

**Keeping San Franciscans Housed and Housing San Franciscans:
Healthy People Make Healthy Streets**

*Presented by the
Homeless Emergency Service Providers Association, San Francisco
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San Francisco has been challenged like never before, as the third year of the COVID-19 crisis comes to a close. The Bay Area has been pummeled by record-breaking rain and frigid temperatures, making life on the streets harsher and more life-threatening for unhoused San Franciscans. Thousands still cannot access shelter because the City's shelter reservation system has been closed for nearly three years. And counting.

Perhaps more disturbing, compassion fatigue by City residents has intensified in recent months, resulting in repeat instances of callousness and cruelty, exemplified by an outraged merchant nonchalantly using a water hose on an unhoused Black trans woman, despite her frantic pleas to stop—in broad daylight. The imagery conjured up painful memories of Civil Rights struggles, when Black Americans faced pressure hoses, attack dogs, and police brutality—and worse.

Impatience and frustration are understandable. Cruelty and inhumanity are not. Homelessness and poverty are not unsolvable. Nothing solves homelessness like a home. Poverty is an economic problem with an economic solution. Nothing alleviates behavioral health needs like resources, options, and timely response. The most cost effective homelessness intervention is homelessness prevention. Keeping people housed prevents homelessness. Yes, poverty in the midst of wealth is a crime—but poor people are not criminals. **We cannot arrest our way out of this crisis. We cannot make homelessness disappear by destroying unhoused people's belongings. We cannot abandon our values for expediency but we can—and must—invest smarter, think bolder, and build better.**

We must rethink our assessment philosophy, and reimagine our Coordinated Entry system. ***We can no longer assess the need for housing based on the supply of housing.*** The housing supply MUST be based on the housing need. San Francisco's use of Coordinated Entry to understate or minimize the severity of the homelessness crisis contributes to public impatience and frustration. Coordinated Entry should be a useful tool to guide how much housing investment is needed to solve homelessness. All individuals assessed through Coordinated Entry are homeless/unhoused; the only criterion that matters is whether the current situation is life threatening, e.g., fleeing domestic violence, compromising health conditions, a transition-age youth escaping abuse, etc. HESPA members have repeatedly called for reimagining a more responsive and effective assessment system, to bolster evidence-based guidance for the City's housing investments. As the Department of Homelessness & Supportive Housing completes its redesign process, we urge the Local Homeless Coordinating Board to include many of the community's recommendations to ensure unhoused San Franciscans get the housing they need, when they need it.

HESPA is recommending an additional investment of more than \$11M in housing subsidies to serve more than 500 households—seniors, disabled, trans people, families and transition-aged youth (TAY).

Investing in prosperity, equity, and sustainability are guiding philosophy of HESPA's 2023-2024 Budget Proposal is to invest in prosperity, equity, and sustainability. Invest in racial and economic justice across the full spectrum of housing, behavioral health, and workforce interventions, prioritizing communities of color. *San Francisco must embrace direct cash transfers for economically fragile and housing-insecure individuals and families - to stimulate the local economy, support local businesses, and promote stability for all.* Prop C investments are not the only revenue source—we can and must redirect local and state capital resources, and unprecedented federal investments to take the bold steps necessary for sustained economic recovery. We must bolster the investments with practical policy decisions—e.g., co-locate housing specialists in employment programs AND employment specialists in housing programs—both are needed. We must reinvigorate our human services workforce by investing in real wage equity for the nonprofit field—especially the homeless response system workforce—that strengthens the City's public infrastructure, maximizes public resources, and addresses racial and economic inequity.

HESPA recognizes that bold action is needed more than ever to combat homelessness. San Francisco voters want to see bolder investments made in permanent housing and effective behavioral health interventions, complemented by innovative workforce strategies that invest in human capital in the fight against homelessness. We must not content ourselves with piecemeal, smaller scale initiatives. We must act bigger, invest more deeply, and aim higher to make permanent exits from homelessness a reality for vulnerable San Franciscans across the City.

This year's HESPA proposal reflects some of the best thinking in our local field regarding strategic investments to yield significant results in the short term, and continue to lay the groundwork for the structural investments that are needed. *The City must renew its efforts to build the community-based workforce infrastructure needed to take full advantage of increased housing and service investments, to continue to bolster - not abandon - the foundation made by COVID-related investments at the federal and state levels.*

History of HESPA Funding Proposals and Context for Ask

Founded in 2012, the Homeless Emergency Service Providers Association (HESPA) is a coalition of over 30 community-based agencies with deep roots in the communities most affected by San Francisco's continuing homelessness crisis. HESPA advocates for these needs with a collective voice, focusing on system-wide improvements, and we develop annual funding proposals to fill service gaps and meet immediate needs with cost-effective interventions that can be implemented quickly and effectively. Over more than a decade, HESPA has developed proposals to ensure safe and dignified emergency services; replace expired federal Homeless Prevention and Rapid Rehousing grants; prevent homelessness among people at risk; and create additional exits out of homelessness through subsidies, vacant unit rehabilitation, and modest investments in employment and workforce services.

Perhaps most importantly, HESPA's budget advocacy has been the catalyst for significant resource investments in San Francisco's citywide homeless response system. Multiple City departments, including

the Department of Homelessness and Supportive Housing (DHS), have benefited from more than \$100 million in funding augmentations:

Fiscal year	Funding investment from HESPA budget proposals
2012/13	\$3 million
2013/14	\$2.95 million
2014/15	\$6.5 million
2015/16	\$4.1 million
2016/17	\$9.2 million (\$2.5 million was funded in June and then removed due to the failed sales tax initiative on the November 2016 ballot)
2017/18	\$6.7 million
2018/19	\$9.9 million
2019/20	\$24.6 million (including \$17.9 million in ERAF funds for supportive housing, residential treatment for TAY and housing choice vouchers)
2020/21	\$6.6 million
2021/22	\$26.5 million (primarily funded with Prop C)
2022/23	\$8.93 million (primarily funded with Prop C)

These investments have been indispensable as we strive to alleviate the housing crisis faced by low-income San Franciscans. **As a result of these multi-year investments, by the end of this fiscal year, over 2,500 households will exit homelessness, thousands of households will maintain their housing, and thousands of homeless people will receive deeply enriched emergency, employment, and mental health services that enable safety, stability, and dignity.**

Summary of Two-Year Budget Request

The goals of HESPA’s 2023-24 and 2024-25 budget proposal are to:

- Prevent homelessness among people and families at risk of eviction;
- Provide creative housing solutions to a greater number of homeless San Franciscans, prioritizing people and families of color who are disproportionately impacted by poverty and homelessness alongside domestic and interpersonal violence survivors;

- Ensure immediate expansion of our emergency homeless services system as well as provide sufficient support services and quality staffing in shelters through staff training, and food security for our transition-age youth;
- Respond to the behavioral health and other basic needs of people in our homeless response system, bringing those services to them in existing homeless programs; and,
- Increase workforce support for job-seekers who are homeless or at risk of homelessness by integrating services with housing support, increasing investments in earn-as-you-learn apprenticeships and paid job training for youth and adults.

Despite the successes enabled by the City’s investments in the homeless service system, significant gaps persist that result in long waits for shelter and housing, visible street-based homelessness, unmet mental health needs among homeless people and families with children, and a lack of housing exits from the existing emergency shelter system. **New initiatives and expanded programs are needed to keep pace with the scope of the crisis.** Funding our proposal for 2023-24 and 2024-25 will provide the tools to mitigate preventable displacement of low-income San Franciscans from rent-controlled housing and relieve the burden on our city’s shelters by providing housing subsidies and expanding shelter and hotel capacity to protect some of our most vulnerable residents.

This year, we can build on past successes through an infusion of \$41,191,793 for FY 2023-24 and \$41,510,073 in FY 2024-25 for new baseline funding to house 484 households and stabilize an additional 1,555 households, provide new and improved emergency services for over 3,415 households, improve behavioral health of 3,010 individuals and support job services for 445 unhoused community members and families. This budget proposal attempts to both prevent homelessness and create exits out of homelessness, while ensuring an adequate emergency, behavioral health, and employment services system for those forced to remain on the streets.

This proposal is the result of a careful, data-driven analysis to assess our current housing and homeless system, identify service gaps, and tap into the experience and creativity of our providers to determine the most cost-effective solutions. Please see Attachment 1 for a detailed budget for our proposal.

- **Housing Subsidies:** Fund more than 484 new household subsidies to unhoused black and undocumented families, women, people with HIV/AIDS, youth, domestic violence survivors to allow San Franciscans to move out of homelessness or retain permanent housing during the COVID-19 pandemic.
- **Emergency Services:** Improve quality of shelters by increasing staff training and adding case management for Domestic Violence survivors in shelter, and expand temporary hotel options. The proposal also adds capacity to drop in centers serving youth and families, and improves food security for 1,000 transition-age youth (TAY).
- **Prevention:** Provide emergency rental assistance to 1,380 households per year to prevent eviction, and creates a pilot guaranteed income program for 75 black and brown families, and adds prevention services for 75 youth.

- **Behavioral Health:** Fund community-based organizations to offer integrated, culturally competent behavioral health services in their settings (shelters, navigation centers, drop-in centers) to 3,010 families, adults and youth. This includes a special focus on drop in centers by building up behavioral health hubs in existing drop in centers.
- **Employment:** Fund innovative earn-as-you-learn job training pool to strengthen our workforce training capacity, add housing specialists to job programs, and augment paid employment prep for homeless youth impacting 445 individuals in all.

Part 1: Expansion of Private Market Housing Subsidies

Background

Rising rents have been responsible for increasing homeless rates up and down the west coast. The antidote: rental subsidies that bridge the disparities between rents and income. The limited creation of housing units affordable to homeless people in recent years has greatly restricted the available inventory for potential placement of destitute households, resulting in a stagnant shelter system and prolonged street homelessness. Tenant-based subsidy programs over the past year have been successful in placing unhoused households into housing within an average of 90 days.

Summary of Initiatives and Outcomes

Initiative	Amount requested	Department	Number of people served and outcome
Need-Based Subsidies for People with HIV/AIDS (Expansion)	FY 2023/24: \$4,600,575 FY 2024/25: \$4,600,575	MOHCD	200 HIV+ households will either be prevented from becoming homeless, or will be able to exit homelessness into housing.
SF Rental Subsidy Program for Seniors and People with HIV and Disabilities (Continuing)	FY 2023/24: \$4,410,825 FY 2024/25: \$4,410,825	MOHCD	Monthly subsidies for 200 households. \$1500/month, with \$250/month going for organizational overhead.

Need-Based Subsidies for Black and Undocumented Families Fleeing Domestic Violence (New)	FY 2023/24: \$1,352,084 FY 2024/25: \$1,352,084	DHSH	24 households fleeing domestic violence and impacted by systemic racism will be able to exit homelessness into housing.
Flex Pool Subsidies for Unhoused Families (Expansion)	FY 2023/24: \$3,377,337 FY 2024/25: \$3,377,337	DHSH	60 unhoused families will have the opportunity to exit homelessness.
Housing Subsidy for TAY Fleeing IPV and Community Violence (New)	FY 2023/24: \$1,182,750 FY 2024/25: \$1,182,750	DHSH	30 youth will receive need based housing subsidy, support services, and be enabled to exit homelessness into permanent housing.

Need-Based Subsidies for People with HIV/AIDS (Expansion)

According to the San Francisco 2020-2025 HIV Housing Plan, there are 2,560 HIV+ households who are homeless or severely rent-burdened, an increase of 7% from two years ago. People with HIV have the fourth highest rate of homelessness in SF, which is five times higher than Los Angeles or New York City. In December 2019, Mayor London Breed announced the first new HIV subsidies in San Francisco in 12 years, created through HESPA’s advocacy and the support of the Board of Supervisors. Even with that infusion, the HIV communities have 24% fewer subsidy slots today than just five years ago. This request builds on that critical first investment in reaching for equity for the HIV+ community by providing 300 rent subsidy slots to prevent eviction or help people secure new housing. This investment will bring us back to our 2016 subsidy levels. Subsidy-eligible households will participate in a housing navigation program that automatically submits all housing applications for which they are eligible to apply. This request is in keeping with a main component of the City’s internationally recognized Getting To Zero policy to prevent **and** end homelessness and housing instability as a means of curbing the transmission of the virus.

SF Rental Subsidy Program for Seniors and People With Disabilities (Continuing)

There are compelling reasons to focus on prevention strategies to address homelessness. We know that it is much more cost effective to keep people in their current housing rather than to allow them to become homeless. Not only is it more cost effective, but it is also more dignified. While the City has provided modest amounts of funding for housing subsidies for targeted populations (i.e., seniors and persons with

disabilities) we believe that the City can do more. **We propose additional subsidies with a new allocation of \$4,410,825**, targeting seniors and adults with disabilities and people living with HIV. This funding can be used both to keep folks in their current affordable housing and to help others exit homelessness and move into new affordable housing.

Seniors and persons with disabilities are disproportionately represented in the homeless population. A comparison of the homeless count and census data shows that more than 11% of the disabled adult population in SF is homeless, the second highest rate in the City. In addition, there are an estimated 5,000 senior and disabled adult households in San Francisco paying 70% or more of their income toward rent. These rent subsidies will also help seniors and persons with disabilities to move to safer housing options

Seniors and people living with disabilities, including HIV, living in SROs are at increased risk of becoming infected by COVID and are disproportionately people of color. According to the current San Francisco HIV Housing Plan, there are 2,560 HIV+ households who are homeless or severely rent burdened. It is impossible for people living with HIV who are unstably-housed to manage their health. Their health is at risk, but they are also more likely to transmit the virus to others, thus housing subsidies not only improve the health of individuals living with HIV, but they help the City to reduce the number of new HIV infections.

Every day in San Francisco, low-income households are turned down for affordable housing because their incomes don't meet the minimum income requirements even for affordable housing. This is especially true for an overwhelming majority of seniors and disabled adults with fixed incomes. With a housing subsidy, a household that wins the lottery for a BMR unit will be able to afford the unit. Those BMR units are also more likely to be accessible units, which is especially critical for seniors and adults with disabilities.

To help address this crisis, the City has funded successful rent subsidy programs to prevent eviction and help rehouse seniors and adults with disabilities. An infusion of funding would help 200 additional seniors, persons with disabilities, and persons living with HIV to maintain their housing or move into new housing and prevent homelessness.

Need-Based Subsidies for Black and Undocumented Families Fleeing Domestic Violence (New)

Our system is woefully inadequate to serve the needs of parents and their children fleeing domestic violence. Often families are forced to stay with batterers and due to structural racism, black and undocumented parents don't have the means to pay rent in a new location. Families of color—who represent more than 80% of families experiencing homelessness locally—should be prioritized. This need-based (also called flex pool) subsidy will provide 24 families fleeing domestic violence with a deeper level of support, ensuring a safe and stable transition to independent housing. The subsidy combines deep, ongoing rental assistance with landlord support and tenant services, including intensive case management.

Flex Pool Subsidies for Unhoused Families (Expanded)

The City's family housing portfolio depends heavily on a limited number of Rapid Rehousing (RRH) subsidies, a time-limited subsidy model that typically displaces families outside the city and requires them to increase their incomes significantly over the 12- to 24-month period of the subsidy. RRH has helped

some families permanently end their homelessness: these families retain stable housing month over month after their rental subsidy ends.

For other families, RRH represents the most available option in the system, not necessarily the most effective option. The City’s Coordinated Entry system tends to match the highest-need families with the most available options, so high-need families regularly get referred to RRH, even though it is not a good match for their needs. RRH subsidies leave behind families who cannot increase their incomes in a relatively short period of time. This proposal would add 60 subsidies to be used in the private market along with support services to ensure success. The subsidy combines deep, ongoing rental assistance with landlord support and tenant services, including intensive case management.

Housing Subsidy for TAY Fleeing Intimate Partner Violence and Community Violence (New)

Three years into the pandemic, we have ample anecdotal evidence and emerging research showing that young people are experiencing higher rates of intimate partner violence and community violence impacting their housing stability¹. A specialized subsidy program for transition-age youth (TAY) impacted by violence will take into account their unique needs for safety and support that may otherwise go unmet.

The proposed subsidy program would provide 30 TAY with a deep, time-limited subsidy, as well as case management, move-in assistance, barrier removal, and an outreach position to identify and navigate eligible TAY into the program and ensure their safety and stability.

Part 2: Emergency Services

Background

It is unacceptable that anyone would have to sleep on the street, and yet the 2022 PIT Count revealed that over 4,000 San Franciscans are unsheltered on a given night. The city’s outreach, drop-in center, and emergency shelter system is the safety net that individuals rely on to catch them before they reach the street, yet the system and the staff are overwhelmed, whole neighborhoods are grossly underserved, and the result is a persistent and inhumane street homelessness crisis coming out of a global pandemic. Our strategy is to buffer on both sides the emergency services system with prevention and housing, while ensuring those in shelter can be successful in exiting to permanent housing. These are strategic recommendations to increase capacity quickly and efficiently, while investing in expanded services and professional development for staff to ensure success.

Summary of Initiatives and Outcomes

Initiative	Amount requested	Department	Number of people served and outcome
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¹ National Resource Center for Reaching Victims: COVID-19 Survivor Impact Briefs: Children and Youth, April 2020

Trauma-Informed Professional Development Training for Adult and Family Shelter/Drop In Staff (New)	FY 2023/24: \$953,350 FY 2024/25: \$953,350	DHSH	635 frontline shelter and drop-in center staff will be provided with trauma-informed professional development training, with a per staff training budget of \$1.5k.
Homeless Women’s Center - Expand Drop In Access	FY 2023/24: \$826,568 FY 2024/25: \$826,568	DPH	Expand an existing drop in center by securing new space and augmenting services and serving an additional 2,000 homeless women per year.
Family Domestic Violence Intensive Case Management targeting families in shelter and drop ins	FY 2023/24: \$261,351 FY 2024/25: \$261,351	DHSH	90 families would receive case management from three case managers working at shelters and drop in centers.
Families Temporary Storage and Moving Expenses/Move In Costs	FY 2023/24: \$287,199 FY 2024/25: \$287,199	DHSH	100 shelter families would receive help with storage, moving assistance, and move-in costs.
Support Services for TAY drop-in (Stanyan site)	FY 2023/24: *N/A FY 2024/25: \$318,280 <i>*site will be ready for services in FY24/25</i>	DHSH	Support services and operations for a drop-in center at the Stanyan site for 500 transition age youth to access basic needs, housing referrals, linkages to mental health and substance use services.
Unrestricted Flexible Hotel Vouchers for Homeless Families (Expansion)	FY 2023/24: \$57,500 FY 2024/25: \$57,500	DHSH	10 homeless families will have immediate access to hotel rooms and emergency services.
Food Security for TAY (New)	FY 2023/24: \$1,150,000 FY 2024/25: \$1,150,000	DHSH	1,000 transition-age homeless youth will receive food and nutrition services via pantry and meal distribution.

Trauma-Informed Professional Development Training for Adult and Family Shelter/Drop In Staff (New)

There is a body of research documenting that exposure to chronic homelessness, abuse, neglect, discrimination, violence, and other adverse experiences can result in secondary trauma—and can increase a person’s potential for serious health problems and/or health-risk behaviors. Implementing trauma-informed approaches to care in emergency services may help services staff engage persons experiencing homelessness more effectively, improve outcomes for unhoused people, and potentially reduce costs for health care and more intensive social services.

As it relates to BIPOC communities, trauma cannot be addressed entirely at an individual level. A framework to address the impact of unresolved historical trauma and structural violence must be adopted. It requires an understanding of not only how trauma impacts the lives of persons experiencing poverty and homelessness, but the root causes behind that trauma. Institutional funders must support grassroots organizations led by people of color to access funding sources from which they have been historically excluded. Many human services providers find themselves at a critical moment of self-examination, unpacking the many-layered impact of structural racism on communities served, and its effect on staff who share a common history and lived experience with those communities.

BIPOC-led grassroots organizations must have sufficient funding, support, incentives, and training opportunities to adapt their structures, policies, practices, and cultures to their racial justice work. BIPOC-led organizations need resources to invest in leadership development that values lived experience and representation of communities served at the highest levels of organizational leadership and governance. The investments in training and leadership development—through trauma-informed *and* trauma-responsive approaches—yields long-term benefits for individuals, organizations, and communities of color throughout the City’s homeless response system. This has the added benefit of improving staff retention, which subsequently supports consistency in care for target populations, given this challenging time of hiring/historic open positions.

Homeless Woman Drop In (Expansion)

On any given night, there are more than 2,700 unhoused women in San Francisco. According to the National Network to End Domestic Violence, more than 90% of cis and trans unhoused women experience severe physical and sexual abuse at some point in their lives. Women are 106 times more likely to experience sexual assault in coed shelters than being on the street, though they do also experience sexual assault on the street. They are the majority and disproportionately people of color. Unhoused, unaccompanied women wait on average more than 10 years to access stable housing, a rate twice that of men. As a result, the average age of death for chronically homeless women is 48 years old compared to 83 years old for housed women.

Despite these heartbreaking statistics, only 10% of women experiencing homelessness in San Francisco can access women-only transitional and permanent housing options, with only one 24/7 drop-in center

focused on women. Right now, that drop-in center, A Woman's Place operated by Community Forward SF, is in danger of closing.

Thanks to support from the Board of Supervisors last year, Community Forward SF (CFSF) was able to reopen the women's drop-in center in its old building after being closed through the pandemic. The funding has already impacted over 300 women since reopening in November 2022, with new and improved recliner chairs providing a safe space to rest for 32 women every night.

Sadly the building currently housing A Woman's Place (AWP) drop-in has been sold and the lease expires at the end of December. In order to be competitive in the current market, and also assume minor renovation costs of a new space, CFSF is in need of additional funding.

Drop-in centers, as we have seen with the Tenderloin Linkage Center throughout the pandemic, are a critical "front door" to engaging in services. Most clients at AWP drop-in are homeless, suffer from mental illness, and are often victims of violence in and around the Tenderloin. AWP provides a safe, trauma-informed and harm-reduction based space to enable clients to participate in programming that supports personal recovery. AWP's programs provide care to single women without children and are open to cis and transgender women with special needs due to mental disabilities, sexual or domestic violence, drug and alcohol abuse, and HIV+/AIDS-related issues. AWP Drop-In Center is the only low-barrier center open 24-hours and seven days a week for female-identified unhoused individuals in San Francisco.

HESPA as well as The Women's Housing Coalition, a group of five SF-based women's services providers and advocacy organizations, fully support the need for gender-specific drop-in services. We are requesting \$1.3 million total, divided evenly between the ask for Drop-in Hub expansions and Emergency Services categories of this HESPA budget.

This is not only an investment in A Woman's Place. It represents a commitment from the City of San Francisco to do better for unhoused women. Make this investment and together we can send a message to women everywhere that their lives, bodies, and voices matter.

Family Domestic Violence Intensive Case Management targeting families in shelter and drop ins (New)

Nationally, more than 80% of women with children who experience homelessness have also experienced domestic violence.² The 2021 SF City and County Point in Time (PIT) Count reflects that among individuals in families, 38% have experienced domestic violence, 40% of whom attribute their current homelessness to an argument with family or friends who asked them to leave.³ The shelter and emergency service providers of HESPA intake families fleeing domestic violence every day; unfortunately, the system is, at present, under-equipped to meet the unique needs of families navigating experiences of domestic violence who turn to the emergency/drop in shelter public safety net in moments of extreme, and often dangerous, crises.

² U.S. Interagency Council on Homelessness. (2018). Homelessness in America: Focus on Families with Children.(p. 8).

³ Applied Survey Research. (2021). 2021 San Francisco Homeless Count & Survey. (p. 42).

The need is growing: according to the California Department of Justice, total calls for assistance in San Francisco County in response to domestic violence rose from 2,863 to 3,357 between 2020 and 2021 (most recent years for which data was available).⁴ Research suggests periods of economic downturn, like the one we face in 2023, serve to increase rates of domestic violence.⁵ Finally, data from the City and County of San Francisco Department on the Status of Women reflects that populations seeking support largely do not speak English as a first language; translation requests for incoming 911 domestic violence calls in FY 2019-FY 2020, the most recent year for which data is available, reflect that Spanish language translation was the most requested language requested, representing 73% of language support requests in FY 2020.⁶

The emergency homeless response system is asked to contend with myriad, unrelenting and unmet safety, bio-social, and mental and physical health needs for the growing population of homeless families that turn to our services for support. As a core continuum of providers that serve as the City's public safety net, we are unequipped to meet the unique needs of families fleeing domestic violence that enter our emergency shelter and drop-in center doors. This proposal requests funding for three bilingual case managers for Intensive Domestic Violence Case Management Support for families arriving at emergency shelter and drop-in center sites. Case managers can follow families from referral sites to emergency shelters, safety plan, accrue flexible funding to meet family basic needs, and manage referrals related to physical and behavioral health.

Temporary Storage and Moving Expenses

Many families that come to our shelter locations have had to relocate under extremely stressful circumstances and within short timeframes, with little money or resources to acquire moving assistance or storage. Moving costs in California can range from \$500 to \$4000 and storage units on average costs \$218/month. The average monthly incomes for the families that we serve within our shelter system is \$981.40. Additionally, the average monthly income for families in transitional housing is \$1830.78 with the main sources of income being SNAP and CalWORKs. With incomes at these levels, and not all of the income being liquid capital, our families served in shelters and transitional housing potentially have to use between 15-28% of their income for storage costs alone. Families would greatly benefit from funding for storage and moving costs upon moving in and out of shelter and transitional housing to help avoid severe impact to their budgets or losing items from lapsing storage payments. This proposal requests funding to assist 100 families with moving, deposits and storage costs providing \$2,872 per family, which is well within the average for moving costs and could cover the costs of storage for roughly ten months.

Support Services for TAY Drop-In (New)

While a dedicated space at 730 Stanyan has been identified for much-needed drop-in space for young people in the Haight, this funding will ensure that there are services funded to make this a reality.

According to the 2022 Point In Time Count, there are 1,073 youth experiencing homelessness in San

⁴ State of California Department of Justice. (2023) OpenJustice. Retrieved from <https://openjustice.doj.ca.gov/exploration/crime-statistics/domestic-violence-related-calls-assistance>

⁵ Cannon, C. E. B., Ferreira, R., Buttell, F., & First, J. (2021). COVID-19, Intimate Partner Violence, and Communication Ecologies. *American Behavioral Scientist*, 65(7), 992–1013. <https://doi.org/10.1177/0002764221992826>

⁶ City and County of San Francisco Dept. on the Status of Women. (2021) Family Violence Council Report 2019-2020. (p.68)

Francisco, a number that we acknowledge is always an undercount⁷. While the Haight Ashbury has always been and continues to be a destination for young people seeking refuge, safety and community, the neighborhood still lacks a center that aims to provide the crucial support and services needed to improve their lives. In response to this unmet need, the nonprofit developers of new affordable housing at 730 Stanyan have designed a permanent space on the first floor from which to provide integrated, coordinated health and human services for TAY. In order to ensure this space is leveraged and utilized, we must secure services dollars to operate a drop-in center from beginning in FY24/25 once the new building is open.

Strategically and easily accessible drop-in centers or the newest term “wellness hubs” are an essential and cost-effective part of the Homeless Response System, and the profound value of having a space for youth experiencing homelessness to feel safe again is without measure. These places not only provide space where youth can use the shower and bathroom, sit down for a hot meal, see outreach staff, case managers, and mental health and medical care providers, it is a place that offers safety and reprieve from the pressures of the street and a space to build and empower the community. Once immediate needs are met, services staff can connect young people with housing, shelter, treatment for substance use, employment opportunities, and provide access to hygiene and harm reduction supplies to protect themselves from HIV, hepatitis, overdose, and self-harm.

With funding for a permanent drop-in center in the Haight, we know we can reach more youth, provide stronger care, help interrupt generational cycles of homelessness and trauma and reduce the number of unnecessary premature deaths due to accidental drug overdoses and health complications that often result from homelessness.

This funding will launch a full-time drop-in center at 730 Stanyan that has these important amenities:

⁷ Applied Survey Research (2022) San Francisco Youth Count Report

- Office spaces for youth to meet privately with therapists and outreach counselors, so that more youth can see a mental health provider or counselor on-demand, without a wait.
- Multiple showers and bathrooms
- A medical clinic
- A full-service kitchen serving hot, balanced meals
- Laundry facilities
- Outdoor gated community space
- Room for educational groups

Unrestricted Flexible Hotel Vouchers for Homeless Families (Expansion)

Family service providers universally agree about the serious need to expand family shelter options. City departments have been slow to roll out new family housing subsidies and equally slow to make family PSH acquisitions, despite the Prop C acquisition target of 350-450 total units for homeless families. In August 2021, the City added 15 emergency rooms at the Oasis Inn—a private-room shelter program operated by Providence Foundation following the closure of First Friendship family shelter in July 2020—but those rooms are typically oversubscribed with unsheltered families.

It is also worth noting that family access points could refer medically fragile families to medical hotel rooms before the pandemic (and to the City’s shelter-in-place hotel for families, now closed, during the pandemic), but those medical hotel rooms no longer exist.

The broader population of unsheltered families are living in their cars and other precarious situations while they languish on the individual-room shelter waitlist, which has ranged from 16 to 80 families at any given time during 2022 and so far in 2023. Outreach and access point workers do not always reach the most disconnected families—especially vehicularly housed families—and some are accessing help informally, even by parking near the Buena Vista Horace Mann (BVHM) Stay Over Program, a congregate shelter in a school gym that is open to unhoused families enrolled with the school district.

This request will fill a critical service gap for unsheltered families who contact family access points, drop-in centers, and shelter programs looking for a place to stay tonight. It is priced to provide 10 rooms for one year at \$72 per family per night, with client financial assistance to remove housing barriers. It can be operated as a standalone program, or alternatively, the vouchers could be spread across the existing infrastructure of access point, shelter, and housing programs to help resolve crises as they arise.

Unsheltered families frequently contact access points and shelters, and in Rapid Rehousing (RRH) programs, families sometimes need a same-day hotel placement due to emergency circumstances, including domestic violence and break-ins. Flexible funds added to a variety of family programs would help service providers meet immediate needs in all of these situations.

Food Security For TAY (Expansion)

Food insecurity is an ongoing and significant concern for transition-age youth (TAY) across all interventions in the homeless response system—from outreach to shelter to subsidy-based and supportive housing. Young people who don't get enough food experience a variety of negative physical, mental, and

emotional outcomes that impact their ability to learn and socialize at school. Further, childhood hunger can be a predictor of depression, suicidal ideations, and engagement in risky behaviors, including stealing or trading sex for food, in adolescents⁸. The elimination of federal SNAP emergency allotments in March creates a hunger cliff for many unhoused individuals and TAY-headed families with a significant decrease in their CalFresh benefits. Moreover, access to food resources, especially on the weekends, is limited. Emerging research shows that the complicated commutes that TAY who are unhoused and food insecure must manage in order to navigate food pantries and meal programs puts them at high risk for exposure to violence as they traverse the city to access resources to meet their basic needs. Lack of available food also creates barriers to accessing social services among youth experiencing homelessness. This proposal would set aside funds specifically for TAY providers in the homeless response system to buttress their food pantries and meal distribution programs to fill the gaps caused by SNAP reductions and ensure that young people can access adequate nutritious food.

Part 3: Keeping San Francisco Housed – Homelessness Prevention

Background

In virtually every neighborhood, we see daily reminders that San Francisco is ground zero of America’s housing crisis. Homelessness prevention funding plays a critical role in keeping people—not only individual adults but also parents and children—in their homes and off the streets.

Summary of Initiatives and Outcomes

Initiative	Amount requested	Department	Number of people served and outcome
Guaranteed Basic Income Pilot for Homeless Black and Undocumented Families (New)	FY 2023/24: \$2,149,258 FY 2024/25: \$2,149,258	DHSH	100 black and immigrant families will receive direct cash assistance at \$1,200/month/family.
Emergency Rental Assistance Program (Continuing)	FY 2023/24: \$13,876,073 FY 2024/25: \$13,876,073	MOHCD	1,380 households a month at \$10k/household.
Problem Solving/Housing Navigation for TAY Subpopulations	FY 2023/24: \$436,815 FY 2024/25: \$436,815	DHSH	75 transition-aged youth who are undocumented, monolingual and/or asylum seekers or pregnant/parenting will benefit from dedicated

⁸ Rowell, K., & Shira, E. (2020). Healing from food insecurity: Beyond the stash. *Adoptalk*. 2020(2)

(New)			Youth Access Point staff and Problem Solving.
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Guaranteed Basic Income Pilot for Homeless Black and Undocumented Families (New)

There is a growing body of evidence showing that direct cash transfers can create substantial positive changes in low-income people’s lives. In 2019, the Stockton Economic Empowerment Demonstration (SEED) provided 125 people with \$500 per month, no strings attached. In March 2021, researchers released a report on the first year of the two-year study, covering data from November 2018 through February 2020. The report documented that most recipients spent their money on food and necessities; the cash payments helped them absorb unplanned burdens like car repairs and sick days; and recipients reported less anxiety, fatigue, and pain compared to a control group. And notably, the rate of full-time employment among recipients jumped 12 percentage points over the course of the year.

This request will pilot a modest direct cash transfer program for Black or undocumented unhoused families, providing 100 families with \$1,200 per month for one year. Black, immigrant, and undocumented families have experienced some of the worst impacts of the pandemic—working essential low-wage jobs in close contact with the general public, or losing much or all of their income because they worked jobs in COVID-vulnerable sectors like hospitality and retail—and next to none of the relief.

Emergency Rental Assistance Program (ERAP) (Continuing)

The COVID epidemic was devastating for many households, causing a loss of income and resulting in individuals and families falling behind on the rent. The extremely high cost of living in San Francisco also results in a very high rent burden for many households. The Emergency Rental Assistance Program has saved the tenancies and prevented eviction and homelessness for many individuals and families, but there is still extreme unmet need. The local ERAP program receives over 12,400 applications each year for rental assistance, and a backlog remains in processing applications. Serving an additional 115 households a month at the average amount needed of \$10,000 per household will cost approximately \$1.15 million per month, for a total annual cost of just under \$13.9M. The actual need is estimated at closer to \$110,000,000, but at this time we are requesting additional funding of \$13.9M.

Housing Navigation for TAY Subpopulations (New)

Two TAY subpopulations have emerged as being dramatically underserved by the citywide Youth Access Points: Undocumented/Monolingual and/or asylum-seeking TAY and TAY who are pregnant and/or parenting. We know that these populations have unique needs related to their age, documentation, and/or parenting status, yet access points are generally ill-equipped with adequate resources, language capacity, or training to fully support their unique situations. This funding will add capacity to the Youth Access Point system by adding two population-focused Youth Access Point staff to focus on problem solving and housing navigation. These specialized positions will support these TAY in navigating the homeless response system and provider networks to access the supports they need to resolve their homelessness.

Part 4: Critical Behavioral Health Services

Background

HESPA’s focus on behavioral health is to embed critical services in site-based programs—shelters, navigation centers, and drop-in centers—for adults and families struggling with mental health and substance use. We also aim to provide additional therapy services at family congregate shelters to help parents and children cope with increased trauma symptoms due to COVID-19.

Summary of Initiatives and Outcomes

Initiative	Amount requested	Department	Number of people served and outcome
Wellness Hub Services in Existing Adult Drop In Centers	FY 2023/24:\$1,190,083 FY 2024/25:\$1,190,083	DPH	2,350 people will receive housing navigation, shelter assistance, benefits connection and more.
Behavioral Health Services in Shelter (Expansion)	FY 2023/24:\$448,500 FY 2024/25:\$448,500	DPH	350 adults will have access to site based behavioral health services at shelter and drop in
Family Therapy on Demand at Shelter & Drop-Ins (New)	FY 2023/24: \$419,224 FY 2024/25: \$419,224	DHSH	185 families and children will have access to on-demand therapy and crisis support.
Clinical Support for TAY Across Settings (New)	FY 2023/24: \$483,000 FY 2024/25: \$483,000	DPH	300 transition-age youth (TAY) will receive clinical support across service settings.

Clinical staff at TAY Nav Center	FY 2023/24: \$734,300 FY 2024/25: \$734,300	DPH	75 transition-age youth (TAY) will receive clinical services at the TAY Navigation Center
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Wellness Hub Services in Drop-In Centers

In December of 2021, Mayor London Breed declared a state of emergency in response to the overdose epidemic and skyrocketing deaths. Her signature response was the opening of the Tenderloin Linkage Center, which among other things provided showers, bathrooms, linkage to housing, shelter, treatment, public benefits, and ran an informal drug consumption site. The center was well utilized, with over 400 people using it a day, often the same people every day. It closed on December 4th, 2022, in less than a year. While there have been many criticisms of the center, including high costs, and the low number of linkages to treatment (the center does not control availability of beds,) there was a great number of people who clearly needed, sought out, and received the services provided there.

Before the closure, the City stated they would open wellness hubs instead. A month after the closure, the wellness hubs, along with the safe consumption idea, was dropped. However, the need persists.

Our drop in capacity in San Francisco has been severely lacking since we lost half of the capacity during the great recession. The drop in centers we do have are often under-resourced and ignored by city officials. Despite this, drop in centers are places with low threshold access, frequently visited and tend to serve the most underserved and disenfranchised unhoused members of our community. They are a great place to engage people who are often locked out of systems that require phones and computers to access. The providers tend to already have a great deal of trust of unhoused community members and can leverage that trust in connecting them with services. They are ideal locales for treatment placement, housing placement, shelter placement, benefits sign-ups, and so forth.

This proposal is to replicate learnings from the TLC and to bring those same resources to existing drop in centers, albeit at a much lower cost. With or without safe consumption sites, these resources would engage unhoused people in the services they need. Services would include behavioral health, benefits linkage and advocacy, housing and shelter navigation. These services would be available at the point of contact inside drop-in centers in the Mission, Tenderloin, Haight, and Bayview.

Behavioral Health Services in Shelter Adults (Expanded)

Service settings such as shelters in the adult homeless response system have historically not been funded at adequate levels to provide integrated, on-site, culturally competent behavioral health services, and

instead have sought to meet the needs of clients through partnerships with mobile teams to access the behavioral healthcare system. This proposal aims to integrate care onsite through service teams that include peer staff, case managers and clinical case managers, and behavioral health clinicians. Having integrated care teams as a core component of the service model allows for culturally competent and linguistically appropriate services, builds high levels of trust with clients, and supports access to higher levels of care, including mobile services and the larger behavioral health system.

Family Therapy on Demand at Shelter and Drop-Ins (Expanded)

According to data from the National Child Traumatic Stress Network, children and youth bear the brunt of family homelessness. When families lose their housing, they lose so much more than a roof over their heads: they lose community, possessions, privacy, and routines. Even families who can access shelter must reestablish a sense of home in the midst of their loss, and they may experience greater risks of additional traumatic experiences, including violence. Data shows that homeless children suffer physical illness at twice the rate of other children: they have twice as many ear infections, four times the rate of asthma, and five times more gastrointestinal issues. Homeless children go hungry twice as frequently as their stably housed peers. And more than one in five homeless preschoolers has an emotional problem requiring professional care, though less than a third receive mental health treatment.

In San Francisco, unhoused families present at congregate shelters and drop-in centers with trauma that manifests in distressing physical and emotional symptoms, particularly in children and youth. Shelter operators report a range of symptoms in young residents ranging from bedwetting and nightmares to eating problems: children experiencing such a loss of control in their family life will exert control over their food and snacks, whether it be hoarding, overeating, or undereating to cope with the stress in their families' lives.

These symptoms are manageable, and healing is possible, with trauma-informed interventions like therapy onsite and on demand. In late 2019, DSHS funded a mobile therapy program with a team of well-trained therapists, including bilingual therapists, serving families at approximately 25 DSHS-funded shelter and residential sites operated by about 12 nonprofit service providers. The model is "therapy on demand," though the team currently serves approximately 300 clients and demand remains high.

This request would embed five therapists in programming at shelter and drop-ins sites to augment the "therapy on demand" model within shelter programs. The therapists would both provide culturally competent (and where needed, bilingual therapy) to families, with a focus on children and youth dealing with the physical and emotional symptoms of homelessness, as well as make referrals to DSHS's existing mobile therapy program, providing a stronger mental health service continuum for families.

Similarly, this request would also add capacity to DSHS's existing mobile therapy program, adding two bilingual therapists who would outreach to and provide therapy services to parents and youth, particularly at congregate shelter sites where the symptoms of trauma manifest most severely. The mobile team of therapists would create warm referral relationships with the site-based therapists, providing a more seamless mental health support system for struggling families.

Clinical Support for TAY (New)

TAY providers across the system are struggling to hire clinicians and keep the clinicians they have. One of the barriers providers face is the ability to provide clinical supervision to staff working toward licensure. The ability to provide this service to clinical staff is helpful in recruiting and building the sector, yet many providers are unable to do so, or pay a premium to contract for the service. It is even less possible for providers to contract or have on staff a psychiatrist able to diagnose, prescribe, or manage medications, even as the acuity of behavioral health needs among TAY experiencing homelessness continues to increase in severity.

This funding will leverage the San Francisco Department of Public Health's TAY System of Care and its dedicated team that works with youth providers to access and connect young people with the behavioral health supports they need. By funding a Licensed Clinical Social Worker to provide clinical supervision and a psychiatrist able to diagnose, prescribe, and manage medications for TAY, the entire youth homelessness response sector will leverage the resource.

Clinical staff at TAY Nav Center

The TAY Navigation Center is currently operating at full capacity with no direct funding allocated for mental and behavioral health services. As the City's first navigation center specifically for TAY, it is critical that the services procured include a clinical response to the causal factors of TAY homelessness as well as interventions that help them overcome it. During the two years of operations and programming at the Navigation Center,, nearly all of the TAY guests have presented with symptoms of mental and behavioral health that both informed and prolonged the time they spent without shelter. The Navigation Center received private grants to help cover the cost of staffing clinicians, including a designated substance abuse counselor, but does not have sustainable public funding to ensure ongoing clinical support for the 75 TAY annually who are in need of these critical services. This funding would leverage private grants to ensure clinical support at the TAY Nav Center continues.

Part 4: Workforce & Employment Services

Background

San Francisco's full economic recovery from the unprecedented COVID-19 crisis still requires significant rebuilding of the City's workforce system, to complement needed housing and prevention investments. Communities of color have shouldered much of the burden of COVID-19's widespread effects. A multi-pronged approach includes:

- Prioritizing workforce investments in communities of color—those communities hardest hit by the triple pandemics of poverty, racism, and COVID-19—will require increased investments in barrier removal and workforce support for vulnerable groups, especially homeless job seekers.

- Intentional leveraging of housing investments to promote greater stability for vulnerable populations, e.g., persons experiencing homelessness. Blending targeted subsidy and workforce efforts will maximize effectiveness.
- Engaging community partners in workforce system planning and priority-setting as San Francisco rebuilds and restores its \$150 Million Workforce System.

A 2020 report by the Board of Supervisors’ Budget & Legislative Analyst, requested by the Budget & Appropriations Committee, included some important findings about the City’s fragmented workforce development system—particularly its approach to serving persons experiencing homelessness⁹. Findings included:

- Among those homeless persons surveyed in the 2019 Point-In-Time Count, nearly one-third cited loss of a job as the primary cause of their homelessness—undoubtedly, the COVID-19 crisis will dramatically increase this percentage. Investment in job programs will be needed more than ever.
- Even as San Francisco civic leaders and City residents have identified solving homelessness as our number one priority, the City has allocated comparatively few dollars that prioritize homeless job seekers.
- Although as many as 17 City departments provide some workforce/employment services for persons experiencing homelessness, there is no consistent data collection or reporting system, making policy analysis difficult, and making it virtually impossible to track effectiveness of services, specific outcomes, and level of year-over-year investment.
- The Board of Supervisors reauthorization of the Committee on Workforce Alignment will include formal representation of community and labor stakeholders as well as specific policy amendments.

Furthermore, because San Francisco targets precious few of its estimated \$150 million in workforce development funds to prioritize homeless job seekers, we fail to leverage existing City investments in supportive housing, rental subsidies, and other prevention and behavioral health services.

San Francisco’s landmark voter-approved Proposition C prioritized investing in real solutions to the City’s homelessness crisis. Meaningful economic recovery means we must take bold steps now to rebuild our community-based workforce infrastructure, e.g., increasing job counseling and placement and barrier removal capacity especially in communities of color devastated by COVID-19, lifting up successful peer-based models, expanding earn-while-you-learn training options, promoting wage equity in the nonprofit sector, etc. **By taking bold steps now to build the City’s nonprofit workforce infrastructure, San Francisco can take full advantage of increased Prop C housing and service investments in the years ahead, while investing in racial and economic equity in communities of color.**

Efforts such as the Heartland Alliance Pathways Forward Challenge, based in Chicago, Illinois, are leading a renewed national focus on addressing income inequality and homelessness, acknowledging that

⁹ Performance Audit of the City’s Workforce Development and Pre-Apprenticeship Programs (August 2020) Prepared for the Board of Supervisors of the City and County of San Francisco by the San Francisco Budget and Legislative Analyst

“...ending homelessness will require systems in communities to more effectively and equitably connect all people experiencing homelessness to employment and the income needed to support housing stability.”

As the COVID-19 crisis continues, as the twin pandemics of poverty and racism deepen, each day that we don’t act boldly and decisively, we squander opportunities to end homelessness. The time to act is now.

Summary of Initiatives and Outcomes

Initiative	Amount requested	Department	Number of people served and outcome
Flexible Pool for Earn-and-Learn (Expansion)	FY 2023/24: \$1,327,500 FY 2024/25: \$1,327,500	OEWD	150 homeless single adults will receive barrier removal services and workforce supports including transportation assistance, specialized work tools, certificate fees, and move-in assistance for new hires.
Housing Specialists at Job Hubs	FY 2023/24: \$517,500 FY 2024/25: \$517,500	OEWD	45 individuals will be assisted with housing placement and barrier removal to employment, e.g., documentation, and system navigation.
Paid Employment, Job Readiness, and Career-focused employment prep for TAY	FY 2023/24: \$1,150,000 FY 2024/25: \$1,150,000	OEWD	250 transitional age youth will be assisted with job readiness and employment prep including certification programs, paid internships, and other career-focused paid employment opportunities

Flexible Pool for Earn-and-Learn (Expansion)

The COVID-19 pandemic has had devastating effects on the lives of low-and moderate wage workers in states and communities across the country. *Locally, more than 300,000 San Franciscans have applied*

for unemployment benefits since the pandemic began—a number approaching half the City’s adult population! This means that the pool of potential homeless people is more than 300,000 residents. For San Francisco’s economic recovery to succeed, we must redirect our training approach from unstable sectors that 1) pay insufficient wages to support workers and families, and/or 2) are the most vulnerable during an economic downturn. Additionally, we must prioritize paid training and/or apprenticeships as foundational. **For most job seekers currently experiencing homelessness, unpaid training options are neither feasible nor practical.**

HESPA’s proposed new training models to San Francisco’s current workforce investments include a cost-effective and timely investment in individualized training accounts (ITAs)—with a focus on earning while learning or paid training. ITAs are currently available for a small number of job seekers through the federal Workforce Innovation and Opportunity Act (WIOA). However, WIOA’s restrictive requirements for eligible training providers and prescriptive hoops for job seekers limits both effectiveness and utilization. Most importantly, training funds generally do not compensate trainees for participation—i.e., earning while learning.

Building upon last year’s modest success in piloting this approach, the FY 23-24 HESPA proposal recommends investing local dollars to rebuild, reinvest, and revitalize our workforce training infrastructure—with greater local flexibility not tied to federal restrictions. By expanding our existing training capacity, we can augment tailored training options for homeless job seekers, increase community-based capacity for earn-as-you-learn training and apprenticeships, and expand skills-building opportunities in emerging sectors, e.g., HVAC certification for addressing indoor air quality, expanding the peer-based nonprofit workforce.

We’ll continue to enhance our Mental Health Peer Support and upgrade our local infrastructure to meet newer health and safety standards. More than 150 prospective job trainees can be served. The proposal provides for:

- Increased access to and support for FLEXIBLE ITAs for homeless and other vulnerable job-seekers. These accounts pay for a range of job training, specialized skills-building through an expanded local network of approved providers, apprenticeships and other earn-as-you-learn opportunities, including wages, that expand job options for job-seekers, across a range of workforce sectors and industries.
- To rebuild and revitalize the City’s workforce system, and target the increased investments to build a more comprehensive job training and skill-building network that includes the human services and homelessness response system workforce.
- Blending local and federal training dollars can expand peer-based, earn-as-you-learn apprenticeships to rebuild and revitalize our citywide workforce infrastructure, as well as maximize OCOH and other local dollars approved by San Francisco voters.

Housing Specialists at Job Hubs (Expanded)

San Francisco must continue to strengthen its community-based workforce and housing infrastructure, and be more intentional about housing and employment needs. We must continue to co-locate employment specialists with permanent supportive housing, and housing specialists at workforce hubs and neighborhood job centers. The expanding citywide network of Neighborhood Job Centers, Specialized Access Points, and Equity Pilot projects in communities across the City are reaching more vulnerable job seekers. Housing specialists can link new hires to affordable housing opportunities, assist with navigating the City's housing portal, and connect community residents to housing subsidies.

Developed in partnership with the Homeless Workforce Collaborative, the HESPA proposal will co-locate and/or connect housing specialists to the aforementioned network of community-based workforce hubs, ***to ensure that new job hires can access truly affordable housing to enhance job stability and increase job retention, particularly during the first few months on the job.*** The proposal will support a team of three housing specialists, ideally co-located at one or more community-based Neighborhood Job Centers and/or Equity Pilots. Housing specialists will:

- Research and identify available rental units
- Assist new hires in navigating the City's housing portal
- Assist in completing housing applications
- Help navigate the City's housing subsidy programs
- Help negotiate directly with landlords
- Provide resources to provide move-in assistance and rental deposits as needed.

Paid Employment, Job Readiness, and Career-focused Employment Prep for TAY

Education and employment programs for transition-age youth (TAY) experiencing homelessness are inconsistent in their ability to pay TAY a livable wage for their work to achieve a career pathway. TAY routinely drop out or never enroll in valuable programs that fail to pay a fair wage or offer only a modest incentive for attendance. This was exacerbated by the pandemic with traditional sectors like restaurants and retail closing early in the pandemic and more recently with high inflation and rising cost of living in the bay area. Young people experiencing homelessness benefit greatly from sustained paid job readiness; barrier removal services including right to work documents, record expungement, state-issued driver's license, and childcare assistance; and paid internships that lead to career pathways. Additionally, homeless young people often have to choose between paying for food or rent and staying in school, so this funding investment is also intended to provide as much support as possible to keep young people in school or provide paid support for young people to go to college or other education programs that lead to self sufficiency.

This proposal would set aside \$1,150,000 to buttress the budgets of TAY workforce providers with flexible and sustainable funding for youth wages, barrier removal funds, and supportive wraparound services to ensure that more TAY can take full advantage of the suite of education and employment programs available.

Undistributed Items from Last Year's HESPA Budget

Women's Housing Subsidy (existing)

Last year HESPA alongside the Women's Housing Coalition submitted a proposal to introduce 60 new subsidies designated for unhoused women in San Francisco. \$2 million was awarded through the Our City Our Home budget but the funds are yet to be allocated and released through the Department of Homelessness and Supportive Housing. We are elevating this need once again to urge HSH to release these funds and ensure that the year two funding will also be continued in this year's budget.

While there are over 2,700 women experiencing homelessness on any given night in San Francisco, there are only 99 shelter beds and 157 units of supportive housing dedicated to women. A recent California Policy Lab study found that 80% of unsheltered women report abuse and/or trauma as the cause of their homelessness. Women are 106 times more likely to experience sexual assault in coed shelters than being on the street, though they do also experience sexual assault on the street. They are the majority and disproportionately people of color. As a result of the lack of resources for women, the average age of death for chronically homeless women is 48 years old compared to 83 years old for housed women.

The need for women is great, and our actions need to match the level of the crisis. Please help us ensure these supports are distributed to women in need.