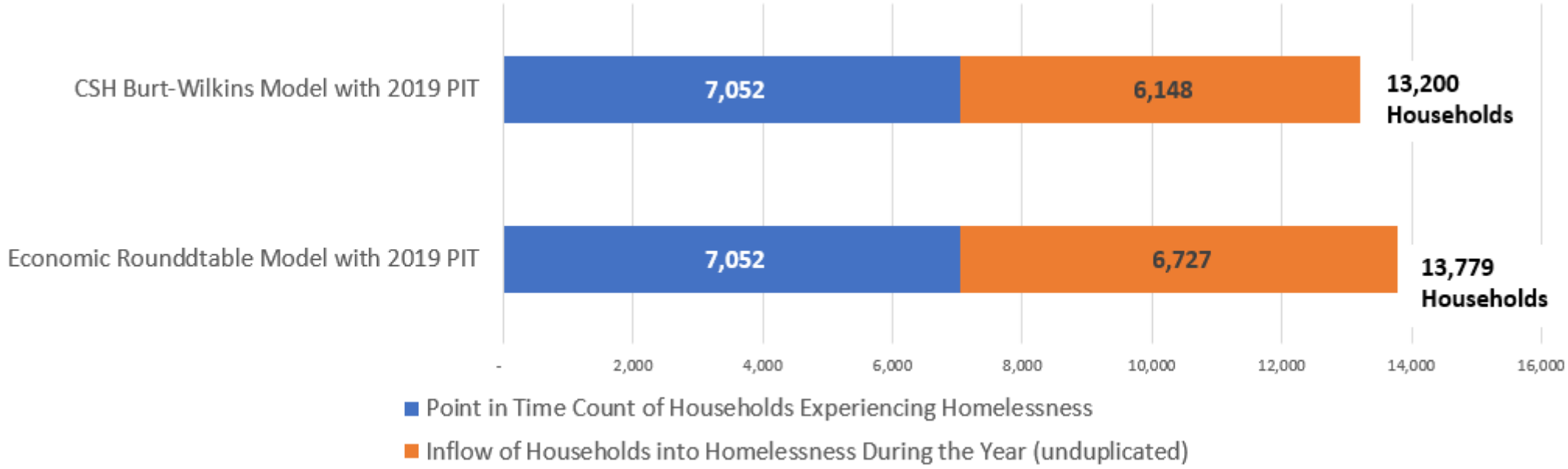
Population data describe the scale of homelessness.



- The Point in Time Count, or PIT, is a census of people experiencing sheltered and unsheltered homelessness.
- Like nearly all California communities, San Francisco's 2021 PIT Count was deferred due to the pandemic. The 2022 PIT Count took place on February 23.

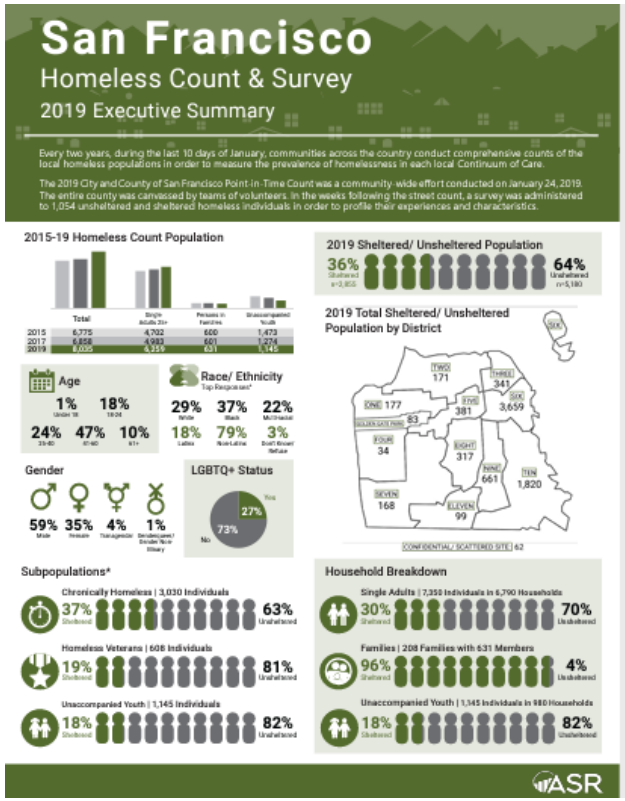
Point in Time Count data can be used to project the number of *households* experiencing literal homelessness each year.

- Two tested methods with slightly different methods of de-duplicating inflow
- Burt Wilkins = Fewer unique people experience homelessness, more have repeat experiences of homelessness
- Economic Roundtable = More unique people experience homeless, adjusts for sampling over the year.



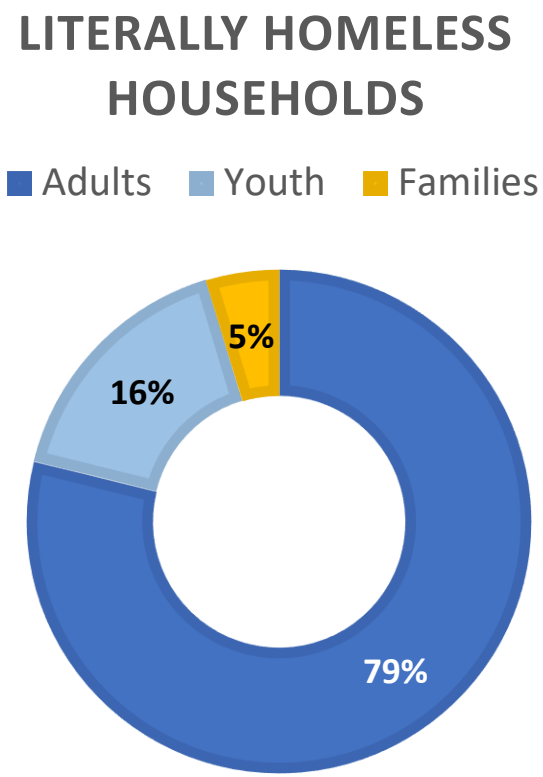
OCOH Needs Assessment: Population

Population data describe the characteristics of people experiencing literal homelessness.



- People of Color—specifically Black, Indigenous, and Latinx—are overrepresented among people experiencing literal homelessness.
- Adults make up the majority (+/- 80%) of households experiencing literal homelessness followed by Youth at 16% and Families at 4%.
- 3 in 5 homeless adults are male.
- LGBTQI+ Identities are overrepresented.
- More than half of literally homeless adults have a disabling condition*
- People experiencing literal homelessness are overwhelmingly Extremely Low Income, with incomes less than 30% of AMI.
- 2019 PIT survey suggests that Families and Youth may be more likely to experience multiple episodes of homelessness in a year than adults.
- Growing proportion of the population is reporting very long periods of homelessness.

Population data can be used to plan the resources literally homeless households need.



From a system planning perspective, population demographics anticipate and help prepare the types of programs needed to serve a group of people and the scale of intervention.

Adults aged 18 and older make up 95% of households experiencing literal homelessness in San Francisco; an estimated 13,137 households.

Transition Aged Youth (TAY) are young adults aged 18-24 years. TAY make up 17% of the literally homeless adults in San Francisco; an estimated 2,273 households.

Families with minor children make up 5% of households experiencing literal homelessness in San Francisco; an estimated 642 families.

What do the characteristics of literally homeless adults convey about the supports they may need?

Population data show that physical and mental health are significant barriers to housing stability and retention for households with only adults, who tend to be older, have disabling health conditions, and have long histories of homelessness.

- 29% of adult only households are aged 55 years or older.
- 70% of adult only households reported one or more disabling health conditions.
- 12% of adult only households reported no disabling health conditions.
- 55% of adult only households meet the criteria of chronic homelessness (required for PSH).

For these reasons literally homeless adults are likely to need wrap around supports to stabilize in housing.

What do the characteristics of literally homeless adults say about the resources needed?

Most literally homeless adults face significant economic barriers to housing stability and retention.

- 80% of adult only households have less than $1,500 monthly income. This is 20% of Area Median Income (AMI) for a household of 1.

The population of literally homeless adults is aging, disabled, and extremely low income. **Ongoing subsidies may best fit the needs of adults who are on fixed incomes** such as disability or retirement.

Younger, healthier adults may succeed with temporary subsidies and supports that are attuned to economic barriers including (but not limited to) education and training, racial discrimination, re-entry.

What do the characteristics of the Youth subpopulation communicate about their needs?

ONE System data show most homeless youth are in good health.

- 66% of youth households reported no disabling health conditions.

Most TAY households face significant economic barriers to housing stability.

- 44% of youth households reported no income.
- 19% of youth households reported receiving only cash benefits.
- 28% of youth households reported earned income.

Age and health suggest (but do not guarantee) that many Transition Aged Youth can increase their incomes and become self-sufficient. Temporary supports or supports pegged to income may best fit the needs of TAY households. Transitional support services may be well suited to young people's transition to adulthood.

What do the characteristics of literally homeless families say about their needs?

Literally homeless families with children tend to be young, few have disabling health conditions, and shorter periods of homelessness.

- 66% of adults in families are under the age of 35.
- 59% of adults in families reported no disabling health conditions.
- 33% of adults in families reported one or more disabling health condition.
- 13% of families met the criteria of chronic homelessness (required for PSH).

For these reasons, families may be less likely to need ongoing, intensive support services to stabilize and retain housing.

What do the characteristics of literally homeless families say about their needs?

Households with minor children face significant economic barriers to housing stability and retention.

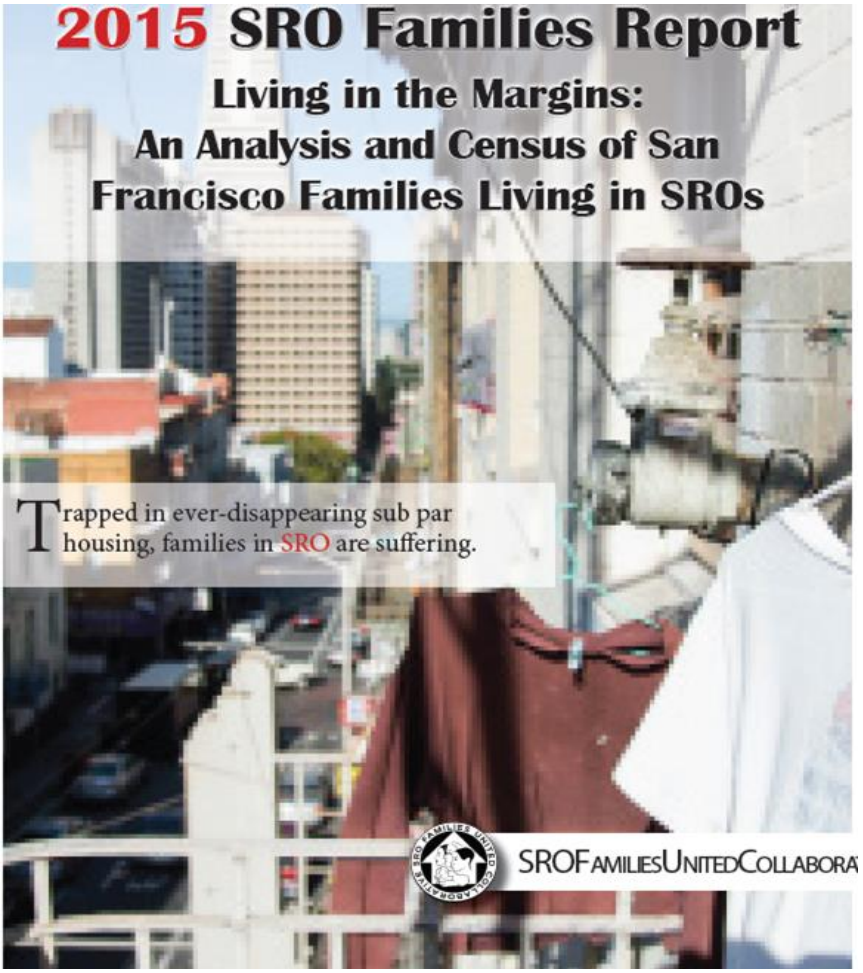
- 79% of families with children have less than $2,000/month in cash income. This is 20% of Area Median Income (AMI) for a household of 3, which is the average family size.

Literally homeless families tend to be young, healthy, and have extremely low incomes. These factors suggest (but do not guarantee) that with adequate support, families may increase their income and become self-sufficient.

For many families, deep subsidies will be needed at first, though such support may become unnecessary over time. Deep economic supports should not be equated with intensive service needs.

Because literally homeless families tend to be young, transitional programs may be well suited to this population.

What do families living in SROs need?



- 75% of families in SROs are immigrants.
- 86% of adults are not fluent in English.
- 96.5% of adults in SRO households with minor children are employed, compared with 11-15% of literally homeless adults.
- Despite high rates of employment, 86% reported insufficient income to move out of SROs.

- Families living in SROs face significant economic barriers to rightsizing their housing that may include education and training, citizenship status, as well as racial, linguistic, and/or anti-immigrant discrimination.

- Families in overcrowded conditions need larger subsidized units and job opportunities that afford economic mobility (see *Stop the Revolving Door Report*, 2020).

Assessing Existing Data
Part 2: Inventory of Resources

Inventory of Resources

An inventory is the complete list of resources.

The starting place for this analysis is the **Housing Inventory Count** (HIC) that is required by HUD each year.

The HIC provides a comprehensive list of the beds and units in the system for literally homeless households on the night of the Point in Time Count.

Although required for federal funding, the HIC includes all the beds and units in the system, not only those receiving federal funding.

The Department of Homelessness and Supportive Housing provided Safe Sleep, Vehicle Triage, and Problem-Solving inventory for gaps analysis. These programs are not included in the HIC.

Inventory of Resources

The HIC provides the number of beds and units by household composition:

- Households with minor children (families)
- Households with only adults.

The HIC shows the number of beds and units reserved for literally homeless subpopulations:

- Youth aged 18-24 years
- Veterans
- Chronically homeless households

Inventory of Resources

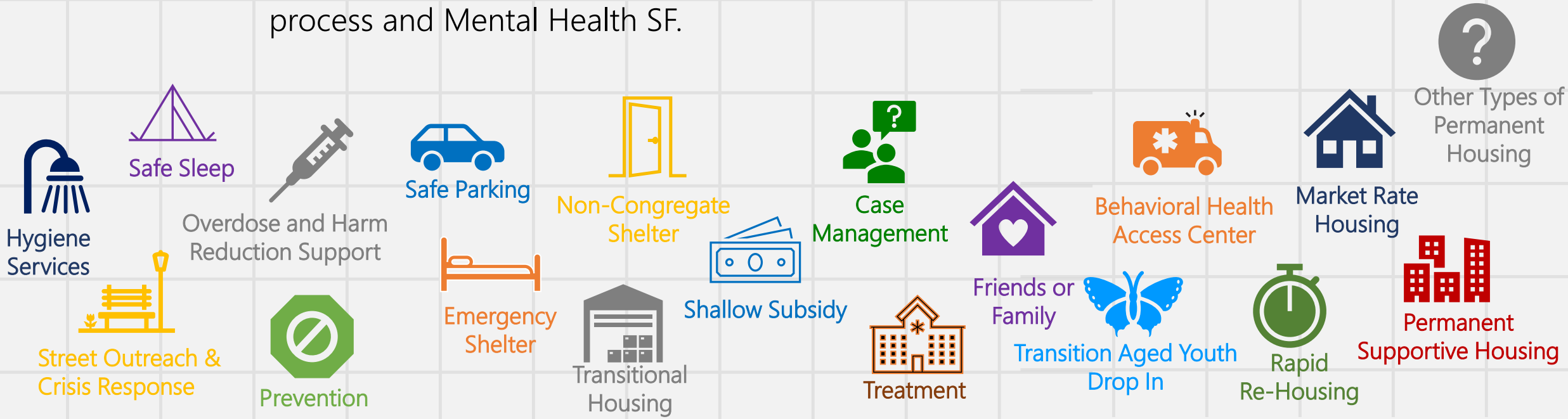
Department of Public Health has a spectrum of treatment beds. The 2019 *Bed Optimization Report* offers a window into the system's capacity at that time as well as setting goals for adding beds.

DPH also provided data on the numbers of unique individuals served and number of service interactions in programs that are targeted to people experiencing homelessness such as whole person integrated care, street health, case management, and mental health services.

Gaps analysis and system modeling

This analysis will highlight the gap between the resources currently available and the scale of homelessness in San Francisco.

Developing the right combinations of supports for San Francisco's homeless response system involves **strategic design decisions** that are outside the scope of this needs assessment. These conversations will take place through the Department of Homelessness and Supportive Housing's Strategic Framework process and Mental Health SF.

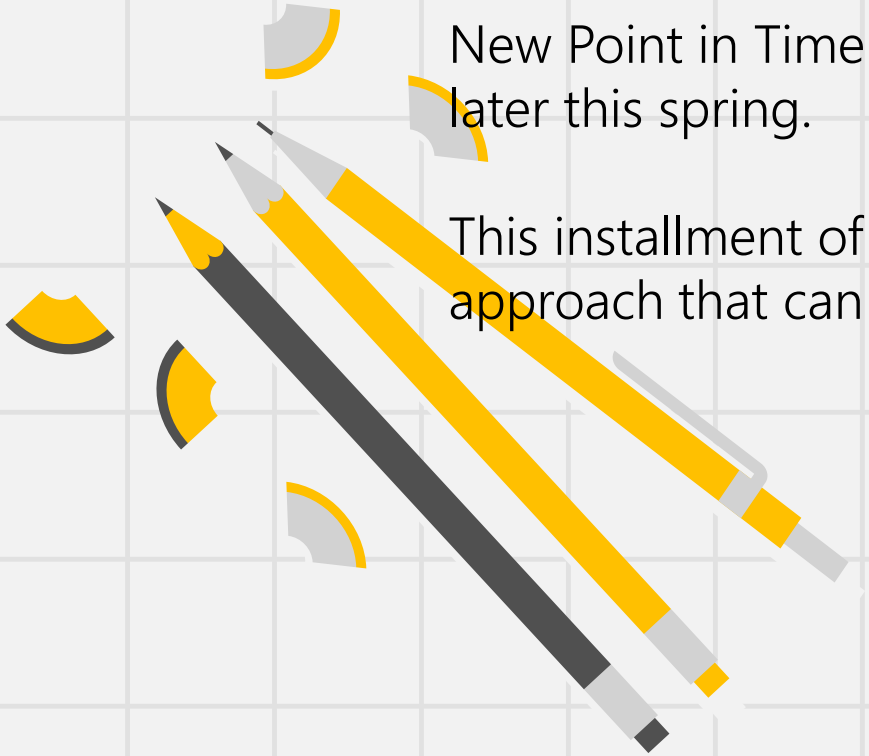


Method and limitations

The gaps analysis relies on the Housing Inventory Count from January 2021, the Point in Time Count from 2019, and the Bed Optimization report from 2019.

New Point in Time Count and Housing Inventory Count data will be available later this spring.

This installment of the needs assessment establishes a methodological approach that can be updated with new data as it becomes available.



What resources are included in the homeless response system?

Department of Public Health System of Care & Tailored Homeless Services

OCOH Needs Assessment: Inventory

Whole Person Integrated Care (WPIC) is a section of the SF DPH's Ambulatory Care division that brings together existing non-traditional primary care, urgent care, and behavioral health clinical services primarily serving people experiencing homelessness.

WPIC Clients and Encounters 2020, 2021

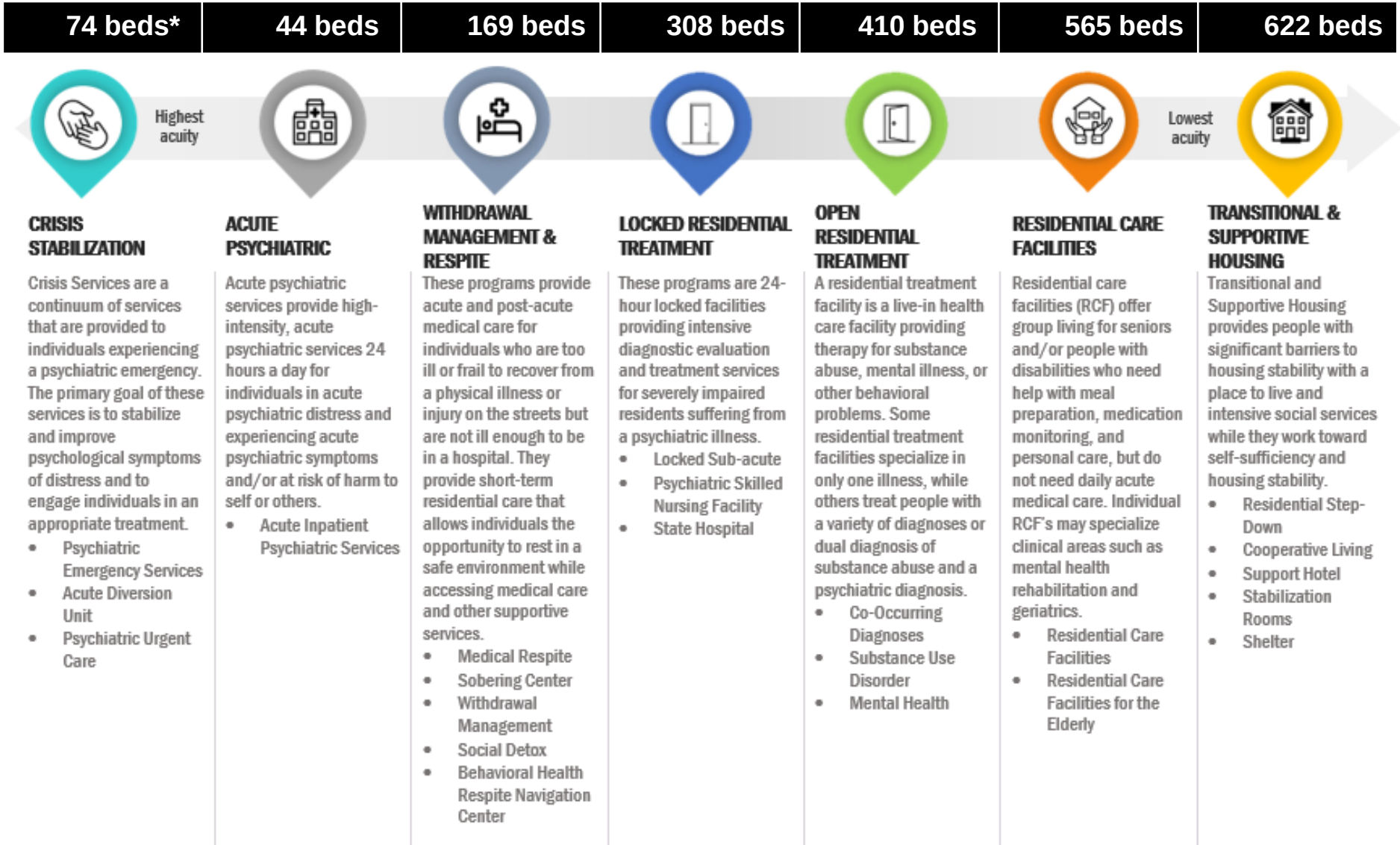
	Distinct Clients		Encounters*	
WPIC Dept	2020	2021	2020	2021
PSH Nursing	419	401	759	872
Shelter Health	1,489	753	5,159	2,135
Street Medicine	4,068	3,870	20,528	21,514
Medical Respite	400	319	7,104	6,582
Sobering Center	466	382	2,388	1,482
TW Urgent Care	3,164	4,091	7,869	14,459
Total	**7,244**	**7,576**	**43,807**	**47,044**

* Encounters include Traditional face-to-face encounter types (Clinical Support, Immunization, Office Visit, Social Work, Telehealth) plus Documentation, Clinical Documentation Only, and Patient Outreach.

BHS Residential Care Continuum – 2020 Inventory

DPH manages **roughly 2,200** residential care and treatment beds.

Approximately 90% of people served with these treatment beds are experiencing homelessness.



Mental health services focused on people experiencing homelessness

Overdose and Harm Reduction

- Services to stop an overdose and/or reduce the risk of an overdose, including naloxone distribution and education, buprenorphine induction, opioid acute care treatment, and pharmacy services.

Behavioral Health Access Center

- An entry point to substance use and mental health system-of-care, including residential treatment and outpatient services.

Health Services in PSH

- Health-focused case management within permanent supportive housing to help stabilize tenants in their homes.

Street Medicine

- Uses harm reduction approaches to outreach, engage, and assess patients in targeted locations including streets, parks, encampments, and navigation centers.

Case Management

- Mental health professionals work closely with patients to achieve their goals. Services include intensive case management, full-service partnership, and care coordination

Transition Aged Youth Drop In

- Continuum of outpatient mental and behavioral health programs serving Youth including harm reduction therapy.

Other mental health programs serving people experiencing homelessness

Estimated number of homeless clients served in fiscal year 2019-2020 for select OCOH funded services. These are pre-OCOH baseline units of service values calculated by applying the proportion of homeless patients served to units of service.

1,447

Overdose and Harm Reduction Support

938

Case Management – Intensive Case Management (ICM) & Care Coordination

4,068

Street Medicine

1,205

Transition Aged Youth - Mental Health Services

419

Health Services in PSH

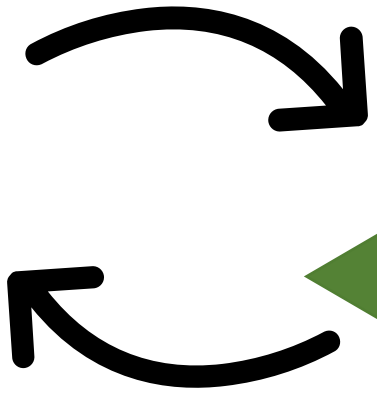
563

Behavioral Health Access Center

Making the connection between housing and mental health

Building a homeless response system that connects homeless services with behavioral healthcare is a priority in San Francisco.

DPH
- Clinical staffing support in PSH
- Overdose prevention and harm reduction
- Shelter health
- Street medicine
- Care coordination
- Treatment beds



HSH
- Linkages to shelter
- Linkages to housing
- Housing stability and retention
- Support
- Street outreach

Prevention and problem-solving resources

Flexible cash assistance and support services support people in resolving their current housing crisis without an ongoing shelter or a housing resource from the Homeless Response System (HRS).

Problem Solving resolution is successful when a household has found a safe, indoor solution to their housing crisis outside of the HRS.

Shelter and hygiene resources - Outdoor

Temporary outdoor safe places to sleep for people experiencing literal homelessness or fleeing domestic violence. These places are not shelter. As well, participants do not have leases or tenant rights.

Exiting to a temporary or permanent indoor location - ideally to permanent housing, but also shelter, treatment, or family and friends - is a positive outcome from these outdoor health and hygiene interventions.

Safe Sleep

- People experiencing unsheltered homelessness sleep safely outdoors, off sidewalks, with access to services and sanitation.

Vehicle Triage Center

- People living in their vehicles can park overnight, with security and access to electricity, sanitation, drinking water, and connections to services.

Shelter and hygiene resources - Indoor

Temporary, indoor safe places to sleep for people experiencing literal homelessness or fleeing domestic violence. These places are shelter. Participants do not have leases or tenant rights.

Exiting to permanent housing is a successful outcome from these temporary, indoor interventions.

Emergency Shelter (ES)

- Indoor place where people can reside temporarily with access to plumbing, ventilation, heating/cooling, and access to food or cooking elements.

Non-Congregate Shelter

- Previously COVID response, non-congregate places where homeless individuals and families can reside temporarily.

Transitional Housing (TH)

- Time-limited housing up to 2 years with intensive support services to bridge the transition from homelessness to housing. Transitional Housing is frequently targeted to families as well as subpopulations including youth, victims of domestic violence, people living with HIV, veterans.

2021 Prevention, shelter and hygiene inventory

This analysis groups together shelter interventions with hygiene programs including safe sleep and vehicle triage center.

In January 2021, the homeless response system had a total of 395 Prevention and Problem-Solving Slots and 4,800 Shelter and Hygiene Slots for literally homeless households.

395
Prevention

131
Vehicle Triage Center

213
Safe Sleep

1,367
Emergency Shelter

2,677
COVID Response

412
Transitional Housing

Shelter and hygiene inventory

Access disaggregated by race and ethnicity

Permanent Housing Resources

Permanent housing resources provide sustained housing exits; participants have leases and tenant's rights. Housing retention and exiting to another permanent housing situation are successful outcomes of permanent housing interventions.

Rapid Re-Housing (RRH)

- Support with housing search, move in costs, and a limited term subsidy (up to 24 months) aimed at helping a household stabilize and become self sufficient in housing.
- Rapid re-housing is frequently targeted to households that are likely to increase their incomes including people who are younger and healthier.

Permanent Supportive Housing (PSH)

- Deeply subsidized rental housing with intensive support services.
- PSH can be site-based (buildings with services onsite and subsidized units) and scattered site (roving support services to private market apartments)
- Often households must have at least one member who meets the criteria of **chronic homelessness**: 1 year or more of homelessness and one or more disabling health conditions.

2021 Permanent Housing Inventory

This analysis groups together the system's medium and ongoing permanent housing interventions.

In January 2021, the homeless response system had a total of 10,972 Permanent Housing Units for literally homeless households.

2,096

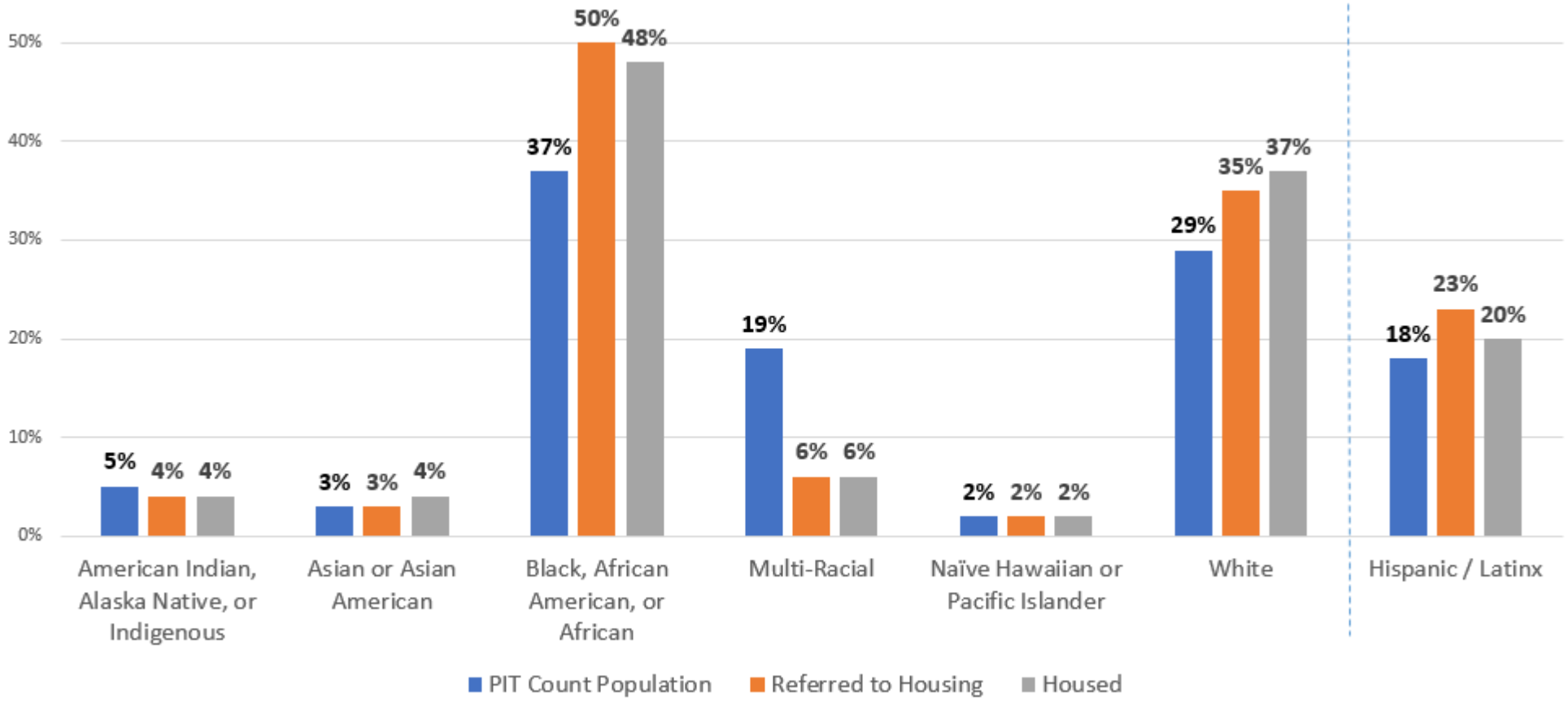
RRH

8,876

PSH

Access to Permanent Housing Resources

Housing referral and housed status disaggregated by race and ethnicity, 7/1/2019-12/31/2021



What is the gap?

- 7,979 households are literally homeless at a point in time in San Francisco.
- An estimated 13,200-13,779 households are literally homeless each year.

The system has:

- 4,800 Shelter and hygiene slots
- 10,972 Permanent housing units

With this information, why is it so hard to know how much shelter and housing are needed to end homelessness in San Francisco?

Barriers to measuring the resource gap

1. Homeless households take different pathways.

The combination of programs and resources used to end homelessness is called a **pathway.** Examples of some (of many) possible pathways:

- Emergency shelter → Permanent housing program (RRH or PSH)
- Unsheltered → Problem solving→ Market rate shared housing
- Safe parking→ Rapid Re-Housing
- Emergency shelter → Reunification with family
- Unsheltered → Behavioral health treatment → Permanent Supportive Housing

The variety of pathways through an experience of homelessness reflect:

- People are different from each other.
- Choice
- Resources are tailored to populations and needs.
- Resources are limited.

Barriers to measuring the resource gap

2. Homeless households find solutions outside the homeless response system.
- Some people **self-resolve** their homelessness with few to no system resources.
- Some people do not want shelter (Revolving Door Report, 2000).
- Some people do not want to engage with systems (*Centering Racial Equity, 2021).*
- Many do not need or qualify for permanent supportive housing.

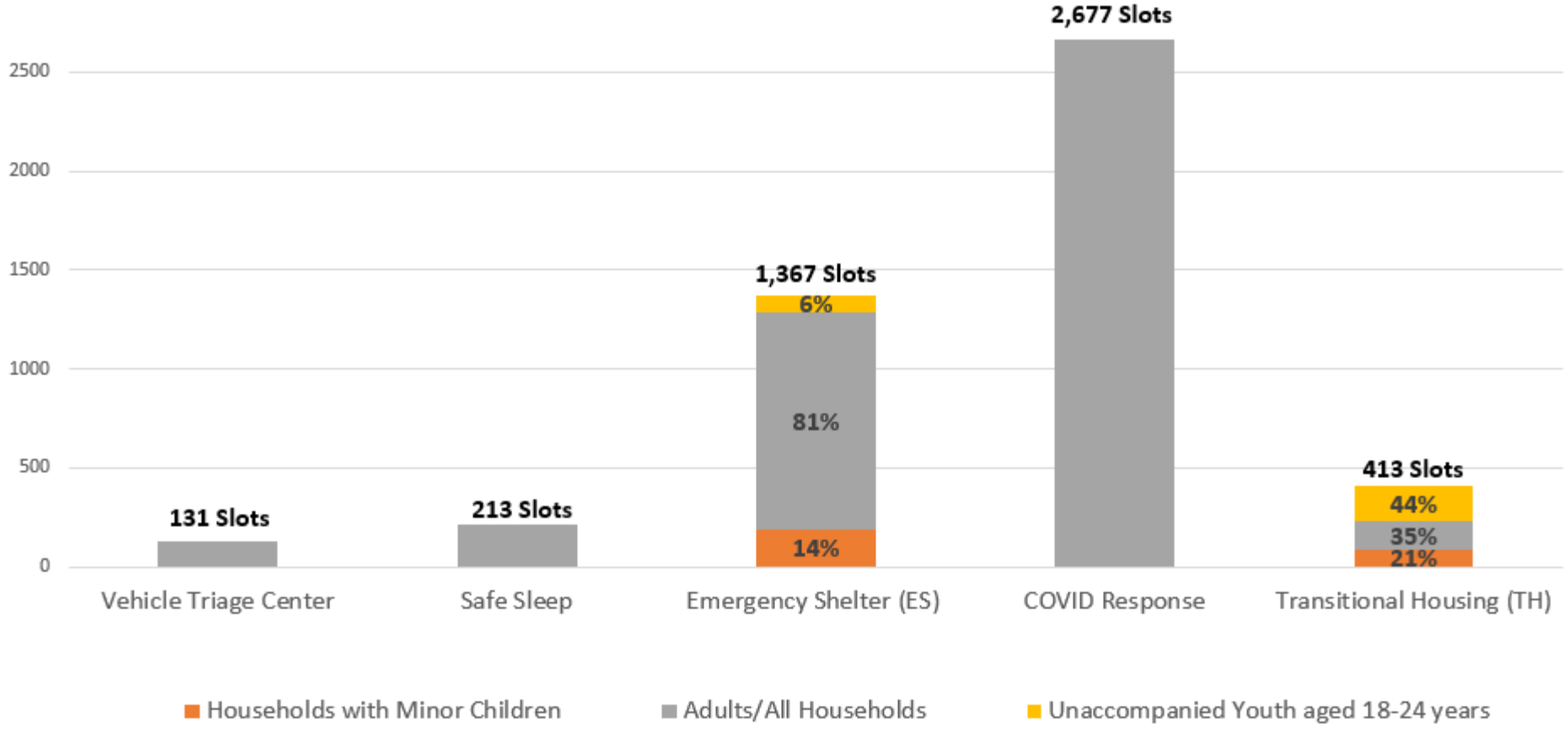
3. System resources serve households successfully at different rates.
- Shelter and hygiene slots may serve 2-4 households each year, depending on the availability of permanent housing.
- Permanent supportive housing will ideally serve one household over many years. 10,972 units of PSH in the system doesn't mean 10,972 PSH vacancies.

Developing a high performing system that will meet the needs of all people experiencing homelessness is more complex than adding one bed per person experiencing homelessness.

Meeting the Needs of Households with Only Adults (inclusive of youth)

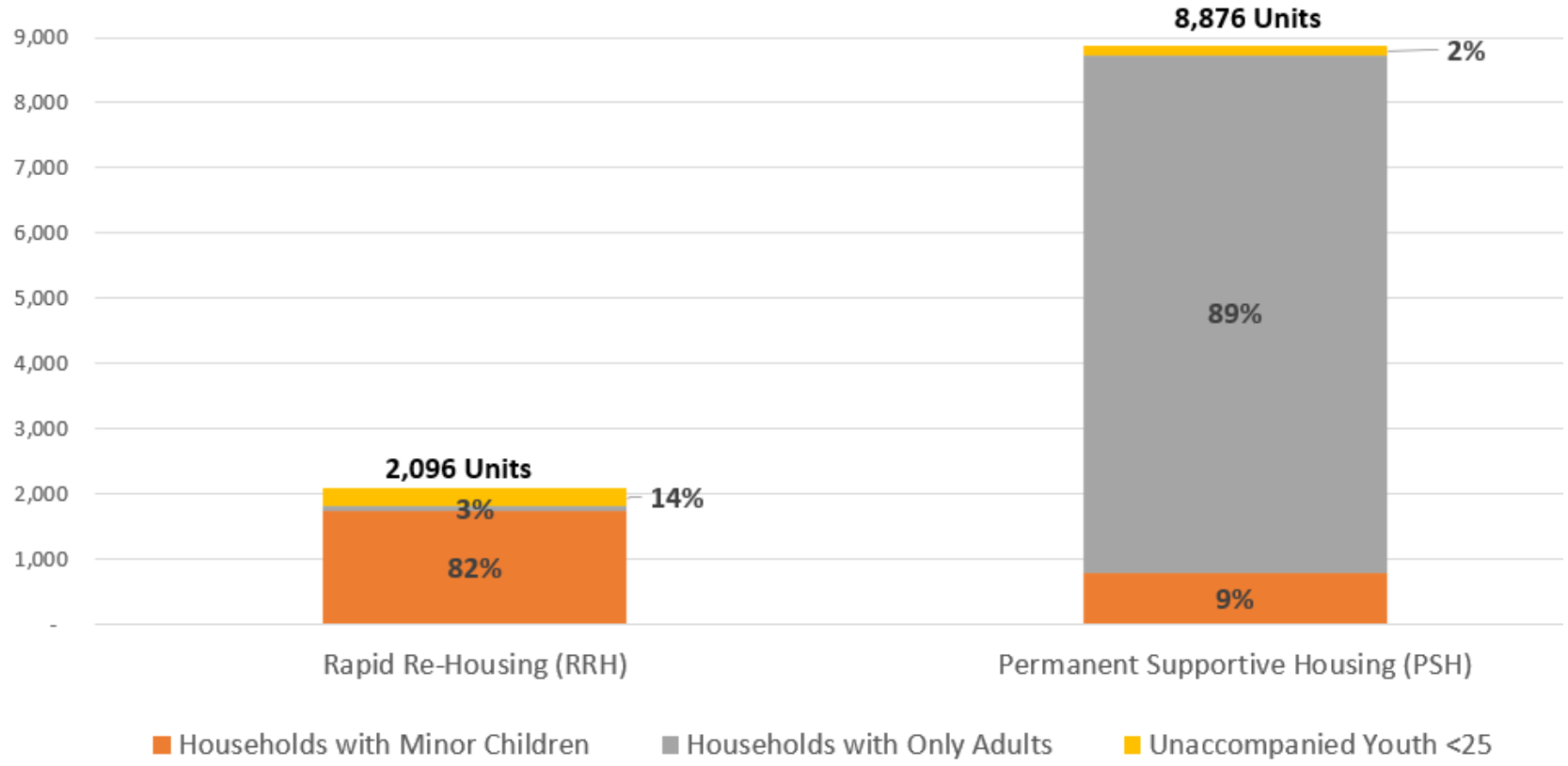
2021 Shelter and hygiene resources by household

At the January 2021 HIC - 94% of shelter and hygiene response resources are targeted to households with only adults (inclusive of youth).



Permanent housing resources by household type

As of the January 2021 HIC - 77% of permanent housing resources are targeted to households with only adults (inclusive of youth).



2022 prevention, shelter and hygiene inventory for adults

In 2022 the homeless response system will have 708 prevention and 2,297 shelter and hygiene slots for adults.
The following changes are expected in 2022:

- Many COVID Response programs will sunset.
- Several Safe Sleep locations will sunset.
- New non-congregate emergency shelter programs will launch, in some cases providing exits for Safe Sleep program closures.

708
Prevention

131
Vehicle Triage Center

55
Safe Sleep

1,180
Emergency Shelter

890
Non-Congregate Shelter

41
Transitional Housing

Permanent housing inventory for adults

In 2022, the homeless response system anticipates 2,560 vacant units of permanent housing for adults.

Each of these units will be filled by a literally homeless household who, ideally, retains the unit for a year or longer.

The permanent housing inventory available to adults during 2022 includes turnover in existing programs and new units added to the system.

666 units

RRH

1,894 units

PSH

How do the shelter, hygiene, and permanent housing resources compare with the need?

6,790 adult households experience homelessness at a point in time, with an estimated 13,137 adult households experiencing homelessness in a year.

In 2022 the homeless response system expects to have roughly:

- 2,297 shelter and hygiene slots for adults
- 2,560 permanent housing slots for adults

- There are not enough shelter and hygiene resources to serve successfully all the adults experiencing homelessness at a point in time.

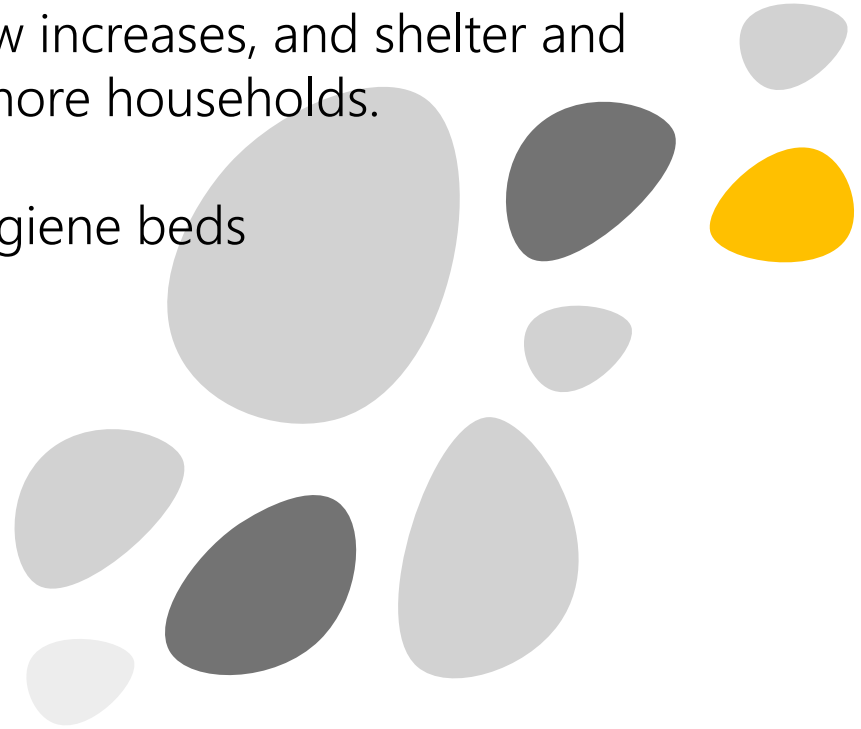
- There are not enough permanent housing resources available 2022 to decrease the homeless population.

How many beds does the system need?

The number of shelter and hygiene slots a system needs depends on how quickly or slowly literally homeless households can move into permanent housing. This movement through the system is called flow.

When permanent housing is readily available, outflow increases, and shelter and hygiene slots will turn over more quickly and serve more households.

If permanent housing is not available, shelter and hygiene beds will turn over slowly and serve fewer households.



How much flow can the permanent housing inventory create?

Let's engage in a thought experiment. Thought experiments are analytical tools that provide new perspective on a problem without any new information.

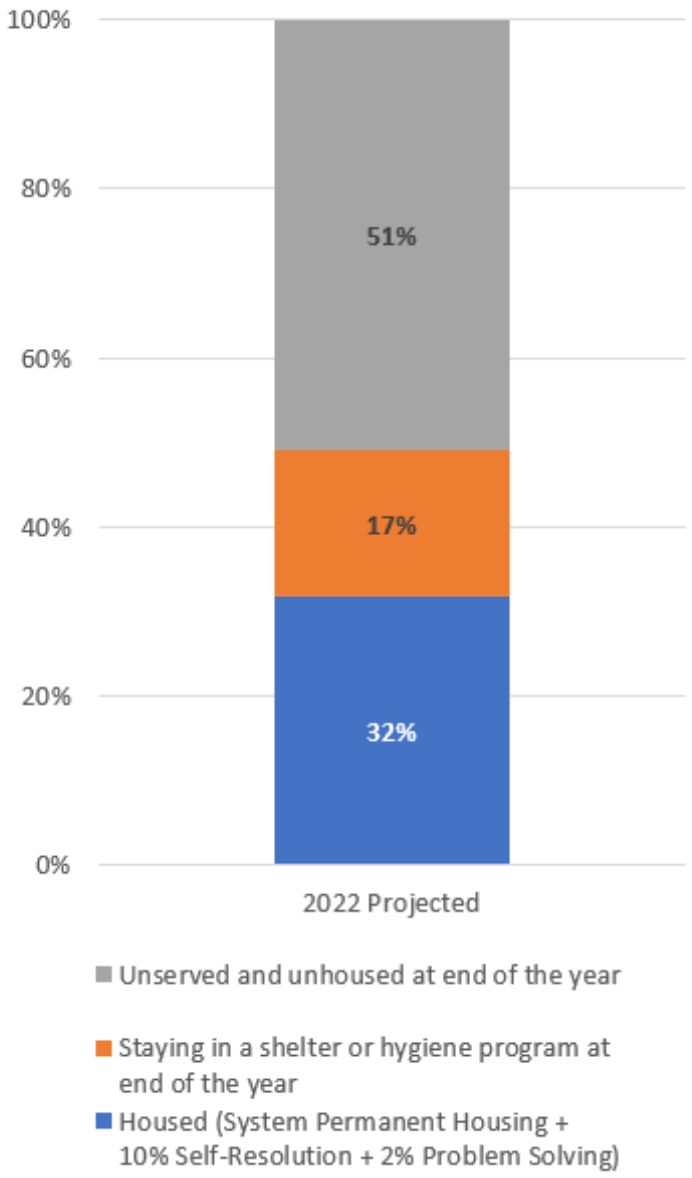
What if the system used all the 2,560 units of permanent housing that it anticipates in 2022 to generate flow through the shelter and hygiene resources.

And, what if 10% of all homeless adults would resolve their experience homelessness without system resources.

And, what if 2% of homeless adults resolved their experience of homelessness through problem solving.

How much flow could the permanent housing inventory generate?
How many adults would be unserved in that system?

OCOH Needs Assessment: Inventory



Thought experiment #1: How many adults would be unserved at the end of the year?

- 19% of adult households would exit to system-provided permanent housing.
- 10% of adults would resolve their experience of homelessness without system resources.
- 2% of adults would successfully resolve their experience of homelessness through problem solving.
- 17% would remain in a shelter or hygiene program.
- 51% would remain unsheltered at the end of the year.
- Each shelter and hygiene slot would turn over an average of 2.2 times in the year (most slots serving 2 adults, and some serving 3).

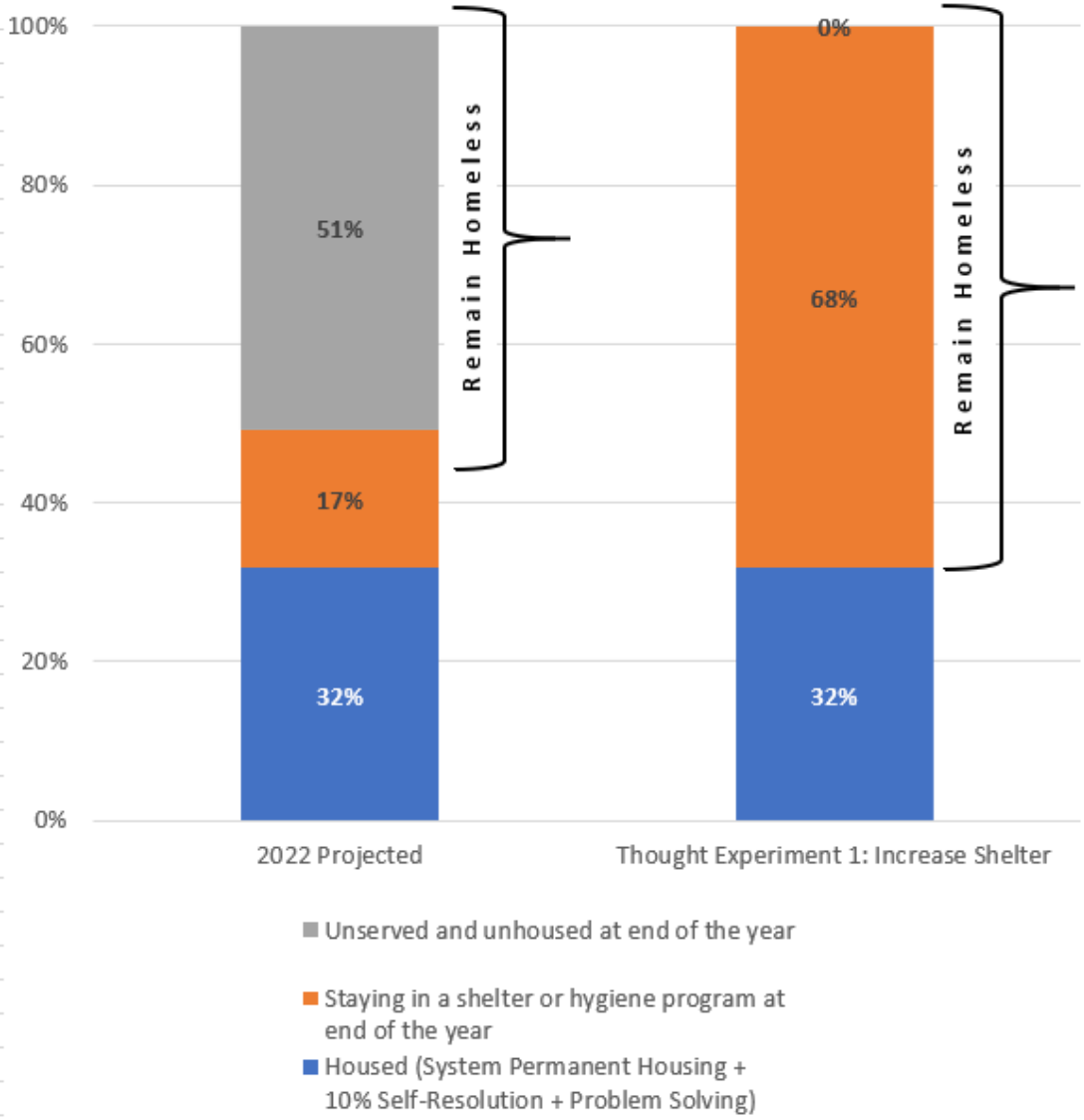
Thought experiment #2: Does the system need more shelter and hygiene beds for adults?

Adding shelter and hygiene beds can alleviate hardship for literally homeless adults.

What if this system added enough temporary programs like shelter for all the unserved adults ***without adding permanent housing?***

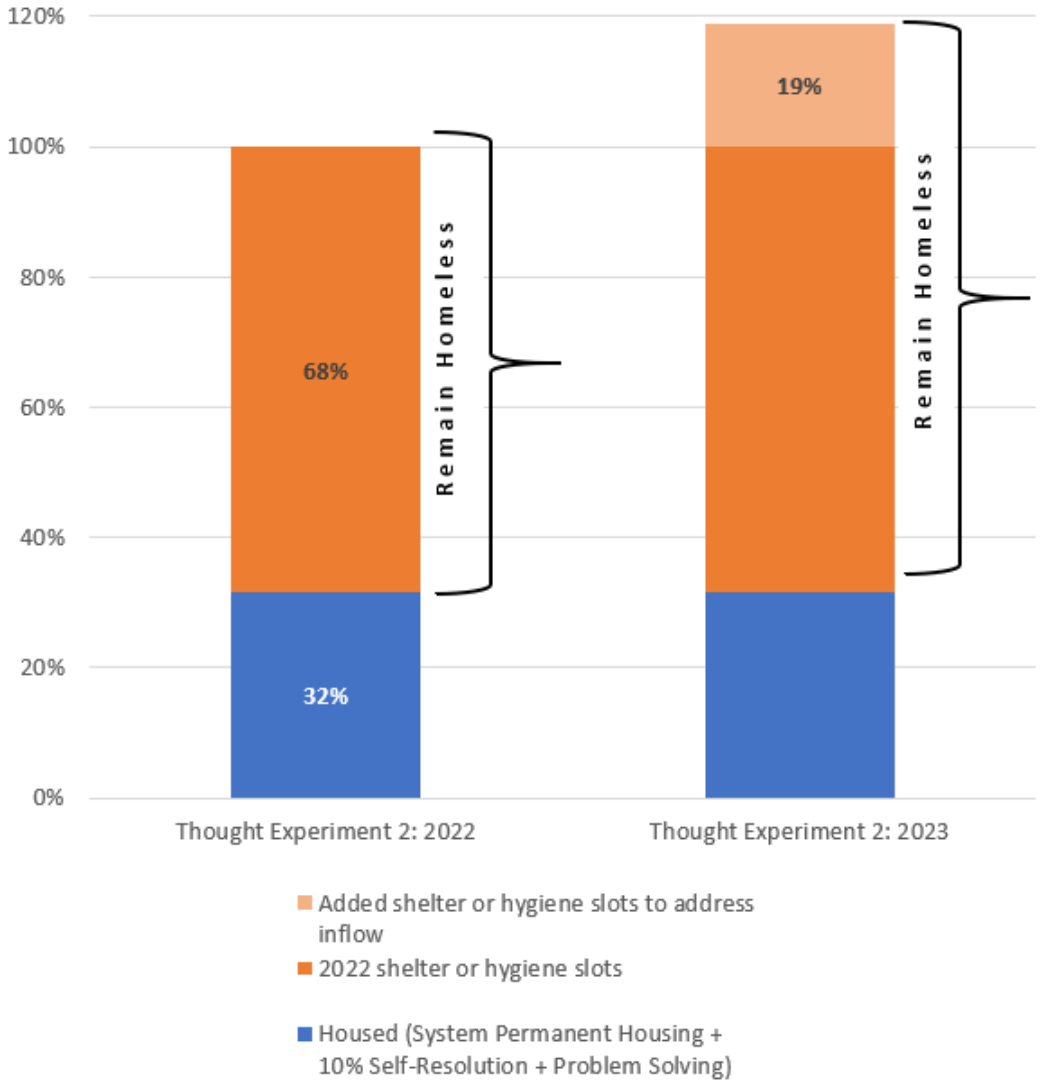
Assumptions:

- 13,137 adults experience homeless in a year.
- 10% of adults resolve without system resources.
- 2% of adults resolve with problem solving.
- Permanent housing vacancy rate stays the same.
- Shelter and hygiene programs increase 303%.



Thought experiment #2: Add shelter and hygiene beds for adults

- 19% of adults move from a shelter bed to permanent housing (RRH or PSH)
- 10% of adults resolve their experience of homelessness without system resources
- 2% of adults resolve their homelessness with problem solving
- 68% would be sheltered but unhoused at the end of the year.
- 100% of households would be served.
- Turnover of shelter and hygiene slots would slow to 1.3 times in the year.



Thought experiment #2: What would happen in 2023?

- Imagining the inflow of adults into homelessness stayed the same, an estimated 15,610 adult households would experience homelessness in 2023.
- Imagining the system had the same number of permanent housing units, problem solving success, and self resolutions as in 2022:
  - The system would need to add 19% more emergency shelter and hygiene slots.
  - The number of people experiencing homelessness at the end of the year increases.
  - Shelter and hygiene resources become **less efficient**, slowing to a turnover rate of 1.1 times each year.

Thought Experiment #3: The system adds permanent housing for adults

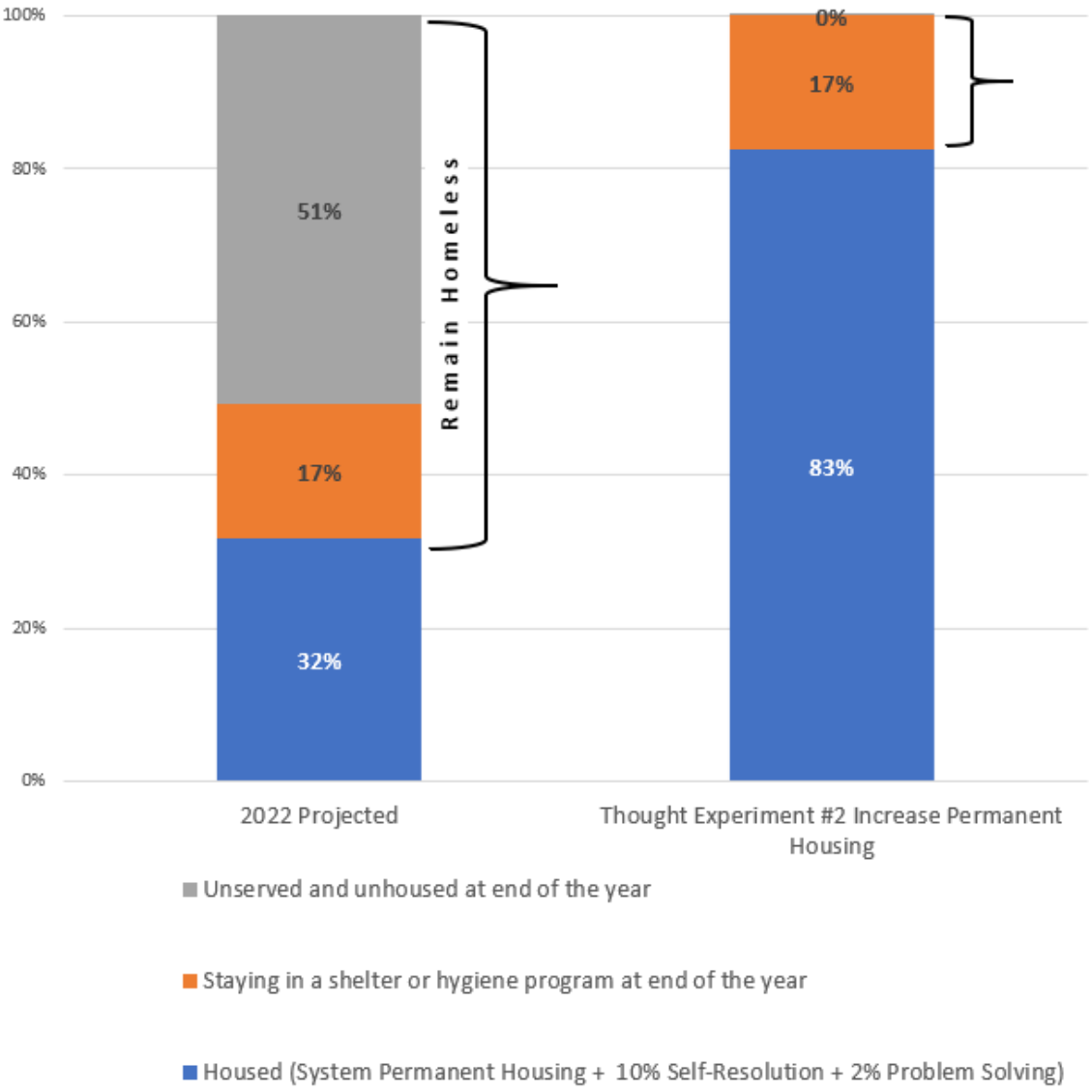
Growing the shelter system didn't end homelessness. In fact, *more* adults were homeless at the end of year two.

What if this system added enough permanent housing to serve all the homeless adults during the year, ***without adding new shelter or hygiene beds?***

Once again, imagine 10% of adult households resolve their experience of homelessness without system resources.

And 2% of adult households resolve their experience of homelessness with problem solving.

Permanent Housing opportunities increase 272%, so that all adults are either sheltered or housed at the end of the year.



Thought Experiment #3: The system adds permanent housing

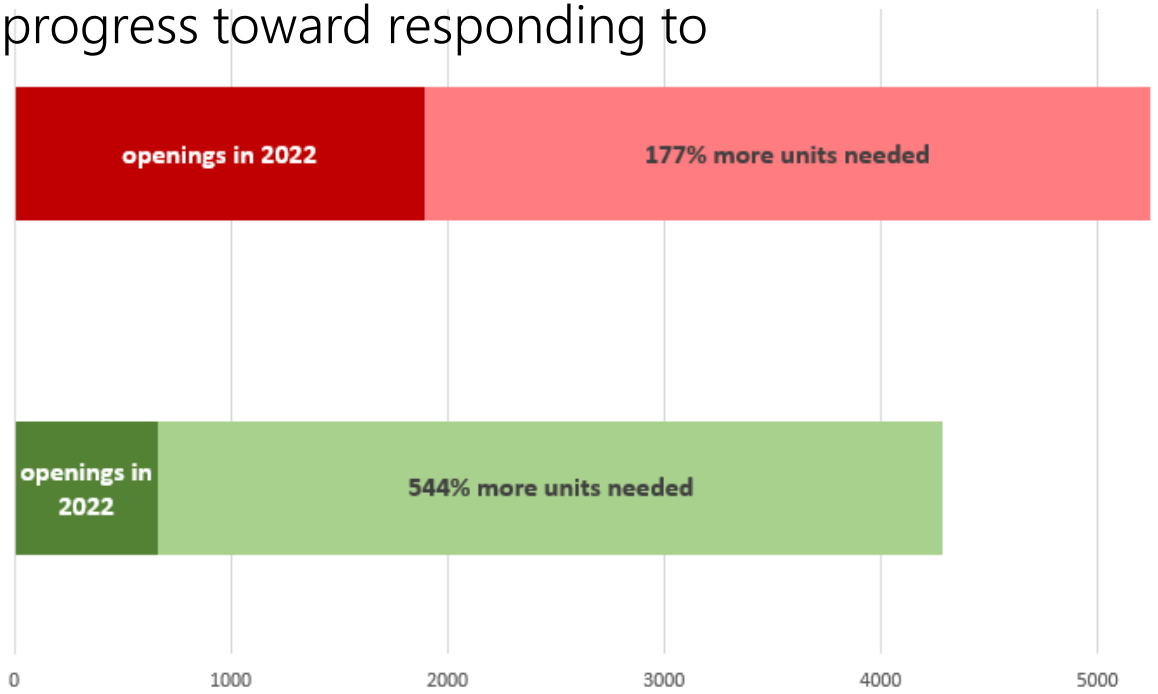
- 71% of adults would exit shelter or hygiene bed to system-provided permanent housing.
- 10% resolve their experience of homelessness without system resources.
- 2% of adults resolve their experience of homelessness with problem solving.
- 17% of adults would be sheltered at the end of the year.
- No households would remain unsheltered.
- Shelter and hygiene slots would become very efficient, turning over 5.7 times in the year.

Thought Experiment #3: The system adds permanent housing

In this thought experiment, more than half of the housing units needed would be Permanent Supportive Housing because data show that 55% of homeless adults are chronically homeless.

The amount of PSH needed each year would decrease as the system houses pent-up chronically homeless adults and makes progress toward responding to homelessness in real time.

The remaining literally homeless adults would need a permanent housing solution such as (but not limited to) rapid re-housing, shallow subsidies, or deep subsidies.



Conclusions

Shelter and hygiene programs are more efficient when permanent housing opportunities are plentiful.

On their own, shelter and hygiene programs will not reduce or end homelessness.

For these reason, high performing systems pair investments in shelter and hygiene programs with investments in homelessness prevention and permanent housing solutions to reduce inflow to homelessness and increase outflow to permanent housing.

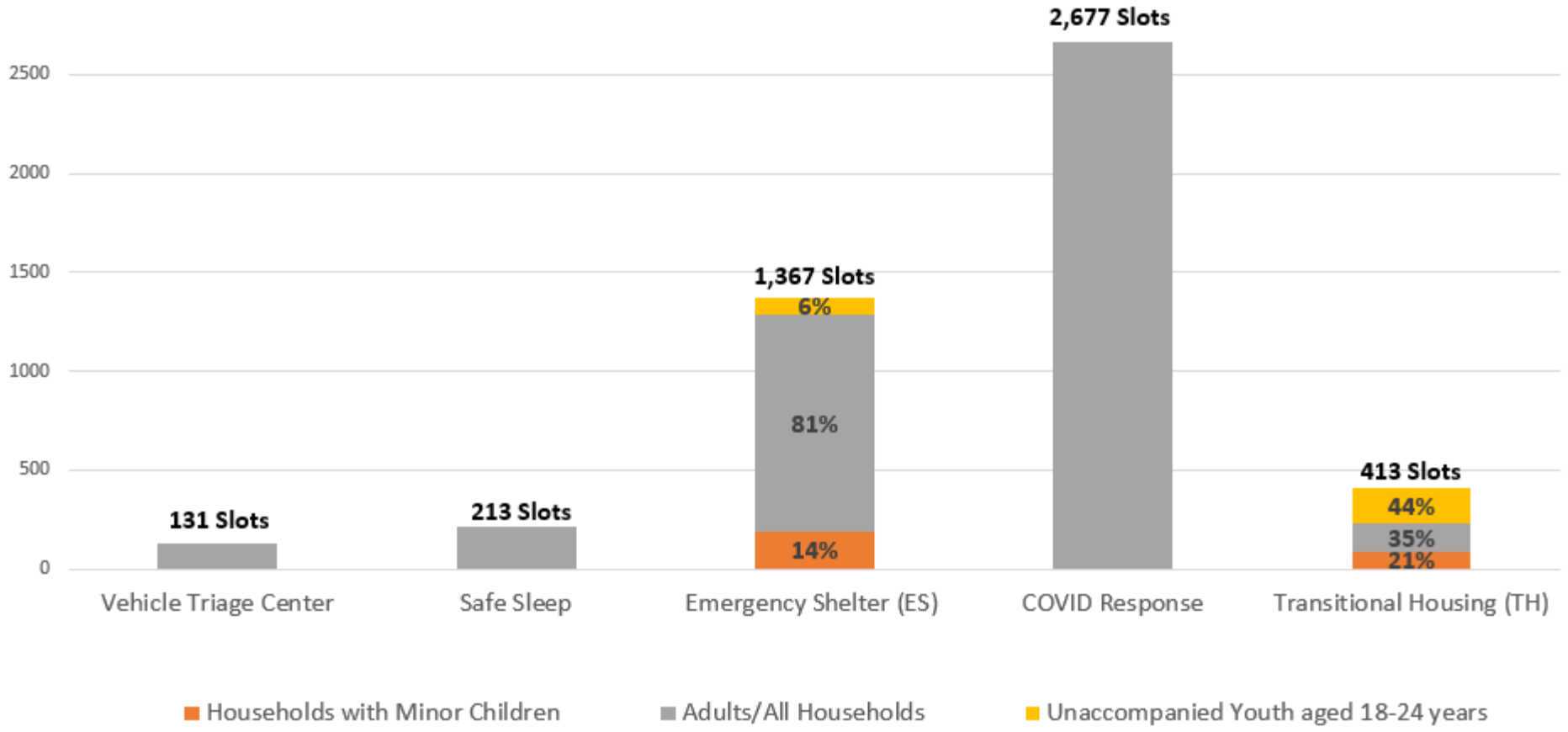
Even though the homeless response system cannot double its permanent housing portfolio in a year, permanent housing is the greatest need for homeless adults.

Designing a homeless response system with the right combinations of supports for people experiencing homelessness in San Francisco is part of HSH's strategic process that will build upon the population and inventory needs outlined so far.

Meeting the Needs of Families (Households with Minor Children, inclusive of Youth)

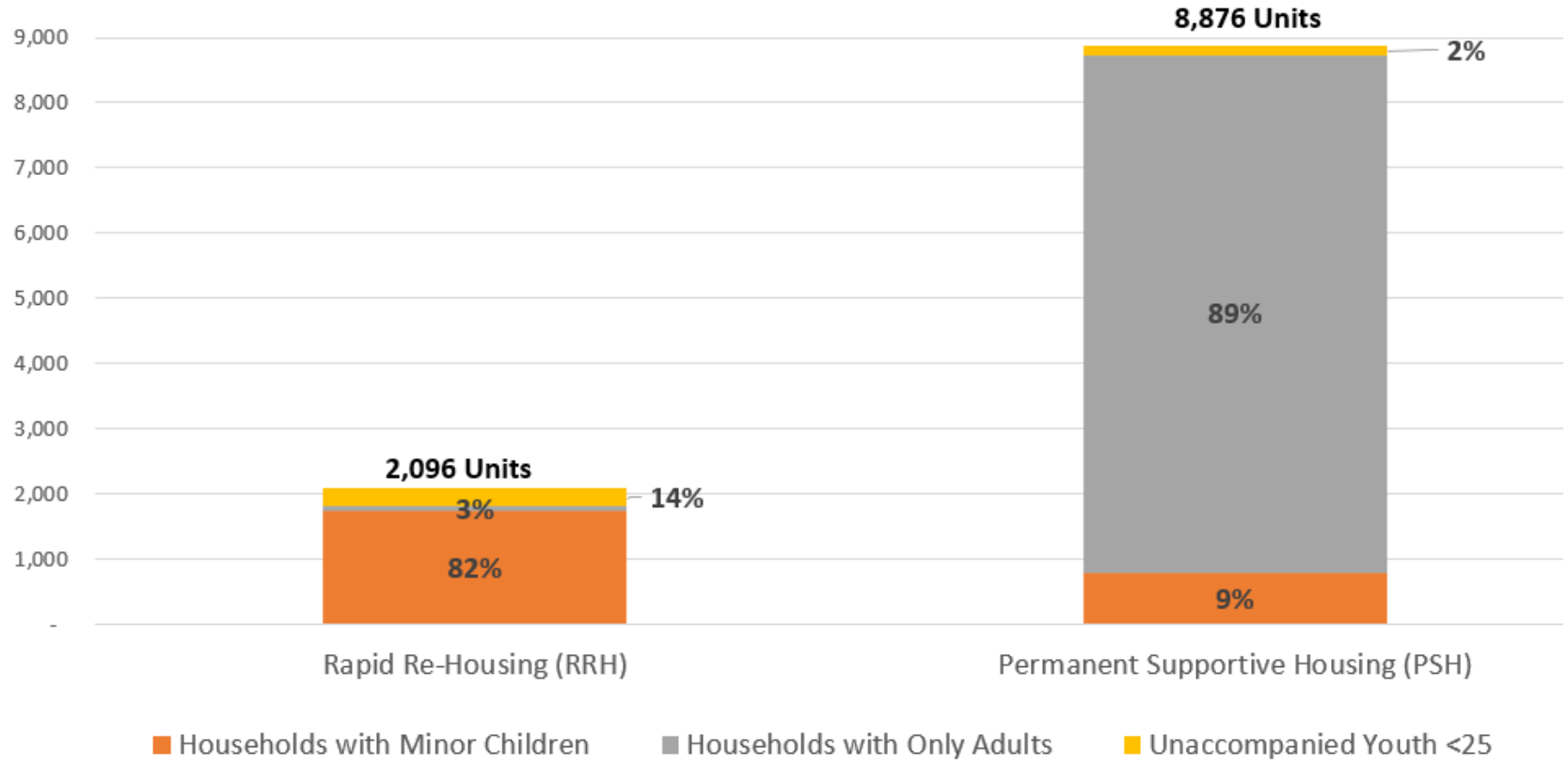
2021 Shelter and hygiene resources by household

As of the January 2021 HIC - 6% of shelter and hygiene resources are targeted to families with children.



Permanent housing resources by household type

As of the January 2021 HIC - 23% of permanent housing resources are targeted to families with children.

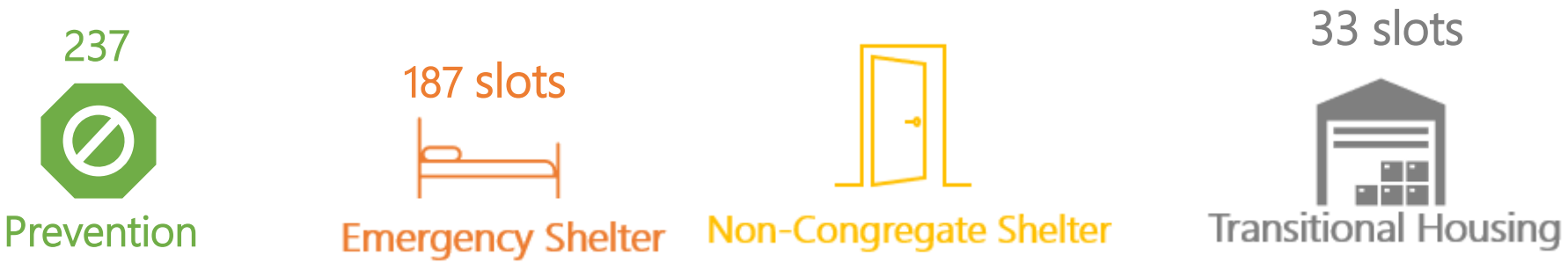


Prevention, shelter and hygiene resources for families in 2022

In 2022 the homeless response system will have 237 prevention slots and 210 shelter and hygiene slots for families with children.

The shelter and hygiene resources that are available to families during 2022 will change in the following ways:

- COVID response non-congregate shelter programs will begin to sunset.
- New temporary indoor emergency shelter programs will launch.



Permanent housing inventory for families in 2022

In 2022, the homeless response system anticipates 380 vacant units of permanent housing.

Each of these units will be filled by a literally homeless family who, ideally, retains the unit for a year or longer.

The permanent housing inventory available to families during 2022 includes turnover in existing programs and new units added to the system.

362 units

RRH

18 units

PSH

How much flow can the permanent housing inventory for families create?

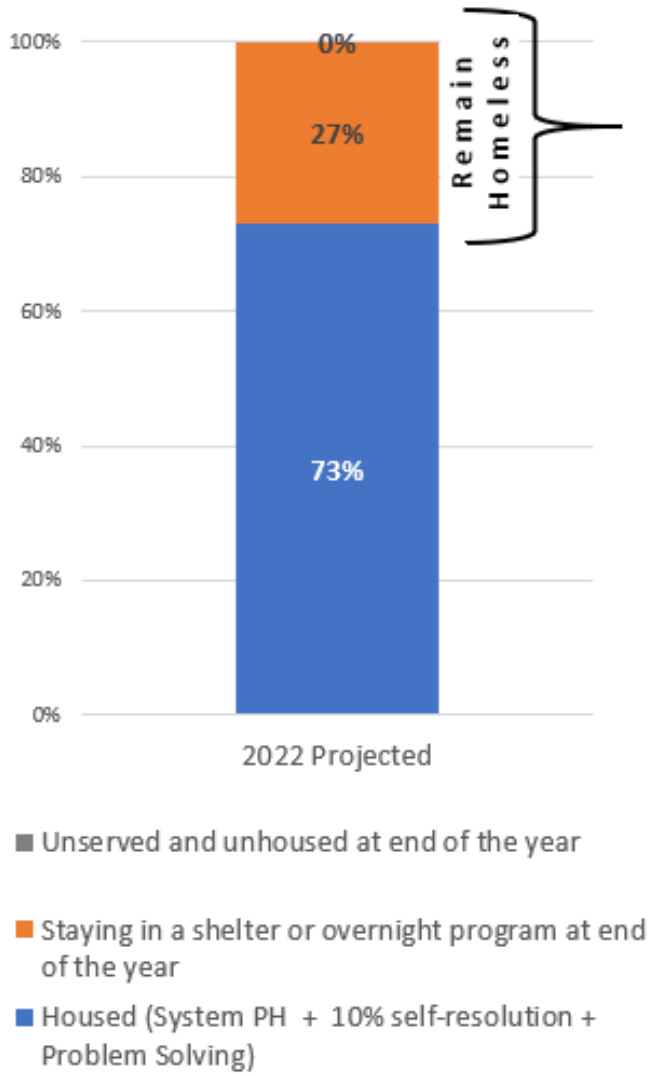
Returning to the thought experiment.

What if the system used all the 380 units of permanent housing for families that it anticipates in 2022 to generate flow through the shelter and hygiene resources?

And, what if 10% of all homeless families with children would resolve their experience homelessness without system resources.

And, what if 4% of homeless families with children resolved their experience of homelessness with problem solving.

How much flow could the permanent housing inventory generate?
How many families with children would be unserved in that system?



Thought experiment #1: How many families would be unserved at the end of the year?

- 59% of families would exit to system-provided permanent housing (RRH or PSH)
- 10% of families would resolve their experience of homelessness without system resources.
- 4% of families would resolve with problem solving.
- At the end of the year 27% families would be sheltered but remain homeless.
- The system would have enough resources to serve all families.
- Each shelter or hygiene slot would turn over an average of 2.9 times in the year (Most slots serving 3 families, and some serving 2).

The system needs more permanent housing for families with children.

The existing inventory of shelter and permanent housing can serve all the 642 families with children who are estimated to be literally homeless each year.

- The system is close to being able to house all the families estimated to be literally homeless during the year *without adding shelter or hygiene beds*.

What investments have the greatest impact?

Having enough resources is not the same as having the right resources.

- Looking at system and program performance will show what is working (and what isn't); show where to invest.
- Looking upstream to prevention and housing solutions for extremely low-income families who are doubled up, over-crowded, and at risk of homelessness.
- Addressing racial disparities in system and program design to produce different outcomes.

OCOH Needs Assessment: Inventory

State of California requires local governments to create a plan to meet the housing needs of everyone in the Community.

The plan--called the Regional Housing Needs Assessment--provides the number of housing units needed in cities and counties throughout the Bay Area.

Between 2023-2031 San Francisco Needs to add:

- 21,359 Units for Extremely and Very Low-Income Households(50% AMI and below)
- 13,717 Moderate-Income Units (120% AMI)
- 35,471 Above Moderate-Income Units

Summary

- The system is overwhelmed by the number of homeless adults needing assistance.
- The permanent housing available in a year must grow significantly to begin decreasing the number of homeless adults.
- A growing proportion of homeless adults are disabled and have been homeless for a year or longer, which points to a need for permanent supportive housing.
- Investments in shelter must correspond with the addition of homelessness prevention to reduce inflow
- Investments in shelter must correspond with the addition of multiple permanent housing opportunities to ensure outflow.
- Analyses of the programs used by homeless subpopulations such as youth, veterans, and victims of domestic violence is needed and must be developed in future analyses.

Summary

- The inventory serving literally homeless families is close to being right-sized.
- This is a hopeful milestone, but not the finish line.
  - Looking closely at outcomes and racial disparities will shed light on how well programs and resource pathways are working for families.
  - This will support evidence-based decision making
- It is critical to intentionally work upstream to end over crowding and housing instability for families most at risk.
  - Most of these households don't need new investments in emergency shelter or short-term subsidies.
  - Ongoing subsidies, bigger spaces, and access to higher wage job opportunities are most needed.

Thank you.

Any questions?

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Visit www.sf.gov/ocoh for more details.