

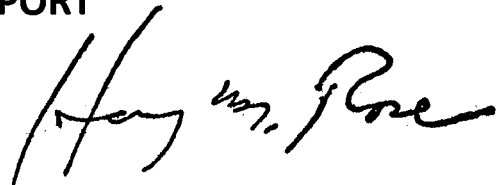
**CITY AND COUNTY OF SAN FRANCISCO  
BOARD OF SUPERVISORS**

**BUDGET AND LEGISLATIVE ANALYST**

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**POLICY ANALYSIS REPORT**

**To:** Supervisor Farrell  
**From:** Office of the Budget and Legislative Analyst  
**Date:** July 26, 2013  
**Re:** Homeless Services and Benefits Provided by the City and County of San Francisco



**Summary of Requested Action**

Your office requested that the Budget and Legislative Analyst provide a comprehensive summary of the City's services and benefits for persons who are homeless, and an analysis of the criteria to qualify for such services and benefits. In addition, your office requested that the Budget and Legislative Analyst provide a survey comparing the City's homeless services, benefits and associated eligibility criteria with those of other similar jurisdictions in California and New York City.

**Executive Summary**

- The Human Services Agency (HSA) reports that there were an estimated 6,436 homeless persons identified in the Agency's point-in-time count conducted in January 2013, showing very little change from the 6,455 homeless persons HSA reported in 2011. However, for the first time, HSA conducted a supplemental youth count as part of the 2013 homeless count, which identified an additional 914 unaccompanied children and youth who were homeless, bringing the total estimated homeless population to 7,350. HSA states that the new total of 7,350 homeless persons should not be interpreted to reflect an actual increase in the homeless population because a supplemental youth count did not occur in 2011 or prior years.
- Irrespective of how the 914 unaccompanied children and youth identified in the 2013 supplemental youth count are accounted for, the estimated number of homeless persons in San Francisco has remained mostly unchanged since 2005, at between 6,248 and 6,514, following a decrease from 8,640 persons in 2002. The unchanging number of homeless persons has continued in spite of the City and County of San Francisco's ("the City's") development of 3,071 new units of permanent supportive housing since FY 2004-05. While the number of homeless persons has remained mostly unchanged, the effect of the City's permanent supportive housing production on the size of the homeless population is unknown, as the number of homeless persons might have grown larger in the absence of these new supportive housing units, which reportedly have enabled thousands of persons to exit homelessness.
- Of the 7,350 homeless persons reported in the HSA homeless count in 2013, 4,315, or 58.7 percent, were classified as "unsheltered", meaning they were living on the streets, in vehicles, encampments or makeshift structures. The remaining 3,035 homeless persons were still classified as homeless but had temporary shelter, and possibly received meals, in facilities such as emergency shelters, transitional housing, rehabilitation facilities, jail and hospitals.

To meet the federal definition of chronic homelessness, one must have a disabling condition<sup>1</sup> and have been continuously homeless for at least one year or experienced four or more episodes of homelessness within the past three years. Many homeless programs in San Francisco and across the nation are targeted to the chronically homeless.

- The City and County of San Francisco (“the City”) budgeted \$165,710,629 on direct homeless service expenditures<sup>2</sup> in FY 2012-13, as shown in Table A below, of which \$123,181,587, or approximately 74 percent, was comprised of General Fund and other local revenues, and \$42,529,042, or approximately 26 percent, was comprised of Federal and State funds.

**Table A: FY 2012-13 Expenditures on Homeless Services by Category and Funding Source**

Service Category	Local Funding	Federal/State Funding	All Funding Sources
Permanent Supportive Housing	\$64,282,828	\$17,248,182	\$81,531,010
Transitional Housing	\$7,975,866	\$1,949,147	\$9,925,013
Emergency Shelters	\$16,277,080	\$1,330,001	\$17,607,081
Resource Centers and Drop-in Clinics	\$5,417,895	\$1,327,801	\$6,745,696
Outreach and Case Management	\$8,503,527	\$6,142,998	\$14,646,525
Substance Abuse and Mental Health	\$3,754,510	\$5,032,575	\$8,787,085
Primary Care	\$9,093,260	\$5,207,630	\$14,300,890
Education and Employment Services	\$0	\$1,638,034	\$1,638,034
Eviction Prevention/Rapid Rehousing	\$7,876,621	\$2,652,674	\$10,529,295
<b>GRAND TOTAL</b>	<b>\$123,181,587</b>	<b>\$42,529,042</b>	<b>\$165,710,629</b>

Sources: Human Services Agency, Department of Public Health, Mayor’s Office of Housing

- Of the City’s budgeted FY 2012-13 expenditures on direct homeless services, \$81.5 million, or 49 percent, was budgeted for permanent supportive housing. The remaining approximately \$84.2 million was budgeted for a variety of services and programs including \$17.6 million for emergency shelters, \$14.6 million for outreach and case management, and \$14.3 million for primary health care designated for the homeless, with the balance for other services, as detailed in Table A.
- The Budget and Legislative Analyst identified 6,355 units of permanent supportive housing administered by the City, funded by a mix of Federal, State and local funds. Of these 6,355 housing units, 5,381 units are located in large housing developments with onsite supportive services. The remaining 974 units are located at different scattered sites or are voucher-based.<sup>3</sup> Tenants of scattered-site housing have access to onsite supportive services, while tenants of voucher-based housing have access to the same City-funded services at other locations.

<sup>1</sup> A diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from trauma, or chronic physical illness or disability, including the co-occurrence of two or more of those conditions.

<sup>2</sup> “Direct homeless services” are services intended specifically for the homeless as opposed to the general population and do not include City agencies’ central administrative costs.

<sup>3</sup> Scattered site housing typically refers to developments with fewer than 15 units. Voucher-based housing refers to the provision of vouchers used to obtain housing in the private housing market, although vouchers may sometime be tied to the unit rather than the individual.

- Of the 5,381 permanent supportive housing units located in larger housing developments, 3,071 were added since FY 2004-05 as part of the implementation of the City's 2004 Ten-Year Plan to Abolish Chronic Homelessness, which established the goal of creating 3,000 new units of permanent supportive housing by 2014. The addition of 3,071 permanent supportive housing units since FY 2004-05 reflects the successful implementation of the City's "Housing First" policy, which favors placing homeless persons in permanent supportive housing as quickly as possible, rather than trying to stabilize them in shelters and transitional housing before moving them to permanent housing.
- Based on the Budget and Legislative Analyst's survey of four California jurisdictions and the City of New York, San Francisco has approximately 118 units of permanent supportive housing for every 100 homeless persons, significantly more than the median of 28 units for every 100 homeless persons in the surveyed jurisdictions. Controlling for the size of each jurisdiction's total population, the differential in the amount of permanent supportive housing between San Francisco and other jurisdictions is even greater: San Francisco has 828 permanent supportive housing units for every 100,000 residents, as compared to the median of 109 units for every 100,000 residents in other jurisdictions.
- All Federally funded units in San Francisco are targeted to those who meet the Federal definition of homelessness and are either (1) homeless with a disability, or (2) chronically homeless. The eligibility criteria for City and State-funded permanent supportive housing is generally less restrictive than it is for Federally funded permanent supportive housing, with 3,982 out of 5,213 such units open to anyone who meets the definition of homelessness. However, as a result of HSA and DPH referral policies, a significant but unquantified number of City and State-funded units are in fact occupied by tenants who have a disability and/or are chronically homeless. In particular, most of DPH's Direct Access to Housing clients have mental health, substance abuse or chronic physical disabilities, even though most Direct Access to Housing units are not exclusively designated for clients with disabilities.
- Eligibility for the City's homeless services, other than permanent supportive housing, is rarely restricted on the basis of level of homelessness (i.e., chronically homeless, homeless, at-risk of becoming homeless). Instead, most of the City's homeless services other than permanent supportive housing are targeted to specific subgroups, while some services are available to the general homeless population.
- In response to Proposition N, approved by the voters in November 2002, the Department of Human Services (now a division of the Human Services Agency) began implementation of the Care Not Cash program in May 2004. The program, still in effect today, requires a significant reduction of the monthly cash benefit received by homeless County Adult Assistance Program (CAAP) clients from the current \$342-\$422 per month, depending on the client's CAAP subprogram<sup>4</sup>, to \$59 per month. The program provides housing, utilities, and meals in-lieu of the deducted portion of the cash benefit with the goal of placing Care Not Cash clients in permanent supportive housing that is funded in part by savings from the reduced monthly cash benefits.

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<sup>4</sup> The CAAP subprograms are: General Assistance (GA), the State-mandated, cash assistance program for indigent, able-bodied adults required of all counties; Personal Assisted Employment Services (PAES), a discretionary cash assistance program for recipients who are also receiving employment training; Cash Assistance Linked to Medi-Cal (CALM), a discretionary cash assistance program for individuals that are aged or disabled and are receiving Medi-Cal, and Supplemental Security Income Pending (SSIP), a discretionary cash assistance program for disabled individuals provided until their SSI application is approved.

- As of March 2013, there were 1,296 permanent supportive housing units supported by Care Not Cash and 4,056 homeless CAAP clients had been placed in Care Not Cash housing since 2004. In addition, as of March 2013, there were 362 homeless CAAP clients receiving reduced monthly cash benefits waiting to be placed in Care Not Cash housing.
- As shown in Table B below, clients residing in Care Not Cash housing receive between \$1,238 and \$1,318 in cash and in-kind benefits monthly. This includes (a) the \$896 average monthly per unit cost of Care Not Cash housing, derived from the Budget and Legislative Analyst’s analysis of expenditures toward Care Not Cash Housing, and (b) the monthly CAAP grant, part of which is applied directly toward paying rent, and part of which the client receives in cash.

**Table B: Estimated Value of the Care Not Cash Benefit Package for Care Not Cash Residents**

<b>Benefit Type</b>	<b>General Assistance Clients*</b>	<b>PAES/CALM/SSIP Clients*</b>
Housing and Supportive Services	\$896	\$896
Grant - Portion Used to Pay Rent	\$283	\$363
Grant - Cash Balance	\$59	\$59
<b>Total</b>	<b>\$1,238</b>	<b>\$1,318</b>

Source: Human Services Agency

\* CAAP subprograms are defined in Footnote 4.

- Based on the Budget and Legislative Analyst’s review of other general assistance programs in the California jurisdictions surveyed (Santa Clara County, Los Angeles County, San Diego County and Alameda County), San Francisco is the only county that has implemented a large-scale program like Care Not Cash where homeless clients are required to accept in-kind benefits in-lieu of cash benefits until they are housed.

This report is organized as follows:

I.	Homelessness and Homeless Policy in San Francisco .....	6
II.	San Francisco’s Homeless Services .....	12
1.	Permanent Supportive Housing .....	13
2.	Transitional Housing.....	16
3.	Emergency Shelters.....	18
4.	Resource Centers and Drop-in Clinics .....	20
5.	Outreach and Case Management .....	20
6.	Substance Abuse and Mental Health .....	23
7.	Primary Care.....	24
8.	Education and Employment Services .....	25
9.	Eviction Prevention and Rapid Rehousing .....	26
III.	Eligibility and Referral Policies .....	29
IV.	Care Not Cash Benefits and Eligibility Policies .....	35
V.	Comparisons with other Jurisdictions .....	38
	Appendix A: Homeless Definitions .....	44
	Appendix B: Funding Sources for Homeless Services .....	45

## **I. Homelessness and Homeless Policy in San Francisco**

The primary goal of San Francisco's homeless policy is to aid San Francisco residents who are homeless, formerly homeless, or at risk of becoming homeless, in achieving long-term housing stability. To that end, the City and County of San Francisco ("the City") funds and administers a range of services, all aimed at helping persons who fall into those categories obtain and maintain permanent housing.

### **San Francisco's Homeless Population**

The Human Services Agency reports that there were an estimated 6,436 homeless individuals in San Francisco in January 2013. This estimate is based on a point-in-time count of the homeless population that the City is required to conduct biennially to receive federal funding for homeless services. According to these biennial counts, the size of San Francisco's homeless population, post-2000, peaked at an estimated 8,640 in 2002 and has remained roughly the same since 2005, as shown in Table 1 below. However, in 2013, for the first time, HSA conducted a supplemental count of unaccompanied children (under 18 years of age) and youth (18 to 24 years of age) as part of a nationwide effort established and recommended by the U.S. Department of Housing and Urban Development (HUD) to understand the scope of youth homelessness. Unlike the point-in-time count, which takes place at night and covers all locations in the city, the supplemental youth count was conducted during the daytime at locations known to be frequented specifically by homeless youth.

The 2013 supplemental youth count identified 914 unaccompanied children and youth, which according to HSA, brings the total estimated 2013 homeless population to 7,350, as shown in Table 1 below. When the 914 unaccompanied children and youth are included, the 2013 homeless population increased by 895 individuals, or 13.9 percent, compared to the estimated 2011 homeless population of 6,455. However, because the methods used to count unaccompanied children and youth were not employed in 2011, this number cannot be directly compared to 2011, and the change may or may not reflect an actual increase.

According to HSA, it is not clear how the supplemental youth count should be combined with the baseline point-in-time count, as conducting a separate youth count during the day is likely to have resulted in the double-counting of some homeless youth who were also counted in the point-in-time count at night. Indeed, no duplication would require the existence of two separate homeless youth populations: one that can only be identified at night, and one that can only be identified during the day. According to HSA, some homeless advocates believe that homeless youth are significantly undercounted by the conventional point-in-time count, such that the likely double-counting appropriately compensates for the systematic undercounting. This Budget and Legislative Analyst does not believe this methodology is sound, as it arbitrarily uses an unknown occurrence of double-counted homeless youth to substitute for an unknown occurrence of unidentified homeless youth. Still, for comparison with prior years, HSA is careful to use the baseline 6,436 population for 2013, while acknowledging that the supplemental youth count also reports 914 unaccompanied children and youth.

**Table 1: San Francisco Homeless Count Findings from 2000 to 2011**

<b>Date of Homeless Count</b>	<b>Estimated Total Homeless Population</b>	<b>Estimated Percentage of Homeless Population Chronically Homeless<sup>5</sup></b>
October 2000	5,376	-
October 2001	7,305	-
October 2002	8,640	-
January 2005	6,248	-
January 2007	6,377	36%
January 2009	6,514	62%
January 2011	6,455	33%
January 2013	6,436/7,350 including children and youth	31%

Sources: Human Services Agency, Former Legislative Analyst's Office

Changes in the City's homeless count methodology and the inherent difficulties of identifying the entire homeless population limit the confidence with which conclusions can be drawn about trends in the homeless population. The homeless counts conducted between 2000 and 2005 saw significant changes in methodology, thus undermining the direct comparability of those figures. The homeless counts conducted between 2007 and 2013 used a more consistent methodology<sup>6</sup> allowing for greater comparability; therefore, it can be assumed that the size of the homeless population probably has remained roughly the same since 2007, as depicted in Table 1. In addition, because the 2002 homeless count used a similar methodology to that used between 2007 and 2013, the overall decrease from 8,640 in 2002 to 6,377 in 2007 probably reflects an actual decrease, perhaps partly attributable to the opening of a reported 1,710 units of permanent supportive housing between fiscal years 2004-05 and 2006-07, shown in Table 3 below.

Since 2007, the City has conducted a survey in tandem with the homeless count, in which a sample of the homeless population is surveyed to obtain more details about the homeless population, and the findings are then generalized to the entire homeless population. Among other topics, these surveys attempt to ascertain whether the respondents are chronically homeless. To meet the federal definition of chronic homelessness, one must have a disabling condition<sup>7</sup> and have been continuously homeless for at least one year or experienced four or more episodes of homelessness within the past three years. Many homeless programs in San Francisco and across the nation are targeted to the chronically homeless. Local jurisdictions have been required by HUD to report on the number of chronically homeless persons since 2005 to be eligible for federal funding for homeless services.

As shown in Table 1 above, the percentage of the homeless population estimated to be chronically homeless based on San Francisco's in-depth surveys has fluctuated significantly, from 36 percent in 2007, to 62 percent in 2009, to 33 percent in 2011, to 31 percent in 2013. It appears, however, that this fluctuation was largely due to changes in the makeup of survey respondents. In 2007, only 27 percent of respondents to the in-depth survey were unsheltered (compared to 43 percent for the overall homeless population), whereas in 2009, 73 percent of those surveyed were unsheltered (compared to 42 percent

<sup>5</sup> Defined by the Federal government as those with a disabling condition, that have been continuously homeless for at least one year or who have experienced four or more episodes of homelessness within the past three years.

<sup>6</sup> The 2013 methodology for counting the baseline population was the same as used every year since 2007 except for the separate supplemental count of unaccompanied children and youth.

<sup>7</sup> A diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from trauma, or chronic physical illness or disability, including the co-occurrence of two or more of those conditions.

for overall homeless population), which likely biased the survey towards finding a higher prevalence of chronic homelessness.<sup>8</sup> The 2011 and 2013 homeless counts used a somewhat more representative survey sample: 61 percent of respondents were unsheltered in 2011 (compared to 48 percent for the overall homeless population, while in 2013, 60 percent of respondents were unsheltered (compared to 59 percent for the overall homeless population<sup>9</sup>).

Therefore, the fluctuation in chronic homelessness shown in the 2007, 2009, 2011, and 2013 homeless counts does not appear to reflect an actual significant trend. However, it is worth noting that the number of in-depth survey respondents increased significantly with each count, from 292 in 2007, to 534 in 2009, to 1,024 in 2011, and then decreased slightly in 2013 to 952. Assuming the 2013 sample is fairly representative of San Francisco’s homeless population, approximately 31 percent of the homeless are chronically homeless.

Table 2 below shows the distribution of settings, if any, in which San Francisco’s 7,350 estimated homeless in 2013 (including the unaccompanied children and youth under 25 identified in the supplemental youth count) slept and possibly had regular meals. As shown in Table 2 below, approximately 58.7 percent of the homeless population estimated in the 2013 homeless count was unsheltered, while the remaining 41.3 percent was staying in various forms of sheltered settings. Under HUD’s definition of homelessness, which excludes those staying in rehabilitation facilities<sup>10</sup>, jails and hospitals, there were an estimated 7,008 homeless persons. Including individuals in such institutions brings the total population to 7,350. Persons in families comprised approximately 9.2 percent of the estimated homeless population.

**Table 2: 2013 Homeless Count by Sheltered Status and Family Status**

<b>Setting</b>	<b>Single Adults 25 Years +</b>	<b>Children and Youth Under 25</b>	<b>Persons in Families</b>	<b>Total</b>	<b>% of Homeless Population</b>
Unsheltered	2,633	1,649	33	<b>4,315</b>	58.7%
Emergency Shelter	1,187	65	374	<b>1,626</b>	22.1%
Transitional Housing	262	186	272	<b>720</b>	9.8%
Resource Centers	112	0	0	<b>112</b>	1.5%
Stabilization Rooms	233	2	0	<b>235</b>	3.2%
<b>Subtotal: HUD-defined Homeless Persons</b>	<b>4,427</b>	<b>1,902</b>	<b>679</b>	<b>7,008</b>	95.3%
Rehabilitation Facilities	93	0	0	<b>93</b>	1.3%
Jails	126	0	0	<b>126</b>	1.7%
Hospitals	123	0	0	<b>123</b>	1.7%
<b>Total</b>	<b>4,769</b>	<b>1,902</b>	<b>679</b>	<b>7,350</b>	

Source: 2011 Homeless Count conducted by the Human Services Agency

<sup>8</sup> Unsheltered: living on the streets, vehicles, encampments, and makeshift structures. A portion of the homeless population is classified as unsheltered and the rest are sheltered, living in such places as emergency shelters, transitional housing facilities, resource centers, stabilization units, rehabilitation facilities, hospitals, and jails.

<sup>9</sup> The increase in the proportion of the homeless population that is unsheltered appears to be due in part to the new supplemental youth count recommended by HUD in 2013. 87 percent of the unaccompanied children (under 18 years of age) and youth (ages 18 to 24) identified in the point-in-time count were unsheltered.

<sup>10</sup> The term “rehabilitation facility” means a facility which is operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program of medical evaluation and services, and psychological, social, or vocational evaluation and services.



## San Francisco's Homeless Policies

The City began implementing two policies in 2004 that have largely defined the City's homeless policy over the past nine years: (1) the San Francisco Plan to Abolish Chronic Homelessness (commonly called "The Ten-Year Plan"), which established a goal of creating 3,000 new units of permanent supportive housing by 2014 and formalized the City's shift to a "Housing First" model, and (2) Care Not Cash, which was a policy to reduce the monthly cash benefit received by homeless County Adult Assistance Program (CAAP) clients and provide housing, utilities, and meals in-lieu of the deducted portion of the cash benefit.

### The San Francisco Plan to Abolish Chronic Homelessness (Ten-Year Plan)

Mayor Gavin Newsom convened a Ten-Year Planning Council in 2004 tasked with writing a plan to end chronic homelessness in ten years. At the time, over 100 local jurisdictions nationwide had written or were in the process of writing similar ten year plans to position their jurisdiction to compete for federal funding for homeless services.

The resulting Ten-Year Plan recommended the creation of 3,000 new units of permanent supportive housing by 2014, on the basis that there were 3,000 chronically homeless persons in San Francisco and that 3,000 units of permanent supportive housing should be created to house these 3,000 homeless persons. Although the basis for this exact number of units cannot be determined from available documents,<sup>11</sup> the City adopted the recommendation and established the goal of creating 3,000 new units of permanent supportive housing by 2014. As shown in Table 3 below, the City exceeded its goal of creating 3,000 new units by adding 3,071 new units to the 2,310 in place prior to FY 2004-05, resulting in a total of 5,381 permanent supportive housing units as of the writing of this report. However, most of these units are not strictly designated for persons qualifying as chronically homeless as imagined in the Ten-Year Plan.

**Table 3: The City's Permanent Supportive Housing Stock, FY 2004-05 through FY 2012-13**

Year	Units Added	Units Added Since FY 2004-05	Total Units
Prior to FY 2004-05			2,310
FY 2004-05	735	735	3,045
FY 2005-06	684	1,419	3,729
FY 2006-07	291	1,710	4,020
FY 2007-08	150	1,860	4,170
FY 2008-09	322	2,182	4,492
FY 2009-10	329	2,511	4,821
FY 2010-11	140	2,651	4,961
FY 2011-12	213	2,864	5,174
FY 2012-13	207	3,071	5,381

Sources: Human Services Agency, Department of Public Health

<sup>11</sup> Without providing a source, the Ten-Year Plan stated that there were 15,000 homeless persons in San Francisco at the time, which contradicted the most recent available homeless count estimating 8,640 homeless persons. The Ten-Year Plan also stated that 3,000 of the 15,000 homeless persons were chronically homeless without providing a source. In addition, the recommended creation of 3,000 permanent supportive housing units, as opposed to any other number, assumed without careful analysis that matching the number of new permanent supportive housing units to the current number of chronically homeless persons in San Francisco would end chronic homelessness.

In addition to recommending the creation of 3,000 new units of permanent supportive housing, the Ten-Year Plan formalized a shift already underway in the City towards a “Housing First” model. The “Housing First” model favors placing homeless persons in permanent supportive housing as quickly as possible, rather than trying to stabilize them in shelters and transitional housing before moving them to permanent housing. This latter model is often referred to as a “Continuum of Care” model.

The premise of “Housing First” is that the primary need of homeless persons is to obtain stable housing, and that interventions aimed at treating the conditions that caused their homelessness are much more likely to succeed if the individual or family has obtained permanent housing, rather than if they are unsheltered or in transitional settings. Therefore, the “Housing First” model also advocates less reliance on transitional housing. Both the Ten-Year Plan and the Five-Year Strategic Plan of the Local Homeless Coordinating Board<sup>12</sup>, which was issued in 2008 and adopted by the Board of Supervisors as the City’s official homeless policy document, recommend transitional housing only for persons who have an identified need for transitional housing and who are not chronically homeless. Both Plans call for most of the City’s transitional housing programs to be phased out, except those programs offering specific treatment suited to a transitional environment.

### Care Not Cash

In response to Proposition N, approved by the voters in November 2002, the Department of Human Services (now a division of the Human Services Agency) began implementation of the Care Not Cash program in May 2004. The program, still in effect today, requires a significant reduction of the monthly cash benefit received by homeless CAAP clients and provides housing, utilities, and meals in-lieu of the deducted portion of the cash benefit. The goal of the program is to place Care Not Cash clients in permanent supportive housing that is funded in part by savings from the reduced monthly cash benefits. Once Care Not Cash clients move into Care Not Cash permanent supportive housing, they begin receiving the full monthly cash benefit received by non-homeless CAAP clients, although the program requires that a significant portion of the benefit be used to pay rent for the client’s Care Not Cash housing unit.

When the implementation of Care Not Cash began in 2004, there were 2,175 homeless CAAP clients receiving maximum monthly cash benefits. By 2005, or one year after the start of implementation of Care Not Cash:

- 2,110, or 97 percent of CAAP clients, had been converted to the Care Not Cash program;
- 511 homeless CAAP clients were receiving reduced monthly cash benefits, indicating that they had not yet been placed in permanent supportive housing;
- 793 permanent supportive housing units were supported by Care Not Cash, compared to 145 units at the start of Care Not Cash; and,

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<sup>12</sup> The Local Homeless Coordinating Board was formed in 1996 to coordinate the City’s homeless policy and oversee services provided to the homeless and to ensure a unified homeless strategy that is supported by the Board of Supervisors, Mayor, City departments, nonprofit agencies, the currently homeless, the formerly homeless and the community at large. Half of the nine members of the Board are appointed by the Mayor, half by the Board of Supervisors and one by the Controller.

- 860 formerly homeless CAAP clients cumulatively had been placed in these 793 housing units<sup>13</sup> or other permanent supportive housing units in HSA's portfolio.

As of March 2013, there were:

- 362 homeless CAAP clients were receiving reduced monthly cash benefits, indicating that they had not been placed in permanent supportive housing;
- 1,296 permanent supportive housing units were supported by Care Not Cash;
- 4,056 homeless CAAP clients had been placed in Care Not Cash housing since 2004.

The Care Not Cash program is discussed in further detail in a later section of this report.

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<sup>13</sup> The difference between the 860 and 739 is explained by turnover in some of the units and by some clients being placed in other supportive housing in the City's portfolio.

## II. San Francisco's Homeless Services

Based on a comprehensive review of the City's homeless policies and services, the Budget and Legislative Analyst has identified nine broad categories of homeless services provided by the City, listed and briefly defined below:

1. **Permanent Supportive Housing:** deeply subsidized housing, affordable to persons who have extremely low incomes, combined with onsite supportive services that ensure residents have access to the full range of services needed to achieve long-term residential stability. Once homeless persons are housed in permanent supportive housing, they are no longer considered homeless although they tend to require the continued provision of permanent supportive housing to maintain a stable housing situation. In San Francisco, tenants of City and state-funded permanent supportive housing are generally allowed to reside in their unit as long as they wish even if they start earning more income, although they will generally be asked to pay more or lose their subsidy altogether, while Federally funded units require tenants to remain low-income.
2. **Transitional Housing:** temporary housing usually provided for up to two years designed to help homeless persons stabilize before moving into permanent housing. As discussed above, transitional housing is characteristic of an earlier "Continuum of Care" model that favored stabilizing homeless persons in shelters and transitional housing before moving them into permanent housing. Shorter-term forms of temporary housing, such as medical respite and emergency stabilization rooms, are also included as transitional housing in this report, and tend to still be favored in the "Housing First" model as an effective means of providing short-term stabilizing shelter and treatment. Persons staying in transitional housing are still considered homeless, but sheltered.
3. **Emergency Shelters:** large, generally communal, living spaces providing shelter, food and supportive services. Use of the term "Emergency Shelter" by HUD and homeless service providers, as opposed to "Homeless Shelter", appears to reflect an emphasis on the shelter situation being temporary, and on enhanced supportive services aimed at stabilizing clients and linking them to other services. Persons staying in Emergency Shelters are considered homeless, but sheltered.
4. **Resource Centers and Drop-in Clinics:** places where homeless persons go to make reservations for Emergency Shelter beds in San Francisco and to receive basic medical treatment and referrals to other services. Resource Centers and Drop-in Clinics function as stationary outreach sites, engaging homeless persons in the service system and linking them to permanent housing opportunities.
5. **Outreach and Case Management:** services designed to engage homeless persons in the service system, referring them to substance abuse, mental health, primary care and other services, and permanent housing opportunities. Outreach is often aimed at bringing unsheltered homeless persons into shelters and other temporary housing settings, and may also include providing on-the-spot medical care. Case management, commonly provided at Emergency Shelters and other temporary settings, is aimed at assessing the client's needs, referring the person to appropriate service providers, and linking the client to permanent housing opportunities.
6. **Substance Abuse and Mental Health:** services designed to treat persons suffering from substance abuse and mental health issues, which are common disabling conditions that cause people to become homeless.
7. **Primary Care:** health care, typically the principle point of consultation in the health care system, providing basic treatment and referring patients to specialists, if needed.

8. **Education and Employment Services:** services designed to help homeless persons achieve economic self-sufficiency by obtaining stable, long-term employment. Such services include job readiness counseling and case management, soft and hard skills training, literacy education, supportive employment opportunities, and job placement.
9. **Eviction Prevention and Rapid Rehousing:** services designed to prevent persons at risk of becoming homeless from being evicted and to help persons just entering homelessness secure permanent housing immediately. Such services include short-term rental assistance, one-time payments for move-in costs, and legal services to help tenants avoid eviction.

Table 4 below presents the City’s expenditures on direct homeless services grouped by service category and funding source. As shown in Table 4, the City was budgeted to spend \$165,710,629 on direct homeless services in FY 2012-13, including \$123,181,587 in General Fund and other local revenues (approximately 74 percent of the City’s total expenditures on homeless services), and \$42,529,042 in Federal and State funds (approximately 26 percent of the City’s total expenditures on homeless services).

**Table 4: FY 2012-13 Expenditures on Homeless Services by Category and Funding Source**

<b>Service Category</b>	<b>Local Funding</b>	<b>Federal/State Funding</b>	<b>All Funding Sources</b>
Permanent Supportive Housing	\$64,282,828	\$17,248,182	\$81,531,010
Transitional Housing	\$7,975,866	\$1,949,147	\$9,925,013
Emergency Shelters	\$16,277,080	\$1,330,001	\$17,607,081
Resource Centers and Drop-in Clinics	\$5,417,895	\$1,327,801	\$6,745,696
Outreach and Case Management	\$8,503,527	\$6,142,998	\$14,646,525
Substance Abuse and Mental Health	\$3,754,510	\$5,032,575	\$8,787,085
Primary Care	\$9,093,260	\$5,207,630	\$14,300,890
Education and Employment Services	\$0	\$1,638,034	\$1,638,034
Eviction Prevention/Rapid Rehousing	\$7,876,621	\$2,652,674	\$10,529,295
<b>GRAND TOTAL</b>	<b>\$123,181,587</b>	<b>\$42,529,042</b>	<b>\$165,710,629</b>

Sources: Human Services Agency, Department of Public Health, Mayor’s Office of Housing

Details on each service category listed in Table 4 are now presented and discussed. Appendix B contains further information on the funding sources listed in the tables below.

**1. Permanent Supportive Housing**

Based on a comprehensive review of permanent supportive housing in San Francisco, the Budget and Legislative Analyst identified 6,355 units of permanent supportive housing administered by the City, funded by a mix of Federal, State and local funds. This figure of 6,355 units does not include the 500 HUD-VA Supportive Housing Section 8 Vouchers (HUD-VASH vouchers) currently provided to formerly homeless military veterans in San Francisco, administered by the U.S. Department of Veterans Affairs (VA). However, it does include two other scattered-site and voucher-based housing programs, with a supportive services component, administered by the City that are not included in the 5,381 count of permanent supportive housing units shown in Table 3 above. These two programs are (1) DPH’s HIV Housing Subsidies program, and (2) DPH’s Laguna Honda Hospital Rental Subsidy program. Table 5 below presents the entire portfolio of permanent supportive housing funded by the City, followed by a brief narrative.

**Table 5: Permanent Supportive Housing Funded by the City**

Agency	Division	Program	Eligibility	Units	Funding Source	FY 12-13 Budget
HSA	Housing and Homeless Division: Adult Services / Family Services and Prevention	1. SRO Master Lease Program/ Care Not Cash	2,431 units Homeless (SF definition); 63 units Chronically Homeless + Disability (Federal definition)	2,494 units	100% General Fund / Care Not Cash Fund	\$24,953,967
		2. Local Operating Subsidy Program	151 units Homeless (SF definition); 126 units Homeless + Disability (SF definition); 153 units Chronically Homeless + Disability (Federal definition)	430 units	100% General Fund	\$5,971,180
		3. Youth Housing	Homeless young adults 18-24 years of age	22 units	100% General Fund	\$434,122
		4. Site-based Supportive Services-only Contracts	Varies depending on housing site	-	100% General Fund	\$3,920,337
	Housing and Homeless Division: Federal Supportive Housing	5. Supportive Housing Program (SHP)	Homeless + Disability (Federal definition)	181 units	100% HUD McKinney <sup>1</sup>	\$1,438,906
		6. SHP Site-based Supportive Services-only Contracts	Varies depending on housing site	-	100% HUD McKinney	\$1,146,247
		7. Shelter Plus Care	Homeless + Disability (Federal definition)	715 units	100% HUD McKinney (operating subsidies only)	\$10,490,718
DPH	Housing and Urban Health	8. Direct Access to Housing	Homeless (SF definition)	1,539 units	83% General Fund, 10% MHSA <sup>1</sup> , 7% HUD McKinney	\$20,237,684
		9. HIV Housing Subsidies	Homeless + AIDS (SF definition)	844 units	88% General Fund, 12% Ryan White	\$7,183,773
		10. LHH Rental Subsidy Program	Homeless + LHH Dischargee (SF Definition)	130 units	100% General Fund	\$2,787,576
		11. Site-based Supportive Services-only Contracts	Varies depending on housing site	-	100% General Fund	\$2,966,500
Local				5,147 units		\$64,282,828
State				66 units		\$1,998,328
Federal				1,142 units		\$15,249,854
<b>Total</b>				<b>6,355 units</b>		<b>\$81,531,010</b>

Sources: Human Services Agency, Department of Public Health, Mayor's Office of Housing

<sup>1</sup> HUD McKinney-Vento funding ("HUD McKinney") is the primary source of Federal funding provided to local governments for homeless services. MHSA = Mental Health Services Act is a State program passed by the voters in 2004 to expand and better coordinate local mental health services.

The City funds eight different permanent supportive housing programs as well as a number of separate contracts for site-based supportive services which for the purposes of this table have been grouped by funding source:

1. **The SRO Master Lease/Care Not Cash program**, administered by HSA, provides Single Room Occupancy hotel rooms (SROs) to single adults. Rent is subsidized by contracts with hotel owners and a further subsidy is provided to Care Not Cash clients. HSA contracts with homeless service providers to provide supportive services at all sites.
2. **The Local Operating Subsidy Program (LOSP)**, administered by HSA and the Mayor's Office of Housing, provides subsidized housing units to single adults and families. HSA contracts with homeless service providers to provide supportive services at all sites. Some units in DPH's Direct Access to Housing program are also funded by LOSP; those units are included in Direct Access to Housing, which is discussed below.
3. **The Youth Housing program**, administered by HSA, provides subsidized housing units and supportive services to transitional age youth at the Castro Street Youth Initiative. Operating costs and supportive services are funded by a single contract. Although the Youth Housing Program is transitional in nature because clients age out of the housing, the environment is more akin to permanent supportive housing and thus included in this service category.
4. **Site-based Supportive Services-only Contracts** for various permanent supportive housing sites, funded by General Fund monies. Supportive services staff help tenants access and maintain benefits and medical care, interface with property management to aid in eviction prevention, and provide case management.
5. **The Supportive Housing Program (SHP)**, administered by HSA, is funded by Federal HUD McKinney-Vento ("HUD McKinney") homeless services funds, which can be used flexibly for housing and other services. The Local Homeless Coordinating Board, which determines the allocation of HUD McKinney funds, allocated \$1,438,906 for FY 2012-13 to fund 181 permanent supportive housing units.
6. **SHP Site-based Supportive Services-only Contracts** for various permanent supportive housing sites, funded by HUD McKinney SHP funds.
7. **The Shelter Plus Care program**, a separate HUD McKinney funded program administered by HSA, provides permanent supportive housing operating subsidies for homeless persons with disabilities. Jurisdictions receiving Shelter Plus Care funds are required to fund supportive services at Shelter Plus Care housing with other Federal, State and local funding sources.
8. **Direct Access to Housing (DAH)**, administered by DPH's Housing and Urban Health Program, provides subsidized housing in SROs and apartments to clients of DPH. DAH targets clients with mental health, substance abuse, or chronic health conditions, although DAH housing is not restricted to clients with such conditions. Also included in the Direct Access to Housing portfolio is the Aarti Hotel, which provides 40 housing units to homeless transitional age youth. Like the Castro Street Youth initiative, the Aarti Hotel is transitional in nature because clients age out; however, the environment is more akin to permanent supportive housing.
9. **The HIV Housing Subsidies program**, administered by DPH's Housing and Urban Health Program, provides tenant-based rental subsidies and supportive services to persons living with HIV and AIDS. The program used to be funded primarily by Federal Ryan White grant funds, but has been backfilled by General Fund revenues as Ryan White funding has decreased.
10. **Laguna Honda Rental Subsidy program**, administered by DPH's Housing and Urban Health Program, provides subsidized scattered-site housing and supportive services to seniors and adults with disabilities being discharged from Laguna Honda Hospital.
11. **Site-based Supportive Services-only Contracts** for various permanent supportive housing sites, funded by General Fund monies. Some of DPH's sites also have medical staff on site.

Six of the programs (SRO Master Lease/Care Not Cash, Local Operating Subsidy Program, HSA's Youth Housing, Direct Access to Housing, HIV Housing Subsidies, and the LHH Rental Subsidy Program) are funded entirely or primarily by the City's General Fund, totaling \$57,395,991 in budgeted expenditures for FY 2012-13. Combining this total with General Fund-supported contracts for site-based supportive services, the City was budgeted to spend \$64,282,828 in General Fund monies on permanent supportive housing in FY 2012-13, which comprised approximately 52 percent of the City's \$123,181,587 total General Fund expenditures on direct homeless services.

Two of the programs (Supportive Housing Program and Shelter Plus Care) were funded entirely by Federal HUD McKinney funds, totaling \$11,929,624 in budgeted expenditures for FY 2012-13, and an additional \$1,146,247 in HUD McKinney funds was budgeted for site-based supportive services contracts, altogether totaling \$13,075,871 in budgeted expenditures in FY 2012-13. Combining this total with (1) Federal funding for DPH's Direct Access to Housing (\$1,340,387), and (2) Federal funding for DPH's HIV Housing Subsidies program (\$833,596), the City was budgeted to spend \$15,249,854 in Federal funds on permanent supportive housing in FY 2012-13. The remaining \$1,998,328 in budgeted expenditures for permanent supportive housing was funded by revenues from the California Mental Health Services Act (MHSA).

## **2. Transitional Housing**

Table 6 below presents the entire portfolio of transitional housing funded by the City.



**Table 6: Transitional Housing Funded by the City**

Agency	Division	Program	Eligibility	Units/Beds	Funding Source	FY 12-13 Budget
HSA	Housing and Homeless Division: Family Services and Prevention	1. Family Transitional Housing	Homeless, at least one parent and one child, or between 18 and 24 years	50 units	72% General Fund, 28% HUD McKinney	\$1,320,437
		2. Safe House Transitional Housing	Homeless, women leaving prostitution	10 beds	100% General Fund	\$98,824
	Housing and Homeless Division: Federal Supportive Housing	3. Family Transitional Housing	Homeless, at least one parent and one child, or between 18 and 24 years	26 units	100% HUD McKinney	\$613,188
		4. Women's Hope	Homeless, at least one parent and one child, with special focus on pregnant and parenting women with co-occurring substance abuse and psychiatric disorders	20 beds	100% HUD McKinney	\$130,023
DPH	Housing and Urban Health	5. Transitional Housing	Homeless, targeted to individuals with substance abuse and/or mental health issues, HIV, or women leaving prostitution	38 beds	69% General Fund, 31% Ryan White	\$972,220
		6. Emergency Stabilization Housing	Homeless, disabled, identified by homeless outreach teams	341 units	60% General Fund, 24% Work Order, 11% MHSA, 5% Ryan White	\$3,094,646
		7. Respite/Sobering Beds	Homeless, discharged from SFGH or other DPH health care providers	60 beds	100% General Fund	\$3,300,864
		8. Safe House Transitional Housing Supportive Services	Homeless, women leaving prostitution	-	100% General Fund	\$54,726
Dept. on Status of Women	Violence Against Women	9. Domestic Violence Transitional Housing	Any individual or family fleeing domestic violence	99 beds	84% General Fund, 16% ESG	\$340,085
Local				505 units/beds		\$7,975,866
State				38 units/beds		\$338,732
Federal				86 units/beds		\$1,610,415
<b>Total</b>				<b>629 units/beds</b>		<b>\$9,925,013</b>

Sources: Human Services Agency, Department of Public Health, Department on the Status of Women

As shown in Table 6 above, the City funds eight transitional housing programs, some of which include multiple, disparate service providers (one program, Safe House, receives funding from both HSA and DPH and is thus listed twice):

1. HSA's General Fund-supported **Family Transitional Housing** program includes three transitional housing sites operated by Compass Family Services, Larkin Street Youth Services, and Hamilton Family Center, totaling \$951,622 in General Fund expenditures for FY 2012-13. The Hamilton Family Center was also budgeted to receive \$368,815 in HUD McKinney funds, bringing the City's total expenditures for these three sites to \$1,320,437 in FY 2012-13.
2. **Safe House Transitional Housing**, funded by HSA and DPH, provides temporary housing for women leaving prostitution.
3. HSA's federally funded **Family Transitional Housing** program includes two transitional housing sites operated by the Center for Juvenile and Criminal Justice, providing transitional housing for families, and by Larkin Street Youth Services, providing transitional housing for transitional age youth.
4. **Women's Hope**, funded by HUD McKinney funds and operated by Walden House, provides transitional housing to families with a special focus on pregnant and parenting women who have co-occurring substance abuse and psychiatric disorders.
5. DPH's **Transitional Housing** program includes three transitional housing sites operated by Baker Places, the Black Coalition on AIDS, and Selfhelp for the Elderly.
6. The **Emergency Stabilization Housing** program includes contracts with two service providers, Asian American Recovery and Lutheran Social Services, to provide emergency stabilization rooms to homeless persons exiting the streets with critical health and substance abuse issues.
7. DPH's **Respite/Sobering Beds** program provides short-term shelter and medical care to persons being discharged from San Francisco General Hospital or Laguna Honda Hospital who are not yet ready to stay in emergency shelters or permanent supportive housing.
8. **Safe House Transitional Program** (see number 2 above)
9. The Department on the Status of Women's **Domestic Violence Transitional Housing** program includes three transitional housing sites for women and children fleeing domestic violence, with maximum stays ranging from 12 to 18 months. This program is funded by General Fund monies as well as the Federal Emergency Solutions Grant program administered by the Mayor's Office of Housing.

Two out of the eight transitional housing programs listed above were funded entirely by General Fund monies, totaling \$3,454,414 in budgeted expenditures in FY 2012-13. Four out of the eight programs listed above were funded mostly by General Fund monies with some additional Federal and State revenues, totaling \$4,532,090 in General Fund monies, \$338,732 in State funds, and \$867,204 in Federal funds in FY 2012-13. Two of the eight transitional housing programs were funded entirely by Federal funds, totaling \$743,211 in FY 2012-13.

As evident from the program descriptions above, all of the transitional housing programs funded by the City serve either families, transitional age youth, or persons with specific health-related issues, all of whom appear to have an identified need for transitional housing, consistent with the Local Homeless Coordinating Board's Five-Year Strategic Plan.

### **3. Emergency Shelters**

Table 7 below presents the various emergency shelter programs funded by the City.

**Table 7: Emergency Shelters Funded by the City**

Agency	Division	Program	Eligibility	Beds	Funding Source	FY 12-13 Budget
HSA	Housing and Homeless Division: Adult Services	1 Adult Shelter Program	All adults; 30 VA-funded beds reserved for veterans	1,178 beds; 1,278 beds in winter	96% General Fund; 4% VA	\$12,232,552
	Housing and Homeless Division: Family Services and Prevention	2. Family Shelter Program	At least one parent and one child	280 beds; 330 beds Oct. to June	100% General Fund	\$3,872,525
Dept. on Status of Women	Violence Against Women	3. Domestic Violence Shelters	Any individual or family fleeing domestic violence	75 beds	59% General Fund, 22% Federal ESG, 19% Marriage License Fees	\$1,036,004
Mayor's Office of Housing	Community Development	4. Homelessness and Homeless Prevention	8 grants to shelter providers	-	100% Federal ESG	\$466,000
Local				1,472 beds, 1,622 beds in winter		\$16,277,080
Federal				61 beds		\$1,330,001
<b>Total</b>				<b>1,533 beds; 1,683 beds in winter</b>		<b>\$17,607,081</b>

Sources: Human Services Agency, Department on the Status of Women, Mayor's Office of Housing

As shown in Table 7 above, the City funds three emergency shelter programs. Each program includes multiple service providers:

1. HSA's **Adult Shelter Program** is the City's main emergency shelter program. Included in the system are seven adult shelters, operated by Dolores Street Community Center, Central City Hospitality House, Saint Vincent De Paul Society, Episcopal Community Services and the Providence Foundation, and one shelter for transitional age youth, operated by Larkin Street Youth Services. In addition, Episcopal Community Services operates a 100-bed seasonal shelter in the winter months. The \$12,232,552 FY 2012-13 budget for the Adult Shelter Program shown in Table 7 above includes (1) \$11,690,243 in General Fund-supported contracts with shelter providers, (2) a \$104,309 General Fund expenditure for shelter storage, and (3) a \$438,000 grant from the VA to fund and designate for veterans 30 of the 334 beds at Next Door shelter, operated by Episcopal Community Services.
2. HSA's **Family Shelter Program** includes three full service shelters operated by Compass Family Services, Catholic Charities and the Hamilton Family Center. These shelters house families for 3 to 6 months. Hamilton Family Center also has a family emergency shelter collocated in the same building as its full service shelter, which houses families for up to 60 days, and there is a 50-bed seasonal shelter operated by the Providence Foundation from October 1 to June 30.
3. The Department on the Status of Women's **Domestic Violence Shelter** program includes three shelters for women and children fleeing domestic violence, with maximum stays ranging from 8 to 12 weeks. This program is funded by General Fund revenues as well as the Federal Emergency Solutions Grant program administered by the Mayor's Office of Housing.

4. Under the **Homelessness and Homeless Prevention** program, the Mayor’s Office of Housing provides grants to eight shelter providers, funded by the Federal Emergency Solutions Grant program (ESG), totaling \$466,000 in FY 2012-13.

As shown in Table 7 above, the City’s emergency shelter programs are primarily funded by General Fund monies and other local revenues, and supplemented by Federal funds from the VA and the Emergency Solutions Grant.

#### **4. Resource Centers and Drop-in Clinics**

Table 8 below presents the Resource Centers and Drop-in Clinics funded by the City.

**Table 8: Resource Centers and Drop-in Clinics Funded by the City**

<b>Agency</b>	<b>Division</b>	<b>Program</b>	<b>Eligibility</b>	<b>Funding Source</b>	<b>FY 12-13 Budget</b>
HSA	Housing and Homeless Division: Adult Services	1. Resource Centers / Reservation Locations	All adults	98% General Fund, 2% HUD McKinney	\$3,767,757
	Housing and Homeless Division: Family Services and Prevention	2. Connecting Point	At least one parent and one child	47% General Fund, 39% HUD McKinney, 14% Mayor’s Fund for Homeless Assistance	\$593,483
DPH	Community Behavioral Health Services	3. Drop-in Clinics (including A Woman’s Place)	All adults	60% General Fund, 34% MHSA, 6% Work Order	\$2,385,456
Local					\$5,417,895
State					\$940,453
Federal					\$387,348
<b>Total</b>					<b>\$6,745,696</b>

Sources: Human Services Agency, Department of Public Health

As shown in Table 8 above, the City funds (1) a network of **Resource Centers** that link to the adult emergency shelter system and provide drop-in services, (2) a Resource Center called Connecting Point that links to the family shelter system, and (3) a network of Drop-in Clinics that function similarly to Resource Centers, but with a greater focus on drop-in services.

HSA’s network of adult Resources Centers is funded primarily by General Fund monies, which totaled \$3,694,872 in FY 2012-13, and by a HUD McKinney allocation, which totaled \$72,885 in FY 2012-13. HSA’s family Resource Center, **Connecting Point**, is funded by a mix of Federal and local sources, totaling \$593,483 in FY 2012-13.

DPH’s **Drop-in Clinics**, including the women-only A Woman’s Place, are funded by a mix of local sources and California Mental Health Services Act revenues.

#### **5. Outreach and Case Management**

Table 9 below presents the outreach and case management services funded by the City.

**Table 9: Outreach and Case Management Funded by the City**

Agency	Division	Program	Eligibility	Funding Source	FY 12-13 Budget
HSA	Housing and Homeless Division: Federal Supportive Housing	1. Positive Match Rita da Cascia	Homeless, at least one parent and one child, and at least one family disabled by HIV/AIDS	100% HUD McKinney	\$173,960
DPH	Community Behavioral Health Services	2. SF FIRST Homeless Outreach Team and Intensive Case Management	All adults identified on the streets by homeless outreach teams	48% General Fund, 32% MHSA, 9% Medi-Cal, 7% SAMSHA, 5% Work orders	\$5,858,057
		3. Engagement Specialist Team	All adults identified on the streets by homeless outreach teams	51% General Fund, 44% SAMSHA, 5% State	\$1,520,092
		4. South of Market Mental Health	All adults identified on the streets by homeless outreach teams	35% General Fund, 30% Revenues / Allocation, 13% Mental Health Realignment, 13% SAMSHA, 5% Work orders, 4% Projects	\$3,991,372
		5. SF START (Mental Health Case Mgmt. at Shelters)	All adults	47% General Fund, 29% Mental Health Realignment, 19% Work Order, 5% Medi-Cal	\$945,304
		6. Hamilton Family Center Mental Health Case Management	At least one parent and one child	100% Prop 10 Children & Families Commission	\$210,519
		7. Curry Senior Services Mental Health Case Management	Homeless seniors	85% MHSA, 9% SAMSHA, 6% General Fund	\$364,803
		8. Homeless Children's Network (Child Mental Health Consultation)	Homeless youth	38% MHSA, 37% Work Order, 15% Medi-Cal, 8% EPSDT, 2% General Fund	\$562,307
		9. Larkin Street Homeless Youth Services	Homeless young adults	61% SAMSHA, 39% General Fund	\$92,993
		10. Project Homeless Connect	All adults	100% General Fund	\$827,118
		Mayor's Office of Housing	Community Development	11. Homelessness and Homeless Prevention	2 grants to homeless service providers
Local					\$8,503,527
State					\$1,702,189
Federal					\$4,440,809
<b>Total</b>					<b>\$14,646,525</b>

Sources: Human Services Agency, Department of Public Health, Mayor's Office of Housing

As shown in Table 9 above, the City administers a wide range of outreach and case management services, funded by a mix of Federal, State and local sources:

1. **Positive Match Rita da Cascia**, administered by HSA, funded by HUD McKinney funds, and operated by Catholic Charities, is a housing and wrap-around case management program designed to assist families, with one or more family members who are disabled by HIV/AIDS, in obtaining and maintaining permanent housing, and accessing medical and mental health services.
2. **SF First Homeless Outreach Team (HOT) and Intensive Case Management (ICM)** is DPH's main outreach and case management program, consisting of City civil service employees and non-profit contractors, performing outreach to bring homeless persons with health, mental health and substance abuse issues into DPH's Emergency Stabilization rooms and other temporary settings, and case management to link them with appropriate treatment and housing opportunities.
3. **The Engagement Specialist Team**, funded by DPH, is a contract with Community Awareness & Treatment Services to perform outreach to homeless persons with health, mental health and substance abuse issues.
4. **South of Market Mental Health**, funded and operated by DPH, consists of civil service employees and non-profit contractors, and provides outpatient case management to clients who have passed through the SF First system.
5. **SF Start**, funded by DPH, is a contract with Episcopal Community Services to provide mental health case management at the City's emergency shelters.
6. **Hamilton Family Center Case Management**, funded by DPH, is a contract with the Hamilton Family Center to provide mental health case management to families at the Hamilton Family Center.
7. **Curry Senior Services Mental Health Case Management**, funded by DPH, is a contract with Curry Senior Services to provide mental health case management to seniors at primary care clinics.
8. **The Homeless Children's Network**, funded by DPH, is contract to provide mental health consultation and outpatient services to children at the City's emergency shelters.
9. **The Larkin Street Homeless Youth Services** program, funded by DPH, provides outreach and mental health case management to homeless transitional age youth.
10. **Project Homeless Connect**, funded by DPH and managed by Healthright 360 (previously Walden House and the Haight Ashbury Free Clinics), provides a one-stop shop every other month at the Bill Graham Civic Auditorium where many of the city's homeless service providers assemble and homeless persons are able to access a full array of services in one day that might otherwise take months to navigate. The program was recently expanded to include a scaled down Every Day Connect, available every day at the Project Homeless Connect offices.
11. Under the **Homelessness and Homeless Prevention** program, the Mayor's Office of Housing provides grants to Friendship House Association of American Indians and Larkin Street Youth Services, funded by the Emergency Solutions Grant program, to provide case management services.

As shown in Table 9 above, \$8,503,527 of the City's budgeted FY 2012-13 expenditures on outreach and case management, or approximately 58 percent, were funded by General Fund monies and other local revenues, and \$6,142,998, or approximately 42 percent, were funded by Federal and State revenues. In

total, the City was budgeted to spend \$14,646,525 on homeless outreach and case management in FY 2012-13.

**6. Substance Abuse and Mental Health**

Table 10 below presents the substance abuse and mental health services for homeless persons funded by the City. All of these programs are administered by DPH.

**Table 10: Substance Abuse and Mental Health Service Funded by the City**

Agency	Division	Program	Eligibility	Funding Source	FY 12-13 Budget
DPH	Community Behavioral Health Services	1. Methadone Treatment	All adults	54% Medi-Cal, 46% General Fund	\$4,749,448
		2. Tenderloin Outpatient Clinic	All adults	27% General Fund, 27% Medi-Cal, 27% Mental Health Realignment, 16% MHSa, 2% Medicare, 1% SAMHSA	\$2,839,104
		3. Swords to Plowshares Drop-in Clinic	Veterans	48% SAMSHA, 20% General Fund, 20% Work Order, 8% Mental Health Realignment, 3% Medi-Cal	\$414,723
		4. Curry Senior Center Substance Abuse Treatment	All seniors	58% MHSa, 28% SAPT, 6% PATH, 5% General Fund, 3% Medi-Cal	\$165,369
		5. Homeless Prenatal Program Substance Abuse Services	Homeless or incarcerated pregnant women or women with children	100% General Fund	\$283,823
		6. Epiphany House Residential Treatment for Women	Homeless women	100% General Fund	\$334,618
Local					\$3,754,510
State					\$4,691,023
Federal					\$341,551
<b>Total</b>					<b>\$8,787,085</b>

Source: Department of Public Health

As shown in Table 10 above, DPH administers a range of substance abuse and mental health services for homeless persons, funded by a mix of Federal, State and local funds, mostly targeted to specific populations and needs:

1. DPH's **Methadone Treatment** program, operated by Bay Area Addiction Research and Treatment, and primarily funded by Medi-Cal, treats homeless persons with opiate addictions.
2. **The Tenderloin Outpatient Clinic**, funded by a mix of mostly State and local revenues, provides mental health services, intensive case management and outreach services to homeless and non-homeless adult residents of the Tenderloin Neighborhood.

3. **Swords to Plowshares Drop-in Clinic**, funded by a mix of Federal, State and local revenues, provides mental health services and case management to homeless and at-risk veterans.
4. **Curry Senior Center Substance Abuse Treatment**, funded by a mix of Federal, State and local revenues, provides substance abuse treatment to senior outpatients.
5. **Homeless Prenatal Program Substance Abuse Services**, funded entirely by General Fund revenues, provides substance abuse treatment to homeless families and pregnant women.
6. **Epiphany House Residential Treatment for Women**, funded entirely by General Fund revenues, provides residential substance abuse treatment for homeless women.

## 7. Primary Care

Table 11 below presents the primary care services for homeless persons funded by the City. All of these programs are administered by DPH.

**Table 11: Primary Care for the Homeless Funded by the City**

Agency	Division	Program	Eligibility	Funding Source	FY 12-13 Budget
DPH	Housing and Urban Health	1. Housing and Urban Health Clinic	Residents of DPH and HSA supportive housing	80% General Fund, 20% Medi-Cal	\$4,630,164
	Community Behavioral Health Services	2. Tom Waddell Health Center	All adults	45% General Fund, 23% Medi-Cal, 17% Ryan White, 10% HUD McKinney, 5% CBHS MOU	\$8,412,168
		3. Community Health Programs for Youth	All youth	94% General Fund, 6% Ryan White	\$1,258,558
Local					\$9,093,260
State					\$2,346,798
Federal					\$2,860,832
<b>Total</b>					<b>\$14,300,890</b>

Sources: Department of Public Health

As shown in Table 11 above, DPH administers three primary care programs, funded by a mix of Federal, State and local revenues, each targeted to a separate clientele:

1. **The Housing and Urban Health Clinic**, administered by DPH's Housing and Urban Health Program, provides primary care services to residents of DPH and HSA permanent supportive housing.
2. **The Tom Waddell Health Center**, administered by the Community Behavioral Health Services Division of DPH, provides primary care services available to all homeless persons. The Tom Waddell Health Center has one central location and a number of satellite locations, in addition to conducting street outreach.
3. **Community Health Programs for Youth**, administered by the Community Behavioral Health Services Division of DPH, includes one a contract with the Larkin Street Youth Clinic totaling \$784,797, and a contract with Dimensions Clinic, totaling \$473,761.

As shown in Table 11 above, \$9,093,260 of the City's FY 2012-13 budgeted expenditures for homeless primary care services, or approximately 64 percent, was funded by General Fund monies and other local



revenues. \$5,207,630 of the City’s FY 2012-13 budgeted expenditures for homeless primary care services, or approximately 36 percent, was funded by Federal and State revenues.

DPH planned to merge the Housing and Urban Health Clinic and the Tom Waddell Health Center at the start of FY 2013-14.

**8. Education and Employment Services**

Table 12 below presents the education and employment services for homeless persons funded by the City.

**Table 12: Education and Employment Services for the Homeless Funded by the City**

Agency	Division	Program	Eligibility	Funding Source	FY 12-13 Budget
HSA	Housing and Homeless Division: Federal Supportive Housing	San Francisco Training Partnership	Homeless adults	100% HUD McKinney	\$261,694
		Homeless Employment Collaborative	Homeless adults	100% HUD McKinney	\$922,289
		Supportive Housing Employment Collaborative	Formerly homeless adults residing in permanent supportive housing	100% HUD McKinney	\$122,853
		CHEFS	Homeless adults and formerly homeless adults residing in permanent supportive housing	100% HUD McKinney	\$127,616
		Integrated Services Network – Work Crew	Formerly homeless adults residing in permanent supportive housing	100% HUD McKinney	\$164,582
Mayor’s Office of Housing	Community Development	Homelessness and Homeless Prevention	1 grant to Mission Neighborhood Health Center for Leadership Development	100% Federal CDBG Grant	\$39,000
Federal					\$1,638,034
<b>Total</b>					<b>\$1,638,034</b>

Sources: Human Services Agency, Mayor’s Office of Housing

As shown in Table 12 above, the City funds six education and employment-related programs for homeless persons: five entirely funded by the City’s HUD McKinney funds, and one funded by the City’s Community Development Block Grant:

1. **The San Francisco Training Partnership**, a contract with Goodwill Industries, Swords to Plowshares, and the Center for Juvenile Justice, provides short-term training (maximum 16 weeks), life skills workshops, paid transitional employment and permanent job placements to homeless veterans and ex-offenders.
2. **The Homeless Employment Collaborative**, which includes 11 different non-profit service providers, is intended to help homeless persons find and maintain employment.
3. **The Supportive Housing Employment Collaborative**, a contract with Community Housing Partnership, provides vocational, educational, on-the-job training, job placement and job retention services for formerly homeless residents of several permanent supportive housing sites.

4. **CHEFS**, a contract with Episcopal Community Services, provides a year-long training course to prepare homeless persons and formerly homeless residents of permanent supportive housing for jobs in the food service industry.
5. **The Integrated Service Network Work Crew**, a contract with Community Housing Partnership, provides training programs to formerly homeless persons living in permanent supportive housing, with the goal of placing them in jobs at the end of the training program.
6. Under the **Homelessness and Homeless Prevention** program, the Mayor's Office of Housing provides a \$39,000 grant, funded by Emergency Solutions Grant funds (ESG), to the Mission Neighborhood Health Center, for a leadership development program.

## **9. Eviction Prevention and Rapid Rehousing**

Table 13 below presents the eviction prevention and rapid-rehousing programs funded by the City.

**Table 13: Eviction Prevention and Rapid Rehousing Services Funded by the City**

Agency	Division	Program	Eligibility	Funding Source	FY 12-13 Budget
HSA	Housing and Homeless Division: Family Services and Prevention	1. Family Eviction Prevention Consortium (FEPCO)	At least one parent and one child at risk of becoming homeless	100% General Fund	\$708,396
		2. San Francisco Eviction Defense Collaborative	At least one parent and one child at risk of becoming homeless	100% General Fund	\$2,005,973
		3. Homeless Prenatal Program	At least one parent and one child at risk of becoming homeless	100% General Fund	\$718,842
		4. SF HOME (Housing Subsidies)	At least one parent and one child at risk of becoming homeless	100% General Fund	\$1,300,744
		5. Rental Assistance Program	At least one parent and one child at risk of homelessness	100% General Fund	\$302,334
		6. First Avenues: Housing Solutions for Families	At least one parent and one child at risk of becoming homeless	59% General Fund, 41% Mayor's Fund for Homeless Assistance	\$1,768,320
		7. New Roads: Adult Probation Rental Assistance	Former inmate at risk of becoming homeless	100% General Fund	\$252,857
		8. Ellis Act Legal Services	Senior and disabled tenants facing eviction under the Ellis Act	100% General Fund	\$127,388
		9. Homeward Bound	Homeless	100% General Fund	\$322,946
	Housing and Homeless Division: Federal Supportive Housing	10. HUD Housing Access Program	Homeless, at least one parent and one child	100% HUD McKinney	\$860,171
		11. Volunteer Legal Services	Homeless or at risk of homelessness	100% HUD McKinney	\$347,605
		12. First Avenues Aftercare Program	At least one parent and one child at risk of becoming homeless	100% HUD McKinney	\$172,928
DPH	Community Programs	13. SSI Disability Legal Advocacy	Homeless and disabled applying for SSI Disability Benefits	76% General Fund, 24% Social Security Administration Grant	\$485,291
Mayor's Office of Housing	Community Development	14. Homelessness and Homeless Prevention	15 grants to homeless service providers	56% ESG, 44% CDBG	\$1,155,500
Local					\$7,876,621
Federal					\$2,652,674
<b>Total</b>					<b>\$10,529,295</b>

Sources: Human Services Agency, Department of Public Health, Mayor's Office of Housing

As shown in Table 13 above, the City funds an array of programs related to eviction prevention and rapid rehousing:

1. **The Family Eviction Prevention Consortium (FEPCO)**, a contract with Catholic Charities, provides funds to families to pay back-rent, in addition to case management, budgeting advice, and referrals.

2. **The San Francisco Eviction Defense Collaborative** provides funds to families to pay back-rent, eviction defense, legal assistance, and tenants' rights education.
3. **The Homeless Prenatal Program** provides housing search and move-in assistance, mental health services, substance abuse treatment, job skills training, parenting classes and immigration services to families with minor children.
4. **SF Home**, a contract with Compass Family Services, provides housing subsidies to re-house homeless families, as well as intensive case management including assessments, referrals to behavioral health services, job search assistance, benefits advocacy, referrals to vocational and training programs, assistance locating housing, mediation and negotiation with landlords, and crisis management.
5. **The Rental Assistance Program**, also a contract with Compass Family Services, provides short-term rental assistance.
6. **First Avenues: Housing Solutions for Families**, a contract with the Hamilton Family Center, provides funds for move-in assistance, back-rent payments, and short-term rental subsidies.
7. **New Roads: Adult Probation Rental Assistance**, a contract with the Tenderloin Housing Clinic, provides temporary rental assistance, housing counseling and case management for 20 to 35 adult probationers who are homeless or temporarily housed with no subsequent housing option.
8. **Ellis Act Eviction Prevention Services**, a contract with the Tenderloin Housing Clinic, provides legal representation to long-term senior and disabled tenants facing eviction under the Ellis Act.
9. **Homeward Bound** provides funds for bus fares in order to reunite homeless persons living in San Francisco with family and friends outside of San Francisco.
10. **The HUD Housing Access Program**, funded by the City's HUD McKinney funds, assists families with moderate barriers to housing in securing permanent housing as soon as possible by providing rental subsidies lasting up to 15 months.
11. **Volunteer Legal Services**, a contract with the San Francisco Bar Association and Swords to Plowshares funded by the City's HUD McKinney funds, provides legal assistance and benefits advocacy to persons who are homeless as a result of unresolved legal issues and lack of access to entitlement benefits.
12. **The First Avenues Aftercare Program**, a contract with the Hamilton Family Center funded by the City's HUD McKinney funds, provides follow-up care to families after they have been re-housed through the First Avenues: Housing Solutions for Families program.
13. **SSI Disability Legal Advocacy**, funded by DPH, is contract with the San Francisco Bar Association to provide legal advocacy to disabled homeless persons applying for SSI Disability benefits.
14. Under the **Homelessness and Homeless Prevention** program, the Mayor's Office of Housing provides grants to 15 service providers, funded by the Federal Emergency Solutions Grant, for eviction prevention and related services.

As shown in Table 13 above, \$7,876,621 of the City's FY 2012-13 budgeted expenditures for eviction prevention and related services, or approximately 75 percent, was from General Fund monies and other local revenues. \$2,652,674 of the City's FY 2012-13 budgeted expenditures for eviction prevention and related services, or approximately 36 percent, was from Federal revenues.

### **III. Eligibility and Referral Policies for the City's Homeless Services**

As discussed above, the City and County of San Francisco funds and administers a range of services for persons who are either experiencing homelessness, at risk of becoming homeless, or formerly homeless, aimed at helping them obtain and maintain permanent housing. As illustrated in Table 4 above, approximately 49 percent of the City's FY 2012-13 budgeted expenditures on homeless services was for permanent supportive housing (\$81,531,010); with the remaining approximately 51 percent for all other homeless services (\$84,179,619).

Given (1) the significant amount of resources expended on permanent supportive housing, (2) its centrality in the City's homeless policy, and (3) the unique characteristics of providing permanent supportive housing versus other types of homeless services, the eligibility and referral policies for permanent supportive housing will be discussed separately from the eligibility and referral policies of other homeless services.

#### **Eligibility and Referral Policies for Homeless Services other than Permanent Supportive Housing**

As illustrated in Tables 6 through 13 above, eligibility for the City's homeless services, other than permanent supportive housing, is rarely restricted on the basis of level of homelessness (i.e., chronically homeless, homeless, at-risk of becoming homeless). Instead, most of the City's homeless services other than permanent supportive housing are targeted to specific subgroups, while some services are available to the general homeless population.

As shown in Table 14 below, of the 50 stand-alone programs listed in Tables 6 through 13 above, 13 programs provide services that are available to the general homeless population, while 37 programs are targeted to at least one specific homeless population subgroup.<sup>14</sup> Programs that are targeted to specific subgroups have referral and intake processes that filter out persons who do not fit the targeted status. In addition, most programs that are available to the general homeless population have identification and/or intake processes that filter out persons whose needs are not severe enough to warrant the provision of services. Only (1) the Adult Emergency Shelters, (2) the Resource Centers, (3) Project Homeless Connect, (4) the Tenderloin Outpatient Clinic, and (5) the Tom Waddell Health Center have intake processes that might allow for persons with minimal needs or even non-homeless persons to receive services.

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<sup>14</sup> Some programs are counted under more than one target group.

**Table 14: Targeting of the City’s Homeless Services**

Target Group	Programs	Number of Programs
	<b>All Programs</b>	<b>50<sup>15</sup></b>
General Homeless Population	Adult Emergency Shelter Program, Resource Centers / Reservation Locations, SF FIRST Homeless Outreach Team and Intensive Case Management, Engagement Specialist Team, South of Market Mental Health, SF START (Mental Health Case Mgmt. at Shelters), Project Homeless Connect, Tenderloin Outpatient Clinic, Tom Waddell Health Center, Homeless Employment Collaborative, CHEFS, Homeward Bound, Volunteer Legal Services	13
Families	HSA Family Transitional Housing (locally funded), HSA Family Transitional Housing (Federal), Women’s Hope, HSA Family Shelter Program, Connecting Point, Positive Match Rita da Cascia, Hamilton Family Center Mental Health Case Management, Homeless Prenatal Program Substance Abuse Services, Family Eviction Prevention Consortium (FEPCO), San Francisco Eviction Defense Collaborative, Homeless Prenatal Program, SF HOME (Housing Subsidies), Rental Assistance Program, First Avenues: Housing Solutions for Families, HUD Housing Access Program, First Avenues Aftercare Program	16
Disability	DPH Transitional Housing, Emergency Stabilization Housing, Respite/Sobering Beds, Positive Match Rita da Cascia, Methadone Treatment, Curry Senior Center Substance Abuse Treatment, Homeless Prenatal Program Substance Abuse Services, Epiphany House Residential Treatment for Women, Ellis Act Legal Services, SSI Disability Legal Advocacy	10
Age Targeted	HSA Family Transitional Housing (Local), Curry Senior Services Mental Health Case Management, Homeless Children’s Network (Childcare Mental Health Consultation), Larkin Street Homeless Youth Services, Community Health Programs for Youth, Ellis Act Legal Services	6
Gender Targeted	Safe House Transitional Housing, Homeless Prenatal Program Substance Abuse Services, Epiphany House Residential Treatment for Women	3
Supportive Housing Residents	Housing and Urban Health Clinic, Supportive Housing Employment Collaborative, Integrated Services Network – Work Crew	3
Domestic Violence Fleers	Domestic Violence Transitional Housing, Domestic Violence Shelters	2
Veterans	Swords to Plowshares Drop-in Clinic, San Francisco Training Partnership	2
Ex-Offenders	San Francisco Training Partnership, New Roads: Adult Probation Rental Assistance	2
Prostitution	Safe House Transitional Housing	1

Sources: Human Services Agency, Department of Public Health

**Eligibility and Referral Policies for Permanent Supportive Housing**

The eligibility and referral policies for the City’s permanent supportive housing differ significantly from the City’s other homeless services, probably for a number of reasons:

- Permanent supportive housing is expensive to provide.
- There is a limited supply of permanent supportive housing, and it is often obtained by one person at the exclusion of another, unlike many other homeless services. Further, unlike services that address specific needs of sub-groups, most homeless persons seek permanent housing.
- Permanent supportive housing is not an appropriate solution to homelessness for all homeless persons. Some need less assistance obtaining and maintaining permanent housing, while others may not be healthy enough to live independently with on-site supportive services only.

<sup>15</sup> The number of programs listed in Table 14 does not sum to 50 because some of the programs are targeted to multiple subgroups.

### Eligibility Criteria

As discussed above, the City administers eight different permanent supportive housing programs; five programs are administered by HSA, and three are administered by DPH.

Six of the programs (SRO Master Lease/Care Not Cash, Local Operating Subsidy Program, HSA's Youth Housing, Direct Access to Housing, HIV Housing Subsidies, and the LHH Rental Subsidy Program) are funded entirely or primarily by the General Fund, with a handful of sites in the Direct Access to Housing program funded by Federal or State funds.<sup>16</sup> The other two programs (Supportive Housing Program and Shelter Plus Care) are funded entirely by Federal funds. Of the 6,355 permanent supportive housing units in the City, 1,208, or 19 percent, are Federally or State funded, and 5,147, or 81 percent, are locally funded.

Eligibility criteria for Federally funded permanent supportive housing tend to differ from that of State and locally funded permanent supportive housing. As shown in Table 15 below, all Federally funded units in San Francisco are targeted to those who are either (1) homeless with a disability, or (2) chronically homeless. In addition, clients must meet the Federal definition of homelessness (Categories 1 or 4 – see Appendix A), which differs slightly from the City's definition of homelessness, as discussed below.

**Table 15: Federally Funded Permanent Supportive Housing Units by Eligibility Criteria**

<b>Eligibility Requirement</b>	<b>Number of units</b>
<b>Homeless + Disability (Federal definition)</b>	<b>896</b>
Supportive Housing Program	181
Shelter Plus Care	715
<b>Chronically Homeless (Federal definition)</b>	<b>246</b>
Direct Access to Housing	246
<b>TOTAL</b>	<b>1,142</b>

Sources: Human Services Agency, Department of Public Health

Meanwhile, as shown in Table 16 below, a majority of the City's State and locally funded permanent supportive housing units (3,982 out of 5,213) are open to anyone who at minimum meets the definition of homelessness. Unlike the Federal definition of homelessness, which excludes persons who are doubled up<sup>17</sup>, in jails, or in rehabilitation centers, the City uses a broader definition of homelessness that includes these groups. While most State and locally funded units are open to anyone who meets the definition of homelessness, a smaller number of State and locally funded units are restricted to (1) homeless persons with disabilities (970 units), and (2) chronically homeless persons (246 units).

However, even though the eligibility criteria for City-funded permanent supportive housing is generally less restrictive than it is for Federally funded permanent supportive housing, as a result of HSA and DPH referral policies (discussed below), a significant but unquantified number of homeless units are occupied by tenants who have a disability and/or are chronically homeless. In particular, most of DPH's Direct Access to Housing clients have mental health, substance abuse or chronic physical disabilities, even

<sup>16</sup> The HIV Housing Subsidies program also receives Federal funds, but these funds are used to pay for supportive services; the program's housing subsidy component is entirely funded by the City's General Fund.

<sup>17</sup> Anyone staying with friends and/or extended family because they are otherwise unable to obtain housing, or, any family with children staying in a Single Room Occupancy (SRO) hotel room, whether or not they have tenancy rights, or, anyone staying in temporary housing for less than 6 months - and the accommodations provided the person are substandard or inadequate, for example, a garage, small room, overly crowded space.

though most Direct Access to Housing units are not exclusively designated for clients with disabilities. According to DPH, the Direct Access to Housing program maintains a low threshold eligibility policy so that administrators can have the flexibility to serve those with the highest medical need.

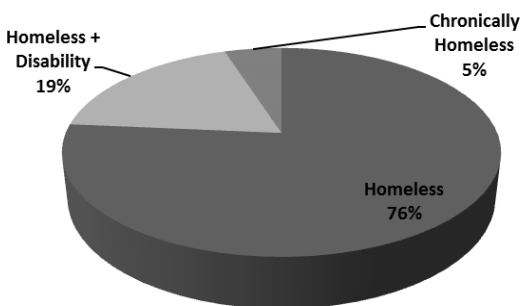
**Table 16: State and Locally funded Permanent Supportive Housing Units by Eligibility**

Eligibility Requirement	Number of units
<b>Homeless (SF definition)</b>	<b>3,982</b>
HSA Local Operating Subsidy Program (LOSP)	151
SRO Master Lease	2,431
Youth Housing	22
Direct Access to Housing	1,248
LHH Rental Subsidy Program	130
<b>Homeless + Disability (SF definition)</b>	<b>970</b>
HSA LOSP	126
HIV Housing Subsidies	844
<b>Chronically Homeless (Federal definition)</b>	<b>261</b>
Direct Access to Housing	45
HSA LOSP	153
SRO Master Lease	63
<b>TOTAL</b>	<b>5,213</b>

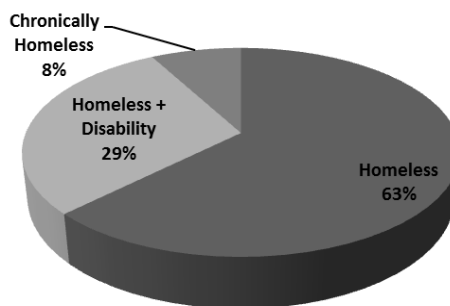
Sources: Human Services Agency, Department of Public Health

Figure 1 below shows the percentages of State and locally funded permanent supportive housing units that fall into each category. Figure 2 below shows the percentages of all City-administered permanent supportive housing units that fall into each category.

**Figure 1: Percentages of State/Locally Funded Units by Eligibility Criteria**



**Figure 2: Percentages of All Units by Eligibility Criteria**



Sources: Human Services Agency, Department of Public Health

In addition to Federally funded units having different eligibility criteria, HSA and DPH are required by HUD to document that tenants meet the Federal definition of homelessness or chronic homelessness, and, depending on the site, that they have specific disabling conditions, which must be medically certified.



Rent Policies

Table 17 below presents the monthly rents tenants of the City’s permanent supportive housing are required to pay if they have income or receive cash aid.

**Table 17: The City’s Permanent Supportive Housing Grouped by Required Rent Amounts<sup>18</sup>**

<b>Program/Site</b>	<b>Number of Units</b>	<b>Monthly Rent</b>
<u>All Federally Funded Units including:</u> Supportive Housing Program, Shelter Plus Care, and certain Direct Access to Housing units		
Allen Hotel (63 SRO Master Lease units collocated with Federally funded units)	1,677 units	30% of income
Verona Hotel (65 SRO Master Lease units)		
HSA’s Local Operating Subsidy Program (LOSP)		
SRO Master Lease / Care Not Cash	2,281 units	\$503 flat rate / \$278 or \$318 for Care Not Cash clients
Raman Hotel (85 SRO Master Lease Units)	85 units	<u>Income / Rent</u> \$1,000 or less / \$318 \$1,001 - \$1,200 / \$394 \$1,201 or more / \$493
Railton Place (23 LOSP units)	23 units	40% of income
State and Locally Funded Direct Access to Housing Units	1,293 units	50% of income

Sources: Human Services Agency, Department of Public Health

As shown in Table 17 above, all Federally funded permanent supportive housing units require tenants to pay 30 percent of their income or cash aid toward rent, if tenants receive such income. The rent required for State and locally funded units varies by program, site and even unit, ranging from 30 percent to 50 percent of income, or various flat rates.

Referral Policies

HSA and DPH have somewhat different referral policies for their permanent supportive housing.

HSA does not maintain a waiting list or pool of applicants. Instead, when a unit in HSA’s portfolio becomes vacant, HSA notifies one of its Referral Access Point agencies to submit an application for a client who meets the specific eligibility criteria of that site. HSA’s policy is that 50 percent of its referrals come from the City’s emergency shelters, and the other 50 percent come from transitional housing programs and from DPH’s San Francisco Homeless Outreach Team. HSA therefore rotates referrals among its various Referral Access Points. According to HSA, most Referral Access Points consider referrals based on length of time in their program, although sometimes the specific needs of the clients and the specific services offered at the site are taken into consideration. For Care Not Cash housing, homeless CAAP clients are referred based on their length of shelter use while receiving reduced homeless-level CAAP benefits, or based on the length of time they have been case managed by the San Francisco First Homeless Outreach Team.

<sup>18</sup> Table 17 excludes the HIV Subsidy Program and LHH Rental Subsidy program, which are voucher based, as well as the Castro Street Youth Initiative, which does not charge rent.

DPH's referral policy differs in: (1) how applicants are referred, and (2) how applicants are prioritized. The Direct Access to Housing program targets individuals who are released from insitutional, acute or transitional treatment setting, and/or have a history of rotating through various systems of care without prolonged stabilization. HUH works with referring agencies to create a pool of potential housing applicants prioritized for housing based on their level of medical acuity, degree of psychiatric need, substance abuse severity, housing stability, and level of match between a client's needs and services available at the vacant unit. Referring case managers first submit requests for client consideration as applicants present themselves. HUH then reviews the referral forms and makes an assessment regarding the client's eligiblity. If the client is eligible she or he is admitted to the referral pool. When a unit becomes vacant HUH will determine which client in the applicant pool is most suited for the vacancy based on the above described factors. At that point the case manager from the referring agency works with the client to complete a housing application.

The result of DPH's referral policy is that clients deemed most in need are placed in housing ahead of those deemed less in need. While this seems desirable, DPH's referral policy can also result in clients who may be less needy having very long waits or never being placed. According to DPH, there are currently approximately 600 applicants in the pool, while only 118 units in DPH's portfolio turned over in calendar year 2012. Therefore, only approximately 20 percent of the Direct Access to Housing applicant pool can be expected to obtain permanent supportive housing through the program in the coming year.

The difference between HSA and DPH's referral policies perhaps stems from the fact that HSA's clients on average have less severe health-related needs, and therefore cannot and/or should not be prioritized by level of need, while DPH's clients tend to have greater levels of health-related need, and therefore can and perhaps should be prioritized by level of need.

#### **IV. Care Not Cash Benefits and Eligibility Policy**

The only form of cash benefit provided to eligible homeless persons by the City is through the Care Not Cash program, a homeless-specific version of the County Adult Assistance Programs (CAAP). CAAP is the City's cash aid program for adults without dependent children, providing cash aid and services to single, indigent adults residing in San Francisco who have no other means of support.

As discussed above, the Department of Human Services (now a division of the Human Services Agency) began implementation of the Care Not Cash program in May 2004 in response to Proposition N, approved by the voters in November 2002. The program, still in effect today, significantly reduces the monthly cash benefit received by homeless CAAP clients and provides housing, utilities, and meals in-lieu of the deducted portion of the cash benefit. The goal of the program is to place Care Not Cash clients in permanent supportive housing that is funded in part by savings from the reduced monthly cash benefits. Once Care Not Cash clients move into Care Not Cash permanent supportive housing, they begin receiving the full monthly cash benefit received by non-homeless CAAP clients, although a significant portion of the benefit goes to pay rent for client's Care Not Cash housing unit.

As of March 2013, there were 1,296 permanent supportive housing units supported by Care Not Cash, and 4,056 homeless CAAP clients had been placed in Care Not Cash housing since 2004. In addition, there were 362 homeless CAAP clients not living in Care Not Cash housing, receiving reduced monthly cash benefits. These 362 homeless CAAP clients make up approximately 5 percent of all CAAP clients, which, as of December 2012, totaled 6,766.

CAAP (both Care Not Cash and CAAP for non-homeless participants) consists of four separate programs that address different segments of the needy population:

- General Assistance (GA): a monthly cash benefit of \$342 generally intended for adults who are unlikely to obtain employment.
- Personal Assisted Employment Services (PAES): This program provides a monthly cash benefit of \$422 generally intended for employable adults, plus education, training and supportive services aimed at helping recipients gain employment.
- Cash Assistance Linked to Medi-Cal (CALM): a monthly cash benefit of \$422 for elderly Medi-Cal recipients, as well as disabled Medi-Cal recipients who do not qualify for Supplemental Security Income (SSI) because of immigration status.
- Supplemental Security Income Pending (SSIP): a monthly cash benefit of \$422 for disabled adults waiting to receive SSI from the Federal government, plus assistance with filing SSI applications.

GA clients receive a maximum monthly cash benefit of \$342, while PAES, CALM and SSIP clients receive a maximum monthly cash benefit of \$422, as described above. Homeless CAAP (Care Not Cash) clients, on the other hand, receive reduced cash benefits of varying amounts depending on their housing status and specific CAAP program, as shown in Table 18 below.

**Table 18: CAAP/Care Not Cash Benefit Package**

Scenario	GA Clients	PAES, CALM and SSIP Clients
When housed in HSA housing	Up to \$342 (2-party check for rent plus up to \$59 monthly cash benefit)	Up to \$422 (2-party check for rent plus up to \$59 monthly cash benefit)
When offered Emergency Shelter	Up to \$59 (maximum benefit less in-kind value of housing, utilities and food)	Up to \$65 (maximum benefit less in-kind value of housing, utilities and food)
When no shelter is available	Up to \$342 monthly cash benefit	Up to \$422 monthly cash benefit

Source: Human Services Agency

As shown in Table 18 above, a significant portion of the full cash benefit provided to Care Not Cash clients is paid directly from the City to Care Not Cash landlords through a 2-party check. Care Not Cash clients must agree to this arrangement as a condition of moving into Care Not Cash housing. If Care Not Cash clients stop receiving CAAP benefits for any reason, they become responsible for paying the full SRO Master Lease rent of \$503 per month to continue living in Care Not Cash housing.

As shown in Table 19 below, clients residing in Care Not Cash housing receive between \$1,238 and \$1,318 in cash and in-kind benefits monthly. This includes (a) the \$896 average monthly per unit cost of Care Not Cash housing, derived from the Budget and Legislative Analyst’s analysis of expenditures toward Care Not Cash Housing, and (b) the monthly CAAP cash grant, part of which is applied directly toward paying rent, and part of which the client receives in cash.

**Table 19: Estimated Value of the Care Not Cash Benefit Package for Clients in Care Not Cash Housing**

Benefit Type	GA Clients	PAES/CALM/SSIP Clients
Housing and Supportive Services	\$896	\$896
Grant - Portion Used to Pay Rent	\$283	\$363
Grant - Cash Balance	\$59	\$59
<b>Total</b>	<b>\$1,238</b>	<b>\$1,318</b>

Source: Human Services Agency

CAAP clients who are not housed in Care Not Cash housing receive between \$342 and \$422 in cash and in-kind benefits (\$59 or \$65 in cash, and \$283 or \$357 in shelter, food and services).

Eligibility for Care Not Cash

Homeless CAAP applicants (prospective Care Not Cash clients) are subject to the same CAAP eligibility criteria as non-homeless CAAP clients. Key CAAP eligibility criteria include:

- Being an adult;
- Having no other means of support;
- Willingness to apply for all Federal, State and/or private means of assistance as directed by HSA; and,

- San Francisco residency for at least 15 continuous days prior to the time of application for GA, CALM and SSIP, and at least 30 continuous days prior to the time of application for PAES.

For homeless CAAP applicants, the criteria for residency are physical presence and intent to remain in San Francisco. Additionally, the applicant must have the legal ability to establish residence. Homeless CAAP applicants must have their residency either verified through CHANGES (the emergency shelter access database) and/or provide acceptable homeless residency verification (outlined in the CAAP eligibility manual). To avoid the fraudulent submission of homeless residency verification, CAAP has designated specific non-profit agencies<sup>19</sup> required to submit residency verification both with a special stamp and the signature of an agency staff that is authorized to submit residency verification. Homeless CAAP participants must then verify their physical presence in San Francisco at monthly appointments with their eligibility worker.

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<sup>19</sup> Bayview (United Council of Human Services) Resource Center, Episcopal Community Services (Sanctuary and Next Door), General Assistance Advocacy Project (GAAP), Glide Memorial Church, Harbor Lights Center/Harbor House, Missions Neighborhood Resource Center/Mission Neighborhood Health Center, St. Anthony's Foundation, Tom Waddell Health Center, Volunteer Legal Services/Housing Advocacy Project (HAP).

## V. Comparisons with Other Jurisdictions

As part of this report, the Budget and Legislative Analyst conducted a survey comparing the City’s homeless services and benefits with those of other cities and counties in California and New York City. The services and benefits compared include: (1) permanent supportive housing, (2) transitional housing, (3) emergency shelters, and (4) general assistance programs (San Francisco’s general assistance program for homeless persons is Care Not Cash). Due to the difficulty of obtaining information from other jurisdictions, the Budget and Legislative Analyst did not attempt to obtain information regarding eligibility criteria for services and benefits; however, general conclusions can be drawn based on funding sources or programmatic commonalities among jurisdictions.

### Permanent Supportive Housing

Table 20 below presents the number of permanent supportive housing units in six different Continuums of Care<sup>20</sup> and four large cities located in those Continuums of Care relative to the size of each jurisdiction’s homeless population. The measure used is the number of permanent supportive housing units for every 100 homeless persons living in the jurisdiction.<sup>21</sup>

**Table 20: Permanent Supportive Housing Units in Ten Jurisdictions per 100 Homeless Residents<sup>22</sup>**

Jurisdiction	Permanent Supportive Housing Units	Homeless Population	Number of Units per 100 Homeless Residents
<b>Continuums of Care</b>			
San Francisco	6,666	5,669	<b>118</b>
Santa Clara County	1,938	7,067	<b>27</b>
Los Angeles County	12,799	45,422	<b>28</b>
San Diego County	1,663	9,436	<b>18</b>
Alameda County	1,614	4,178	<b>39</b>
New York City	15,429	51,123	<b>30</b>
<b>Cities within Continuums of Care</b>			
San Jose	1,675	4,034	<b>42</b>
Los Angeles	6,584	23,539	<b>28</b>
San Diego	1,217	5,895	<b>21</b>
Oakland	391	2,091	<b>19</b>
<b>Median: other jurisdictions</b>			<b>28</b>

Sources: U.S. Department of Housing and Urban Development; 2012 Housing Inventory Count reports provided by the City of San Jose (for Santa Clara County), the Los Angeles Homeless Services Authority, San Diego County, and Alameda County.

<sup>20</sup> A Continuum of Care (CoC), separate from the “Continuum of Care” model discussed above, is a coordinating entity HUD requires local jurisdictions to form representing all homeless service agencies in applying for funding under the McKinney-Vento Homeless Services Act. CoCs submit funding applications for homeless services to HUD and decide how McKinney funds are allocated. San Francisco’s CoC is the Local Homeless Coordinating Board.

<sup>21</sup> The number of permanent supportive housing units in each jurisdiction’s Continuum of Care is based on the number reported to HUD in the each jurisdiction’s 2012 Housing Inventory Count report. The number of homeless persons in each jurisdiction is based on the number reported to HUD in each jurisdiction’s 2011 homeless count.

<sup>22</sup> The number of permanent supportive housing units in San Francisco reported in Table 20 differs from the number reported in previous sections of this report because (1) the City’s Housing Inventory Count report to HUD includes units HUD-VASH Section 8 Vouchers, and (2) the City has added new units since the 2012 Housing Inventory Count report was prepared in January 2012.

As shown in Table 20 above, San Francisco has approximately 118 units of permanent supportive housing for every 100 homeless persons, which is significantly more than the median of 28 permanent supportive housing units for every 100 homeless residents in the other jurisdictions.

San Francisco's stock of permanent supportive housing is approximately three times larger than that of Alameda County, the Continuum of Care with the second largest amount of permanent supportive housing, and almost three times larger than that of San Jose, the city with the second largest amount of permanent supportive housing. San Francisco's stock of permanent supportive housing is approximately six times larger than that of San Diego County, the jurisdiction with the smallest amount of permanent supportive housing relative to the size of its homeless population.

It is important to note that an increase in the number of permanent supportive housing units should cause a decrease in the number of homeless persons, which is the desired effect of providing permanent supportive housing. Therefore, theoretically, as jurisdictions provide more permanent supportive housing, the ratio of permanent supportive housing units to homeless persons should increase more quickly than if the increase in permanent supportive housing is measured relative to a static variable such as total population. The fact that San Francisco has a much larger amount of permanent supportive housing relative to the size of its homeless population is not only an indicator of how much permanent supportive housing it has, but also of the size of its homeless population, which to some extent is reduced by the permanent supportive housing. In the absence of San Francisco's 6,666 permanent supportive housing units, some individuals and families living in those units would have found permanent housing independently, would have left San Francisco, or would have died, while a significant portion would still be homeless.

Controlling for the size of each jurisdiction's total population, a variable that is not directly affected by the amount of permanent supportive housing, the differential in the amount of permanent supportive housing between San Francisco and other jurisdictions is even greater, as shown in Table 21 below.

**Table 21: Permanent Supportive Housing Units in Ten Local Jurisdictions per 100,000 Residents**

Jurisdiction	Permanent Supportive Housing Units	Total Population, 2010	Number of Units per 100,000 Residents
<b>Continuums of Care</b>			
San Francisco	6,666	805,235	<b>828</b>
Santa Clara County	1,938	1,781,642	<b>109</b>
Los Angeles County	12,799	9,318,605	<b>137</b>
San Diego County	1,663	3,095,313	<b>54</b>
Alameda County	1,614	1,510,271	<b>107</b>
New York City	15,429	8,175,133	<b>189</b>
<b>Cities within Continuums of Care</b>			
San Jose	1,675	945,942	<b>177</b>
Los Angeles	6,584	3,792,621	<b>174</b>
San Diego	1,217	1,307,402	<b>93</b>
Oakland	391	390,724	<b>100</b>
<b>Median: other jurisdictions</b>			<b>109</b>

Sources: U.S. Department of Housing and Urban Development, U.S. Census Bureau

As shown in Table 21 above, with 6,666 units, San Francisco has 7.6 times as many permanent supportive housing units for every 100,000 residents compared to the median of 109 found in other jurisdictions.

San Francisco’s relatively large amount of permanent supportive housing appears to be driven by the City’s policy of using a substantial amount of General Fund monies to fund its permanent supportive housing. This policy differs significantly from other local jurisdictions. Table 22 below presents the number and percentage of permanent supportive housing units by funding source in six Continuums of Care including San Francisco, and four large cities located in those Continuums of Care. As can be seen, San Francisco stands out from other jurisdictions in funding a much larger share of its permanent supportive housing with State and local revenues. The median level of State and locally funded units in other jurisdictions is 28 percent of the permanent supportive housing stock, whereas in San Francisco, 79 percent of the permanent supportive housing stock is funded by State and local revenues, the majority of which is from the City’s General Fund (78 percent is City funding; 1 percent is State funding).

It should be noted that the data provided to the Budget and Legislative Analyst by other jurisdictions used a standard format which did not indicate the funding source for housing units that do not receive HUD McKinney funds. These units, unless it was clear by their name that they received other Federal funds, were categorized as “Other” and could be funded by any number of Federal, State, local and private sources. Therefore, the number and percentage of Federally funded units presented in Table 22 below is the minimum number and percentage of Federally funded units in each jurisdiction (with the exception of San Francisco, where the number of units by funding source is known).

**Table 22: Permanent Supportive Units in Nine Jurisdictions by Funding Source**

Jurisdiction	Federally Funded Units	Other Funding (State and Local for SF)	% Federally Funded	% Other (State and Local for SF)
<b>Continuums of Care</b>				
San Francisco	1,407	5,147 locally funded, 66 State funded	21%	79%
Santa Clara County	1,821	117	94%	6%
Los Angeles County	8,056	3,789	68%	32%
San Diego County	1,340	353	79%	21%
Alameda County	1,200	414	74%	26%
<b>Cities within Continuums of Care</b>				
San Jose	1,606	69	96%	4%
Los Angeles	3,244	3,340	49%	51%
San Diego	868	349	71%	29%
Oakland	217	174	55%	45%
<b>Median: other jurisdictions</b>			<b>73%</b>	<b>28%</b>

Sources: SF Human Services Agency, SF Department of Public Health, San Jose/Santa Clara County Detailed 2012 Housing Inventory Count report, Los Angeles City and County Detailed 2012 Housing Inventory Count report, San Diego City and County Detailed House Inventory Count Report, Oakland/Alameda County Detailed Housing Inventory Count Report

As shown in Table 22 above, most of the permanent supportive housing in other jurisdictions is Federally funded, while most of the permanent supportive housing in San Francisco is funded with General Fund monies and other local revenues. The differential in the amount of permanent supportive housing in San Francisco appears to be almost entirely attributable to the City’s use of General Fund monies for



permanent supportive housing. If, like most other jurisdictions, San Francisco did not provide a substantial amount of permanent supportive housing beyond what Federal funding could support, San Francisco would have approximately the same amount of permanent supportive housing as other jurisdictions relative to the size of its homeless population and total population.

As discussed above, the Budget and Legislative Analyst did not attempt to obtain information from other jurisdictions regarding their eligibility criteria for permanent supportive housing. However, to the extent that most of the permanent supportive housing in other jurisdictions is Federally funded, most permanent supportive housing in other jurisdictions is restricted to (1) homeless persons with disabilities, (2) chronically homeless persons, or (3) chronically homeless persons with disabilities, consistent with Federal funding requirements.

**Transitional Housing**

Table 23 below presents the number of transitional housing beds in six different Continuums of Care including San Francisco, relative to the size of each jurisdiction’s homeless population. The measure used is the number of transitional housing beds for every 100 homeless persons living in the jurisdiction.

**Table 23: Transitional Housing Beds in Six Local Jurisdictions per 100 Homeless Residents**

Jurisdiction	Transitional Housing Beds	Homeless Population	Number of Beds per 100 Homeless Residents
San Francisco	1,059 <sup>23</sup>	5,669	19
Santa Clara County	1,028	7,067	15
Los Angeles County	8,260	45,422	18
San Diego County	3,801	9,436	40
Alameda County	1,388	4,178	33
New York City	8,999	51,123	18
<b>Median: other jurisdictions</b>			<b>18</b>

Source: U.S. Department of Housing and Urban Development

As shown in Table 23 above, the 19 transitional housing beds for every 100 homeless residents in San Francisco is just slightly above the median 18 in the surveyed jurisdictions. San Diego County and Alameda County, which have 40 and 33 transitional housing beds per 100 homeless residents, respectively, have the largest number of transitional housing beds relative to their homeless populations.

**Emergency Shelter Beds**

Table 24 below presents the number of emergency shelter beds in six different Continuums of Care including San Francisco, relative to the size of each jurisdiction’s homeless population. The measure used is the number of emergency shelter beds for every 100 homeless persons living in the jurisdiction.

<sup>23</sup> San Francisco’s 2012 Housing Inventory Count report, as reported to HUD, includes transitional housing beds that are in the San Francisco Continuum of Care but not administered by the City.

**Table 24: Emergency Shelter Beds in Six Local Jurisdictions per 100 Homeless Residents**

Jurisdiction	Year Round Beds	Year Round + Seasonal + Overflow Beds	Homeless Population	Year Round Beds per 100 Homeless Residents	All Beds per 100 Homeless Residents
San Francisco	1,875 <sup>24</sup>	2,005	5,669	33	35
Santa Clara County	756	1,131	7,067	11	16
Los Angeles County	4,477	8,136	45,422	10	18
San Diego County	474	1,167	9,436	5	12
Alameda County	875	1,083	4,178	21	26
New York City	48,784	48,949	51,123	95	96
<b>Median: other jurisdictions</b>					<b>18</b>

Source: U.S. Department of Housing and Urban Development

As shown in Table 24 above, the number of emergency shelter beds varies much more across jurisdictions than the number of transitional housing beds. With 35 beds for every 100 homeless residents, San Francisco is above the median of 18 found in the surveyed jurisdictions. However, New York City has 95 to 96 shelter beds per 100 homeless residents, approximately three times as many shelter beds as San Francisco. One likely reason for this is New York City's relatively cold winters. The two jurisdictions that generally have the warmest winters, San Diego and Los Angeles, are on the low end of the range, although Santa Clara County is also on the low end even though its winter is similar to that of Alameda County and San Francisco.

### General Assistance Programs

California counties are required by State law to administer general assistance programs providing cash aid to indigent adults who have no other means of support. San Francisco's general assistance program, County Adult Assistance Programs (CAAP), includes a general assistance component as well as three other programs discussed above: PAES, CALM and SSIP. In addition, San Francisco has a homeless-specific version of CAAP called Care Not Cash, discussed at greater length above.

Based on the Budget and Legislative Analyst's review of other general assistance programs in the jurisdictions surveyed (Santa Clara County, Los Angeles County, San Diego County and Alameda County), San Francisco is the only county that has implemented a large-scale program like Care Not Cash designed to serve as a pathway to permanent supportive housing, where homeless clients are required to accept in-kind benefits in-lieu of cash benefits until they are housed.

Los Angeles County started a voluntary program in 2006 modeled after Care Not Cash called the General Relief Housing Subsidy and Case Management Project. The Project, still in effect today, uses \$100 of clients' monthly general assistance cash benefits plus an additional subsidy of \$400 to pay rent for units in the private rental market, in addition to case management and employment services. The goal of the Program is to (1) help homeless general assistance recipients secure employment, (2) realize savings when those individuals move off of general assistance, and (3) reinvest the savings toward providing more housing subsidies and services. Although the program was intended to expand from 900 participants in 2009 to 10,000 participants by 2014, there are currently only approximately 1,230

<sup>24</sup> San Francisco's 2012 Housing Inventory Count report, as reported to HUD, includes emergency shelter beds that are in the San Francisco Continuum of Care but not administered by the City, as well as the City's emergency stabilization rooms.

participants, according to program staff at the Los Angeles County Department of Public Social Services. The major differences between this program and Care Not Cash are that this program (1) is strictly voluntary and (2) its projected savings come from participants moving off of general assistance once they are housed and employed, rather than from reductions in general assistance payments to current homeless clients.

Table 25 below shows the general assistance monthly benefits provided to homeless clients in San Francisco and in the four jurisdictions surveyed.

**Table 25: Monthly Benefits Provided to Homeless General Assistance Recipients in Five California Jurisdictions**

<b>Jurisdiction</b>	<b>Cash Benefit</b>
San Francisco	\$59/\$65 cash + \$282/\$357 in-kind
Santa Clara County	\$337
Los Angeles County	\$221
San Diego County	\$234
Alameda County	\$336

Sources: San Francisco Human Services Agency, Santa Clara County, Los Angeles County, San Diego County, Alameda County

General assistance programs across all five jurisdictions have virutally the same eligibility criteria.

## Appendix A: Homeless Definitions

### Federal Definition of Homelessness

- **Category 1: Literally homeless:** an individual or family who lacks a fixed, regular, and adequate nighttime residence.
- **Category 2: Imminent risk of homelessness:** an individual or family who will imminently lose their primary nighttime residence, provided that:
  - i. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
  - ii. No subsequent residence has been identified; and
  - iii. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.
- **Category 3: Homeless under other federal statutes:** unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition.
- **Category 4: Fleeing or attempting to flee domestic violence:** any individual or family who:
  - i. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
  - ii. Has no other residence; and lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.

### Federal Definition of Chronic Homelessness

The term '**chronically homeless**' means, with respect to an individual or family, that the individual or family—

- i. Is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter;
- ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and,
- iii. Has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance abuse disorder, serious mental health illness, development disability, post-traumatic stress disorder, cognitive impairments result from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.

**Appendix B: Funding Sources for Homeless Services**

Funding Source	Description
<b>Local</b>	
<b>Care Not Cash Fund</b>	An Administrative Code Special Fund for depositing savings in cash benefit payments generated by the Care Not Cash program. Permissible uses of the Care Not Cash Fund include substance abuse treatment, mental health care, job training, master lease contracts for SRO hotels, and expanded shelter operations. Only Care Not Cash clients can access services funded by the Care Not Cash Fund.
<b>General Fund</b>	The City's primary operating fund.
<b>Marriage License Fees</b>	A \$99 fee charged by the City for marriage licenses, \$23 of which the State requires to be allocated for domestic violence shelters.
<b>Mayor's Fund for Homeless Assistance</b>	An Administrative Code Special Fund for donations received by the City to be used for shelter, food and other assistance for the homeless.
<b>Federal</b>	
<b>Community Development Block Grant (CDBG)</b>	A HUD program that provides communities with annual grants on a formula basis to address a wide range of unique community development needs.
<b>Emergency Solutions Grant (ESG)</b>	A HUD program that provides funds to state and local jurisdictions with the purpose of helping individuals and families regain stability in permanent housing after experiencing a housing crisis or homelessness. ESG funds are available for five program components: street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance, and data collection through the Homeless Management Information System or HMIS.
<b>McKinney-Vento Homeless Assistance Act (HUD McKinney)</b>	Establishes HUD's Continuum of Care program through which the federal government provides competitive grants to local jurisdictions to fund a wide range of permanent housing, supportive services and other programs.
<b>Medicare</b>	The federal government's health insurance program for individuals aged 65 and older, as well as younger persons with disabilities and other health conditions.
<b>Ryan White Comprehensive AIDS Resource Emergency Act (Ryan White)</b>	A U.S. Department of Health and Human Services program that provides funding for HIV-related services for persons who do not have sufficient health care coverage or financial resources to cope with HIV. The majority of Ryan White funds support primary medical care and essential support services. A smaller portion funds technical assistance, clinical training, and research on innovative models of care.
<b>Social Security Administration</b>	The federal agency that administers the federal government's Social Security program.

<b>Substance Abuse and Mental Health Services Administration (SAMSHA)</b>	The federal agency that administers a combination of competitive, formula and block grant programs to fund mental and substance abuse services. Grant programs include: Projects for Assistance in Transition from Homelessness (PATH), Substance Abuse Prevention and Treatment Block Grant (SABG), and the Mental Health Services Block Grant (MHBG).
<b>U.S. Department of Veterans Affairs</b>	The federal agency that administers health services and benefits for veterans of the United States armed forces.
<b>State</b>	
<b>Early Period Screening, Diagnosis, and Treatment (EPSDT) Program</b>	The child health component of Medicaid.
<b>Medi-Cal</b>	California's Medicaid program. Medicaid is a health insurance program for low-income families and individuals jointly funded by the federal and State governments.
<b>Mental Health Realignment</b>	Under the Realignment Act of 1991, portions of the State Vehicle License Fee and State Sales Tax are allocated to counties to fund mental health services.
<b>Mental Health Services Act (MHSA)</b>	Approved by the voters in 2004, MHSA imposes a 1 percent tax on personal income in excess of \$1 million to provide funding to counties for mental health services.
<b>Prop 10 - Children and Families Commission</b>	Approved by the voters in 1998, Prop 10 imposes a 50-cent tax on cigarettes to fund early childhood education.