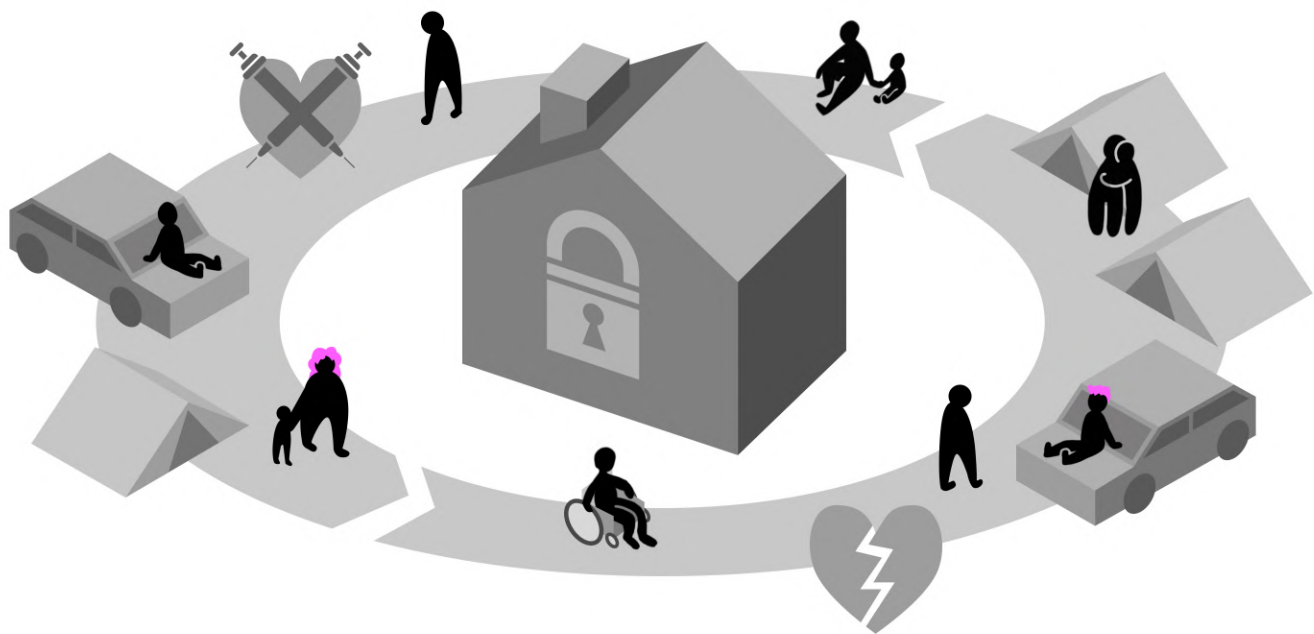


**STOP**

**THE REVOLVING**

**DOOR**

**SUMMARY**



**Coalition On  
Homelessness**

September 2020

a street level framework  
for a new system

Thank you to our *Peer Researchers*,  
who were trained to proctor and  
administer the surveys on which this  
needs assessment is based.

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# INTRODUCTION

**We believe** in a San Francisco that is thriving, vibrant and where no one is forced to experience sleeping on the hard, cold concrete. Our vision is a San Francisco that prevents homelessness whenever feasible – be that a temporary subsidy for someone who loses their income due to an illness, or a long-term subsidy for an elder who loses the income of their family member to death, or a tenant who is being illegally evicted and simply needs legal representation. A San Francisco where episodes of homelessness that are not preventable, such as those caused by the recent fires or other unforeseeable events, are addressed quickly with immediate placement in shelter while housing is secured within six months, before the damaging effects of homelessness truly take root.

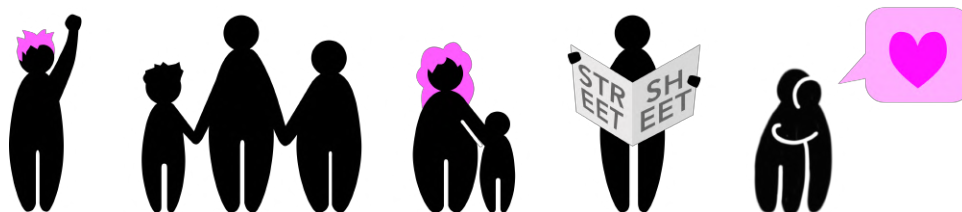
*“Nothing solves homelessness like a home”  
—Paul Boden, Executive Director Western Regional Advocacy, Coalition on Homelessness Co-Founder*

**To this end**, we wrote, gathered signatures, and qualified for the ballot a historic initiative to bring us as close to that vision as we can. In November 2018, Proposition C - Our City Our Home, was passed by San Francisco voters with 61% of the vote. The campaign was led and passed by a strong, diverse coalition of homeless service providers, community organizers, faith communities — and homeless people themselves. The measure will raise \$300 million for permanent, affordable housing, mental health and substance use services, homelessness prevention, and emergency services, including shelter and drop-in centers. While this legislation calls for a needs assessment every three years, we took this opportunity — while Prop. C is contested in a court battle — to delve into what the new system should look like, and what changes need to happen to make the new homeless and treatment delivery system be successful in realizing our vision.

**This report** presents how we can best address the homelessness crisis in San Francisco by asking the experts on homelessness: homeless people themselves. We turn to them as decision makers and leaders of homelessness policy. As such, homeless people developed and carried out this report — in partnership with researchers and advocates — for the benefit of homeless people.

**You will see** in this report the voices of those experiencing homelessness. You will hear their suffering, but also their brilliance. There are also many themes that arise and collectively paint a picture of a revolving door that churns people through, and too often, spits people back to the streets where they start over, with more trauma and less hope. The picture painted of a treatment system that when it is serving, and accessible to people, is serving them well. The picture painted of gaping holes through which people fall from housing into homelessness, but holes that are easily fixed with appropriate investments. While we collected this feedback pre-Covid, the pandemic has made this picture of a failed system crystal clear. This report paints a picture of a new vision of a system that works for everyone. It will not be easy, it will take work, but in these pages you will hear about what changes are needed directly from the true experts — those experiencing the hellscape of homelessness.

*“We are all messed up from being homeless. I’m going through the worst time in my life.”*



**Each chapter** of this report focuses on a city system: homelessness prevention, shelter, substance use and mental health treatment. While the focus of this report is on improving homeless services systems and policy for all, we recognize that multiple marginalized groups experience interlocking barriers to safe housing and care. Within each chapter, we highlight the experiences and needs of groups that are particularly marginalized within existing homeless services systems, paying attention to the ways in which race, gender, sexual orientation, age, disability, and being part of a family can cause entire groups of people to fall through the cracks of San Francisco’s homeless services systems. This needs assessment will help policymakers understand the prevalence of and institutional solutions to the homelessness crisis in San Francisco, and make sure that homeless services systems more effectively serve multiply marginalized people.

**We have also** dedicated a chapter of this report to transgender experiences and needs, centering the voices of transgender women of color and immigrants. Trans women of color are deprived of housing at higher rates than other race and gender groups, yet are under-represented in most research about housing and homelessness. Transgender people experience homelessness at higher rates than cisgender people — one in every two trans people has been homeless — yet trans experiences and needs are routinely marginalized or excluded from discussions of homelessness policy, and trans-led organizations are rarely consulted about issues related to housing.<sup>1</sup> Too often, transgender experiences are subsumed into the category “LGBTQ,” without meaningful representation. Many homeless service and advocacy organizations have no trans women of color in leadership positions or even as staff. In response to this shortcoming in homelessness research and policy, the Coalition on Homelessness reached out to organizations led by transgender women of color to help design and implement a needs assessment that centers trans people’s experiences and needs.

**Our decision** to include this chapter is a timely one: As federal laws and policies of the Trump Administration and Ben Carson’s Department of Housing and Urban Development endanger transgender and immigrant communities in particular, this report details evidence-based recommendations for local policy to ensure human rights for these marginalized groups.

It may seem like an overwhelming amount of work to do — and it is — but we are not alone in this endeavor. Many efforts have already been deployed through collaboration with city government and community organizations, like Our Trans Home SF, which recently won a \$2.3 million allocation for the City’s first transitional housing for homeless trans and gender non-conforming people.<sup>2</sup> This is one, small example of how effective community organizing is, but we know there is still work to be done. This report details how doing the necessary work together in partnership with homeless people we can achieve a vision of a San Francisco where **no one is without a home.**

<sup>1</sup> National Alliance to End Homelessness, 2019, “Demographic Data project: Gender Minorities” <https://endhomelessness.org/wp-content/uploads/2019/06/Gender-Minority-Homelessness-Article-Revised-6-24-19-JJ-002.pdf>

<sup>2</sup> San Francisco Examiner, January 23, 2020 “First transitional housing project for homeless transgender residents opens in Chinatown” <https://www.sfexaminer.com/news/first-transitional-housing-project-for-homeless-transgender-residents-opens-in-chinatown/>

# PREVENTION

The after-effects of homelessness are devastating – trauma, lost years, shortened life expectancy, compromised health and real human suffering. It is both more cost effective and humane to keep San Franciscans housed, instead of addressing it after the fact. We focused part of this study on prevention for exactly that reason – to ascertain exactly what interventions would work to keep people in their homes. While the homeless population is diverse, there were a lot of common experiences. We started with the very last time respondents had a place of their own and went from there.

*It is both more cost effective and humane to keep San Franciscans housed, instead of addressing it after the fact.*

## EXECUTIVE SUMMARY

### **A quarter of respondents became unhoused in the past year.**

Homelessness is not a static population – many have been homeless for long periods of time, but more are becoming homeless every day.

### **Half of respondents did not have a lease the last time they were housed.**

Poor people in San Francisco often rely on community, informal housing arrangements and family for housing. Although many of them lost that housing for non-payment.

### **Most participants lost their housing because it was no longer affordable.**

This gets back to the root causes of homelessness – the lack of investment in housing for extremely poor people by the federal government – but it also indicates a need for subsidies to keep people in their homes.

### **A disproportionate number of those in government supported housing end up or return to homelessness.**

This is the form of housing we have the most control over. At the very least we should ensure we are doing everything possible to keep people in their housing – from adequate support services, to rental assistance.

### **Rental assistance would have been most helpful in homelessness prevention.**

For a variety of reasons including illness, job and benefit loss, impoverished San Franciscans are losing their homes because they were unable to pay their rent. The good news is that in a city as affluent as San Francisco, this is incredibly solvable through long- and short-term rental assistance programs.

## BACKGROUND

While the cost of rent has skyrocketed in San Francisco, wages have remained stagnant. At the root of San Francisco's homelessness crisis is a fundamental lack of deeply affordable and permanent housing, especially when the majority of San Franciscans (65%) are renters. The median cost of a one-bedroom apartment in San Francisco is \$3,450, while those working a minimum wage job in the city make only \$2,702 monthly.<sup>3</sup> Many low-income people in San Francisco are at constant risk of homelessness, just one paycheck away from losing their homes. In order to get ahead of this crisis, we must keep people in their homes.

Catastrophic health issues, temporary job loss, and rents rising above fixed incomes are primary causes that are preventable through rental and other forms of assistance. At the same time, there are increasing numbers of people entering homelessness. Most homeless San Franciscans (70%) were housed in San Francisco at the time they became homeless. Of those, over half (55%) lived in San Francisco for 10 or more years. Among the 31% experiencing homelessness for the first time, almost half had been homeless for less than a year.<sup>4</sup> In order to effectively address the homelessness crisis, we must end homelessness before it occurs.

### INTERSECTIONS OF OPPRESSION

**66% of Black homeless San Franciscans have lived in San Francisco for more than a decade.<sup>3</sup>**

*"My life would change drastically under Prop C. It would give me and all of these families a great amount of peace to be able to have somewhere stable to go home to... Not having to worry about if the police is going to remove you at three in the morning with all the children because we are parked on the side of the street. Our children will grow up with less traumas because parents will not be overworked to keep a stable home that leads for more family time and more happy memories."*



—JAZMIN FRIAS,

Bilingual Peer Researcher and Focus Group Facilitator

<sup>3</sup> San Francisco Housing Needs and Trends Report, San Francisco Housing Needs and Trends Report1–80 (2018).

<sup>4</sup> San Francisco Homeless Count & Survey Comprehensive Report, San Francisco Homeless Count & Survey Comprehensive Report (2019). Retrieved from <http://hsh.sfgov.org/wp-content/uploads/FINAL-PIT-Report-2019-San-Francisco.pdf>

# SHELTER

Shelters have been shown to play a stabilizing role for those experiencing homelessness: serving as a safe haven from domestic abuse, inclement weather or police harassment faced when living outdoors, a platform to maintaining employment, a pathway to accessing social services and benefits, and a means of improving health compared to residing outdoors in public space. However, research has consistently found barriers to accessing shelter, poor shelter conditions that fossilize poverty and traumatize clients, and unstable exits that often lead back into homelessness.<sup>5</sup> This section assesses the benefits and challenges of shelter and navigation centers in San Francisco among our study participants and considers what improvements and changes they see as most urgent and necessary.

## EXECUTIVE SUMMARY

**The majority of survey respondents currently residing outside have either tried and been rejected from shelter or regularly use shelter when it is available.**

Of those unsheltered, 81% have either used or tried to access shelter in the past, while only 15% of those who were unsheltered at the time of the survey had utilized shelter in the past month. Nearly 40% of currently unsheltered homeless survey participants have utilized shelter in the past year. This contradicts the dominant narrative that most unsheltered homeless are resisting or refusing services outright.

**San Francisco's shelters present barriers of access to many survey respondents.**

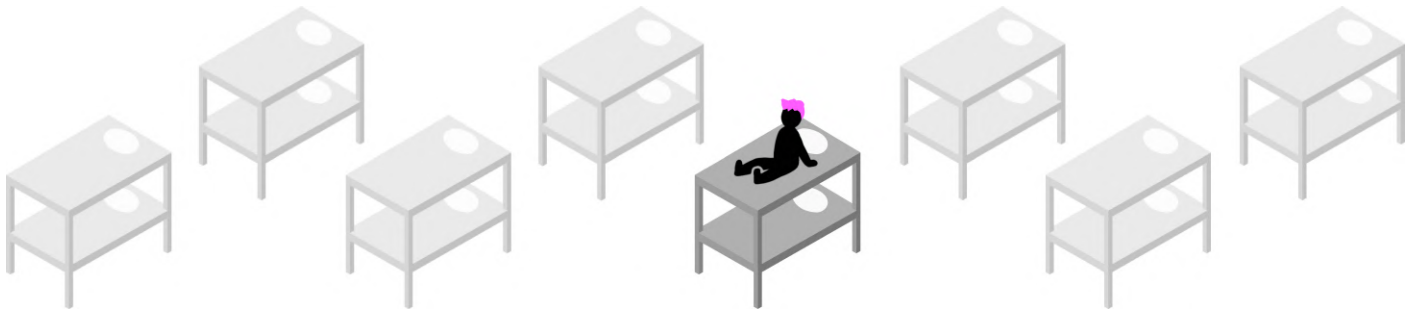
The majority of respondents currently staying in shelters reported that they had tried and failed to access a bed in the past: 64% reported having tried and failed to access shelter in the past due to a lack of available beds, 37% due to excessive waits, 29% due to finding it too complicated, and 29% from missed check-in for the strict curfew.

**Shelter conditions were considered by most study participants to present challenges to their health, safety, privacy, dignity, or ability to escape poverty and homelessness.**

Focus group participants described strict curfews and limits on nights-out interfering with getting hired or maintaining jobs and maintaining and caring for family. Those suffering from mental health conditions described the congregate settings as exacerbating their conditions. Those residing outside reported avoiding shelter as a means to evading institutionalization and the dependency and stigma they felt it entailed. The limits on pets and partners in most of the city's shelters were seen as more destabilizing than remaining outdoors. Others described the congregate settings of shelter as incubators of disease, a setting that provokes regular violence and social conflict between clients, and an environment that deprives them of privacy.

<sup>5</sup> Hopper, Kim, 2003, *Reckoning with Homelessness*. Cornell University Press. Lyon-Callo, Vincent, 2008, *Inequality, Poverty, and Neoliberal Governance: Activist ethnography in the homeless sheltering industry*. University of Toronto Press. Gowan, Teresa, 2010, *Hobos, Hustlers, and Backsliders: Homeless in San Francisco*. University Of Minnesota Press.





**A majority of survey participants would prefer a legal camp with amenities as opposed to existing shelters.**

When study participants were asked “If the city had a legal free campsite, where you could camp outside in your private tent and have access to toilets, showers, and have some basic security would you prefer to stay there as opposed to the existing shelters?” 58% reported that they would, 10% maybe, and only 32% said they would not. Of those who endorsed a legal campsite, 44% were currently in shelter at the time of the survey.

**Nearly one-third of study participants reported being forced to leave shelter against their will.**

Thirty-two percent of survey participants who had stayed in shelter had been forced out due to time limits at some point in the past. Another 30% left due to mistreatment, 15% because the rules didn’t accommodate them, and 14% were kicked out of shelter. Of study participants who had stayed in shelter, 31% had been asked to leave shelter by a staff member or were formally denied service before their time was up.

**There is a demand for both a clean and sober shelter and a shelter that would allow those actively using drugs and alcohol to safely use on site.**

Seventy-one percent of respondents said they would prefer to stay in a dedicated clean and sober shelter as opposed to existing shelters. Twenty-six percent of respondents reported that they would prefer to stay in a shelter to safely use drugs on site. When asked about a shelter with a safe injection site in a separate room with a trained nurse supervising, responses are split: 48% support this, 41% oppose, 8% are unsure, and 3% didn’t care.

**Participants ranked housing case management and case management as the services that would most improve their shelter experience or make a difference in them accessing a shelter.**

A high proportion of participants reported they would use housing case management (76%) or case management (74%) if these services were made available. The need for case management was also a significant theme in the focus groups. Participants reported lack of access to case management staff and to information on appropriate services as significant barriers. Many participants complained of low-quality case management.

# SUBSTANCE USE

Substance use can be a coping mechanism for homeless people on the streets, a way to “self-medicate” mental health challenges, a means to dull pain, or to drown out recurring traumatic events. For about a third of unhoused San Franciscans, substance use has become an issue that can have health and socio-economic consequences. Participants’ experiences with substance use treatment in SF is a focus of this report. When participants are able to access and stay in treatment, most participants report that treatment is effective at helping them manage, reduce, or abstain from substance use. Long-term success is often contingent on participants’ ability to access stable, affordable housing upon exit from treatment, which is relatively rare. Some people are able to address their substance use issues while homeless, but for most homeless people, their housing status acts as a barrier to addressing substance use issues. There are mixed reports with regard to the effectiveness or preferability of harm reduction versus abstinence-only treatment programs.

*For most homeless people, their housing status acts as a barrier to addressing substance use issues.*

## EXECUTIVE SUMMARY

### ○ One-third of homeless people in San Francisco report substance use issues, and polysubstance use is common.

Thirty-four percent (34%) of survey participants reported current challenges with substance use. The most common substances that participants received treatment for were methamphetamines, heroin, alcohol, and cocaine. Polysubstance use was common - almost half (49%) of participants who reported using substances experienced challenges with more than one substance at a time.

### ○ Half of people who report substance use challenges remain untreated.

One in five (20%) participants who reported challenges with substance use were receiving substance use treatment at the time of the survey\*. A little more than half (51%) of the same respondents reported receiving substance use treatment services in the past five years, and about half were not receiving treatment.

### ○ There are significant barriers to accessing substance use treatment.

For those who had issues accessing treatment, the specific barriers were lack of availability of beds, long waitlists, confusing systems to navigate, cost, and treatment program rules.

\* It must be noted that the question “have you received any services for your substance of alcohol use in the last 5 years” had a response rate of 85%.

## Treatment works for most to some degree, at least in the short term.

By and large, treatment was effective to some degree for many who were able to access it. Among participants who were able to receive substance use treatment, 80% reported they were totally or partially successful at meeting their goals. However, almost a quarter (25%) of respondents indicated that the substance use treatment program they attended was too short, which suggests that the duration of the program may be a factor that affects outcomes.

## A diverse system that includes methods of harm reduction and abstinence is needed.

Participants reported a range of perspectives with regard to treatment philosophies on abstinence. A little over one-third (34%) said abstaining from drug use completely is the best approach. When asked what approach helps people stay in treatment, 53% of participants found harm reduction programs that support progress toward recovery goals while not requiring abstinence helpful, while 47% said that abstinence-only programs work best for them.

## Housing is essential for successful outcomes.

Following treatment, more than two-thirds (67%) of participants exited back onto the streets or to a shelter (it must be noted that the response rate for this question is 89%). The vast majority (88%) said that stable housing is crucial in maintaining treatment goals and treatment would “prove pointless” if they didn’t have stable housing. That is, many unhoused people have nowhere to go during and after treatment, limiting the success of treatment and leaving people vulnerable to relapse or other dangerous outcomes.



*“One big impact of Prop C would be lowering the use of substances because TransLatina women would have opportunities to be in things that actually benefit us. How are you supposed to be OK if the night before you needed to exchange sex for a place to live or being up all night waiting for a client to pay for a motel so you can rest? What we need is opportunity.”*

—LISSETH SANCHEZ,  
Spanish-language Peer Researcher &  
facilitator of Mujeres Latinas en Acción

# MENTAL HEALTH

Mental health issues are forefront on the minds of many San Franciscans - whether it is through reading about the crisis in the media, witnessing the effects of untreated mental health issues on unhoused neighbors, or having experienced it yourself - no one can deny the existence of the problem. Study participants' experience with the mental health system is a focus of this report. We found that few who need services are getting the care they deserve, facing capacity, bureaucratic or cultural barriers. We also found that the lack of dual diagnosis care, alongside lack of placement in stable housing post treatment presented barriers to individuals ability to successfully care for their mental health. Too often, individuals first experience with care is through emergency care, such as Psychiatric Emergency Services, rather than in a community setting.

## EXECUTIVE SUMMARY

### ○ Few homeless San Franciscans receive care, despite demand.

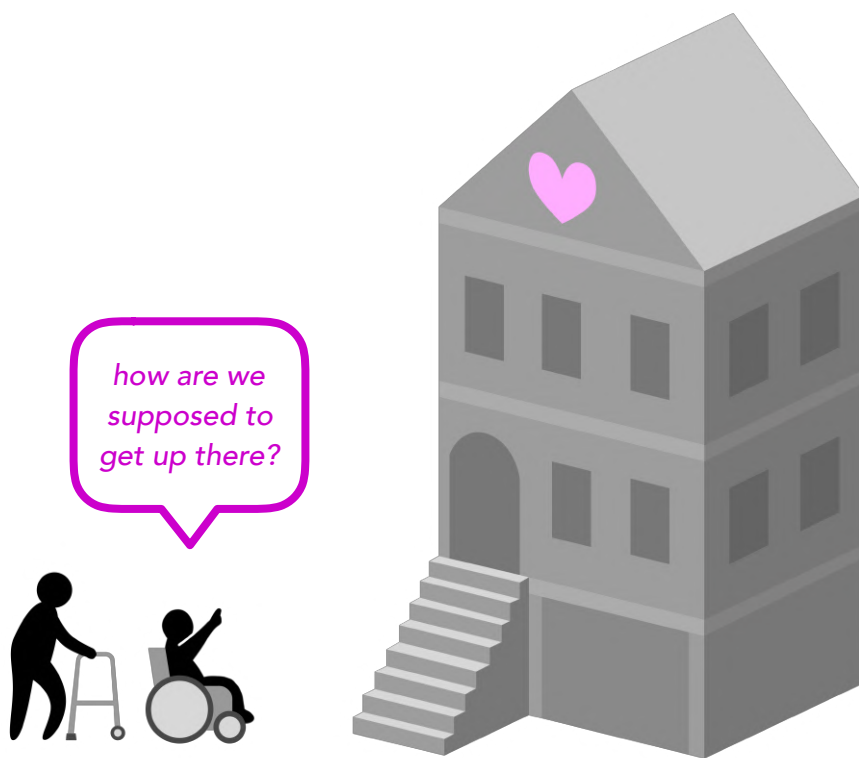
Of the participants who responded to the mental health section, 40% have not received treatment in the last five years. While this means a majority of respondents in this section have received treatment, there are still gaps in effective management of mental illness. Notably, of those who have received treatment, 60% reported experiencing a mental health crisis in the past five years in San Francisco. When asked how frequently they were linked to care following crisis, 21% were only sometimes able to get the care they needed, while 14% rarely got care, and 10% never got the care they needed. When respondents did report engaging in care- be that outpatient, peer support or residential- they noted that they significantly benefited from treatment and were generally satisfied with the services they received.

### ○ There are significant barriers to accessing mental health services.

Overwhelmingly, participants described finding the process for learning about and accessing services to be confusing and difficult. Barriers related to access include lack of or problems with transportation, not knowing where to go, issues with insurance, and cost of treatment. More than half (52%) of all respondents when asked why they haven't had mental health treatment yet reported issues with access.

### ○ Substance use treatment is necessary for effective mental health care.

Sixty percent of participants who reported having mental health challenges asserted that substance use treatment would be necessary for mental health care to be effective for them while an additional 11% were unsure. Despite the need for and potential utility of incorporating substance use treatment into mental health services, participants who reported actively using drugs described feeling unwelcome when attempting to obtain mental health services. One frequently cited example, of being searched and threatened with expulsion from residential treatment if caught using substances, were commonly mentioned barriers to accessing mental health and other services for people who were actively using substances



**1 / 3** of those who reported having a physical disability thought the program was not accommodating. This is a real challenge here in SF as many residential treatment sites are in older Victorian buildings that are not accessible for people with ambulatory challenges. Modification to include elevators is expensive and unfunded.

### **Culturally inappropriate or insensitive care proves a barrier to treatment.**

Another barrier identified during the focus groups was receiving culturally insensitive or inappropriate care. It is critical for all staff to be trained and become competent in matters relating to class differences as a part of ongoing diversity training to ensure sensitive care. This issue was particularly salient for non-English speakers and individuals who identified as LGBTQ. Additionally, those who were older than 40 years of age were less likely to view their mental health program as age appropriate, suggesting necessary reform in programming for older adults.

### **Stable housing after treatment is critical to stabilizing mental health.**

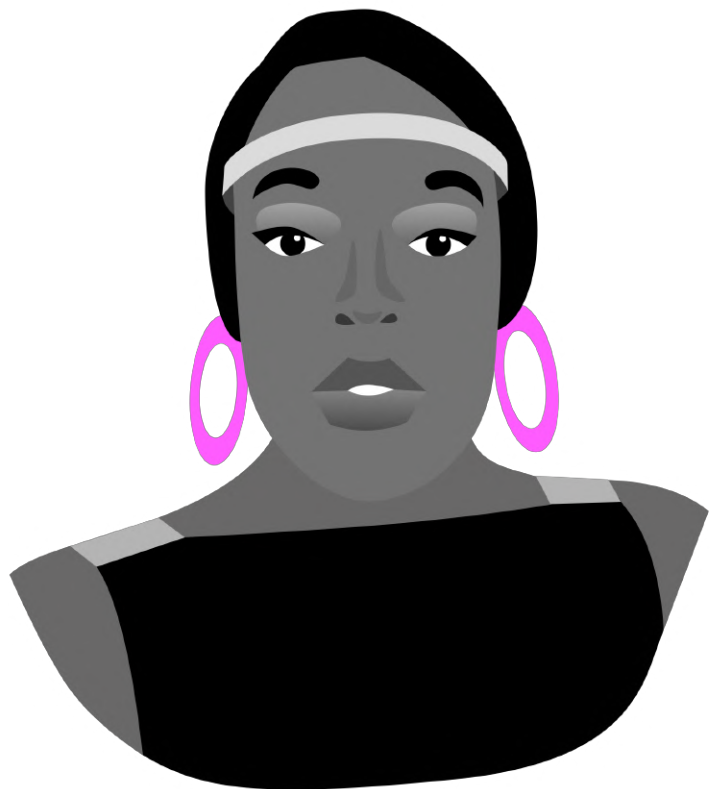
Our findings indicate the effectiveness of mental health care treatment depends on reducing the significant distress related to housing instability. Respondents who either received mental health services in the past five years or who were in need of them were asked about the relative importance of stable housing after treatment. Of the 284 respondents, the vast majority (92%) indicated stable housing after treatment would be "very important" for treatment to be successful, and without housing, treatment would be rendered pointless. Unfortunately, over half (63%) of these same respondents reported that they were homeless outside or in a shelter the last time they left a treatment program and only 9% were in some kind of stable housing (transitional, permanent supportive, or private housing). A lack of stable housing also meant that many respondents had to continuously prioritize finding safe places to sleep, eat and care for themselves, thus impeding their ability to seek out and engage in treatment.

# TRANS HOMELESSNESS

Trans people experience rates of unemployment and homelessness that are disproportionately high compared with those of cisgender people. Yet when trans people seek support services, they often encounter the same dynamics of exclusion that contributed to job loss or housing deprivation in the first place. In San Francisco and nationwide, trans people need comprehensive support and safe housing. In response to years of advocacy by transgender communities, San Francisco has taken promising first steps toward ending the crisis of transgender homelessness. Our Trans Home SF has successfully advocated for rental subsidies, housing navigators, and other crucial changes, but gaps in the city's homeless service system still disproportionately harm trans people, and dire unmet need remains.<sup>6</sup>

This chapter of the report centers the voices of transgender women of color and immigrants. Trans women of color are deprived of housing at higher rates than cisgender people—one in every two trans people has been homeless—yet trans experiences and needs are routinely marginalized or excluded from discussions of homelessness policy, and trans-led organizations are rarely consulted about issues related to housing. Too often, transgender experiences are subsumed into the category “LGBTQ” without meaningful representation. Many homeless service and advocacy organizations have no trans women of color in leadership positions or even as staff. In response to this shortcoming in homelessness research and policy, the Coalition on Homelessness partnered with organizations led by transgender women of color to help design and implement a Needs Assessment that centers trans people’s experiences and needs. Our decision to include this chapter is a timely one: As federal laws and policies of the Trump administration and Ben Carson’s Department of Housing and Urban Development endanger trans and immigrant communities in particular, this report details evidence-based recommendations for local policy to ensure human rights for multiply-marginalized groups.

*“Access and education are a big deal to my community. There are lots of people who just don’t have access to services, housing, or jobs because of their skin color, gender identity, criminal history, or housing status. Prop C is a way to rectify the systematic exclusion of people who daily face these oppressions.”*



—Ms EARL

Peer Researcher & Focus Group Facilitator)

<sup>6</sup> See <http://www.ourtranshomesf.org> to learn more.

# EXECUTIVE SUMMARY

**Binary gender classification and anti-trans discrimination made many transgender people feel unwelcome and unsafe in the city's shelters.**

**Most transgender participants reported experiencing transphobic harassment in shelters.**

The primary reason for transgender study participants' departure from shelters was to escape mistreatment (39%). In addition, 36% left because they timed out, and 16% were kicked out.

**Transgender people stated a need for gender-affirming mental health and substance use care.**

The criminalization of sex work along with "Quality of Life" law enforcement created unsafe working and living conditions for many transgender women, making them vulnerable to violence and trauma. As in shelters, binary gender classification and anti-trans discrimination made some study participants feel unsafe and unwelcome in treatment facilities or made access more challenging.

**Criminalization threatened mental health and physical safety.**

Due to racialized gender profiling and disproportionate criminalization of survival and earning strategies, transgender participants' daily lives were often shaped by law enforcement. Forty-five percent of respondents in the survey of currently homeless transgender participants reported having experienced violence perpetrated by police officers and 33% (13/40) of TransLatinx participants experienced police violence, including in their countries of origin. For many, mental health challenges stemmed from past and ongoing exposure to violence. Eighty-five percent of TransLatinx participants had applied for asylum in the U.S., and had overlapping and unmet legal and mental healthcare needs, including gender-affirming and linguistically competent therapists who could help with asylum cases.

**Overlapping mental health and substance use care needs resulted from gender-specific trauma.**

For transgender participants, mental health issues were often rooted in ongoing exposure to gendered and sexual violence resulting from housing deprivation and labor market exclusion.



**Pass Policies to Keep Housing Affordable**

- Fully repeal the Costa Hawkins Rental Housing Act, a California measure that was passed in 1994 that limits municipalities' ability to implement vacancy control in rental units. This will reduce landlord incentives to displace existing tenants and prevent rents from spiking when a tenant moves or is forced out.<sup>7</sup>
- Support local and statewide measures that expand tenant protections and expand rent control.
- Support a California constitutional amendment recognizing the Fundamental Human Right to Housing in California.
- Fully repeal the Ellis Act, a statewide measure that allows landlords to evict entire buildings.

**Reinvest in Public Housing**

- Direct city lobbyists to prioritize their time pushing for elimination of the Faircloth Amendment and restoration of public housing funding back to pre-1978 levels adjusted for inflation.
- Eliminate entry barriers to public housing including debt and past criminal records.

**Expand Access to a Variety of Affordable Permanent Housing Options**

- Expand investments in permanent supportive housing, flexible housing subsidies, need based subsidies and other forms of permanent housing assistance through ensuring Our City Our Home fund is kept whole and released through defense of lawsuit or returning to ballot. In a recent study by Tipping Point community, 89% of homeless people agree that the best way to help someone experiencing homelessness is to support their efforts to find a long-term place to live. They also felt that autonomy matters. Respondents ranked basic essentials including access to one's own bathroom and kitchen above even their own safety when asked about important factors they were looking for in housing. Lastly, "family," "job," and "it's home" were among the top reasons why people felt it was important to stay in San Francisco. A variety of housing options that include an ability to stay in San Francisco, or live outside of impoverished areas, as well as ensuring units with basic amenities is key to success.<sup>8</sup>

**Prevent Homelessness for Housed San Franciscans in the Private Market**

- Expand rental assistance programs for those who are facing eviction for nonpayment of rent or habitual nonpayment of rent. These programs should be flexible on a case-by-case basis and allow for both short- and long-term rental assistance, and should be available as needed, as many times as needed.
- Ensure right to counsel along with comprehensive legal assistance is available from early in the process, before unlawful detainers are issued all the way through the court hearings. Fully fund right to counsel.
- Expand enforcement of anti-discrimination policies for families with Section 8 vouchers.
- Create data inventory of housing stock with eviction frequencies and rent prices and record of vacancies.
- Increase mental health services for tenants who receive eviction notices.

<sup>7</sup> The Cost of Costa Hawkins, 2016, San Francisco Anti-Displacement Coalition  
<http://sfadc.org/wp-content/uploads/2018/07/The-Cost-of-Costa-Hawkins-On-Screen-Version.pdf>

<sup>8</sup> Tipping, "The View From the Outside" April 2, 2019



- Amend California Code of Civil Procedure 1161(2) to allow payment up to the day of Unlawful Detainer trial.
- Expand outreach to buildings at risk from speculators or possible evictions by tenant rights advocates.
- Require “just cause” to evict tenants statewide.

## Prevent Homelessness for San Franciscans Housed in Government Subsidized Housing

- Ensure that permanent supportive housing is truly that: permanent and with the appropriate amount of support to ensure that individuals are able to maintain their housing.
- Remove nonpayment of rent as a reason to evict, by developing an early warning system to guarantee that nonpayment does not lead to an eviction. Reach out to tenants immediately when rent is late, create a mutually agreed upon plan for payment.
- Expand voluntary support services such as payee programs, direct rent payment, case management and policies that help at risk tenants stabilize their homes where they have the opportunity for long term tenancy.
- Insert standardized language in city subsidized housing contracts, including Rental Assistance Demonstration (RAD), HOPE SF, Permanent Supportive Housing, and Master Lease contracts that ensure eviction prevention steps are taken, including conflict resolution, payment plans, money management assistance, hoarding abatement, in home support services, as well as bans against harassment of tenants and unfair evictions.
- Halt the widespread use of unrealistic stipulated settlements (contracts that tenants sign that if they break them they are automatically evicted) that consistently lead to eviction, and ensure when stipulated agreements occur, providers never insert nuisance issues or other terms that could never support a lawful eviction into stipulated agreements or other items that were never an issue in the original eviction. Stipulated settlement agreements must also include the right to a hearing or trial and not lead to immediate eviction with no due process.
- Track data and outcomes to better serve current and future tenants in supportive housing. Currently, the Department of Homelessness and Supportive Housing does not track outcomes when homeless people exit supportive housing nor do they track outcomes past 12 months in supportive housing. This data must be regularly collected and analyzed to guarantee a housing system for homeless people that best serves them. This includes tracking reasons individuals left housing.
- Ensure housing system is fluid to allow for easy transferring between buildings when family size changes, when unresolvable conflict occurs, or when tenant’s safety is threatened. The rules for emergency transfers would need to be more flexible to allow for more success.
- Expand Right to Counsel to HUD Hearings.
- Establish uniform training for building/property managers contracted by CCSF including de-escalation and restorative justice practices with strict monetary fines for non-compliance.

## Address the High Turnovers in Permanent Supportive Housing

- Assess reasons for individuals exiting permanent supportive housing.
- Change the current 30-day window for reinstating benefits to 90 days for County Adult Assistance Program beneficiaries in master lease housing, and actively give assistance to tenants to get reinstated including on-site enrollment.
- Establish a well-publicized hotline posted in every building for master lease residents to alert Department of Homelessness & Supportive Housing (DHS) when they feel they are being harassed or bullied out of housing by property management, or when their safety is being compromised inside buildings.

## Problem Solving for People Who Are Vehicularly Housed

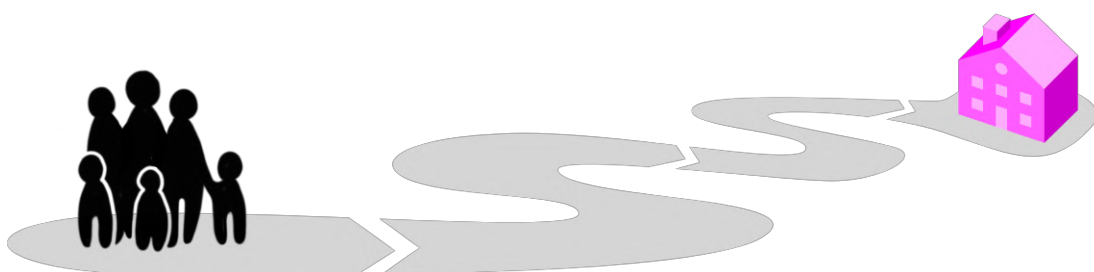
- Rather than criminalizing and taking curb space from people who live in their vehicles, ensure accessible problem solving funds through DSHS to assist with tows, parking tickets, repairs, smog tests, and other resources to aid those who live in their vehicles.
- Halt the towing of vehicles that people live in unless a safety risk is present.
- Ensure safe parking is available city wide.

## Facilitate Work and Employment for the Currently or Recently Unhoused

- Train and incentivize local employers to hire people actively experiencing homelessness and provide additional support services to those employees to help them stabilize in both a job and housing.
- Create specific, medium- term housing for those enrolled in the program so they can't time out, become homeless, and have to leave their job.
- Create policy that will allow vulnerable housed and unhoused people to work without risk of losing their government benefits until they are solidly, demonstrably no longer in need of them.

## Municipal Practices to Increase Income in Order to Preserve Housing

- In programs where benefits are tied to housing such as Care not Cash, continue benefits for 3 months as a bridge to allow opportunities for benefits to be reinstated.
- Automatically enroll all eligible SSI consumers in CalFresh, increasing ability to pay rent.
- Cease the suspension of driver's licenses for failure to appear in traffic court and clear the backlog of related holds on licenses that have already been filed with the California Department of Motor Vehicles. Loss of Driver's License leads to loss of employment, and housing.
- Include specific *ongoing* funding to address homelessness among youth in future funding administered by the Homeless Coordinating and Financing Council.
- Make immigrant taxpayers, who file taxes each year using an Individual Taxpayer Identification Number, eligible for the California Earned Income Tax Credit, as well as those on work status through Deferred Action for Childhood Arrivals (DACA) or Temporary Protected Status (TPS).
- Prohibit criminal history inquiries during the housing application process—scale the Oakland measure, Fair Housing Ordinance, up to the state level.
- Push for federal HUD funding awarded to California to be proportionate to the actual state need/size of the homeless population.
- Revisit previous attempts to amend state laws that have granted Business Improvement Districts (BIDs) excessive authority to collect and spend property assessment revenue on private security, which further contributes to the criminalization of the homeless.
- Halt the practices of illegal property confiscation, sweeps, ticketing homeless people for housing status offenses, towing of vehicles individuals reside in, in order to halt the further perpetuation of homelessness and instability which leads to unduly extending periods of homelessness and suffering.



# SHELTER POLICY RECOMMENDATIONS

## Varieties of Deeply Affordable Housing

- Currently, only those who are rated Tier 1, or most acute, are offered any housing resources. What this means in practical terms is that homeless people must be severely acute before getting housing, typically after being homeless for long periods of time. For those who are not Tier 1, they are sent to problem solving that offers a variety of resources short of housing. Problem solving should include housing offers as well, such as private market subsidies, or assistance with other forms of housing applications.

## Transparent Pathways to Housing

- Most homeless housing is under Coordinated Entry in San Francisco, however there are other housing resources outside of it. The City should ensure updated housing access information sheets are distributed monthly, with instructions on how to apply, including below market rate units, private subsidies, opening of HCV lists in other Bay Area Counties, public housing application spots and so forth. Clear and transparent housing opportunities and the application process should be posted online.

## Case Management Aimed at Housing Support

- Most of the single adult system has centralized case management through START (Shelter Treatment and Access to Resources Team) but it is limited to a small portion of shelter clients. If there are transparent housing opportunities, there is not a need for comprehensive case management in the shelter system, however START should be expanded by 30% to serve all those in shelter who would need additional assistance navigating the system. With additional staff the START team could move from a passive to more active, yet still voluntarily, engagement with clients. For instance, currently people have to go to the team's office hours or make an appointment. They find out about the team through flyers. A more active model might include one where people are approached and told about options one-on-one during meals. For the family shelter system, case management already exists, however there continues to be challenges with quality. Additional regular training and supervision with formal reviews from clients would help address these issues.

## Adopt Rules Matrix of Navigation to All Shelters Systemwide

- The original Navigation Center proved to be a popular model that better met the needs of its clients than the traditional shelter system. All shelters should adopt its rules matrices that made the center so successful. Rules should be re-evaluated for necessity, and remove those that are overly petty, while using creative problem solving to address concerns. There should be very simple rules and they should be easy to understand and remember. Beyond necessary rules such as banning violence, these include:
  - 24-hour access with no curfews or forced morning leave times.
  - Ability for clients to store property on or off site.
  - Ability to access healthy food throughout the day rather than limited times.

## More Shelter with Low Threshold Drop-In Access

- San Francisco has eliminated most of this form of shelter access, preferring instead either referral based or wait list. These work for different types of homeless people – those who are able to navigate the wait

list, or those lucky enough to be offered a navigation bed. Currently, only winter shelters have drop-in access, and they tend to serve many individuals who are elderly or have other barriers to services. It is important to have all three forms of shelter beds all year round. We recommend that at least 20% of the beds be drop-in based, including navigation center beds into the total.

## Varieties of Shelter

- New shelters might consider focusing on specific needs and preferences as described by many in the focus groups. Some of these ideas included:
  - A wet shelter where alcohol was permitted.
  - A shelter that included safe consumption spaces.
  - A shelter or spaces in shelter for those in recovery who prefer to reside with others who also want to live in “clean and sober” environments.
  - A shelter that focused on employment training, opportunities, and those working.
  - A shelter that included private or semi-private sleeping quarters, such as in the family shelter system.

## Improved Conditions to Support Healthy Living

- Ensure shelters have adequate maintenance budgets to guarantee clean bathrooms, floor and other components of the facility.

## Improved Staffing

- With low unemployment rates and low salaries of frontline shelter workers, it is difficult to attract and maintain quality staff. There needs to be concerted efforts to increase staff wages above the 2% cost of doing business nonprofits receive. At the same time, there is a strong source of potential staff among the homeless population. Well defined job training programs, with structured work practice and formal training combined with trauma centered supervision should be implemented.

## Daytime Drop-In Centers

- For a variety of reasons, San Francisco lost about 50% of its drop-in capacity as compared to 15 years ago. At the same time many of the shelters are unable to open during the day, because of mixed use of the space. For those shelters which can open during the day, the city should allow for proper funding to do so, as well as expand drop-in capacity to serve a currently underserved area. This resource should include assistance with a variety of needs from securing identification, to holding support groups as well as access to showers, bathrooms and storage.

## Storage Facilities

- A major barrier for those entering shelter is the requirement to abandon much of their property including survival gear for when they have to reside outside when they can't access shelter as well as basic personal belongings and valuables needed for day to day existence. While the new navigation centers have recognized and met this need, other shelters remain without storage for anything beyond one backpack and one piece of luggage. Secure storage areas within shelters, and/or convenient storage areas off site or in drop-in centers would aid both those who find property as a barrier to shelter and those having to reside in public space who do not have a safe place for their valuables.

**Permanent Supportive Housing, Rental Subsidies, Step Down Housing after Treatment**

○ Respondents reported how important stability in housing post treatment was to their recovery. The city has recently invested in step down housing, which has been successful in improving outcomes. There should be fluid access to housing directly from treatment programs (i.e. the treatment coordinates transition into housing) to promote long term success. Housing should be offered at a range of levels of care, as the needs of homeless people with substance use issues can vary from needing more intensive support in housing for more acute participants, to independent living that only requires economic assistance to afford rent.

**Individualized Support Through Intensive Case Management**

○ People who are homeless have expressed demand for individualized support to meet recovery goals. Due to the complex nature of substance use disorders and its links to trauma, mental health, racism, homophobia, lack of housing, and isolation, one-on-one support through models like Intensive Case Management is needed. As part of the ICM expansion recommended in the mental health section, this expansion should include competitive wages for case managers and meeting national caseload standards, which is a client load of no more than 15 cases.

**System That Accommodates Across Client Range of Readiness**

○ People who are homeless represent a wide range of variability in intervention needs. Many people who are homeless indicate they are not ready for substance use treatment, but these individuals may still benefit from increased stability, outreach and resources. Expanding and intensifying street-based outreach utilizing harm reduction strategies may be a way to promote safety while people are actively using. Providing clean syringes, naloxone, safety/hygiene kits, street-based counseling, and disseminating safer use education can equip people who are not ready for treatment with the tools and knowledge to use more safely. These efforts should be carried out in tandem with offers of shelter, residential treatment, and housing options and other means to stabilize an unhoused person.

○ In a treatment setting, substance use programs need to accommodate across the range of readiness among clients. Rather than a dyad of abstinence-only or harm reduction, therapeutic group settings can investigate how to integrate aspects of both models into treatment, targeting the specific goals and needs of individual clients. Treatment programs also need additional support from the city to address licensing and MediCal regulations that currently require abstinence.

**Evidence-Based Treatment Protocols Related to Cannabis**

○ Cannabis use is legal in California and the therapeutic uses of cannabis for a wide range of health issues is well documented. However most treatment programs, especially abstinence-based programs, do not permit the use of cannabis (while nicotine use is typically permitted). This is a deterrent for people accessing and remaining in treatment, particularly if clients are using cannabis medically to manage health issues. Evidence-based protocols for the use of cannabis in different types of treatment settings is needed.

## Expand Naloxone Kits and Refills

- Homelessness is a major risk factor for opioid overdose. Yet, most homeless people do not carry naloxone. The number is low even among people who report having issues with opioids. Expanded naloxone training and distribution, along with a simple process for obtaining refills, is needed for people who are homeless.
- Moreover, naloxone training and availability needs to be expanded among staff at specific sites and organizations that serve homeless people. This is important because naloxone cannot be administered to oneself - naloxone must be available to a person witnessing an overdose to administer it. Homeless encampments, navigation centers, shelters, permanent supportive housing, homeless service organizations, and jail (inside and at discharge) systems are potential sites where naloxone can be made available to homeless people and staff. For sites where homeless people have privacy, such as in supportive housing, additional efforts must be taken to avoid fatal overdoses of those alone in their rooms. This can be developing a buddy system, a request for call back from the front desk within a short period of time, and ability to request safety checks.

## Comprehensive and Accessible Real Time Inventory Database

- Many homeless people are unable to know what treatments are available, and how a particular treatment program might fit into their individual recovery needs. In fact, no one knows — the city does not have a single source for information on available beds. The City needs to develop a comprehensive and accessible real time inventory database of existing substance use treatment program slots, eligibility criteria, and availability, in order to reduce the confusion and frustration of navigating a complex treatment system. This database should be available online, accessible to service providers, and the general population.

## Flexible Duration of Treatment

- Many substance use treatment programs operate on a set timeframes (e.g. four weeks, 12 weeks) based on a variety of factors such as capacity, insurance reimbursements, and the needs of the client. However, substance use issues are often chronic and ongoing. There is a need for treatment options that are flexible in duration to meet the ongoing needs of homeless people who use substances — for many programs that means offering longer stays. Longer stays are often not reimbursable by MediCal, so there needs to be general funds available for this, as well as changes in MediCal regulations.

## Expand Dual-diagnosis Services

- Of those who currently have or have had a substance use challenge in the last five years, one-quarter (25.7%) report mental health issues as well. It is widely recognized that for many, substance use is a condition of mental health issues. People suffering from a mental health issue (e.g. bipolar disorder) may self-medicate with stimulants or tranquilizers, and thus develop a substance use disorder. This can be particularly problematic for people who are homeless, who may not have access to medical care to manage their mental health issues. However, despite many efforts, few programs are truly dual diagnosis — leaning instead in one direction or the other. Our recommendation is for treatment programs to investigate and apply best practices for addressing mental health, along with substance use, for people undergoing treatment in residential and community settings.



## Expanded, Improved Approaches Targeting Stimulant Issues are Needed

- Methamphetamine can be a problematic substance for homeless people in San Francisco and is often used as a survival strategy. However, many treatment programs do not offer specific programming for stimulant use disorders. In general, there are limited effective treatment options available for methamphetamine use. There is a need for improved approaches for managing methamphetamine use specifically, such as the methamphetamine drop in center that is currently being developed. Any approach must recognize that much of the issues associated with use are the result of a system that has failed to care for disenfranchised community members with dignity.

## Fluidity Between Permanent Supportive Housing and Residential Treatment

- People living in permanent supportive housing may face periods when they need more intensive substance use services. Permanent supportive housing systems should allow residents to enter intensive residential treatment without a risk of losing their housing. This would require subsidies to cover rent while they are away in some situations, and flexibility in the Department of Housing and Urban Development (HUD) and local regulations.

## Trauma-informed Care as Standard Practice in Substance Use Services

- Trauma and mental health are deeply linked to substance use. These include childhood sexual and physical traumas to traumas endured while homeless as well as a variety of diagnosed and undiagnosed mental health challenges. Trauma-informed care must be an integral, standard practice in substance use programs. We recommend that the city adopt trauma-informed care as a standard practice throughout the treatment system, and augment resources to existing programs to ensure these challenges are addressed.

## Expand Substance Use Services in Current Drop In Centers

- Many homeless people find that they only get care when they are in crisis, such as at Psychiatric Emergency Services. Even then, it is for a short period of time and they find themselves back out on the streets. It is important that there are peer-based and professional substance use services that meet people where they are at and that are easily accessible, prior to crisis scenarios. Utilizing some current drop-in spaces for this purpose is a way to connect with people consistently while maintaining easy access. We recommend the city ensure current drop-in services have robust substance use services as part of their regular operations.
- Additionally, Drug Adulterant Testing Services should be expanded at current substance use treatment programs, which allow people to accurately identify the drugs they intend on using. This could prove life-saving information to those who currently have substance use challenges.

## Expand Medical Detox and Medically Supported Detox Beds

- Both medical detox and medically-supported detox beds have been in high demand since most of them were lost during the Great Recession. There have been expansions of the number of these beds, but they are still nowhere near meeting the need, in particular for women. This is a key component of having treatment available on demand.

## Expand Peer Based Support Services

- Training and paying peers (people who are homeless who are working to manage substance use or are in recovery) to provide street based support and assistance navigating the substance use system is a way to both create jobs, engender trust, and inspire hope among the unhoused community who identify as having substance use challenges. We recommend expanding existing peer programs and creating new programs to serve underserved communities.

## Fully Implement Treatment on Demand

- Voters passed Proposition T for Treatment on Demand in San Francisco in 2008, but this ideal has never been met. Record keeping has been problematic (e.g. no tracking waitlists) thus there is no way to know what the pent up demand actually is. It is vital to have real time inventory, track turn-aways, and expand capacity based on that unmet need. Given the nature of substance use disorders, it is crucial that we not only reach out to drug users with something to offer, but that when drug users reach out for help that they receive it immediately.

## Enact the Getting Home Safe Act

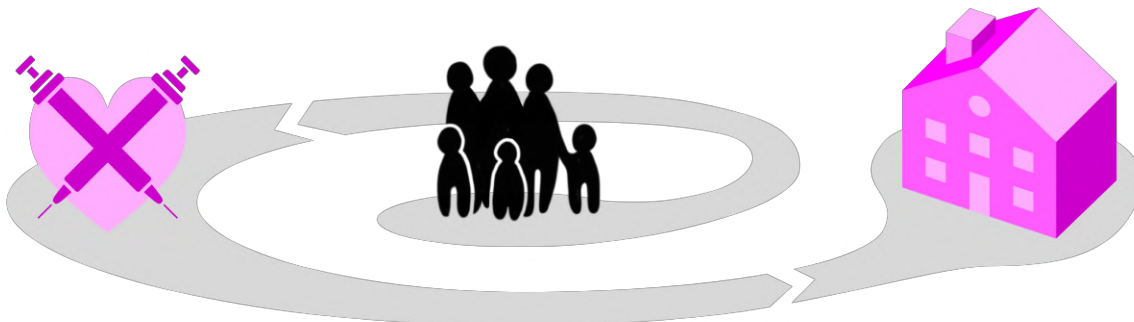
- Allowing Sheriffs to discharge inmates during the daytime would ensure releases during safer hours, and times of the day when transportation and support services are available. Additionally, when people with substance use challenges become incarcerated, many times their tolerance lessens, which increases the risk of overdose when using again. Flexibility on release would positively influence the health of those who use substances, and reduce overdose upon release.

## Open Safe Consumption Spaces

- Safe consumption sites prevent overdoses and transmission of disease, while allowing for connection with health care. These sites improve health and treatment outcomes and demonstrate effective engagement of drug users in services. These should both be stand alone programs and set up in existing shelters and housing programs.

## Decriminalize Paraphernalia

- Expand the Health and Safety Code to allow for all additional forms of paraphernalia available through the California Syringe Exchange Supply Clearinghouse to be decriminalized.





## Purchase Residential Care Facilities, Co-ops, and a Pipeline to Permanent Affordable Housing

- Co-ops are flats that are rented or purchased and share case management. Individuals leaving residential care, once stabilized move into them. This ensures continuity of care and has been tremendously successful at halting the system churn that many in the mental health system experience. The city could purchase flats, and ensure stability for acute clients who don't need the higher level of care that includes preparation of meals as a board and care facility provides, but who can live independently in a group setting with case management support. Also in high demand, are supportive housing units. For many, who can live in private spaces independently and need occasional support services, this model can be successful for homeless people struggling with mental health issues. According to the plan laid out by the Our City Our Home Coalition for use of Prop C, November 2018 fund, at least another 500 newly constructed supportive housing units can be added to the current affordable housing pipeline and 1,500 units in the current pipeline can be subsidized to ensure 1,500 additional homeless units are set aside. These 2,000 units can be supplemented with 1,000 master lease units in existing SRO's to greatly expand housing access for homeless people.

## 24 Hour On-Call Crisis Support

- Ensure mental health programs have **24 hour on-call crisis support** to ensure success.

## Expand Availability of Voluntary Mental Health Services

- San Francisco has an over reliance on "high end care," with thousands of people each year, never getting the help they need until they are in crisis, ending up in a revolving door of emergency hospital based care and back to the streets, or others who are held in expensive beds because lower levels of care are not available. Beds are badly needed in the community, including expanding Acute Diversion Units, co-occurring substance use and mental health residential treatment beds, as well as continued respite, observation beds for those leaving Psychiatric Emergency Services (PES), peer based trauma recovery services, quality board and care facilities, and other living arrangements.

## On-site Mental Health and Case Management Services at Drop-ins, Shelters & Nav Centers

- Bringing mental health services to places where homeless people with mental health issues already congregate would expand access. At times the survival mode that homeless people are in compounded by mental health disabilities prevents people from keeping appointments or navigating complicated processes. These services could be available as drop-in services, ensuring care continuity. For example a therapist could keep hours at a drop-in center and a navigation center, so once the client leaves the navigation center there would not be an interruption of care.

## More Culturally Sensitive Services, Particularly for Women, LGBTQ Folks, and Immigrants

- Successful mental health treatment is often linked in tangible ways to culture, identity, and language, as without common ground, essential trust is difficult to craft. It is critical that our system is diverse enough to meet the complexity of humanity. A 53 year-old transwoman recalls her struggle with finding a therapist who fits her needs: "Accessing care is impossible; I cannot see a male therapist... [my] biggest barrier is feeling safe and finding an appropriate provider. "

## Expand Quality Peer Support Services in Existing and New Programs

This should include improving professional training and compensation for staff. Peer support services are often more effective than clinical services<sup>9</sup>. Peers can develop trust, inspire hope, build community and provide counseling. In order to meet the overwhelming need for mental health services, it is critical that San Francisco invest in training peer experts and ensuring they are compensated in a way that provides stability as well as having on-going support and supervision. Peer professionals can allow for staff expansions in new and existing programs such as outreach, intensive street based care, residential programs, crisis intervention, drop-in facilities, shelter services and more. A 20 year-old Latino man speaks to the importance of peer-based services: "We should all have that one counselor who's actually been through the struggle who can totally understand. I pick people to open up to who have actually been homeless."

## Develop Alternative Response to Psychiatric Crisis from Police

Given the lack of preventive and community based mental health care, there are thousands of people who experience psychiatric crisis each year in San Francisco. Overwhelmingly, the response to the crisis is a police officer dispatched to the scene. Police should not function as first responders to psychiatric crisis, absent a threat to public safety. This is both ineffective and costly, and while training and change in protocol has reduced this outcome, at times it still can lead to unnecessary force, harm upon people with disabilities, and injury on the part of officers. The San Francisco Police Commission passed a resolution in January of 2020 calling on the city to develop an alternative to a police response to homelessness. It cited models such as CAHOOTS (Crisis Assistance Helping Out on the Streets) in Eugene, Oregon that send an integrated social services and medical team dispatched from the emergency (911) call center. They are able to replace lost medication, conduct crisis intervention, make appropriate placements in facilities, and make referrals to further care as well as provide a supportive and listening ear.

## Create Neighborhood Based Services

Over time, much of the geographic diversity has been lost, and programs have centralized in the central city area. Geographic diversity is critical to ensure cultural competency and accessible services. Many respondents were frustrated that most services were downtown, while their own neighborhoods went underserved.

## Dual-Diagnosis Residential Services

Of the total 3,229 unduplicated clients recorded in Avatar as receiving psychiatric emergency services in FY 2016-17, two-thirds (65.5%) had co-occurring mental health and substance use disorder diagnoses. However, despite many efforts, few programs are truly and equally dual diagnosis competent- leaning instead in one direction or the other, or fulfilling neither treatment goal effectively. Our recommendation is to expand these high demand residential programs, and to have dual-diagnosis residential services that treat substance use disorders alongside co-occurring mental health issues.

<sup>9</sup> Journal of Affective Disorders; December 2012, (Psychiatric Rehabilitation Journal; Winter 2007)  
<http://peersforprogress.org/learn-about-peer-support/science-behind-peer-support/#MH>

## Availability of Day Treatment

- Many respondents asked for restoration of day treatment programs. These are structured programs (sometimes termed, "The Clubhouse Model") with groups and community building that also serve as a vibrant place to be during the day, when done well. Some of these have been lost, such as the Hyde Street Mental Health Services Tenderloin Day Treatment Program that was shuttered during the recession. Other successful models, such as the Village in Long Beach could be replicated, which is a residential mental health recovery program for homeless people.<sup>10</sup>

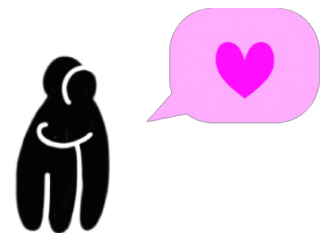
## Expand Intensive Case Management to Meet Need

- For high acuity clients, navigating complicated bureaucracies, attending appointments, securing housing and meeting every day needs can be impossible without special assistance. Like almost every problem in the mental health system, the issue is a lack of capacity. Intensive case management programs are low-caseload high-frequency models for those with the most acute mental health needs. According to the Budget Legislative Analyst Audit of 2018, from FY 2012-13 to FY 2016-17, for every adult discharged from intensive case management, more than two adults were referred for services. Only 10.9% of the high user group had been assigned to an intensive case manager during FY 2016-17. We found this need echoed in many of the study participants' experiences.

## Drop-in Services for Young People

- There has been a dearth of homeless services in general for young people, and in particular mental health services. The loss of youth behavioral treatment beds, the closure of the Homeless Youth Alliance drop-in, have all added to the challenges in providing culturally appropriate services for homeless and street identified youth facing mental health challenges in an already struggling system. At the same time, there is tremendous need for mental health services among this population who frequently are homeless after escaping abuse, or exiting foster care. Having drop-in services, with showers, and a place to rest and receive basic care is a starting place to develop trust and engage youth in mental health services. Residential Care Facilities, also known as Board and Cares or Assisted Living Facilities are in short supply and we are losing them rapidly. But since 2012, San Francisco has lost more than a third of licensed residential facilities that serve people younger than 60, and more than a quarter of those serving older clients.<sup>11</sup> These are critical parts of our systems, often family run and extremely underfunded, that the city must assertively ensure continuity by purchasing them as soon as there is word of one going out of business and before the buildings go on the market whenever possible. Funding from ERAF, and eventually Mental Health SF, and Our City Our Home Fund could be used.

*"Things got much better for me once I got established in the co-op. I started going to the Day Treatment Center and using the support groups; it helps me clear my mind. I still find that after five years that I function better, using support groups to do something for my mental attitude."*



<sup>10</sup> [https://211la.org/211search/more?site\\_id=1066210004](https://211la.org/211search/more?site_id=1066210004)

<sup>11</sup> <https://www.sfchronicle.com/bayarea/article/SF-board-and-care-homes-for-seriously-mentally-13766754.php>

## Recommendations to Prevent Homelessness and Provide Gender-Affirming Shelter and Care for Transgender People



Experiences of homelessness are different for different people. Some might wonder why we would include recommendations about one specific group. This section does not intend to say that only trans people need policy attention. Instead, it highlights experiences of interlocking marginalization, as guided by intersectional feminism. Focusing on and addressing interlocking barriers can make more visible the ways that these converge to make navigating systems difficult for everyone, even though some people are more severely affected by these than others. From this vantage point, recommendations that improve living conditions for trans people will improve conditions for everyone — and will also prevent policy changes that benefit some people but leave trans people, particularly trans women of color, behind. Many times, homeless services policy relies on race and gender neutral recommendations that can leave the most marginalized groups behind. Instead, we need to take concrete steps to make sure that homeless services — which are often organized using binary gender segregation and run by cisgender people — are safe and welcoming for trans people.

Like everyone, trans people will benefit most from truly permanent housing, investment in public housing, prevention of housing loss, and effective and well-resourced shelter and treatment programs. At the same time, certain provisions are necessary to ensure that these work for trans people — which means they will work better for everyone.

## RECRUIT AND HIRE TRANS PEOPLE WHO HAVE EXPERIENCED HOMELESSNESS

### ● Ensure Gender-Affirming Care in Staffing and Hiring.

Binary gender segregation in housing and treatment facilities can exclude trans, nonbinary, and queer people and expose them to harassment. Dedicated programming can help, but all programs should employ staff capable of providing gender-affirming care and addressing transphobia. Homeless service programs must recruit and prioritize hiring of transgender applicants who have experienced homelessness. Homeless service programs should hire trans people with lived experience of homelessness to train existing staff. Incidents involving transgender shelter and transitional living programs (TLP) residents should be reported to the Transgender Gender-Variant & Intersex Justice Project (TGIJP) and the Coalition on Homelessness (COH) for review of related shelter and TLP policies and practices.

### ● Invest in Housing and Shelter Provided Exclusively by and for Transgender People.

Many interview participants reported feeling safest and most welcome in service organizations with dedicated programs run by and for transgender people. We recommend hiring and paid professional development of transgender staff who have demonstrated skill in creating safety for transgender residents to staff trans-specific city-funded shelters. Candidates for homeless services jobs should be interviewed by transgender and nonbinary staff and residents.

## **Reinstate community referral placement for Jazzie’s Place to ensure the population there is trans, as intended.**

Jazzie’s Place was originally designed to be a trans friendly shelter, with thoughtfulness about physical design and allowance for fluidity of gender inside the space. The access process was carefully designed to ensure that the space would serve the intended population, with referral and placement outside of typical shelter sign up time at Mission Neighborhood Resource Center. That process was changed so that the way into Jazzie’s Place is no different from any other shelter — when beds open up there they are offered to the entire homeless population on the waitlist. This has resulted in moving from its original mission. A similar process as to what was originally designed should be put in place with placement authority from providers who serve this community.

## **ENSURE TRANS ACCESS TO EXISTING PROGRAMS**

### **Create Physical Structures to Promote Safety and Gender-Affirming Care in Congregate Living Environments.**

Bathroom and shower facilities in many congregate living environments are sites of harassment. The city should create gender-neutral and more private bathroom and shower options, dedicated safe spaces for transgender residents, and other changes to physical structure. In the meantime, trans residents should be able to shower at different times as requested, and staff should be trained to address privacy and safety needs.

### **Long Term Housing and Support for Transgender People in Residential Substance Use Treatment Programs.**

A lack of available housing forces residential substance use treatment programs to release most people who complete the program back into homelessness, which does not support sustained sobriety or health. The City and County of San Francisco must increase the availability of long-term and permanent housing to improve outcomes for drug users, making sure trans people are fully included. Existing transitional housing programs for drug users can be unsafe and unwelcoming to transgender people. The City should collaborate with transgender run organizations to create housing transition plans for trans people’s direct placement in safe housing.

### **Flexible Rental Subsidies for Transgender People.**

Income documentation for subsidies can present a barrier to members of the transgender community, particularly formerly incarcerated people and undocumented immigrants, who disproportionately work in the informal economy. Some housing programs inadvertently discriminate against transgender people and block educational attainment through income requirements. It is counterproductive to force transgender subsidy recipients to seek work in a low-wage labor market where discrimination renders most jobs unavailable and unwelcoming. Flexible rental subsidies for transgender people can help them to pursue diverse self-identified goals. Rental subsidies should be available for whatever locations individual transgender applicants identify as safe for them, including locations inside and outside of San Francisco, if requested by the subsidy-seeker: The city should not force trans people out of San Francisco simply because it is unaffordable.

### **Improve Data Collection and Evaluation of Outcomes for Trans People in Shelters, Subsidized Housing and Transitional Living Programs.**

Track all evictions and voluntary departures from supportive and subsidized housing by gender identity. Programs that disproportionately evict trans people must work with trans-led organizations to make a plan for reform.

## ENSURE SERVICES ARE PROVIDED BY AND FOR TRANS PEOPLE

### **Develop Dedicated Programs for Transgender People.**

While all programs should be safe and welcoming for transgender people, many feel safest and most welcome in dedicated programs run by and for transgender people. The City should ensure that these resources are available as programs simultaneously strengthen their ability to provide gender-affirming care and services.

### **Harm Reduction-Based Residential Programs for Transgender Drug Users.**

While many participants ultimately wanted to stop using drugs, they expressed a wish for transgender-run housing resources that would provide health and safety resources to active drug users. Harm reduction services worked well for many participants, and they wanted safe housing that they would not lose if they used drugs or relapsed. Creation of harm reduction-based residential programs, in addition to changes to existing abstinence-based programs to make them safer for trans people, will allow transgender drug users to choose the model that works best for them.

### **Gender-Affirming and Linguistically Competent Therapy and Peer Counseling.**

There are few therapists who are affordable, have experience with transgender clients, and speak Spanish. One way to expand resources would be to train Spanish-speaking transgender people as paid peer counselors. Paid peer counselor training programs as an employment pathway could enhance mental health resources as well as job security for Trans people, particularly Latinx immigrants.

### **Trans-Only Floors of Single Room Occupancy Hotels for Dorm-Style Communal Living.**

Many transgender women rely on Single Room Occupancy hotel rooms as a safer alternative to the city's shelter system. However, binary gender segregation of single-sex bathrooms and showers still present a challenge for many trans residents. Designating safe floors reserved for trans residents and managed by a trans-serving organization would streamline service provision and increase levels of comfort and safety. Crucially, trans residents should have equal opportunity to stay in any SRO (not just trans-only SROs or floors); the reserved floor should not allow managers to deny access to other floors or spaces.

*"Staff should be trans, or people who are capable of understanding what we want and need. Many people who work in these housing offices have no idea, and no ability to even imagine, what trans people go through; no understanding of our struggles and what we need."  
—TransLatina participant (translated from Spanish)*

## END RELIANCE ON POLICE IN EMERGENCY HOUSING AND SERVICES

### **Decrease Police Involvement and Invest in Mental Health Crisis Intervention and Restorative Practices in Shelters and other homeless Programs.**

Staff in San Francisco shelters and behavioral health programs sometimes rely on police to enforce rules and gender-related conflict. It would prevent trauma and arrest to have more non-law enforcement mental health and crisis intervention resources available. San Francisco can take several specific steps to end service providers' reliance on police, including: ensuring adequate numbers of



staff trained in mental health crisis and de-escalation; hiring non-transphobic staff who are equipped to address transphobic behavior among cisgender shelter users; and training shelter staff and users in Restorative Practices in smaller shelters. Investing in smaller shelters with higher staff to client ratios will support these changes, and will benefit all shelter users. In the short term, the city should prioritize emergency housing provided by and for transgender people who are particularly underserved by San Francisco's existing resources. Until shelters can eradicate anti-trans harassment and violence, the City should prioritize LGBTQ and trans-specific emergency housing that can keep trans and nonbinary people safe.

### **Transformation of Shelter and Transitional Living Program Training and Policy to Respond More Effectively to Mental Health Crisis.**

Effective responses require the intervention of trained mental health professionals, not arrest or incarceration. While participants and service providers want support for crisis resolution, they worried that emergency services could be traumatic and/or result in arrest. Gender-affirming mental healthcare, including crisis response resources, is crucial for trans people living with mental illness.

## **PREVENT TRANS EXCLUSION AND BUILD ON COMMUNITY STRENGTH**

### **Preventing Transgender Homelessness.**

Prevention of trans homelessness requires addressing labor market exclusion, criminalization, anti-trans discrimination, and legal barriers to housing, including immigration status for many trans asylum seekers and a criminal record for many formerly incarcerated transgender people. Transgender homelessness results in large part from a cycle of criminalization and labor market exclusion. To prevent transgender homelessness, San Francisco City and County must combine decriminalization of trans people's earning and survival activities with investment in creation of safe living-wage jobs for transgender people.

### **Develop Local Programs to Circumvent Federal Exclusion of Formerly Incarcerated Trans People and Immigrants From Housing Access.**

As federal policies make housing support increasingly difficult to access for transgender people, especially immigrants and formerly incarcerated people, San Francisco should expand local housing subsidy programs to immediately house trans people coming out of jails, prisons and immigration detention. This could serve as an alternative to federal funding sources to ensure survival for transgender people who are ineligible for federal aid.

### **San Francisco's Housing Policy Must Center Concerns Related to Immigration Status and Language Among Trans People.**

Among people without legal immigration status, the combined effects of discrimination, language barriers, and legal documentation contributed strongly to housing deprivation. TransLatinas struggled to secure work and housing, even despite San Francisco's status as a sanctuary city. The threat or reality of immigration detention or deportation also affected job and housing security, limiting the degree to which people were able to access assistance with basic survival needs. As one interview respondent said, "TransLatinas are invisible to policymakers."

### **A Community-Based Approach to Mental Health.**

Supportive spaces for recreation and community-building are a crucial source of strength and stability for unhoused transgender people, even when other needs might seem more pressing. Trans participants said that spending time doing recreational activities, attending cultural events, and engaging in artistic practice with other trans people strengthened collective ability to confront transphobia, discrimination and violence

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