San Francisco's Ten Year Plan to End Chronic Homelessness: Anniversary Report Covering 2004 to 2014

San Francisco Human Services Agency
City and County of San Francisco

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FOREWORD

Together we have accomplished a great deal moving homeless residents off the streets and into homes in the last 10 years. Since the adoption of the 10-Year Plan to End Chronic Homelessness in 2004, the City has cut chronic homelessness in half from 62 percent in 2004 to 31 percent in 2013, and the City is on track to exceed the most ambitious goal of building 3,000 new units of permanent supportive housing.

Through housing or family reunification, the City also helped more than 19,000 people leave the streets. In the last 10 years, begun under the leadership of former Mayor Gavin Newsom, nearly 11,000 people have moved off of our streets, in part because of the thousands of units of supportive housing we have built, where we continue to provide intensive services. We've seen a 30 percent decrease in veterans homelessness from 2011-2013, as a result of our strong federal partnership with the U.S. Department of Veterans Affairs and U.S. Department of Housing and Urban Development, and moving us closer to the goal of ending veterans chronic homelessness by 2015. These accomplishments are even more significant when you consider that San Francisco held the line on the numbers of homeless people even as the City weathered one of the worst recessions in a generation.

By focusing on the creation of affordable and service-intensive permanent housing as our top priority, we have made significant strides in ending chronic homelessness. For the same cost as one ambulance transport, two visits to the San Francisco General Hospital Emergency Room, or four days in medical detoxification, our Direct Access to Housing Program (DAH) can house a chronically homeless individual with acute physical or mental illness for one month.

I am proud of our City's robust economic recovery and how far our City has come. Just five years ago our City's unemployment rate was more than 10 percent; now, we have one of the nation's lowest unemployment rates – currently, at 4.4 percent. With this robust recovery comes a more demanding focus on affordability and keeping residents in their homes. I've set a goal to build or rehabilitate 30,000 homes by 2020 with at least one-third of those units being affordable to low- and moderate-income families. I've invested millions of dollars in eviction prevention and rapid rehousing to make sure our low-income tenants don't become homeless.

Having lived in public housing myself and as an attorney for public housing tenants, I believe that safe, well managed public housing is one of our most important tools in ending homelessness, especially for our families. We are in the midst of an historic re-envisioning for our City's public housing. I have made unprecedented investments into maintenance of existing units and systems, such as elevators, as well as continuing our work with HOPE SF opening newly constructed units in mixed-income developments at Hunters View and soon Alice Griffith.

We also recognize that too many families struggle to access shelter, transitional and permanent housing. Marc and Lynne Benioff were moved after reading about a young public school student who went to school not knowing where he would sleep that night. The Benioffs have set a very high standard with many philanthropic causes for San Francisco, but their personal commitment to ending family homelessness with support from Salesforce.com has made a big difference through transforming an unused convent to homes for homelessness families at Star Community Home, providing more case managers to support families in their housing search and expanding the capacity at Raphael House. I know creating stronger philanthropic partnerships will help us end homelessness in our City.

As Mayor, I am responding to the needs of homeless individuals through increased funding for the San Francisco Homeless Outreach Team (SFHOT) including a street medicine team additional housing placements, aggressive enrollment in MediCal, and the CARES (Contact, Assess, Recover & Ensure Success) initiative that provides a new comprehensive Citywide approach to helping residents suffering from severe mental health and substance abuse issues. New funding for homeless mental health services in my proposed budget totals $8.5 million.

In fact, my proposed two year budget includes a total of $29 million in additional funds for homeless services across the continuum of need, including: eviction prevention; shelter services; housing for transitional age youth, veterans and seniors; mental health services and supports; and barrier removal and other supportive services critical to helping homeless individuals and families not only become housed but also move towards greater permanent stability and self-sufficiency.

In my proposed two-year budget, we make more than $11 million in new investments to continue and increase transitional and supportive housing by 419 units. New supportive housing units will be targeted

at some of San Francisco's most vulnerable populations, including Transitional Age Youth, seniors, veterans, families, and single mothers. This funding also includes support to rehabilitate and make available vacant units at the San Francisco Housing Authority.

In the next two years, we will be investing an additional $4 million per year for shelter services, including backfilling federal HUD losses to three San Francisco shelters; providing enhanced security services and funding for standards of care to ensure shelters remain safe and dignified spaces; and funding to open a new women's winter shelter to provide 30 beds for women for 15 weeks between November and February. We are launching coordinated assessment to target housing for people who have been homeless for too long, and we are will bring on line 24 shelter beds focused on our LGBTQ population.

I am also proud of the collaboration of City departments to create the 311 Shelter Reservation system for 90-day beds. For too long, 90-day beds have been allocated through a line-based system that often required people to queue up in the middle of the night for a better chance to secure a 90-day bed. This was unfair and unsafe for women and seniors, among others. Now, clients can still visit one of our four homeless resource centers to seek a reservation, but they can also call 311 and enter into a daily lottery that establishes a waitlist.

Our City budget also contains an additional $3 in continued and enhanced eviction prevention and rapid rehousing services to help prevent homelessness, as well as $1.4 million in increased state funds for employement and barrier removal services and child care targeted for homeless families.

The 10-Year Plan to Abolish Chronic Homelessness was a bold admission that the City and County of San Francisco could do more to help its most vulnerable residents. The legacy of the 10-Year Plan is for the compassionate City of St. Francis to continually evaluate its policies and programs to aid homeless persons, in order to build on effective strategies or change direction when departure from the status quo is warranted.

As we look towards the next five years, my goals are consistent with those set out in 2004: increase access to stable and affordable housing, increase economic security, improve health and stability, retool our homeless emergency response system, and improve leadership, collaboration and civic engagement.

I want to thank the Local Homeless Coordinating Board, an appointed body that is comprised of service providers, government partners and formerly homeless individuals for their thoughtful and robust planning process to create a LHCB Strategic Plan framework to lead us forward to 2019. I embrace LHCB's goal that we reduce the number of people who are homeless by 10 percent annually. LHCB represents the type of citizen involvement and leadership that resulted from the groundbreaking work of former Supervisor Angela Alioto, the Ten Year Council, and then Director of the U.S. Interagency Council on Homelessness (USICH), Philip Mangano. Thank you Angela, Philip and all of the members of the Ten Year Council for your vision and belief that our City could do a better job of responding to homelessness.

To make sure all City Agencies are on board and contributing to the success of the LHCB Strategic Plan Framework for the next five years (2014-2019), I have issued an executive directive creating the San Francisco Inter-Agency Council on Homelessness (SFICH). SFICH will enable us to collect and utilize data more effectively to coordinate our many important efforts underway to reduce homelessness.

Modeled after the USICH, SFICH brings together City departments with key Federal and State partners so that we continue this important work towards ending homelessness through innovation, investments and implementation of best practices, such as Housing First and Coordinated Assessment.

And while in the last 10 years, we've changed many lives for the better, we still need to do more, and the proof is what we see on the streets every day.

As we reflect on the progress, as well as challenges, over the past 10 years, I want to thank all the City staff who work every day to address and end homelessness. I want to thank our incredible community of nonprofits that are dedicated to this same task and their staff and amazing volunteers and supporters. Finally, I want to thank thousands of clients who have worked so hard to exit the streets. Your success informs and inspires our efforts as we move forward together to end homelessness for our fellow San Franciscans.

Mayor Edwin Lee

EXECUTIVE SUMMARY

The Ten Year Plan to Abolish Chronic Homelessness was presented to Mayor Newsom on June 30, 2004. At the time, the number of chronically homeless adults in San Francisco, typically those who are disabled and have been on the street the longest, was estimated to be around 3,000. *The Plan* committed and organized resources from departments across the City and County of San Francisco to confront the problem of chronic homelessness. Marking the tenth anniversary of *The Ten Year Plan*, this report documents key efforts by the City of San Francisco to meet the goals laid out in the *Plan*.

Below are a list of the major accomplishments and efforts from the past decade described in this report:

- Between 2009 and 2013, the number of chronically homeless in San Francisco declined by an estimated 51% (from 4,039 in 2009 to 1,977 in 2013).
- San Francisco has created 2,699 new units of permanent supportive housing for chronically homeless adults, seniors, families and transition aged youth. An additional 407 units are planned and in the pipeline, coming open to homeless persons by 2017.
- A total of 11,362 homeless persons have been placed in the City's permanent supportive housing programs.
- The Homeward Bound program (designed to reunite homeless persons living in San Francisco with family and friends elsewhere who are willing and able to offer ongoing support to end the cycle of homelessness) has served over 8,000 homeless persons.
- The City has increased its investment in permanent supportive housing and other services to aid homeless persons.
    - The Human Services Agency Housing & Homeless Budget grew from $63 million in FY05-06 to $102 million in FY13-14.

San Francisco has made great strides in housing people who are chronically homeless. Chronic homelessness has not been eradicated, however, and more needs to be done. The City's agencies will continue the *Ten Year Plan's* strategies of expanding permanent supportive housing and also focus on other complimentary efforts to combat homelessness in the compassionate City of St. Francis.

BACKGROUND

In 2004 Mayor Gavin Newsom assembled a team of service providers, service consumers, advocates, and city leaders to develop a vision and plan for addressing the issue of homelessness in a systematic and sustainable way. At the time, the number of chronically homeless adults in San Francisco, typically those who are disabled and have been on the street the longest, was estimated to be around 3,000. *The Ten Year Plan to Abolish Chronic Homelessness* was presented to Mayor Newsom on June 30, 2004. *The Plan* committed and organized resources from multiple city departments, including the Human Services Agency, Department of Public Health, Mayor's Office of Housing and Community Development, law enforcement, Public Works and the Redevelopment Agency.

San Francisco was on the forefront on a national movement championed by Philip Mangano, executive director of the United States Interagency Council on Homelessness from 2002 to 2009. Mangano urged cities to adopt ten year plans to get homeless people permanently housed using business-world practices under the leadership of city and county executives to muster all the appropriate stakeholders and develop innovative action plans.

CHRONIC HOMELESSNESS

Targeting the 3,000 Chronically Homeless

Under the Department of Housing and Urban Development's definition, a chronically homeless individual is someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years and has a disability.

Chronically homeless people are the most persistently vulnerable segment of the homeless population. They tend to have high rates of behavioral health needs, including severe mental illness and substance abuse disorders, conditions often exacerbated by physical illness, injury or trauma. Consequently, they are frequent users of emergency services, crisis response, and public safety systems.

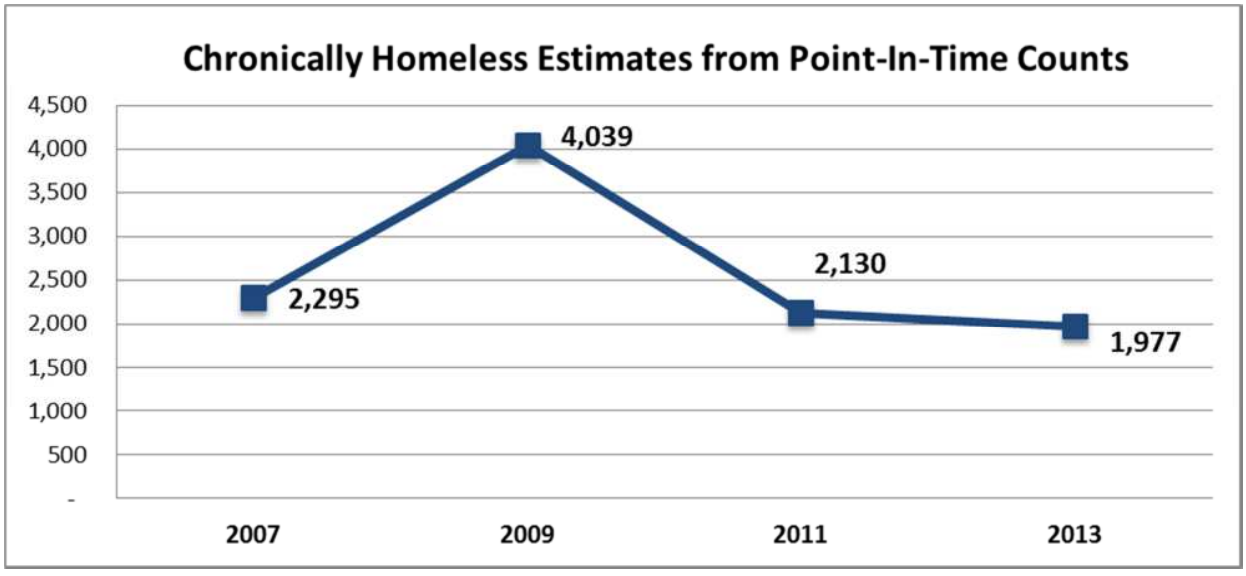
The Ten Year Council targeted the 3,000 chronically homeless noting that this population was the most in need and consumed the greatest share of city resources. Meeting their needs and providing

comfortable and safe living conditions would greatly decrease the amount of money the city spends on emergency services.

Homeless Count Data Over Time

All jurisdictions receiving federal funding to provide housing and services for homeless individuals and families are required by the U.S. Department of Housing and Urban Development to conduct a biennial point-in-time count of unsheltered and sheltered homeless persons.

To better estimate the number of chronically homeless persons, the City began administering surveys in 2007 to a sample of homeless persons to more accurately estimate the number of chronically homeless. The graph below shows the estimated number of chronically homeless in each San Francisco homeless count since 2007. In 2009 the survey sample size was expanded to include a larger number of persons living on the street. This change in methodology, as well as the impact of the Great Recession, likely contributed to the jump between 2007 and 2009. Furthermore, it is difficult to compare these figures to the 3,000 chronically homeless approximated by another method in the 2004 Ten Year Plan. However, since 2009 San Francisco has clearly reduced its chronic homeless population. **Between 2009 and 2013, the number of chronically homeless in San Francisco declined by an estimated 51%.**



San Francisco remains a destination for homeless persons from other areas. As a result, significant progress in housing the homeless is masked by the influx of new homeless individuals. Thirty-nine

percent (39%) of homeless individuals surveyed in 2013 reported that they first became homeless outside of the City, and subsequently moved to San Francisco.

PERMANENT SUPPORTIVE HOUSING

Housing First Model

Research shows that, for chronically homeless individuals, supportive housing is an essential component of successful stabilization. Permanent supportive housing (housing coupled with supportive services) can serve as a foundation for rehabilitation, therapy, and health care, making it possible for traumatized and struggling persons to change their lives.

Chronically homeless individuals living in permanent supportive housing are far less likely to draw on expensive public services. They are also less likely to end up in homeless shelters, emergency rooms, or jails, none of which are effective interventions for chronic homelessness, and each of which is expensive**.**

The Ten Year Plan endorsed a particular type of permanent supportive housing known as "Housing First." The Housing First model emphasizes immediate placement of the individual in permanent housing, coupling the housing with the on-site supportive services necessary to stabilize the individual and maintain him or her in the housing. Over the past ten years, various programs operated by the City and County of San Francisco have employed this model. Below is a brief description of the permanent supportive programs that serve the chronically homeless.

- **HSA Master Lease Program**: The Human Services Agency (HSA) leases SRO buildings and contracts nonprofits to provide property management and supportive services. Some buildings are funded through Care Not Cash (CNC), an initiative passed by San Francisco voters in 2004 to transfer some of the city's cash assistance to homeless persons to investments in supportive housing for this population. HSA only refers clients of the County Adult Assistance Program (CAAP), the city's program to provide general assistance to destitute single adults, to CNC buildings. HSA refers non-CAAP clients, many of whom are SSI recipients, as well as some CAAP clients to the non-CNC buildings.

- **HSA Shelter+Care Program**: The Shelter+Care Program provides rental assistance to chronically homeless single adults and families with disabilities related to severe mental health, substance abuse, and disabling HIV/AIDS. The federal Department of Housing and Urban Development funds the rental assistance, and San Francisco uses local general funds to provide the supportive services.

- **DPH Direct Access to Housing (DAH) Program:** These sites are operated by the Department of Public Health (DPH) and target low-income San Francisco residents who are homeless and have special needs. DAH is a "low threshold" program that accepts adults into permanent housing directly from the streets, shelters, hospitals and long-term care facilities. DAH units include those in master-leased Single Room Occupancy hotels, new capital developments, set-asides in larger residential buildings owned by non-profit providers, and a licensed residential care facility.

- **Local Operating Subsidy Program:** The Mayor's Office of Housing finances new developments that are owned by non-profit organizations. Either HSA or DPH controls tenant referrals to each site and provides both an operating subsidy and supportive services funding. The portfolio includes units for homeless single adults, families, seniors and veterans.

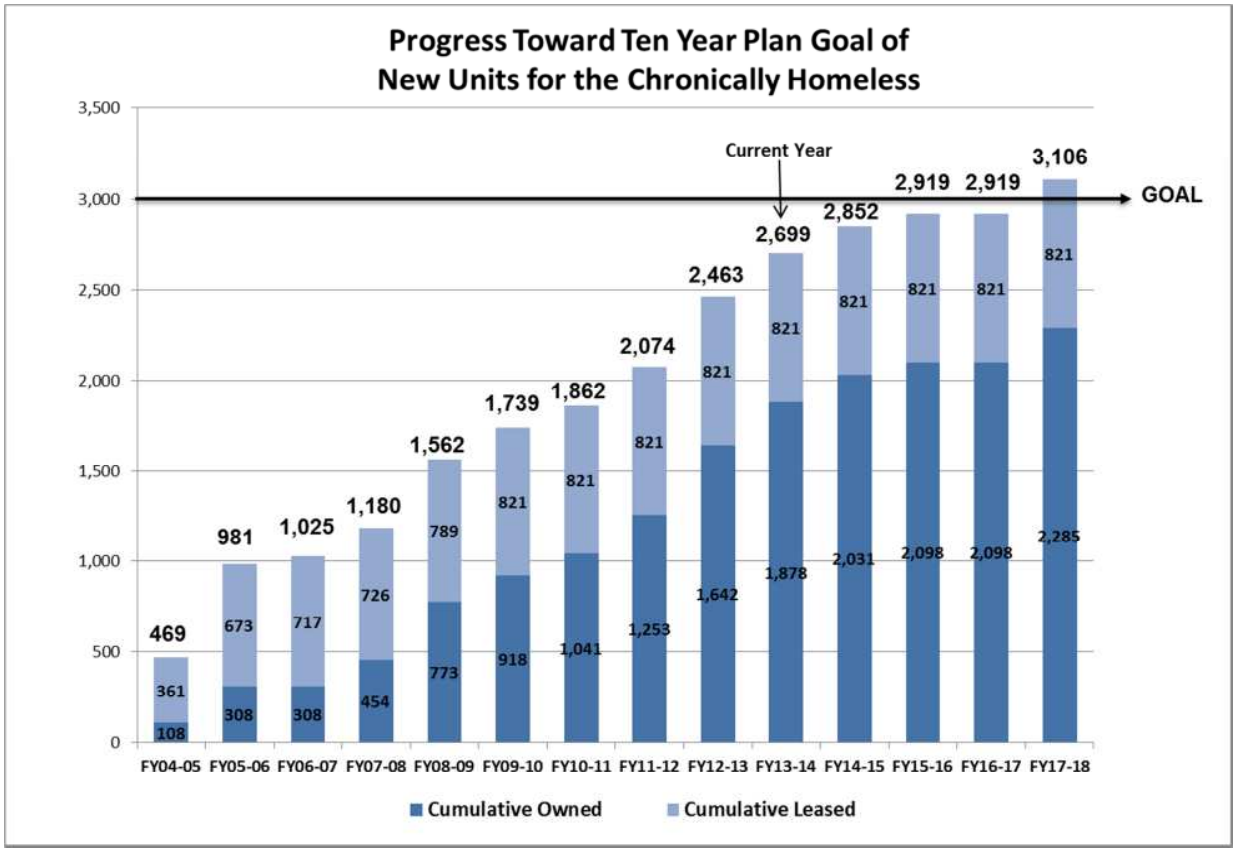
Goal of 3,000 New Units

The Ten Year Plan directed the City and County to, by 2010, create an additional 3,000 supportive housing units for chronically homeless persons.

Since the *Ten Year Plan* was adopted, San Francisco has created 2,699 units of permanent supportive housing for chronically homeless adults, seniors, families and transition aged youth. An additional 407 units are planned and in the pipeline, coming open to homeless persons in upcoming years. When the planned housing is available, the number of new units of permanent supportive housing units will be 3,106.

The 3,106 total identified units are across 66 sites. There are two different models employed by San Francisco to develop new permanent supportive housing sites: (1) non-profit owned housing, and (2) leased housing. With both models, City agencies (either Human Services or Public Health) controls

placement into the buildings. The graph below shows the growth in new units over time broken down by owned versus leased sites.



The table below provides further detail regarding the breakdown of completed and planned units.

Ten Year Plan Progress Toward 3,000 Units	
Nonprofit Owned Completed to Date	1,878
Owned Under Construction	176
Owned Active Predevelopment	84
Owned Future Funding	147
Total Identified Owned Units	**2,285**
Leased and Occupied to Date	**821**
Total Owned and Leased Identified Units	**3,106**
Total Owned and Leased Units To-Date	**2,699**

Since the *Ten Year Plan* was completed, 1,878 non-profit owned units have been created (at 37 sites), and 176 units are under construction (at 6 sites). Another 84 units are in active predevelopment (at 3 sites), and 147 units are planned for future development. A total of 2,285 non-profit owned units (49 sites) for chronically homeless are projected to be completed by the end of 2017. These units will have at least 55 years of affordability restrictions.

Since the fall of 2004, 821 leased housing units (at 17 sites) targeting the chronically homeless have been occupied.

Below is a list of the upcoming projects to be completed after 2014:

- Parcel U, 30 units for transitional age youth in Market-Octavia area;
- Mission Bay South 6E, 20 units out of 100 family units to be completed in 2017; and
- Mission Bay South Parcel 3, 97 units of permanent supportive housing in Mission Bay to be completed in 2017.

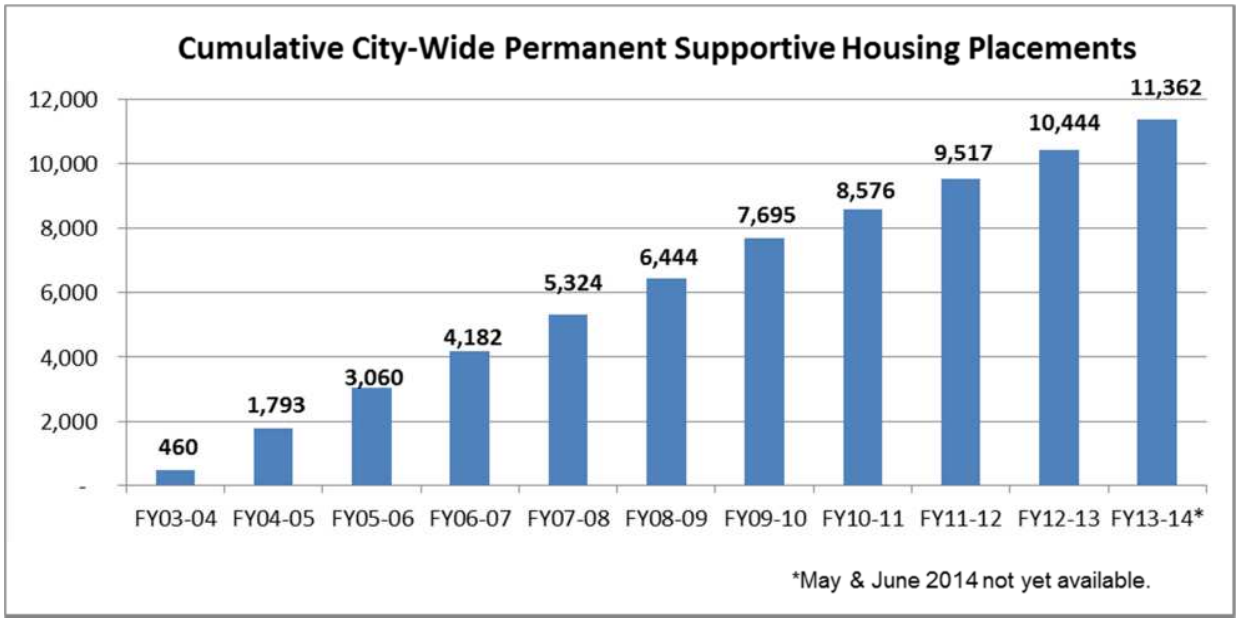
The Local Operation Subsidy Program (LOSP) was created with local general funds to bring supportive housing units on line at this scale, meeting the goal of *the Plan*, and is restricted to new units of permanent affordable housing with long term affordability restrictions. In FY14-15, the program funds operations at a total of 1,475 units, or roughly 65% of the non-profit owned units created under the *Ten Year Plan*. The other non-profit owned units rely on federal funds, including McKinney Shelter+ Care, Section 8, HUD 202 or HUD 811 Project Rental Assistance Contract subsidies. LOSP funding for FY14-15 totals $12.2 million, and the supportive services associated with the LOSP units costs another $7.2 million, totaling of $19.4 million in general fund dollars. General fund support for annual operations and services averages $13,000 per unit, or $1,100/unit/month.

The *Ten Year Plan* units were created by prioritizing the development of permanent supportive housing through capital notices of funding availability issued by the Mayor's Office of Housing and Community Development and the San Francisco Redevelopment Agency (now the Office of Community Investment and Infrastructure). The notices required that at least 20% of units in new projects be for persons who are chronically homeless. To create 2,285 non-profit units (the majority of which are designated for chronically homeless persons), the Mayor's Office of Housing and Community Development conservatively estimates that it has committed $457 million, at $200,000 per unit. The City's capital investment has leveraged hundreds of millions more in tax credit equity, state and federal financing.

Housing Placement Data

Since January 2004, a total of 11,362 homeless persons have been placed in the City's permanent supportive housing programs. Of these, 10,091 were single adults and 1,271 were individuals in families. The graph below shows the breakdown of housing placements by fiscal year. The permanent supportive housing operating by the City has been successful at stabilizing homeless persons once they move into housing. For example, across the single adult sites operated by the Human Services Agency, 94% of clients in housing at the start of FY12-13 were still in supportive housing or other appropriate placement at the end of the year.

> "I felt like, for the first time, in years, I had a real reason to get up out of bed. We have a real new life here." -- *Family member placed in City-supported Permanent Supportive Housing*



TREATMENT INNOVATIONS

The Ten Year Plan called for treatment programs to be directly linked to housing. In addition, it directed the City to expand housing options with intensive case management services, especially to help persons with mental illness to become and remain stable in housing.

Supportive Services within Permanent Supportive Housing

The Department of Public Health (DPH) Direct Access to Housing (DAH) Program sites are service-enriched, striving to assist formerly homeless residents with co-occurring mental health issues, alcohol and substance abuse problems, and/or complex medical conditions. The program seeks to stabilize and improve the well-being and health outcomes of residents. Each site has a team of case managers – and may also include nurses, psychiatrists, and other clinically licensed professionals – who outreach to and engage with all residents supporting them to make choices that reduce their physical, psychiatric, and/or social harm to themselves and the community they live in. The team offers tenants access to on-site wrap-around support services tailored to their needs.

With a focus on client-centered case management, the Support Services team may provide the following services:

- Establish service plans that address each tenant's unique needs and reduce harmful behaviors;
- Assist tenants to access, maximize and maintain benefits;
- Help tenants access and maintain medical and behavioral health services (either with a previously established provider or through a new one, such as the Tom Waddell Urban Health Clinic);
- Provide medication management and nursing services, if there is an on-site RN;
- Provide substance abuse, mental health, and life skills counseling;
- Provide educational and vocational connections;
- Help tenants secure food and clothing; and
- Assist with housing stability.

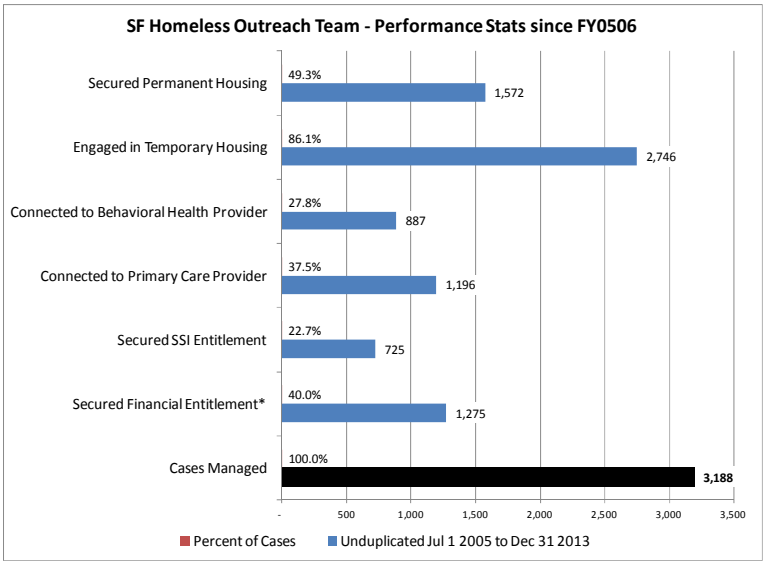
Additionally, the Support Services team fosters a sense of community in the building. They organize and promote a variety of community events, including social groups, support groups, and informational meetings. The team encourages tenants to attend and assist in organizing these activities, empowering them to take active roles within the building community. Working collaboratively with Property Management and with the tenants, the Support Services team aims to build a community that promotes health, safety, and satisfaction for all tenants.

In its permanent supportive housing programs, the Human Services Agency also provides rich wrap-around services. The Housing First Master Lease sites (including those funded by Care Not Cash) are served by the Behavioral Health Roving Team, working in collaboration with the Department of Public

Health. The goal of the Behavioral Health Roving Team is to provide medical, mental and behavioral health services to tenants in order to stabilize them in housing and avoid future episodes of homelessness. The case management component of the team is supervised by the University of California at San Francisco/City-Wide Case Management program. The health care part of the team is comprised of medical staff employed and supervised by the Department of Public Health. The case management team engages clients who are referred by on-site staff at the housing sites. The team employs a range of interventions to help stabilize residents, including mental health and substance abuse services, vocational and entitlements assistance, and skills groups. The Department of Public Health staff provides medical and psychiatric assessments on-site in the hotels and collaborates closely with the case management team in the development and implementation of treatment plans to best serve the needs of the hotel population and enhance stability in housing. The Behavioral Health Roving Team also makes referrals to the DPH Housing and Urban Health Clinic. The program provides short term interventions and works to link clients to ongoing services in the community, such as the Department of Public Health's Tom Waddell Urban Health Clinic. Medi-Cal reimbursements are used to offset more than 40% of the costs of this program. HSA also funds similar supportive services in its Local Operating Subsidy Program (LOSP) and Shelter+Care buildings that are targeted to chronically homeless individuals with disabling conditions, including mental health disabilities.

Homeless Outreach Team

The San Francisco Homeless Outreach Team (SFHOT) was formed in May 2004 as part of a Mayor's Office, health, social services, and community initiative. Ten years later, SFHOT continues to evolve to meet various population needs. Over 3,000 chronically homeless severely disabled individuals have been care managed by SFHOT, with nearly 50% securing permanent housing. SFHOT works collaboratively in small teams first to engage and stabilize chronically



homeless individuals and next to help gain care for chronic conditions and find permanent housing via three lines of service, as follows:

Stabilization Care: This SFHOT service line provides short-term stabilization care management for high risk homeless individuals (homeless more than three years, experiencing complex medical, psychiatric, and substance abuse tri-morbidity, using a high number of urgent/emergent care services, and not able to navigate health and human services system on their own. Care Managers accept referrals from SFHOT First Responders and high user treatment programs. Within six to twelve months, the goals are to: (1) Stabilize individuals from the street into shelter/SRO, (2) Remove personal barriers to attaining permanent housing; e.g., attain benefits, primary care linkage, behavioral health care linkage, IDs, legal aid, etc., (3) Secure and place into permanent housing, (4) Assess and serve as care coordinators for SF Health Network members who are high risk / high cost individuals and are unable to engage into the system.

First Responders and Street Medicine Staff: This SFHOT service line provides outreach, engagement and warm-handoffs from the street to (or between) urgent/ emergent institutions. First Responders operate 24/7 and responds to requests from 311, Care Coordinators, Police, Fire, and Urgent/Emergent facilities (hospitals, SF Sobering Center, Psych Emergency Services, and Dore Psych Urgent Care) for street outreach/intervention and therapeutic transports. The goals are to, within two hours, respond and determine if the individual can be cleared for transport and provide warm-handoff to and/or from urgent/emergent facilities. In addition, the First Responders provide targeted search and outreach of HUMS (High Users of Multiple Systems) and other high-risk homeless individuals as identified by 311 (citizens) and health care coordinators and, once found, performs wellness checks and attempts to engage individuals into services and other resources as identified by community care plans. First Responders assess and refer the highest risk to the Care Management teams.

San Francisco Public Library: This SFHOT service line includes a Psychiatric Social Worker situated at the Civic Center Main Branch who conducts outreach and offers referrals to homeless, marginally housed and/or mentally ill patrons of the library. She also facilitates education sessions in group or individual settings for library staff, in order to improve understanding of behaviorally vulnerable patrons of the library. Her goal is to help library staff serve this group of patrons according to their needs, while helping to decrease the number and severity of incidents that require intervention from Library security staff. This social worker also supervises four 15-hours/week Health and Safety Associates (HaSAs) who

are selected from a group of homeless library patrons being served by SF HOT's case management function. HaSAs assist the team by using their life experiences and learned engagement skills to reach out to other homeless patrons, in order to persuade them to accept case management and other services. In the process, HaSAs gain employment and job-seeking skills, through their supervision by the Psychiatric Social Worker, as well as an associated DPH Vocational Rehabilitation Counselor.

Tom Waddell Urban Health Clinic

On July, 9, 2013, San Francisco Department of Public Health opened Tom Waddell Urban Health Clinic (TWUHC), a clinic serving homeless and marginally-housed persons as well as those living in supportive housing. This new clinic merged the primary care practices of Tom Waddell Health Center and Housing & Urban Health Center, and moved them to a newly refurbished, beautiful, and state-of-the-art clinic space on the ground floor of the Kelly Cullen Community (formerly the YMCA), located at 230 Golden Gate Avenue in the Tenderloin Neighborhood. TWUHC's multidisciplinary staff provides coordinated, Team-based, care for nearly 5,000 patients. Available services include primary medical care, nursing support, Transgender Clinic, psycho-social services (e.g., substance abuse counseling, case management, support groups), psychiatry, benefit enrollment, and consultation with clinical pharmacists, among others. A key goal is to to provide outstanding health services in a safe and welcoming environment. In 2014, staff of TWUHC was honored for "Excellence in Member Services" by the San Francisco Health Plan, which recognized them for their superb care of often medically and psychiatrically complex patients. As one patient put it when reflecting on care she received at the clinic, "This is a special place."

Prevention and Intervention Innovations

Promoting Housing Stability within Permanent Supportive Housing

Once a person is placed in permanent supportive housing, the goal is to stabilize him or her and prevent a recurrence of homelessness. To that end, HSA currently contracts with two providers (Conard House and Tenderloin Housing Clinic) that serve formerly homeless clients who are now in supportive or standard housing. These providers ensure that the individual's funds are first used to cover rent and basic needs before being released for other items such as snacks and tobacco. HSA also work orders funding to the Department of Public Health for a representative payee program that includes money management services.

Housing stability is the primary outcome measure for City-funded permanent supportive housing. HSA funds support services that intervene with behavioral issues that could lead to eviction, and HSA-funded eviction prevention and legal service providers often negotiate with property managers to prevent eviction. In addition, the Local Homeless Coordinating Board, recently hosted a series of meetings on eviction prevention, with a specific focus on permanent supportive housing, building relationships and educating property managers about service options for behavioral issues. The Board's strategic plan focuses on maintaining housing for formerly homeless people, including: arranging for exits from permanent supportive housing to other appropriate housing, subsidized or not, and tying eviction resources more closely to mental health and crisis intervention resources.

Hospital Discharge Planning

The Department of Public Health funds a Medical Respite and Sobering Center in partnership with Community Awareness & Treatment Services. The Center provides approximately 60 respite beds (co-located with a 12-bed sobering center), and temporary housing with medically oriented support services for medically frail, homeless persons leaving San Francisco General Hospital or other clinics. The Center also includes a full-service kitchen that provides three hot meals per day and prepares special menus for any dietary needs of the clients. Medical respite episodes provide an important alternative to costly emergency care and also link individuals to longer-term residential options.

San Francisco's Diversion and Community Integration Program is an innovative model that brings together the City's resources and experts to divert individuals who are discharged from San Francisco's public skilled nursing facility (Laguna Honda), providing them the support and access to housing they need to live independently. The program is administered by a core group of City department and community-based experts who provide access to housing and services. In the roughly six years since the Diversion and Community Integration Program was created, it has managed the discharge and long-term care of over seven hundred fragile San Franciscans. Of these, 38% were provided with City-funded specialized housing. Program clients retained housing at a rate of 76%.

Criminal Justice System Exits

Launched in January 2012, "New Roads" is a program funded by the California Prison Realignment initiative (State Assembly Bill 109). Serving adult probation participants who are homeless or temporarily housed with no exit plan, New Roads provides shallow rental subsidies, financial assistance,

and supportive services to ensure that they obtain and retain permanent housing and achieve educational and vocational goals.

Data from the first twelve months of implementation indicated that one-third of the offenders released to community supervision in San Francisco were homeless. During the first year of realignment, HSA worked with the Adult Probation Department to address the critical housing needs of a subset of these clients. New Roads is operated by the Tenderloin Housing Clinic, and in 2013 administration of the contract was shifted from HSA to the Adult Probation Department.

In FY 12-13, twenty-eight clients received rent subsidies and services from New Roads, and three more were enrolled during the first quarter of FY 13-14. Fifteen clients exited the program in FY 12-13; two-thirds completed the program successfully.

> "Getting help from agencies that want to support me is good for me because I know its people (sic) who want me to succeed." -- *New Roads Rental Subsidy Program participant*

Cameo House is another collaboration between HSA and Adult Probation. Cameo House is a transitional housing program that serves as an alternative sentencing program for pregnant or parenting women.

Homelessness Prevention and Rapid Re-Housing Efforts

HSA administers multiple programs to prevent homelessness and re-house families and single adults who become homeless as rapidly as possible. These programs provide one-time grants (for things like back-rent, move-in costs, and security deposits) and temporary rent subsidies (where a portion of the family's rent is paid by the program for some number of months). In addition, the programs typically offer case management and counseling services; some programs provide legal assistance.

Prior to the American Recovery and Reinvestment Act (ARRA) of 2009, San Francisco provided approximately $5 million a year in eviction prevention and legal assistance funding. Under ARRA's Homelessness Prevention and Rapid Re-Housing Program, this was supplemented by $8 million of federal funding over a three-year period. San Francisco has backfilled much of this funding since 2012 and will spend more than $7 million in local funding on eviction prevention, rapid re-housing, and legal assistance this fiscal year. During FY12-13, 2,434 San Franciscans secured or maintained housing due to a one-time grant and at any given time the number of families receiving a rental subsidy is around 200.

REUNIFICATION SERVICES

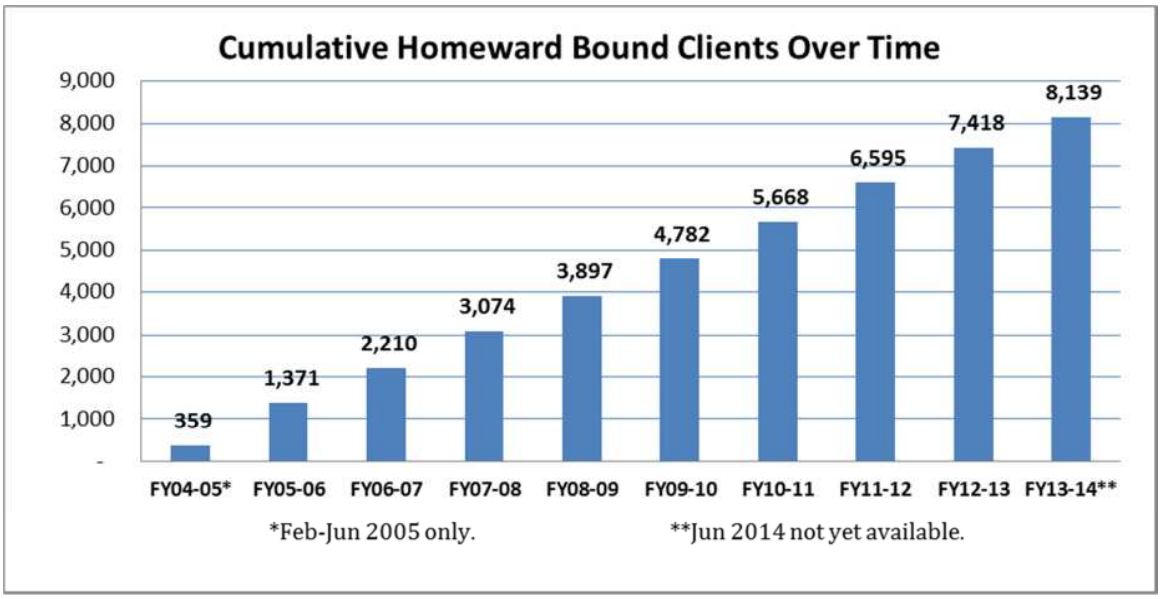
The Ten Year Plan called for an expansion of out-of-region reunification resources to all persons experiencing homelessness who wished to be reunified with verified family social support systems.

HSA responded with the Homeward Bound program, designed to reunite homeless persons living in San Francisco with family and friends elsewhere who were willing and able to offer ongoing support to end the cycle of homelessness. Through the Homeward Bound Program, the Human Services Agency provides transportation (typically a bus ticket) for homeless persons who:

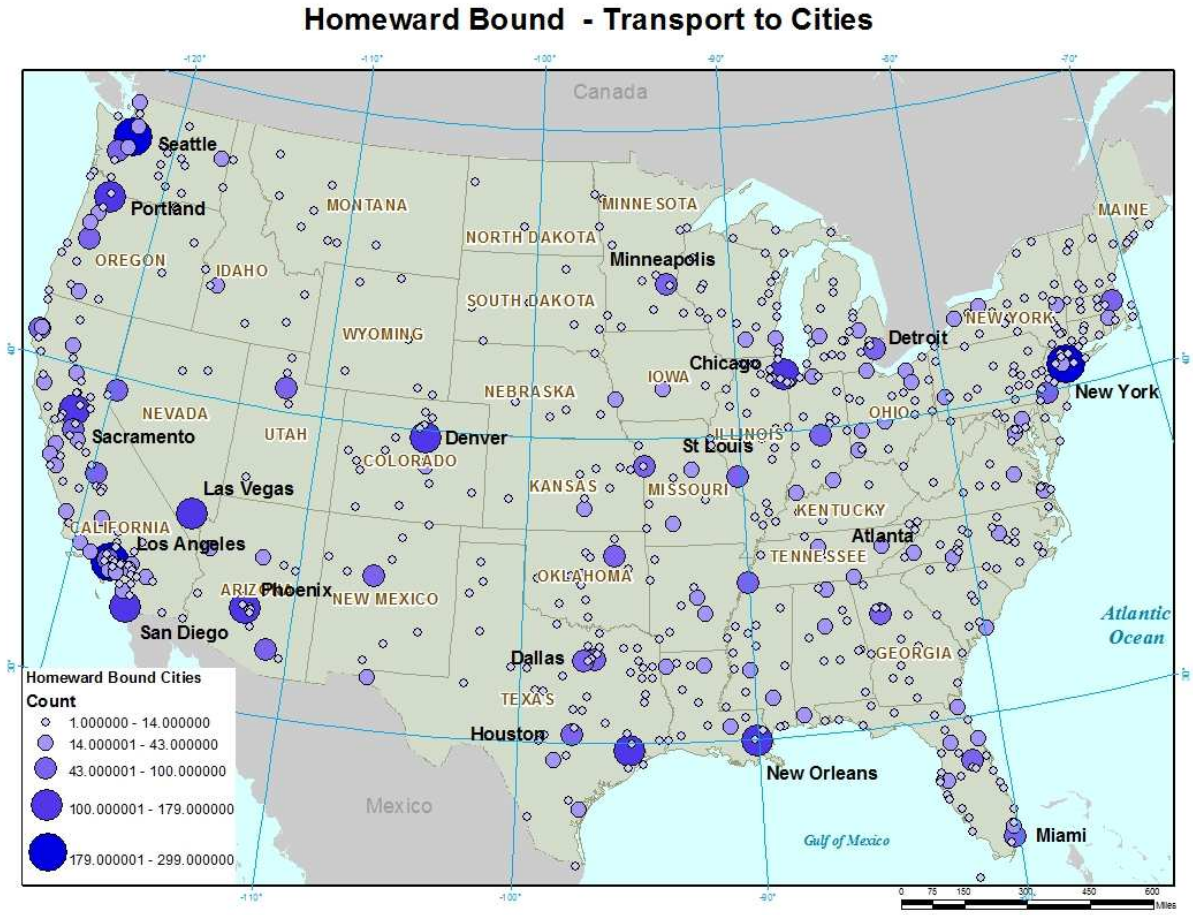
> "My days of living on the street are behind me and I mean this from the bottom of my heart when I say that if Homeward Bound did not exist, I would probably have died in December of 2012." -- *Homeward Bound Client*

- are homeless/low income and living in San Francisco; and
- have family or friends at the destination that Homeward Bound staff can verify as willing and able to provide a place to stay and ongoing support; and
- are medically stable enough to travel unassisted to the destination; and
- are sober and able to abstain from alcohol or using other substances en route.

Since its inception in 2005, Homeward Bound has served over 8,000 homeless persons. The average cost over the life of the program is $180 per person. A person can only access Homeless Bound funds one time and program staff report a very low return rate to San Francisco.

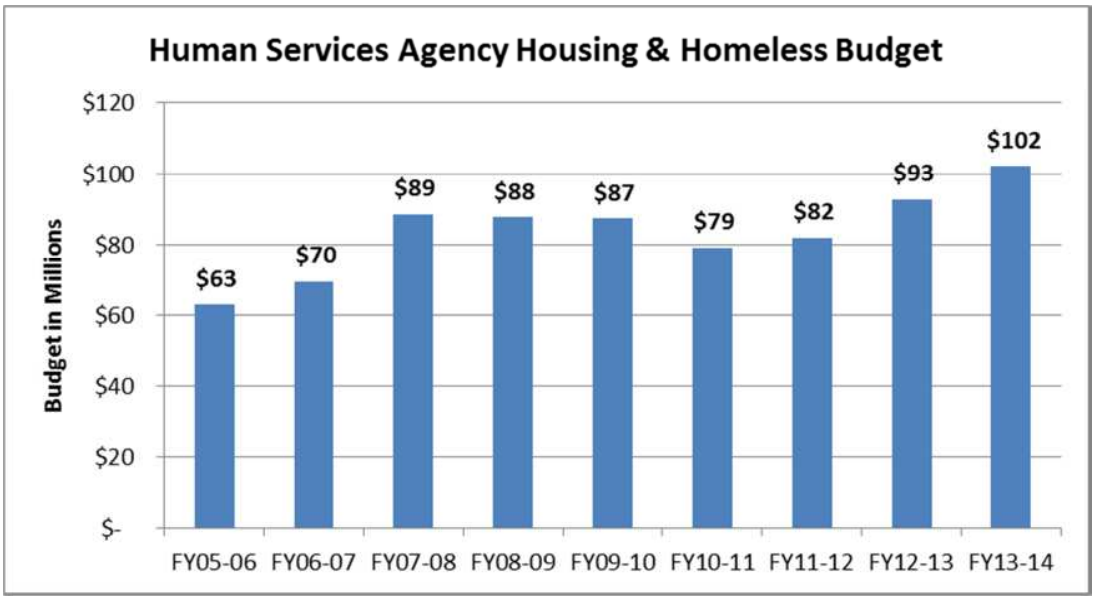


The map on the following page charts the destination cities for Homeward Bound clients over the life of the program. A large concentration of persons returned to family and friends in the western part of the country. It is evident, however, that homeless persons served by San Francisco's Homeward Bound program hail from all across the United States.



REDIRECTION OF HOMELESS DOLLARS

The Ten Year Plan outlined a reprioritization of spending for homeless services, including call for increased spending for permanent supportive housing for the chronically homeless. The graph below describes spending on housing and homeless programs by HSA over time.



Below is a summary of key trends in the HSA Housing & Homeless Budget over the past ten years:

- Increased investment in the Local Operating Subsidy Program permanent supportive housing program
    - The first units came online during FY07-08. HSA now provides operating expenses and supportive services for 725 units with an annual budget of $8.8 million.
- Growth in Master Lease Program (supported by the General Fund and the Human Services Care Fund)
    - The general fund portion of the Master Lease Program grew from $4.5 million in FY04-05 to $14 million in FY13-14.
    - Under Care Not Cash, homeless CAAP clients are offered housing/shelter and associated amenities as a portion of their benefit package. Funding that would have otherwise been used for cash aid is put into the "Care Fund" to cover the cost of permanent supportive housing for this population.
    - Care Fund spending grew from a budget of $2 million in FY03-04 to a FY13-14 budget of $15 million.
- New and increased investments in homeless prevention services, particularly for families
    - Federally funded Homeless Prevention and Rapid Re-Housing Program grant program brought $8.8 million from FY09-10 to FY11-12.
    - Since then, the City has committed another $1 million annually through Mayoral and Board of Supervisors restorations (FY12-13 and FY13-14) and also made one-time investments

through Home for the Holidays ($1.3 million in FY12-13) and Board restorations ($950,000 in FY13-14).

- Annual growth in HUD McKinney funding
    - Grew from $12.4 million in FY04-05 to $17.9 million in FY13-14, primarily for permanent housing.

SHELTER AND TRANSITIONAL HOUSING

The Ten Year Plan directed the City to move its focus away from traditional emergency shelters and toward shelters with 24-hour crisis clinics, and sobering centers.

Since *the Plan* was published, the Department of Public Health has created the Dore Urgent Care Clinic, a medically-staffed 24/7 urgent care clinic designed to serve people in psychiatric crisis that is able to accommodate up to 12 clients at any one time. The department also funds the Dore Residence, a 14-bed intensive crisis residential treatment program, operated in a social rehabilitation model, that provides a 24-hour alternative to hospitalization and serves clients who need psychiatric crisis support. The average length of stay is 3-5 days. Many of the individuals served by the two programs are homeless.

The emergency shelter system for adults has had a reduction of 440 year-round beds between January 2005 (1,579 total beds) and the present (1,139 total beds in June 2014).

While decreasing the number of emergency shelter beds, HSA has enhanced the quality of emergency shelter and improved access for its clients. Between FY08-09 and FY13-14, the annual budget for emergency shelters increased by $4.3 million. The additional money has been used to invest in added case management and sustain service levels. The increased funding has come from ongoing Board of Supervisor restorations of $2 million in FY12-13 and $1 million in FY13-14, along with cost of doing business adjustments.

HSA continues to promote fair and efficient access to emergency shelter. It is supporting adding a new shelter in the Bayview, the neighborhood with the highest number of persons living on the street, according to the 2013 homeless count. HSA received a capital grant of nearly $1 million from the state and plans to use local funding for shelter operations.

Another way that shelters have been made more accessible is that, as of February 2014, homeless persons can make 90-day shelter reservations by calling the City's 311 System. The new process makes it easier for seniors, persons with disabilities, and non-English speakers to access the emergency shelter system by eliminating the need to wait in line and instead using the 311 system's 24 hours a day, 7 days a week, 365 days a year translation capabilities. By making it as convenient as possible for homeless adults to access safe, clean emergency shelters when needed, more time is available them to seek employment, to engage with vital services, and to find permanent housing. Providing better access to the emergency shelter system enables HSA to maximize the number of beds that are used every night, leaving fewer people on the street at night.

NUTRIENT SUPPORT

The Ten Year Plan stressed the importance of better food for homeless persons, noting that this population was at high risk of malnutrition. *The Plan* said that dietary support was especially important for alcoholic and drug addicted patients because it could help some regain mental and emotional functions and increase their chances for some sort of goal-directed activity.

HSA contracts with the San Francisco Food Bank to provide ten weekly food pantries to tenants in its Master Lease program. A 2008 survey of HSA-funded supportive housing found that all sites participated in some type of food distribution and/or meals program and that most sites provided tenants access to a community kitchen.

Homeless persons not in supportive housing can also obtain nutritious food through the system of HSA-funded shelters and homeless resource centers. All single-adult shelters provide dinner and most also provide breakfast. The Public Health Departments provides a nutritionist to consult with shelters on meal planning. All homeless resource centers also provide food, ranging from snacks to full meals. HSA-funded contracts with the Glide Foundation supports free breakfast, lunch and dinner options for homeless persons.

HSA operates the county's CalFresh program, which is the federally-funded Supplemental Nutrition Assistance Program (formally known as Food Stamps). Many of San Francisco's homeless persons are eligible for and receive CalFresh benefits. The 2013 Homeless Count survey, estimated that 33% of the

overall homeless population was enrolled in CalFresh (up slightly from 31% in the 2011 count). All clients applying for cash assistance through the county's CAAP program are screened for CalFresh eligibility. Data from September 2013 showed that 90% of homeless CAAP clients were also on CalFresh. The CalFresh benefits are distributed via Electronic Benefit Transfer debit cards. CalFresh cards can be used at many of San Francisco's grocery stores and farmer's markets. Elderly, disabled or homeless persons can also use CalFresh cards to purchase meals at various restaurants.

SPECIAL POPULATIONS

The Ten Year Plan prescribed specialized service interventions for specific populations of homeless persons, including seniors, veterans and foster youth.

High Users of Multiple Systems

In 2007, DPH began to track people who bounce across the medical, mental health and substance abuse treatment systems using urgent/emergent care at very high rates, including emergency departments, ambulances, hospitalizations, mental health crisis services, and detoxification services.

High users of multiple systems (HUMS) are individuals struggling with multiple disorders who are less visible because they are often not the highest user of a single system. They are difficult to engage in health services, as they tend to rely only on urgent/emergent care instead of coordinated care that stabilizes them in the community. HUMS patients have a higher burden of chronic disease due to multiple factors such as chronic intoxication, significant cognitive impairment, mental illness, and behavioral issues. Despite receiving an average of 91 separate urgent/emergent services a year at very high costs, HUMS patients are not known as outliers to a single system, are not sticking to any stabilizing services, have no care coordination, and have very poor health outcomes including high mortality rates. As noted below, over 58% of HUMS users are struggling with tri-morbidity (serious mental health, medical, and substance abuse issues).

FY10-11 Top 1% Users of Urgent/Emergent Services and Their Conditions (no matter which systems they used)

Category			Single Morbidity				Co-Morbidity				Tri-Morbidity
			SA	MH	Med	Total	SA-Med	SA-MH	MH-Med	Total	SA-Med-MH
Top 1%	511	100%	**12.7%**				**39.5%**				**45.4%**
			5	8	52	65	81	63	58	202	232
Top 1% who are Multiple System Users (HUMS)			**2.9%**				**38.8%**				**58.3%**
	312	61%	2	5	2	9	47	49	25	121	182
Top 1% Single System Users			**29.9%**				**43.3%**				**26.7%**
	187	37%	3	3	50	56	34	14	33	81	50

SFDPH users of urgent/emergent services are identified by merging records via the integration of multiple stand-alone datasets into the DPH Coordinated Case Management System (CCMS). Once the top 1% users of urgent/emergent services are identified, those utilizing two or three systems are categorized as HUMS patients. **The Top 1% (511 people) users of urgent/emergent services account for 25% of the costs and average nearly $50,000 per year. The Top 5% account for 55% of the costs. Multiple system users (HUMS) are twice as expensive and total over $30 million per year.**

An Engagement Specialist Team (EST) of the San Francisco Homeless Outreach Team was created to perform targeted street outreach that strategically focuses on (1) locating and engaging or reengaging HUMS clients into care according to their community care plan, (2) coordinating with their care managers, and (3) transporting them with warm hand-offs into safer housing and/or treatment programs that will stabilize the progression of their chronic diseases. Community Care Plans include who to contact when the patient presents to an ED. Hospitals are encouraged to call EST to inquire about patients who present at their EDs and fit the profile of HUMS. EST remains engaged with the patient until he or she agrees to case management services. Careful tracking, coordination, and follow-through with their care, no matter where they appear for services, enable DPH to proactively intervene and help them to improve the quality of their lives. DPH is applying for approval to begin a comprehensive pilot program to treat ten HUMS volunteer patients with Naltrexone, which has been shown to help individuals reduce their craving for alcohol.

The HUMS project is crucial in finding these patients, and remains essential for identifying areas for proactive measures. The HUMS project is also crucial in assessing which types of interventions are successful, and to what degree. DPH remains committed to creating and finding innovative ways to address the costs, suffering and premature deaths of a group of patients who represent some of the most intractable problems of our times.

Seniors

Seniors are described within *the Ten Year Plan* as a vulnerable and often overlooked group. *The Ten Year Plan* underscored the need to collect data on this population and develop plans to address their unique needs.

The 2013 Homeless Count estimated that 17% of the homeless population (around 1,250 persons) is over the age of 50, and 3% (around 220 persons) is over 60. Data from the single adult shelter system reveals that 15% of shelter users are 60 or older.

HSA has designated shelter beds for emergency referrals from senior serving agencies. HSA funds and coordinates placements into two permanent supportive housing sites for formerly homeless seniors. Since 2004, the City has brought 416 units of permanent supportive housing online for chronically homeless seniors, with 61 additional units in the pipeline.

HSA also provides Ellis Act eviction prevention services to low- and moderate-income senior and disabled tenants. The program provides legal representation in all aspects of Ellis Act eviction defense in San Francisco courts, including any related litigation that would preserve the client's housing or quality of life.

The San Francisco Season of Sharing Fund provides grants to seniors (60+ years) and disabled veterans for back rent, security deposits, and critical family need expenses (e.g., utility bills, moving assistance and medical apparatus not covered by insurance).

Veterans

Veterans were also given special attention within the *Ten Year Plan*. It was suggested that veterans should be identified by all homeless service and mainstream health providers in order to connect them to veteran specific services. The *Plan* also called for an increase in the number of veteran-specific permanent supportive housing units.

The 2013 Homeless Count identified 716 homeless veterans in San Francisco. This represented 11% of the total homeless population (down from 17% in the 2011 Homeless Count). HSA has partnered with the US Department of Veterans Affairs to identify shelter users with a history of military service and support them to access federal veterans services. Thirty shelter beds are funded by the Department of

Veterans Affairs and set-aside for this population. HSA continues to operate the County Veterans Services Office, assisting individuals with federal veterans benefits.

San Francisco has significantly increased permanent supportive housing for veterans. Two new veteran-specific developments have come online since the *Ten Year Plan* was adopted. In 2013, the Veterans Commons building at 150 Otis opened to provide permanent housing for 75 veterans and the Veterans Residence in the Mission Neighborhood came online as permanent housing for 32 disabled veterans. Most significantly, in partnership with the Department of Veterans Affairs and San Francisco Housing Authority, San Francisco obtained 675 Veterans Affairs Supportive Housing vouchers for disabled and chronically homeless veterans and their families to use in the housing site of their choice. Since the utilization of these vouchers is a challenge, San Francisco formed the Homes for Heroes Team – a collaborative led by national leaders and City and County staff to increase housing placements for veterans via the 675 vouchers.

As noted in the section on seniors above, disabled veterans are also served by the San Francisco Season of Sharing Fund, which provides grants for back rent, security deposits, and other housing-related expenses.

Homeless Youth

The Ten Year Plan directed the City to establish 150 new housing slots for former foster care and homeless youth. It was recommended that the housing include a range of options, including scattered site housing, transitional/permanent housing, independent congregate living, and 100 units of permanent supportive housing.

Under Mayor Newsom's 2007 Task Force on Transition Age Youth (TAY), the City developed a TAY Housing Plan with the goal of creating 400 new units for homeless youth by 2015.

San Francisco has developed 139 permanent supportive housing units for youth since the *Ten Year Plan* and TAY Housing Plan was adopted. These units have been built through the Mayor's Office of Housing and Community Development and other City organizations. Just this year, San Francisco opened 44 units of permanent supportive housing for chronically homeless youth with intensive employment services at the 5th and Harrison site run by the Community Housing Partnership, using a combination of

San Francisco local and federal Continuum of Care funds. An additional 49 units for homeless youth are under construction and another 54 are still in the planning stages.

San Francisco has operated a Transitional Housing Placement Program (THP Plus) for former foster youth since 2002. THP Plus utilizes various housing models: host families, scattered site and site based. The current THP Plus program targets former foster youth between the ages of 21 and 24.

California Assembly Bill 12 (AB 12), passed in 2010, created new avenues to housing, allowing foster youth to remain in care up to age 21. In 2012, the first year of AB 12 implementation, 137 youth, approximately 90% of all youth who would have otherwise aged out of the system, opted to remain in care. Their options for housing include the Supported Independent Living Program, providing youth with a housing and living expenses stipend that can be used to pay rent in a wide range of approved housing settings. San Francisco is working with state officials to open more transitional housing using this same funding source.

Families

DPH's Maternal, Child and Adolescent Health (MCAH) Section focuses on the most vulnerable children and families and provides critical services for homeless families. Public health nurses, community health workers, and contract partners (Black Infant Health Family Health Advocates) make field visits to families who are marginally housed, in shelters and at times to homeless families. MCAH home visiting staff work with families to conduct health assessments, promote health and wellness, and make linkages to health care services and housing.

Additionally, because housing and living environment are social determinants of health and access to health care, MCAH staff work onsite in public housing. A social worker is co-located with YMCA staff in a converted public housing unit at Hunter's View. The primary goals are to improve health and access to health services (particularly behavioral health services) for the families at Hunter's View.

DPH's MCAH Section also has one public health nurse assigned to Jelani House, which provides residential treatment to women with children. Because the women have substance abuse problems, many have been homeless or "couch surfing" before entering the program. The public health nurse provides a range of services, including screening, immunization, disaster preparedness, individual case management services and health consultation to the child care site at Jelani House.

Severely Mentally Ill

In his 2014 State of the City Address, Mayor Edwin M. Lee observed that "While we have the strongest social safety net in the nation, we still have far… too many people unable to make the choices they need to save their own lives because of severe mental health and substance abuse problems." In an effort to ensure recovery and success for this population, Mayor Lee tasked DPH with convening a community process to determine how to engage and maintain in appropriate behavioral health treatment severely mentally ill, and often dually diagnosed, adults that current programs have failed to successfully treat or adequately engage.

In response, DPH convened the CARE (Contact ▪ Assess ▪ Recover ▪ Ensure Success) Task Force, a 21-member body comprised of a broad range of community stakeholders. The CARE Task Force developed 31 policy and programmatic recommendations designed to enable the CARE population to engage and participate in tailored, appropriate treatment in the least restrictive setting possible.

The CARE Task Force focused its recommendations on the population of adults who have a serious mental illness – and often a co-occurring substance use disorder – that the current system has failed to successfully treat or adequately engage. The Task Force centered its attention on this population believing it to be the opportunity for greatest impact, helping the broader behavioral health system better address existing gaps and thereby reaching individuals who are severely mentally ill before they require more restrictive care or suffer adverse health outcomes. Following are the likely characteristics of many in the CARE population:

- By definition, 100 percent have a serious mental illness;
- Approximately 88 percent have at least one co-occurring substance use disorder and approximately 74 percent present with an addiction to alcohol;
- Approximately 80 percent have a history of one or more serious medical conditions;
- Approximately 74 percent are triply diagnosed, meaning they have a serious mental illness, present with at least one substance use disorder, and have a serious medical condition(s);
- Approximately 61 percent have been homeless in the last year;
- Approximately 70 percent are male.

The CARE Task Force issued its final report in May 2014. DPH incorporated many of its recommendations in its FY2014-15 budget. More information on these efforts is outlined in the Looking Forward section of this document.

LINKAGES TO BENEFITS

Chronically homeless persons capable of work have access to various city-funded employment programs, boosting their chances of stabilizing permanent supportive housing. However, many persons who are chronically homeless face obstacles to employment, such as lack of experience, physical or mental health barriers, and challenges related to re-entry from incarceration or hospitalization. The *Ten Year Plan* advocated for qualifying disabled homeless individuals to be moved onto Supplemental Security Income (SSI) and Medi-Cal.

SSI Advocacy

HSA's SSI Case Management and Advocacy program seeks to improve the quality of life for CAAP clients with disabilities by moving them onto the federal SSI program, raising their monthly cash benefit and providing health insurance via Medi-Cal. HSA's program identifies SSI-eligible clients and assists them with the complex SSI application process. During FY12-13, the SSI advocacy program helped 699 CAAP clients transition to SSI (58 were homeless at the time). DPH funds two additional SSI advocacy programs, including the Homeless Advocacy Project, which serves clients who are living with psychiatric disabilities and either homeless or at serious risk of becoming homeless. The DPH-funded SSI advocacy programs report an estimated 2,500 SSI awards for homeless persons (around 1,300 of which were classified as chronically homeless) between 2004 and the present.

From 2013-14, DPH and HSA embarked on a historic and unprecedented one-year pilot with the Social Security Administration (SSA) to test the viability of presuming disability for homeless individuals suffering with schizophrenia. The pilot tested the application of presumptive disability status not just to severe medical conditions, such as end stage renal disease, but also to psychiatric illness. Within 5-10 days of entering the pilot, 69 enrollees in San Francisco were awarded SSI cash benefits and Medicaid coverage, with the subsequent review of medical evidence by SSA confirming their eligibility and maintaining their benefits. The pilot will be evaluated based upon the rate that enrollees' disability statuses are upheld by SSA, and the ability to house individuals more effectively.

The Affordable Care Act

The Affordable Care Act expanded Medi-Cal eligibility to include the non-disabled, non-elderly, childless adult population up to 138% of the federal poverty level. Therefore, almost all indigent homeless persons are now eligible for no-cost Medi-Cal. HSA currently screens all CAAP applicants for Medi-Cal and is working through the existing CAAP caseload to enroll newly-eligible clients onto Medi-Cal. DPH is working with Healthy San Francisco participants to ensure that those newly eligible for Medi-Cal are enrolled. The City was recently awarded a $316,000 state grant to conduct Medi-Cal outreach to homeless, formerly homeless and mentally ill individuals.

COORDINATION OF CITY RESOURCES AND DATA DRIVEN DECISION MAKING

The Ten Year Plan stressed the need for inter-departmental coordination and better use of data and technology to address chronic homelessness more effectively.

Centralized Computer Systems

The Ten Year Plan called for the development of centralized computer information systems for both individual clients and coordination of services to allow the City to effectively and efficiently identify and track all of the clients touching the service system.

HSA has implemented two systems that share data in order to track homeless families and single adults in shelter, transitional housing, and permanent supportive housing:

1. The San Francisco Homeless Management Information System includes information about permanent supportive housing residents, and transitional housing residents in addition to the family shelter beds, and many of the services programs that serve homeless households, including the Homeless Employment Collaborative, CHEFS, and Compass Connecting Point, which serves homeless families.

2. The CHANGES database system tracks all clients in single adult shelter, seeking a single adult shelter bed, and homeless while receiving aid through CAAP. The two systems share

information quarterly via a one-way sync of data from CHANGES to the Homeless Management Information System.

The Coordinated Care Management System (CCMS) is a composite database of integrated medical, psychological, and social information about high risk, complex, and vulnerable populations (including the homeless) served by the San Francisco Department of Public Health. Source databases are located throughout the city in a variety of medical, mental health, substance abuse, housing, and criminal justice sites. The CCMS Patient Summary is viewable by any user of three main electronic medical records systems (LCR, Avatar, and eCW) or directly via a secure internet portal for authorized users and provides individual client histories, communication tools, and aggregate reports. Behind the scenes, it is structured to meet the highest standards of data security and integrity.

Assessment of Permanent Supportive Housing

The Ten Year Plan called for assessment of the effectiveness of current performance outcomes and data collection methods related to permanent supportive housing programs.

HSA evaluates the supportive services within its housing programs annually. HSA has involved housing providers in the review and assessment of support services and related outcomes. These assessment efforts influence the procurement of on-going and new services. Over the years, HSA has also engaged third parties (e.g., Corporation for Supportive Housing, Homebase, the City's Controller's Office) to assist with evaluation and analysis of its supportive housing programs.

As was noted earlier in this report, housing stability is the primary outcome measure in city funded permanent supportive housing programs. HSA asks its providers to report on the percentage of formerly homeless clients still in supportive housing or other appropriate placements at the end of each fiscal year, using a consistent methodology. For single adult permanent supportive housing, the stability rate for FY12-13 was 94%.

Streamlined and Coordinated Intake

The Ten Year Plan stressed the elimination of unnecessary tenant selection criteria that might impede the access for chronically homeless individuals and families to supportive housing. The plan also suggested prioritizing a master intake system.

HSA partners with numerous community-based organizations located throughout the city that reach out to and serve homeless individuals and families with children, acting as the primary referral source for permanent supportive housing. No wait lists are created. Access point agencies assist the referred client in navigating the application process from time-of-referral to housing-placement. This streamlines the application process and reduces barriers to housing.

In 2012, the federal Department of Housing and Urban Development (HUD) released new regulations requiring that communities develop and implement a "Coordinated Assessment" system for permanent supportive housing. The coordinated assessment system must be the gateway for all HUD-funded programs, treat all subpopulations of homeless people equitably according to written standards, and be a community-wide access point. HSA is launching a coordinated assessment system pilot project during the summer of 2014. The coordinated assessment initiative is an opportunity for increased inter-department collaboration and a tool for getting more people off the streets. If successful, a coordinated assessment system could expand and serve as a single point of entry for housing programs beyond those funded by HUD.

Office of Housing Opportunity, Partnerships & Engagement

In 2012 Mayor Edwin M. Lee appointed Bevan Dufty as the Mayor's Director of Housing Opportunity, Partnerships and Engagement (HOPE). HOPE is dedicated to addressing homeless services and better outcomes for individuals who are homeless or live in supportive housing. HOPE partners with various City agencies and homeless service providers on numerous projects, including Lifeline Cell Phone Service, the Mayor's Fund for the Homeless, Homes for Heroes, Shelter Access Workgroup, LGBTQ Project Homeless Connect, and efforts related to wet housing and transitional age youth.

LOOKING FORWARD

San Francisco has made great strides in housing people who are chronically homeless. The efforts described in this report have changed lives. The City will soon exceed its 3,000 unit target. Through housing or family reunification, the City has helped **over nineteen thousand** individuals leave the streets. Chronic homelessness has not been eradicated, however, and more needs to be done. The 2013 Homeless Count identified 1,977 chronically homeless individuals in San Francisco.

The City's agencies will continue the *Ten Year Plan's* strategies of expanding permanent supportive housing, but will also focus on other areas such as:

(1) Conservatorship reform to get those who are gravely disabled off the streets and in humane setting where their needs can safely addressed;

(2) Continuing to make access to shelters easier through use of the 311 system and other policies;

(3) Targeting new housing opportunities for long-term shelter residents;

(4) Evaluating current supportive housing programs to inform policy and make program changes as needed to help appropriate supportive housing residents to move on to other stable housing, freeing current units for others. HSA is now partnering with the Controller's Office to analyze existing supportive housing programs;

(5) Continuing efforts to reform the Housing Authority to ensure that it is a viable resource for our homeless residents;

(6) Maximizing opportunities under current law and advocating for statutory changes where needed to support the fight to end homelessness. The Mayor and Board of Supervisors have already signaled their intent to explore changes to the Ellis Act. HSA is sponsoring state legislation this year that would give counties greater flexibility to use TANF funding to address homelessness for our most vulnerable families. HSA and the Department of Public Health are also looking at ways to leverage the provisions of the Affordable Care Act to extend health coverage and access to behavioral health services to the homeless and formerly homeless population in San Francisco.

(7) **Expanding the Homeless Outreach Team.** The Mayor's FY1415 budget includes a $3 million annual increase to SFHOT, a program which engages chronic homeless individuals into services to get them off the streets and into stabilized situations. This initiative will enhance the configuration of each of the existing three teams and to provide better engagement with its clients. In addition, DPH will add a new street medicine component to this program that will allow SFHOT to provide critically needed medical services on the streets and increase the ability to reach homeless people in affected neighborhoods. All of these enhancements will allow SFHOT to be able to provide targeted outreach and support in partnership with neighborhood organizations and community agencies to improve the ability to address homelessness throughout the City.

(8) **Implementing a new Nurse Care Management Program.** Three DPH nurses will staff a new Nurse Care Management Program for medically and psycho-socially vulnerable clients who are

housed in the city shelter system or who are homeless and vulnerable on the streets. The positions will work closely as part of a multi-disciplinary, multi-agency team that serves the shelter and street population to provide health assessment and health promotion and prevention activities and to identify and stabilize the most vulnerable clients and guide the appropriate use of city resources.

(9) **Continuing to Improve Clinic Facilities Where Homeless Persons Receive Health Services.** Last year, the City moved primary medical care services for homeless persons from Tom Waddell Health Center (50 Lech Walesa / Ivy Street) to a newly remodeled facility in the Tenderloin Neighborhood on the ground floor of Kelly Cullen Community (230 Golden Gate Avenue; formerly the YMCA). This year, the City will be improving the clinic space at Tom Waddell Urgent Care Clinic, which remained at 50 Lech Walesa / Ivy Street, with redesign of assessment stations, wall repair and fresh paint, among other improvements.

(10) **Providing dental services for homeless persons.** Availability of dental services for homeless persons and the uninsured has been very limited in past years. With the expansion of Denti-Cal in the State's 2014-15 budget, DPH will expand dental service for homeless persons receiving primary care from San Francisco Health Network during the second half of 2014 and beyond.

(11) **Co-locating services.** San Francisco Homeless Outreach Team (SFHOT) has moved to 50 Lech Walesa / Ivy Street, home of Tom Waddell Urgent Care Clinic and Tom Waddell Dental Clinic, in order to increase coordination among these programs and staff as well as improve "in the moment" linkage of client between programs. In the coming years, DPH will be looking for additional opportunities to collocate services for homeless persons, possibly creating a hub or "one stop shopping" model for homeless persons to access services and benefits.

(12) **Implementing recommendations of the CARE Task Force.** As recommended the CARE Task Force, DPH's FY2014-15 budget includes the following service expansions to enhance care and treatment for severely mentally ill San Franciscans:

a. **Expanding capacity of Full Service Partnership (FSP) Programs** to serve adult individuals currently waitlisted for services. FSP programs reflect an intensive and comprehensive model of case management based on a client and family-centered philosophy of doing "whatever it takes" to assist individuals diagnosed with a Serious Mental Illness, or who

are Severely Emotionally Disturbed to lead independent, meaningful, and productive lives.

b. Increasing access to housing for FSP clients. DPH's Direct Access to Housing program will lease an additional 16 units for homeless FSP clients.

c. **Increasing utilization of peer specialists.** Peer support is an integral element of a recovery-oriented behavioral health system and provision of behavioral health support by persons who have had experience with these issues innately brings empathy and empowerment that can inspire recovery in others. MHSA funding for Peer-to-Peer Support Services gives peer providers, who have significantly recovered from their illnesses, the opportunity to assist others by teaching how to build the skills necessary that lead to meaningful lives.

(13) **Providing Access to a Primary Care Medical Home.** The Affordable Care Act brings new access to health insurance for the uninsured. The expansion of Medi-Cal for low-income San Franciscans combined with the continued availability Healthy San Francisco for the uninsured, will ensure that homeless San Franciscans have access to a primary care medical home that can provide them with the health care services they need.

(14) **Increasing Support for Homeless Families.** DPH's MCAH Section anticipates increased support from the State in FY14-15 for expansion of the Black Infant Health program. This will translate into increased services to young women and families who are at increased risk of housing problems. MCAH is seeking increased funding to expand the Nurse Family Partnership program as well, which serves low-income, first time mothers at risk of housing problems.

(15) **Developing a Maternal, Child and Adolescent Health Five Year Local Action Plan.** The high cost of adequate housing is a key stressor for SF families and a social determinant of disparities in health outcomes. This issue was identified in DPH's Maternal, Child and Adolescent Health (MCAH) Five Year Needs Assessment (data collection completed in June 2014). Because of the substantially increased understanding about social determinants of health and their importance in explaining health disparities, the current Needs Assessment elevates affordable housing as a San Francisco MCAH need. Moving forward over the next 9 months, DPH's MCAH Section will develop a MCAH Five Year Local Action Plan that includes policy work to improve access to

adequate housing for families. Development of the MCAH Five Year Local Action Plan will be a collaborative effort with partners, including the Human Services Agency, Environmental Health, the Mayor's Office on Housing and HOPE SF.

The Ten Year Plan was a bold admission that the City of San Francisco could do more to help its most vulnerable citizens. The legacy of *the Plan* is for the compassionate City of St. Francis to continually evaluate its policies and programs to aid homeless persons, in order to build on effective strategies or change direction when departure from the status quo is warranted.