

Five-Year Strategic Plan of the
San Francisco Local Homeless Coordinating Board
For Homeless Housing and Services
2007-2012

City and County of San Francisco

**TOWARD ENDING HOMELESSNESS
IN SAN FRANCISCO**



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Introduction

The Purpose of this Plan

The purpose of this Plan, *Toward Ending Homelessness in Francisco*, is to provide one unified citywide plan to prevent and eradicate homelessness. Even though significant efforts that have been made in recent years toward ending homelessness in San Francisco, homelessness is still a reality for thousands of people living on the streets and in shelters and other service programs in San Francisco. This Plan, adapted from the heart of pre-existing strategic plans will provide San Francisco with a simple roadmap to continue reshaping the City's approach to assisting homeless people and those at risk for homelessness in our community, with the goal of ending homelessness.

The Continuum of Care Strategic Planning Subcommittee of the San Francisco Local Homeless Coordinating Board led the development of this Plan. The Local Homeless Coordinating Board is the primary city entity responsible for planning and the coordination of homeless programs and services and advises the Mayor and the Board of Supervisors on issues and policies relating to homelessness.

The Local Board was formed in 1996 at the recommendation of the Continuum of Care Five Year Strategic Homelessness Plan. (The 1996 CoC Plan was the 3rd significant policy document directing the city's resources and investments, building upon the ground-breaking Beyond Shelter 1989 Homeless Plan that conceptualized the Continuum of Care system, itself an outgrowth of the 1988 12-Point Policy for San Francisco's Homeless). The two major goals of the 1996 Plan were to develop one citywide direction to prevent and reduce homelessness and to establish a Local Board to oversee the implementation, monitoring and evaluation of the Continuum of Care comprehensive homeless assistance system. Five years later, in 2001, the Local Board led the community planning process that resulted in an updated Continuum of Care plan for 2001-2006. In 2005, the Local Homeless Coordinating Board was restructured to render it more effective in responding to the needs of San Francisco on issues related to homelessness. The current Board is comprised of nine members (4 appointed by the Mayor, 4 appointed by the Board of Supervisors and 1 appointed by the controller) representing the homeless and formerly homeless community and advocacy organizations, service-provider organizations, faith-based programs, the disabled community, business and corporate sectors and the foundation community. Members of the Local Board are appointed to serve either a 2 or 5-year term.

In addition to the Local Homeless Coordinating Board and its Committees, other entities also meet to develop strategies toward ending homelessness in San Francisco, including:

- Shelter Plus Care Oversight Committee
- Shelter Monitoring Committee
- The Employment Roundtable
- Department of Public Health's Discharge Planning Roundtable
- The District Attorneys' Re-entry Council
- Ten Year Plan Implementation Council
- Housing First Family Providers Workgroup
- Mayor's Homeless Policy Cluster
- Mayor's Housing Policy Cluster
- Best Practices in Supportive Housing Workgroup
- Shelter Grievance Advisory Committee

- ☑ Shelter Safety Workgroup
- ☑ Comprehensive HIV/AIDS Housing Work Group, Department of Public Health
- ☑ San Francisco Families in Transition Council
- ☑ Family Emergency Services Workgroup
- ☑ San Francisco Homeless Service Providers Network
- ☑ Emergency Medical Services High User Workgroup
- ☑ Resource Centers/Shelter Directors Group
- ☑ Honoring Emancipated Youth (HEY) Advisory Board
- ☑ Senior Action Network and Senior Housing Action Committee
- ☑ The Mayor's Office on Community Development, on Housing and the San Francisco Redevelopment Agency

Thus, the Local Board developed this Plan as a “bridging” document, to purposefully connect the core work being conducted in all pertinent arenas into one Plan that can track implementation throughout the interlocking systems. With the assistance of key stakeholders and community members, the Board will use this Plan to guide, monitor, and follow efforts towards ending homelessness in San Francisco.

How this Plan was Created

The Local Board recognizes that successful implementation of the Continuum of Care Plan requires application of emerging strategies, best practices, recent research, and consumer experience. The starting point for the creation of this Plan was the synthesis of existing community strategic plans written between 2004 and 2006 into one single document. (Appendix 2) The synthesis was created from the following plans:

- The San Francisco Plan To Abolish Chronic Homelessness;
- Homeless Families Services Redesign—Recommendations from Community Stakeholders; Addressing Senior Homelessness—Housing Solutions for San Francisco's Poor;
- Addressing the Needs of Homeless Runaway Youth;
- San Francisco's Homeless Education Plan;
- City and County of San Francisco Five-Year Consolidated Plan 2005-2009; and,
- The San Francisco Mental Health Service Act—Community Services and Support Plan.

Beginning in October 2006, the Continuum of Care Strategic Planning Subcommittee met monthly to develop the Plan. These meetings were open to the public and the minutes and all documents used in the meetings were available on the Local Homeless Coordinating Board website. Homeless service providers, City and County agency representatives, homeless people, advocates, and other community stakeholders attended these meetings. Community members were also encouraged to submit comments by mail, email or fax.

The initial task of the subcommittee was to review the synthesis of the existing plans to identify core themes and common action steps and to recommend material for inclusion in the Continuum of Care Plan. This task was approached from the point of view that strategies in the current strategic plans would be included in this Plan unless experience had proven them ineffective or the needs of the community had changed. The community then identified additional strategies to include in the Plan to respond to needs or assist populations not addressed in the existing strategic plans. Throughout the process various groups and City Departments working in specific areas informed the subcommittee. A draft was presented to the subcommittee and made available for community input.

Priorities

One

Increase the supply of permanent housing that is affordable and accessible to homeless people.

Two

Prevent homelessness through effective discharge planning and eviction prevention.

Three

Provide interim housing until permanent housing is available.

Four

Provide wraparound support services that promote long-term stability.

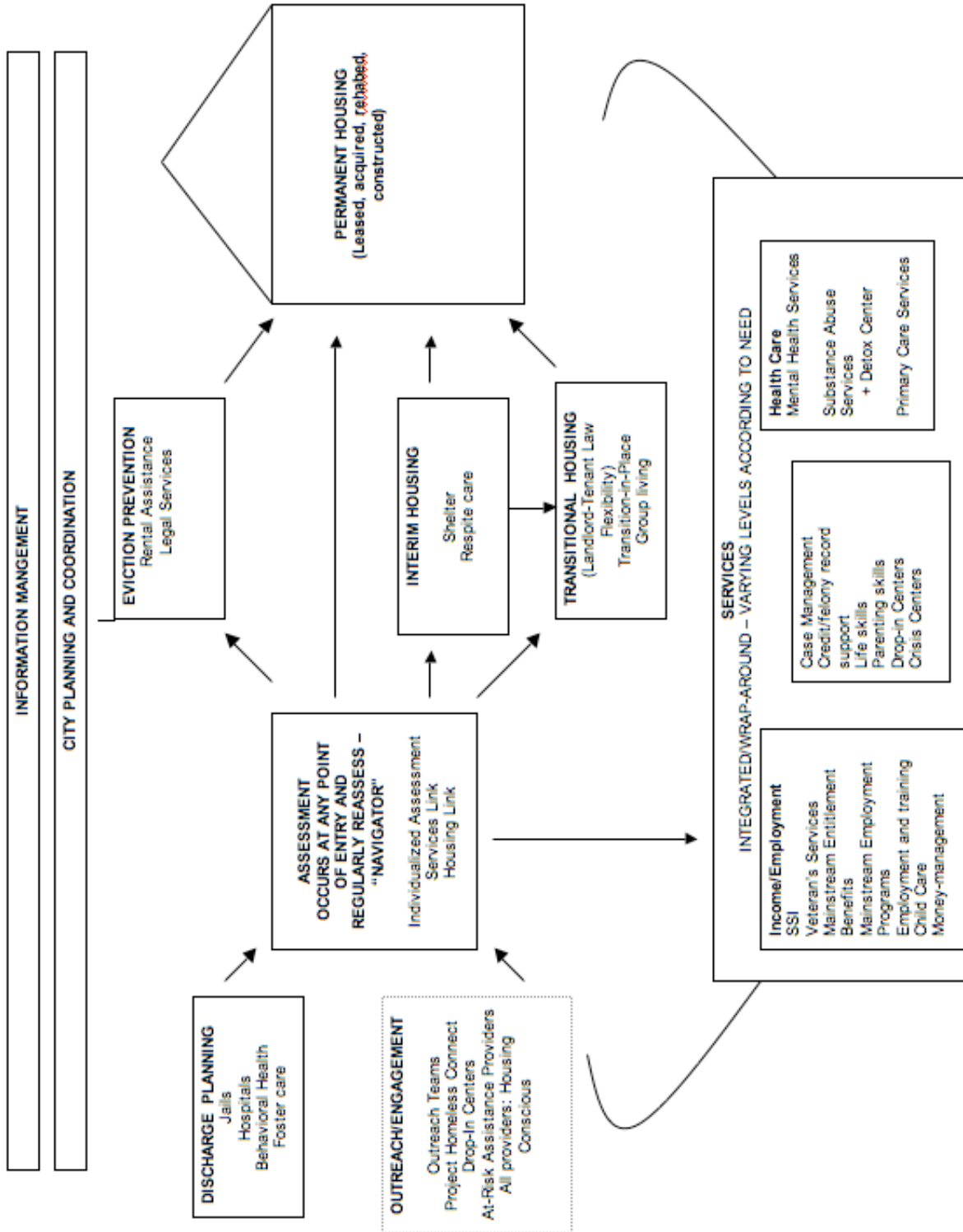
Five

Increase economic stability through employment services, mainstream financial entitlements and education.

Six

Improve City Planning and Coordination and Implement an Effective Information Management System.

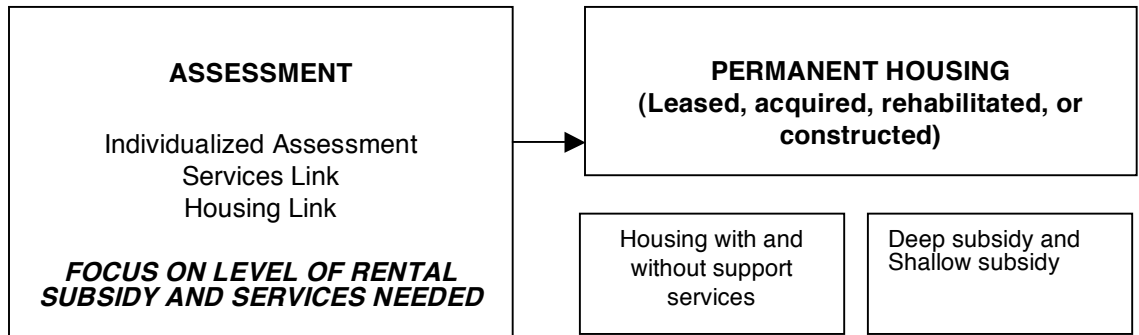
System Overview



PRIORITY ONE

Increase the supply of permanent housing that is affordable and accessible to homeless people

Segment overview:



Permanent Housing

Homelessness locks people into an unhealthy crisis mode of existence, making it difficult for them to regain their health, effectively engage in mental health and substance abuse treatment, and address education and skill gaps that limit their ability to access decent employment. The result is often repeated cycling between shelters, emergency rooms, detoxification centers, and jails – using up precious public service dollars without producing positive outcomes. In order to break this damaging and costly cycle and to help people to end their homelessness, once and for all, the City needs an adequate supply of permanent affordable housing. Such housing provides people with an essential base of stability and security that facilitates their efforts to address the issues that undermine their ability to maintain housing, improve health and well-being, and maximize self-sufficiency and their ability to contribute to the community.

This housing must be deeply subsidized so that it is affordable to people who have extremely low incomes, 0-30% of the average median income (AMI). In addition, for many people who are homeless, in particular those who are chronically homeless and/or suffering from a disabling condition, the housing must be linked with services. This model is known as “permanent supportive housing” and it ensures that people have access to the fully array of health, mental health, addiction, benefits, employment and other services they need to achieve long-term residential stability. For some the services are transitional, while for others, long-term support through community-based agencies is necessary.

Permanent supportive housing is a nationally-recognized best practice that has been shown to be effective: About three-quarters of those who enter supportive housing stay for at least two years, and about half retain the housing for three to five years.¹ In addition, a study of two programs here in San Francisco found that people in supportive housing have lower service costs, with a 57% reduction in emergency room visits and a 45% reduction in inpatient admissions.²

Strategies to enhance the City’s supply of affordable permanent and permanent supportive housing for homeless people must include: 1) development of new deeply subsidized units by both non-profit and for-profit developers; 2) enhancing access to existing housing, through subsidies, master-leasing and making tenant selection criteria more flexible; and 3) preservation of existing units.

What is permanent housing under this plan?

All permanent housing and permanent supportive housing units will ideally meet the following criteria:

- Unit with a place to:
 - Sleep
 - Cook
 - Private bathroom
- Provides residents with rights of tenancy
- Accessible (universal design)

¹ Wong YI, Hadley TR, Culhane DP, Poulin SR, Davis MR, Cirksey BA, Brown JL. Predicting Staying or Leaving in Permanent Supportive Housing that Serves Homeless People with Serious Mental Illness. U.S. Department of Housing and Urban Development, Office of Policy Development and Research, Washington DC. March 2006. and Lipton, F.R., Siegel, C., Hannigan, A., et al. Tenure in supportive housing for homeless persons with severe mental illness. *Psychiatric Services* 51(4): 479-486, 2000.

² Martinez T and Burt M. Impact of Permanent Supportive Housing on the use of Acute Health Care Services by Homeless Adults. *Psychiatric Services*, Vol.57, No. 7, July 2006.

- Affordable (rental rate doesn't exceed 30% of tenant's income)
- Meets code for safety
- For permanent supportive housing, the unit should be linked to voluntary and flexible support services designed to meet the needs and preferences of tenant

Not all current permanent housing and permanent supportive housing units meet the above criteria and to bring these units up to this standard would, in many cases, be cost prohibitive, spatially impossible or otherwise unfeasible. Yet those units provide needed and valuable housing resources to the people residing in those buildings. However at a minimum, all permanent housing and permanent supportive housing units should afford the resident the right to tenancy. New and renovated permanent housing units should comply with these best practice criteria.

PRIORITY ONE: Increase the Supply of Permanent Housing which is affordable and accessible to people experiencing homelessness.	
Strategies	Action Steps
<p>I.1. Increase the number of permanent deeply affordable housing units for homeless individuals and families. Supportive services should be available as needed to assist tenants in maintaining their tenancies. Deeply affordable means that the units are affordable to people whose income is 0-30% of the Area Median Income.</p>	<ul style="list-style-type: none"> a) Provide local, and support private, state and federal financial assistance to developers and property owners to buy, rehabilitate, construct and operate no-income and minimal-income-producing permanent units. b) Provide local, and support private, state and federal financial assistance to Community Based Organizations to: <ul style="list-style-type: none"> i) enter into long-term rent-guarantee or "master"-leases with private landlords for permanent units; and ii) provide rental subsidies to families and individuals to rent housing in the private market, matching the length and depth of rental subsidy to individualized needs. c) Assess which units in the City's affordable housing development pipeline can be converted to permanent deeply affordable units for homeless individuals and families. d) Design housing to accommodate different needs and preferences of people experiencing homelessness, for example: <ul style="list-style-type: none"> i) convert shelters for seniors to and develop group-home collective or community living supportive housing; ii) develop age-appropriate supportive housing options for transition-aged youth. e) Advocate for an increased federal and state investment in housing for people who are homeless. f) Advocate for an amendment of regulations which create barriers to mixing funding sources to finance permanent, deeply affordable units.
<p>I.2. Increase access for homeless individuals and families to permanent housing which is affordable to them despite citizen status, and eviction, credit and/or criminal histories.</p>	<ul style="list-style-type: none"> a-1) Include as award and evaluation criteria for City- and McKinney-Vento Continuum of Care funding the extent to which a housing agency's tenant-selection criteria will permit those with unfavorable eviction, credit and/or criminal histories to access permanent housing affordable to them. <li style="text-align: center;">OR a-2) Require through contract that City-funded housing projects adopt the least restrictive tenant eligibility criteria based upon eviction, credit and/or criminal histories criminal by making individualized determinations about every applicant. b) Develop incentives in addition to rental guarantees for private landlords to rent to formerly homeless tenants which may include on-call tenant services, repair and maintenance and tenant training programs as assurances to rental agreements. c) Advocate that the San Francisco Housing Authority adopt the least

PRIORITY ONE: Increase the Supply of Permanent Housing which is affordable and accessible to people experiencing homelessness.	
Strategies	Action Steps
	<p>restrictive tenant eligibility criteria based upon criminal or drug-related activity and promote policies and procedures that reinforce public safety and facilitate reintegration of rehabilitated people into the community by making individualized determinations about every applicant.</p> <p>d) Designate a portion of local funds to increase permanent housing units for undocumented persons who are barred from federally assisted programs.</p>
<p>I.3. Preserve existing permanent deeply affordable housing units for individuals and families.</p>	<p>a) Partner with non-profit and other private developers to preserve existing affordable housing opportunities by:</p> <ul style="list-style-type: none"> i. conducting thorough annual monitoring of existing supportive housing development units to assess stock at-risk of loss; ii. providing financing for capital improvements; and iii. providing financial assistance to acquire and rehabilitate existing affordable rental housing at risk of losing subsidies or with expiring affordability periods. <p>b) Explore strategies to acquire properties that are currently part of the master-leased housing stock.</p>
<p>I.4. Support actions that increase resources for the creation of permanent housing.</p>	<p>a) Support periodic local and state bonds to create funding sources for permanent housing.</p> <p>b) Explore the range of local revenue producing sources for the development of a local dedicated funding source for permanent housing.</p> <p>c) Develop a Capacity Building network that encourages experienced developers to share information and support non-profit organizations, faith-based groups and other providers who are interested in developing high quality supportive housing.</p>

Permanent Housing Expected Outcomes:

- a) Homelessness will be prevented and the number of individuals and families who are homeless will be reduced as more are able to access and retain permanent housing.
- b) Community-based and local government entities working to prevent and end homelessness will have access to an increased number of subsidies and affordable units to provide permanent housing for individuals and families.
- c) Smooth transitions that foster residential stability will be accomplished through an adequate supply of affordable housing.



Tools Needed to Carry Out Permanent Housing Strategies:

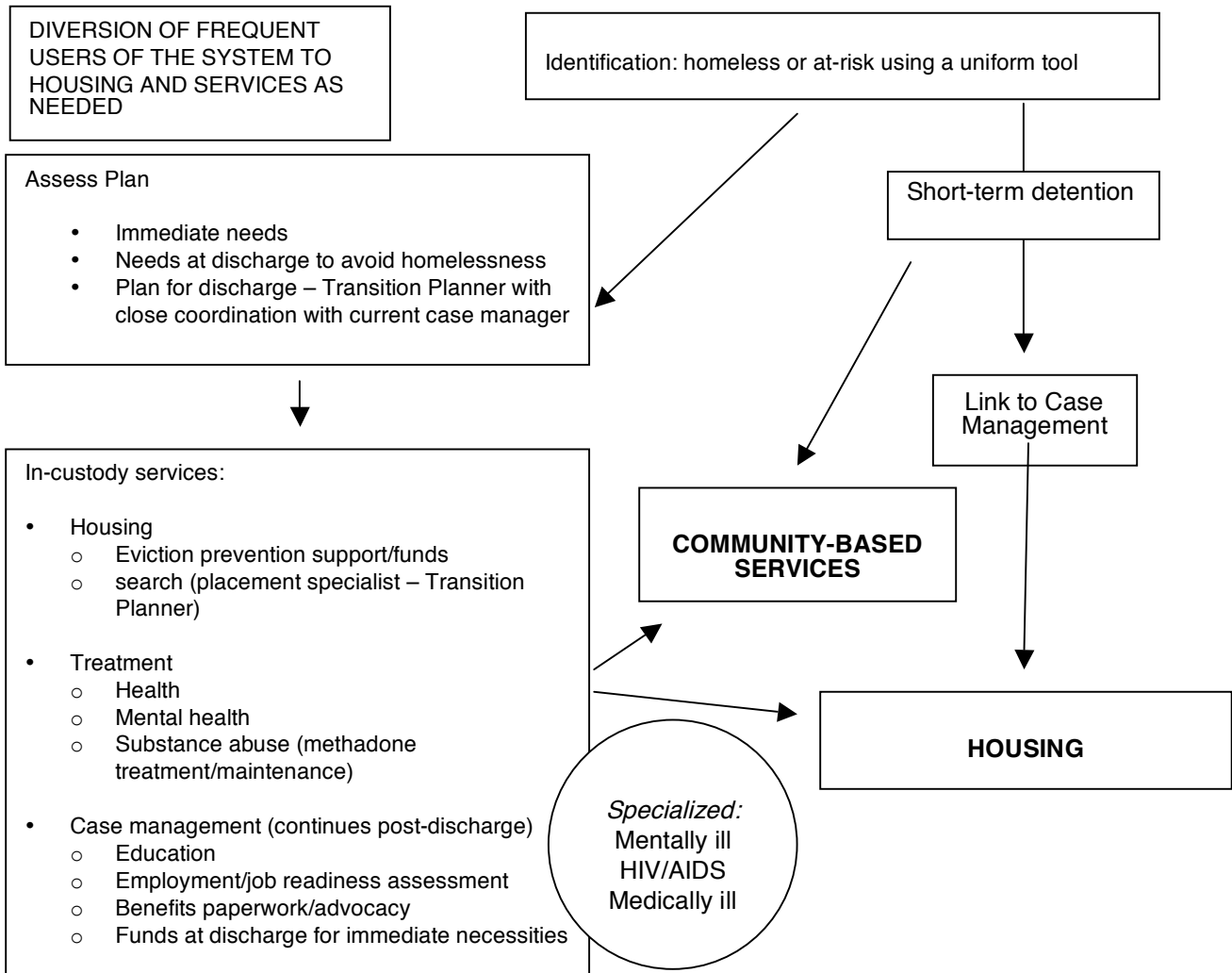
- a) Assessment tool to facilitate appropriate housing referral for people who are homeless
- b) Data collection forms to track outcomes of those in subsidized housing
- c) Local zoning and Permit procedures inclusive of special needs and family populations

PRIORITY TWO

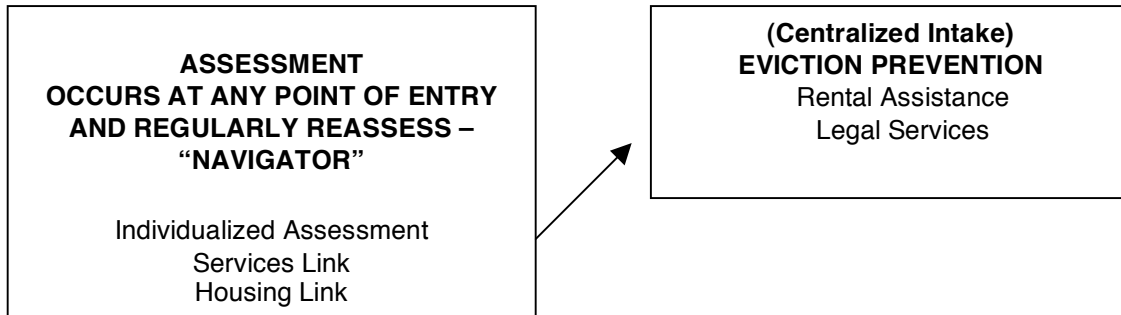
Prevent homelessness through effective discharge planning and eviction prevention and intervention.

Discharge Planning Segment Overview:

Detailed overviews of hospitals, mental health, foster care, and corrections can be found in appendix 3.



Eviction Prevention Segment Overview:



Discharge Planning

Many people who are homeless or at-risk, in particular those who are suffering from a disabling condition, are in touch with one or the other of the City's public institutions and systems of care, including hospitals, mental health programs, detoxification and treatment programs, foster care and the criminal justice system. As such, these institutions have an important role to play in identifying people who need assistance to maintain their housing or who are homeless and need help regaining it. Through comprehensive discharge planning, these individuals, upon release, can be linked with the housing, treatment and services they need to facilitate ongoing stability and prevent future homelessness.

Key aspects of effective discharge planning include: assessment of housing and service related needs at intake; development of comprehensive discharge plans and assignment of a discharge planner/case manager to oversee plan implementation; provision of services that will promote long-term housing stability, while in custody/care; and expansion of housing options for people being discharged. For homeless people involved with the criminal justice system whose crimes are non-violent petty misdemeanors, diversion strategies should be put in place that focus on addressing housing, treatment and service needs so as to prevent both reoccurring homelessness as well as repeat offenses. In addition, in order to ensure the effectiveness of discharge planning efforts, data on the permanent housing outcomes of those discharged should be collected and included as part of ongoing evaluations of these public institutions.

In San Francisco, the following discharge planning efforts already are underway.

Foster Care

Protocols are in place to ensure that when a youth reaches the age of 14, Family and Children's Services Protective Service Workers or San Francisco Probation Officers forward a copy of the youth's Transitional Independent Living Plan to the San Francisco Independent Living Skills Program (ILSP). The San Francisco ILSP provides supportive services to current and former foster youth in San Francisco. For youth ages 14 and 15, ILSP provides the *Early ILSP* in order to engage foster youth in ILSP programs and services well before emancipation. *Core ILSP* is for youth ages 16-18 and provides five core service components: College Club, Life Skills Workshops, Mentoring, Tutoring, and Vocational Services. Also, Individual Development Accounts are now incorporated into core services and begin at age 16. *Transitional Program* is for youth ages 17-18 in order to prepare for emancipation, including access to employment, housing, and services. *Aftercare Services* are provided to emancipated foster and probation youth ages 18-21, and include case management, job training, transitional housing, and move in assistance. The San Francisco Health Plan has extended the Healthy Kids and Young Adults program to cover former foster youth through age 24 to provide complete medical, dental, and vision insurance at a nominal cost. HEY (Honoring Emancipated Youth) is a San Francisco-based Bay-Area-wide collaborative that continues to advocate for necessary policy changes to ensure ongoing wraparound services and housing for former foster youth.

The THP Plus program has expanded this year and is now providing housing and services to 80 youth through Larkin Street Youth Services and First Place Fund for Youth. Also, at the start of 2007 First Place Fund for Youth created a program to serve San Francisco's emancipated foster youth. The PATH program, Permanent Avenues Towards Homes, is a two-year post emancipation program for youth ages 18-24. The youth live in "host homes" and continue to work on life skills and self-sufficiency. The program is also funded through THP Plus.

Health Care

The Department of Public Health (DPH) oversees San Francisco General Hospital (SFGH) and Laguna Honda Hospital and Rehabilitation Center (LHH), which includes a skilled nursing care facility. Protocols are in place to ensure that DPH hosts *daily* patient placement meetings attended by staff of SFGH, LHH, and non-profit organizations. The goal of the placement meetings is to ensure that every person being discharged from either SFGH or LHH has an appropriate placement. People who are homeless are identified upon intake, and hospital staff begin work immediately to identify appropriate housing upon discharge. SFGH uses an electronic referral system for planning and placement. Placements are made at appropriate board and care, nursing homes, or other such facilities.

Even with a protocol in place, some patients still must wait for placement into a lower and more appropriate level of care. To this end, DPH oversees the Placement Task Force that is working to decrease the number of patients at SFGH and LHH that are awaiting placement into a lower level of care. The goal of this group is that the number of SFGH and LHH patients waiting for placement into lower levels of care setting is decreased by 50%. DPH also oversees the Discharge Planning Workgroup, a citywide workgroup including hospital consortium discharge planners that was mandated by the 10-year plan to end homelessness. In the near future, this group will work to address the new California AB 2745 legislation that mandates that hospital patients who are homeless will not be discharged to the street.

Finally, DPH oversees the new medical respite program. This program provides temporary respite to the medically frail and works towards finding permanent housing for these clients. Referrals come from SFGH and plans are to expand to other, private hospitals throughout San Francisco. There are 60 respite beds in two sites. In addition to respite beds, DPH also has 29 beds at Kean Hotel that are available for spillover when respite beds are occupied. The program also includes services such as transportation to medical appointments, case management, benefits counseling, referral to treatment, and housing placement.

Mental Health

The Placement Division of the DPH works with SFGH to assess and place homeless persons being discharged from locked facilities. There is an operating Board and Care Team and "utilization review team" that meets minimally once a month and coordinates weekly. Teams go out to the facilities to assess housing needs and create discharge plans for patients. The majority of patients are placed in board and care facilities. Others can enter a one year residential program that focuses on the enhancement of life skills. Also, DPH works closely with the Napa State Hospital, an acute psychiatric care facility, through its intensive case management team. DPH is notified by the Napa State Hospital as soon as a homeless San Franciscan is being considered for discharge.

SFGH in-patient psychiatric care coordinates its discharge planning through the daily placement meetings that assess needs of patients upon discharge. Most other mental health treatment programs are operated by nonprofit organizations that begin discharge planning upon admission. Protocols are in place to ensure that intensive case management teams work to place clients into permanent supportive housing with mental health services provided on-site whenever feasible. When a higher level of care than permanent supportive housing is needed, the case management teams work together in order to ensure a seamless transition between facilities.

Corrections

The County Jails provide educational programs for inmates including literacy, arts, mathematics, ESL, GED, vocational training, health and nutrition, women's studies, and access to library services. In-custody substance abuse treatment is provided through three programs that focus on women in recovery, men in recovery, and acupuncture detoxification.

Protocols are in place providing for programs that are dedicated to working with inmates approaching discharge: the *Discharge Planning Unit*, *Jail Aftercare Services*, *Forensic AIDS Project*, and *Medical Social Work*. The *Discharge Planning Unit* works with inmates to develop a post-release plan that includes inmate's need for housing, medical care, substance abuse and mental health treatment. Discharge planners are available for former inmates for up to six months after release. *Jail Aftercare Services* work with inmates who have serious and persistent mental illness. In partnership with DPH and various non-profit organizations, *Jail Aftercare Services* places former inmates with serious mental illnesses into appropriate treatment programs. *Forensic AIDS Project*, also part of DPH, works with former inmates with HIV/AIDS in order to ensure that their housing and health needs are met. *Medical Social Work* arranges for residential care for medically ill inmates in need of housing.

Over the last year and a half, there has been a significant expansion of programming related to discharge planning and reentry services. The San Francisco Sheriff's Department, Office of the Public Defender, the Office of the District Attorney, County Probation, State Parole, and an array of community- and faith-based non-profit organizations have come together to improve policy and expand programming to better support individuals returning from jails and prisons. Examples of new programming that has emerged from these collaborations are the No Violence Alliance (NoVA), a collaborative administered by the Sheriff's Department which provides individuals with violent histories who have recently left jail and prison with intensive case management, and connections to appropriate services and transitional housing. Funding for NoVA comes from State and local funds. The Sheriff's Department also recently opened the Women's Reentry Center which is a drop-in center for women ex-offenders where they can receive or be referred to housing, employment, counseling, childcare, and other services.

The Office of the Public Defender established a Reentry Unit that is staffed by social workers who work with clients of the Public Defender who are in need of social services, such as placement into drug treatment, housing referrals, and counseling to maintain connections with family members, especially children. The District Attorney's Reentry Unit administers a program called Back on Track, which targets individuals age 18-30 who have been charged with their first adult drug felony, and provides them with transitional housing, employment training, and case management. Upon successful completion of the program, the charges are dismissed.

STEPS Program was established through the award of a DOJ grant to the San Francisco Department of Public Health's Direct Access to Housing (DAH) Program. The STEPS Program provides 51 individuals exiting the criminal justice system with transitional housing, intensive case management, and the support they need to develop a stable income, build savings, locate and secure permanent housing, and access other support as needed, ranging from substance abuse treatment to vocational training.

PRIORITY TWO: Prevent homelessness through effective discharge planning.	
Strategies	Action Steps
<i>For all Publicly-Funded Systems: Jails, Hospitals, Mental Health and Foster Care</i>	
II.1. Upon <i>entry</i> into a public institution, assess and plan for housing upon release	<ul style="list-style-type: none"> a) Identify during intake persons who are homeless or at risk of homelessness upon release b) Assign a case manager/transition planner <ul style="list-style-type: none"> • Preference for current case manager, if there is one, to fill this role • Identify immediate needs to be addressed while in the public system, including services, treatment and assistance in retaining current housing (e.g. eviction prevention support/funds, advocacy with shelters to maintain right to 60-90 day beds) • Identify needs at discharge to avoid homelessness • Create plan for successful discharge into housing including services to be delivered while in public institutions, housing assistance, and linkage to services once discharged c) Collect data on permanent housing outcomes for those discharged, to be used as part of regular evaluation of public institutions.
II.2. Provide services prior to discharge that promote long-term housing and personal stability	<ul style="list-style-type: none"> a) Provide health, mental health, and substance abuse treatment services, including methadone treatment and maintenance. b) Provide case management services, which continue post-discharge, to assist with benefits advocacy, education and employment and housing search including funds at discharge for transportation and temporary housing if needed. c) Improve linkages to community-based services for persons exiting institutions.
II.3. Increase housing options for recently discharged people	<ul style="list-style-type: none"> a) Increase the number of respite beds for persons who need continued medical assistance after discharge, prior to placement in permanent housing. <ul style="list-style-type: none"> • Until sufficient respite beds are available, dedicate IHSS Homecare workers to each shelter site based on existing need. b) Increase access to permanent housing for persons with criminal records by building supportive housing, expanding selection criteria for City-assisted housing to prevent automatic bar against those with records and assistance in appealing decisions denying tenancy. (See Permanent Housing Section I, above.) c) Make appropriate referrals to interim treatment housing (see treatment housing section), including the DPH-STEPS (Services to Empower Personal Success transitional housing) and San Francisco Sheriff's NoVA programs for those exiting the criminal justice system.

PRIORITY TWO: Prevent homelessness through effective discharge planning.	
Strategies	Action Steps
	d) Increase age-appropriate supportive housing options for youth exiting the foster care system. (See Permanent Housing Section I, above.)
<i>For Jails and Hospitals</i>	
II.4. Divert repeat offenders who are homeless from the criminal justice system	a) Implement a restorative policing program which focuses on access to housing (and supportive services and treatment if needed) for repeat non-violent, petty misdemeanor, and quality of life offenders experiencing homelessness Back on Track program for those charged with a sale or possession for sale offense b) Coordinate with the Re-Entry Council to implement reentry strategies to provide ex-offenders with opportunities to permanently exit the criminal justice system
II.5. Provide timely medical treatment and services to people who are homeless to minimize their entry into the emergency medical system.	a) Bring to scale the work of the Emergency Medical Services High User group to identify and engage frequent users of EMS in order to address their unmet needs and minimize 911 and emergency department usage.

Eviction Prevention and Intervention

Effective homelessness prevention requires early identification and assistance to help people avoid losing their housing in the first place. Mainstream public agencies, including social service agencies, health clinics, schools and city government offices, have an important role to play in this effort as they are often in contact with these households and can provide key information and referrals.

Strategies to facilitate the early identification and assistance needed to prevent homelessness include 1) expansion of resources available for rental assistance and for key services that address threats to housing stability; 2) facilitating access to eviction prevention services through education and outreach, expanded legal services and the establishment of specialized eviction prevention programs; and 3) development of standard “just-cause” eviction policies for city-funded programs.

PRIORITY TWO: Prevent homelessness through eviction prevention and intervention.	
Strategies	Action Steps
<p>II.6. Provide short-term rental support and wraparound services to address underlying issues threatening housing stability and to prevent eviction</p>	<ul style="list-style-type: none"> a) Increase funding for and eligible uses and eligible recipients of rental assistance <ul style="list-style-type: none"> i. Additional uses to include paying debts if the existence of the debt precludes access to affordable housing (e.g. eviction judgments) and higher limits for rental deposits, ii. Additional recipients to include prior recipients of rental assistance funds and undocumented families b) Expand the use of representative payee services
<p>II.7. Increase outreach and education about eviction prevention resources and tenant rights laws</p>	<ul style="list-style-type: none"> a) Provide understandable, clear, easy to use information to be distributed through government agencies, courts, non-profits, and enclosed with housing-related legal notices informing tenants of their rights and available resources b) Require providers and property managers to receive training on eviction prevention issues and resources and hold similar workshops for tenants. c) Create a centralized intake point for anyone seeking eviction prevention services.
<p>II.8. Increase the provision of legal services for individuals and families at risk of eviction</p>	<ul style="list-style-type: none"> a) Increase access to legal services during eviction proceedings and representation at settlement conferences. b) Investigate the implementation of an eviction defense program, modeled after the public defender's office, for low-income tenants facing eviction.
<p>II.9. Develop standard eviction policies for city-funded projects</p>	<ul style="list-style-type: none"> a) Develop standard eviction policies for city-funded programs, including requiring providers to provide early notice to tenants prior to formal eviction proceedings and establish an enforcement mechanism to ensure eviction proceedings are implemented and followed. Encourage other low-income managers and providers to adopt the standard policy.

Prevention Outcomes:

- a) Homeless people released from public institutions exit to housing linked with needed support services.
- b) Persons exiting institutions of custodial care would be linked to non-HUD McKinney-Vento funded housing before they are discharged.
- c) Accessing housing and assuring residential stability will be the responsibility of all mainstream and homeless targeted agencies and programs.
- d) People who are at-risk of homelessness receive services and supports to maintain housing and avoid homelessness



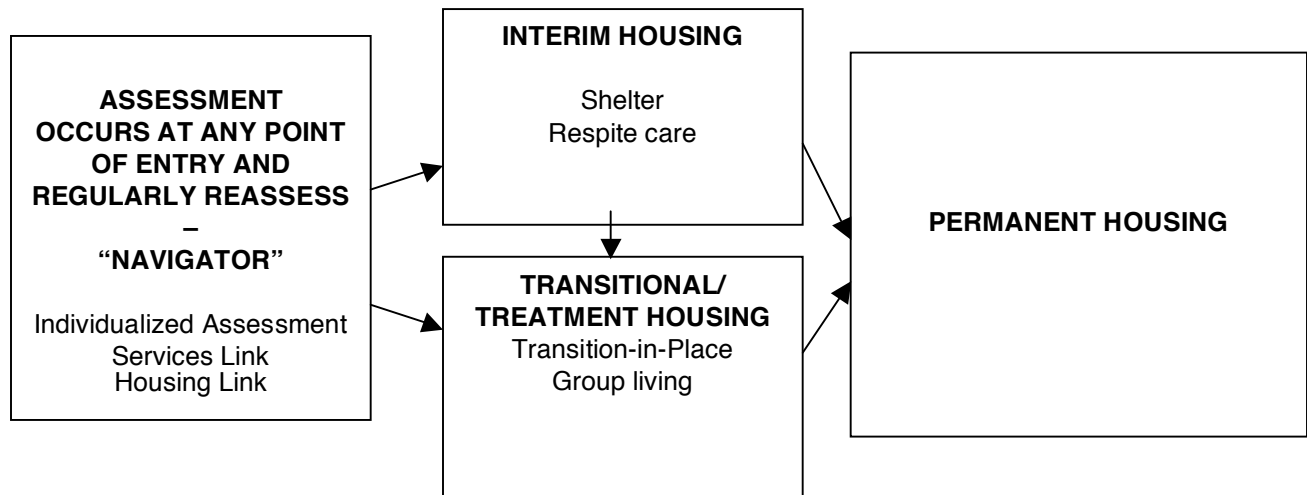
New Tools Needed to Carry out Prevention Strategies:

- a) Discharge planning protocols from all publicly funded institutions
- b) Uniform intake assessment tool which identifies risk of homelessness at discharge
- c) Protocol for assigning Case manager/transition planner to those at-risk of homelessness upon discharge
- d) Procedures for tracking housing outcomes of those exiting public institutions
- e) Evaluation of discharge planning and service termination policies and practices of publicly funded and/or run agencies in terms of their impact on homelessness
- f) Proposed amendments to State and Local laws, ordinances and policies that penalize homeless people based on their status as homeless in order to prevent runaway and homeless youth being adjudicated as delinquent.
- g) Information to mainstream providers about location of centralized intake for eviction prevention
- h) Tracking system for evictions from city-funded programs
- i) Tracking system for successful outcomes of those provided eviction prevention assistance

PRIORITY THREE

Provide interim housing (emergency shelter and treatment/transitional housing) until permanent housing is available.

Segment overview:



Emergency Shelters

Although permanent housing is the primary goal for people who are homeless, interim housing is a necessity until the stock of housing affordable to people with extremely low incomes can accommodate the demand. Interim housing should be available to all those who do not have an immediate option for permanent housing, so that no one is forced to sleep on the streets; should be safe and easily accessible; and should be structured to provide services that assist people in accessing treatment in a transitional housing setting or permanent housing as quickly as possible.

In order to put in place the interim housing needed in the City, existing shelters must be restructured so that they are not simply emergency facilities, but instead, have a focus on providing services that link people with housing and promote ongoing stability. In addition, in order to ensure that people who are homeless are willing to access these facilities, steps should be taken to increase their level of safety and cultural competence and to ensure that specialized facilities or set-aside sections are developed to meet the diversity of need, including safe havens, respite care beds, and places for senior citizens.

PRIORITY THREE: Provide interim housing (emergency shelter) until permanent housing is available.	
Strategies	Action Steps
III.1. Restructure shelters to facilitate provision of services that lead to accessing and maintaining permanent housing.	<ul style="list-style-type: none"> a) Expand shelter hours to provide for 24-hour access and adjust rules to increase number of hours that people are permitted to sleep b) Eliminate one-night shelter beds and extend shelter stays, depending on need, to promote the facilitation and continuity of services c) Services provided to individuals and families in emergency shelters should focus on increasing housing stability: <ul style="list-style-type: none"> o Housing placement o Economic literacy, including money saving o Accessing income benefits o Housing retention skills
III.2. Provide services in coordination with other community service providers	<ul style="list-style-type: none"> a) Coordinate with the mobile care team to provide services to clients in respite beds and safe haven shelter beds b) Coordinate with Resource Centers and other community service providers to increase involvement in community activities and access to social services.
III.3. Increase the level of safety in the shelters.	<ul style="list-style-type: none"> a) Promulgate minimum safety standards and regularly assess for compliance
III.4. Provide appropriate shelters to meet diverse needs.	<ul style="list-style-type: none"> a) Provide specialized shelters or set-aside sections in general population shelters to accommodate the need for: <ul style="list-style-type: none"> o People in crisis needing an unstructured, “safe-haven” or low-demand shelter with minimal requirements for residents o Increased respite beds o Elderly b) Provide resources to hire, manage, motivate and train shelter management and staff to increase client satisfaction and staffing stability including through cultural and linguistic competency and sensitivity to clients’ needs and situations

Treatment (Transitional) Housing

The City has placed a high priority on assisting people who are homeless to access permanent housing as quickly as possible, without requiring “housing readiness” or participation in services or transitional programs as a pre-requisite. This strategy has been found to be effective with most populations, including with people who are chronically homeless. However, for some people, access to treatment (transitional) housing can be beneficial; it provides a necessary steppingstone enhancing their ability to successfully access and maintain permanent housing. Particular sub-populations that have been found to benefit from treatment housing include: people who have a serious mental illness, people with chronic substance abuse problems, ex-offenders in need of re-socialization, people suffering from trauma (domestic violence, former sex workers, youth experiencing homelessness, veterans), and emancipated foster and homeless youth. For these populations, treatment housing provides a supportive, transitional environment that facilitates the stability necessary for future housing retention and provides treatment in a setting that offers immediate support against relapse and other potential set-backs. In order to be effective, treatment housing must offer culturally competent programs designed to meet the needs of the specific population being served.

Strategies necessary to effectively meet the need for treatment housing include: 1) evaluation of existing treatment/transitional housing in the City to determine which facilities to maintain and which to transform into permanent supportive housing; 2) appropriate assessment of people who will benefit from treatment housing; 3) development of intensive case management and service packages for specific populations; and 4) creation of stronger linkages to facilitate movement between treatment programs and permanent housing.

PRIORITY THREE: Provide interim housing (treatment/transitional housing) until permanent housing is available.	
Strategies	Action Steps
III.5. Phase out transitional housing for the chronically homeless.	<ul style="list-style-type: none"> a) Reconfigure transitional housing programs that serve chronically homeless people into permanent supportive housing and sobering centers.
III.6. Maintain/establish transitional housing for non-chronically homeless individuals and families with an identified need for such housing programs.	<ul style="list-style-type: none"> a) Identify individuals and families who need transitional housing through an upfront assessment, moving away from the current system of self-referral. b) Individuals and families presenting with the following situations have been identified as benefiting from treatment in transitional housing: substance abuse issues, mental illness, recently discharged offenders, former foster and homeless youth, victims of trauma (e.g. domestic violence), former sex workers and veterans
III.7. Provide intensive case management services that address individualized needs and emphasize economic stability.	<ul style="list-style-type: none"> a) Provide necessary support services that address individualized needs and promote stability. b) Emphasize economic stability through employment and education services and support.
III.8. Emphasize exits from transitional housing programs into permanent housing.	<ul style="list-style-type: none"> a) Timelines for exiting transitional housing programs should be tailored to meet individual needs. b) Links between transitional programs and permanent housing should be improved, including opportunities to transition in place, recruiting private landlords willing to provide permanent housing and prioritizing individuals and families who have completed transitional housing for placement into new permanent housing.

Interim Housing Outcomes:

- a) All people who become homeless in San Francisco are provided with an appropriate short-term place to live.
- b) Permanent housing access and retention will be fostered by forging linkages to person-specific income, treatment support services while in short-term housing.
- c) Fewer people are homeless and living on the streets as more access interim housing
- d) People exit interim housing for permanent housing linked to support services
- e) Homeless people with special service needs receive services in a specialized supportive environment that facilitates later permanent housing acquisition and retention
- f) Those in treatment housing will exit to permanent housing
- g) Transitional housing transformed to PSH, except for those serving selected populations
- h) Increase in permanent housing placement outcomes for those leaving transitional housing



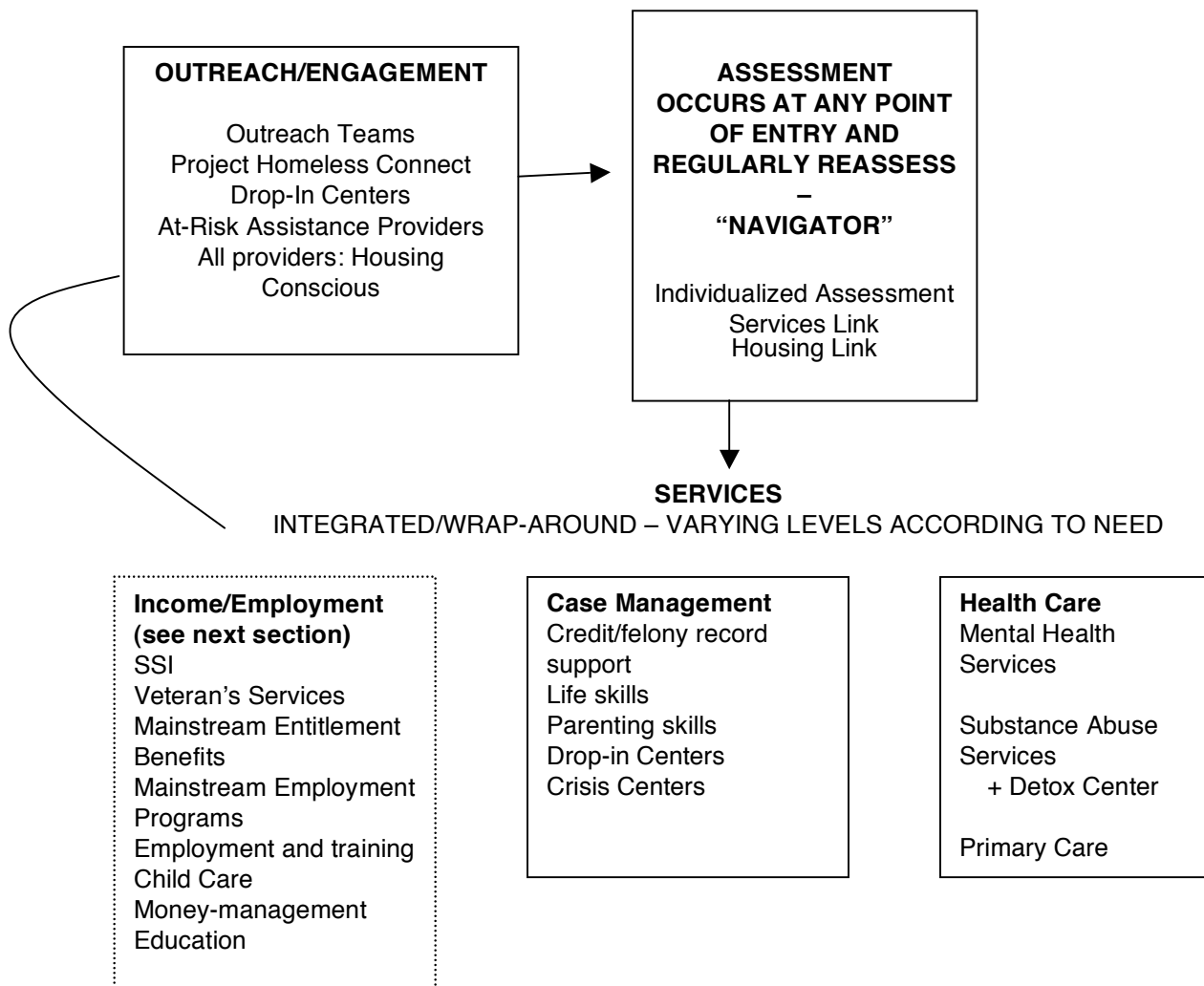
New Tools Need to Carry out Interim Housing Strategies:

- a) Assessment tool to identify individuals and families who will benefit by transitional treatment housing
- b) A mechanism to assess the cost-effectiveness of treatment housing versus permanent housing with intensive support services in a scattered site or congregate living model

PRIORITY FOUR

Provide wraparound support services that increase long-term stability and enhance access points for support services and housing.

Segment Overview:



Wrap-Around Support Services

Most people who are homeless not only need housing, but access to services to help foster ongoing housing stability, improved health and maximum self-sufficiency. Depending on the individual, these services may be transitional, needed just long enough to help respond to the immediate crisis, or they may be needed on an ongoing, long-term basis. In all cases, the services should be:

- Focused on and linked to housing;
- Comprehensive so they address the full range of need;
- Individualized to meet the particular needs of each client; and
- Integrated so that care is provided in a coordinated manner that facilitates maximum effectiveness.

This is what is meant by “wraparound” care. Clients are wrapped in all the services they need to support housing acquisition and ongoing retention. This includes case management; health care; mental health services; substance abuse treatment; benefits advocacy; education, training and employment services; life skills and others.

Strategies to facilitate the provision of wrap-around care for people experiencing homelessness and to prevent recurrence of homelessness must include expanding the accessibility and availability of treatment and support services; enhancing cross-system and cross-agency service integration; improving homeless access to mainstream services, including benefits; and ensuring that all service provision prioritizes housing acquisition and retention.

PRIORITY FOUR: Provide wraparound support services that increase long-term stability.	
Strategies	Action Steps
IV.1. Provide a comprehensive range of support services aimed at facilitating acquisition and retention of permanent housing	<ul style="list-style-type: none"> a) Reduce barriers to accessing necessary support services for people living on the streets and in interim housing. b) Continue to fund services at permanent supportive housing developments by pursuing federal and state services funding as well as local funding from the Department of Human Services and Department of Public Health. c) Fund aftercare support services to promote stability, especially immediately after entry to permanent housing, a critical transition period.
IV.2. Improve the integration of medical, mental health and substance abuse treatment and increase the number of available treatment slots	<ul style="list-style-type: none"> a) Provide access to support services in addition to treatment services to all clients entering the system, regardless of their point of entry. b) Increase the number of treatment slots for mental health and substance abuse services, including residential programs. c) Improve the integration and coordination of treatment and supportive services to individuals with multiple diagnoses, including by sharing information through team case management, survey tools and a web-based management information system. d) Invest in more residential treatment, residential care programs, and respite care programs. e) Maintain medically supervised medical detoxification programs.
IV.3. Improve linkages to mainstream benefits	<ul style="list-style-type: none"> a) Identify veterans at all homeless and mainstream service programs and connect them with veteran-specific health and benefits services. b) Assess all homeless-targeted and mainstream service program clients for eligibility for SSI and mainstream entitlement benefits. c) Increase funding for legal services that assist consumers access mainstream benefits.
IV.4. Move personnel and funding for the chronically homeless away from services that are not linked to housing.	<ul style="list-style-type: none"> a) Design support services for people who are chronically homeless to prioritize housing acquisition and retention and to be aligned with the City's Housing First philosophy.

Access Points for Support Services and Housing

Ending homelessness requires enhanced efforts to ensure that all homeless people are linked to the service system and receiving the assistance they need to access and maintain housing. Some homeless people, including those who are chronically homeless, are extremely service-averse and reluctant to interact with the service system. This can be the result of previous negative experiences in requesting assistance; alienation from having lived on the margins of society for an extended period of time; or fear and paranoia, often symptoms of untreated mental illness or addiction. Mobile, multi-disciplinary outreach teams have proven to be effective at engaging this population. They bring basic services directly to clients in a non-threatening way, and slowly over time, encourage and assist them in linking with housing, treatment and other supports. Similarly, community drop-in centers offer a low demand environment, providing a place to get off the street, address basic needs, and when people are ready, linkage to housing, treatment and other services.

In order to better facilitate engagement of people who are chronically homeless or reluctant to access services, both outreach services and community drop-in centers need to be expanded.

PRIORITY FOUR: Enhance access points for Support Services and Housing through outreach to and engagement of people experiencing homelessness.	
Strategies	Action Steps
<p>IV.1. Expand outreach services to underserved populations through community partnerships.</p>	<ul style="list-style-type: none"> a) Continue to provide intensive outreach to people living on the street through SFHOT b) Expand street outreach coverage with additional staff and additional vans in order to reach unserved neighborhoods and underserved populations. c) Continue to support other successful models of community street outreach. d) Continue and expand outreach through Project Homeless Connect <ul style="list-style-type: none"> o Continue bi-monthly outreach sessions. o Continue to engage new individuals and businesses as volunteers to increase the volunteer hours and private funds being directed to ending homelessness
<p>IV.2. Increase the availability of community drop-in and resource centers</p>	<ul style="list-style-type: none"> a) Provide dedicated resources for drop in centers to offer site-based services to people living on the streets and in emergency shelters. b) Provide a comprehensive range of services through community drop-in centers, including housing placement services as well as access to basic services, crisis intervention, and referrals to other social services, mainstream benefits, safe day space off the streets, and interim housing as appropriate.

Wrap-Around Support Services Expected Outcomes:

- a) Stability of tenancy and housing relocation will be accomplished without incidence of homelessness.
- b) Housing stability will be accomplished through the improved health and behavioral health of participants.
- c) Homeless people living on the streets will be engaged and linked to housing and services.
- d) Homeless people who access permanent housing will receive the support they need to retain it for the long term.
- e) Those with health, mental health and substance abuse issues will have access to treatment.
- f) All those eligible for public benefits will receive them.



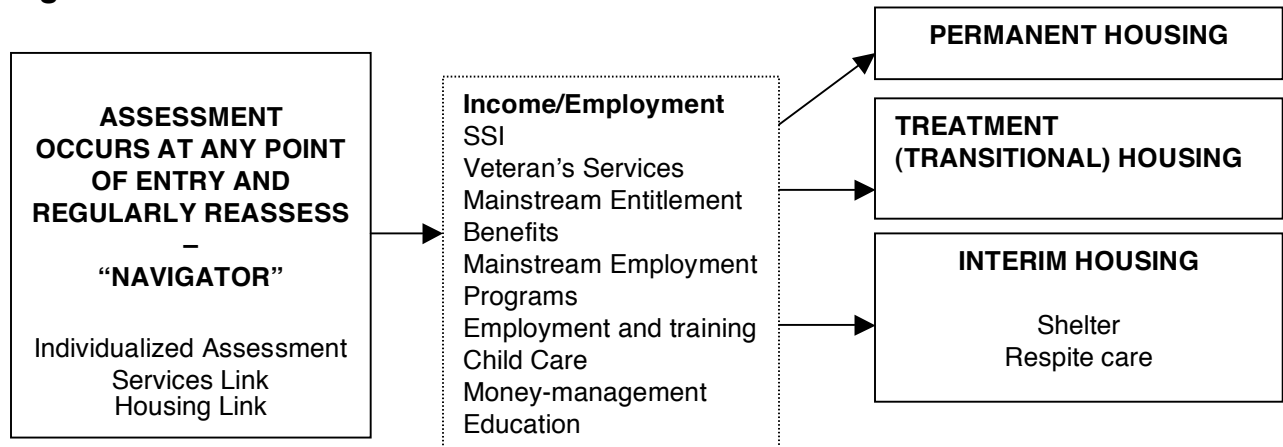
New Tools Need to Carry out Wrap-Around Support Services Strategies:

- a) A mechanism to determine the need for and availability and accessibility of services “slots”
- b) A mechanism to track the number of people who are homeless who apply for and receive general assistance, food stamps and CalWORKs benefits

PRIORITY FIVE

Increase economic stability through employment services, mainstream financial entitlements and education.

Segment Overview:



Increasing Economic Stability

Ongoing housing stability depends upon access to a stable and sufficient income stream. However, many homeless people have education deficits, limited job skills and/or gaps in their work history that make it difficult for them to obtain living wage employment. For these reasons, access to education, job training and employment services are vitally important. There are homeless-targeted training and employment services which offer these services in a way that is designed to meet the special needs of homeless people. While these programs are necessary and should be expanded, homeless people also need access to the mainstream workforce development system, which offers a wider range of resources. However, in order to be effective with this population, these mainstream programs must take steps to increase homeless access and better accommodate their needs.

Some people who are homeless struggle with such serious health, mental health or addiction disabilities that it interferes with their ability to hold employment, and they must depend upon government benefits programs, including CalWORKs, General Assistance, Food Stamps, Social Security Administration programs (SSA/SSDI/SSI) and MediCal and Medicare. However, the application processes and requirements for these programs are complicated and intimidating and many people need assistance, including with filling out applications, obtaining supporting documentation and keeping appointments, in order to successfully obtain these benefits.

Strategies to facilitate greater economic stability for homeless people include: 1) increasing homeless access to mainstream education and workforce development programs; 2) supporting homeless-targeted employment and training services; and 3) increasing homeless access to benefits programs. In addition, homeless children and youth should be assisted in accessing education and specialized vocational training services.

PRIORITY FIVE: Increase economic stability through employment services, mainstream financial entitlements and education.	
Strategies	Action Steps
V.1. Increase homeless people's access to the mainstream education and workforce development system	<ul style="list-style-type: none"> a) Make changes to mainstream employment program to accommodate the special needs of people who are homeless. b) Increase access to job training, adult education and GED programs by homeless adults including on-going education to those who are working to enhance promotional opportunities and earnings. c) Expand and enhance outreach to formerly homeless people who are housed at "housing first" and other permanent supportive housing sites to engage in mainstream education and workforce development programs.
V.2. Maintain employment services targeted to homeless people to increase job readiness, training and literacy	<ul style="list-style-type: none"> a) Continue providing homeless targeted services that increase job readiness through counseling and case management, soft and hard skills training, and supportive employment opportunities. b) Provide specialized job placement services, employment resources and job retention services for homeless people. c) Expand and enhance outreach to formerly homeless people who are housed at "housing first" and other permanent supportive housing sites to engage in homeless-targeted employment services.
V.3. Increase receipt of mainstream financial entitlements for people who are homeless or at risk	<ul style="list-style-type: none"> a) Fund effective SSI application and Advocacy services for all eligible homeless people. b) Ensure all people who are homeless or at-risk are screened for mainstream income benefits. c) Assist eligible individuals in maintaining benefits while temporarily in institutional settings. d) Enhance food security by bringing to scale the San Francisco Food Stamp Program projects to remove barriers to food stamp benefits by people who are homeless including the Benefits in a Day, Able Bodied Adults without Dependents Waiver (ABAWD) and Restaurant Meals projects.
V.4. Improve access to education and training for homeless children and youth	<ul style="list-style-type: none"> a) Ensure compliance with San Francisco's Homeless Education Plan through coordination between the Local Homeless Coordinating Board and San Francisco School District Homeless Liaisons. b) Increase access to GED programs for homeless youth. c) Provide vocational training, internships and job placement for homeless and formerly homeless youth by creating specialized services for them, making sure that they have access to existing services

Economic Stability Expected Outcomes:

- a) Housing access, stability and retention will be accomplished through increased incomes.
- b) All clients will be afforded appropriate opportunity for workforce participation.
- c) People who are homeless and at-risk will access the full range of public benefits to which they are entitled.
- d) People who are homeless or at-risk will access appropriate employment and trainings services



New Tools Need to Carry out Economic Stability Strategies:

- a) Assessment tool to identify individuals who likely will meet their employment goals through currently available mainstream employment support programs.
- b) A method to assess the cost-effectiveness of employment support programs which target and which do not target people who are homeless.

PRIORITY SIX

Improve City Planning and Coordination and Implement an Effective Information Management System.

Segment Overview

Information Management

City Planning and Coordination

City Planning and Coordination and the Management of Information

Integral to the successful implementation of this plan is the coordination of the numerous City departments involved in providing the housing and services called for in these pages. Departments must engage in a continuous dialogue in order to assess gaps in services and to coordinate and streamline the efforts of the numerous bodies responsible for the coordination of housing and services. The City must also accurately inventory the housing and services available, including monitoring waitlists.

Additionally, the City must improve upon the current information management system now in use. Large amounts of data on individuals and families experiencing homelessness are located among the various public agencies and provider databases. Individuals and families often provide the same intake information to several different providers as they move through different programs. Individual providers have little way of knowing which services a client has or is currently receiving from other providers or agencies. The current homeless management information system (HMIS) must be able to collect and track data sufficient to produce reliable reporting and count data and to understand services utilization and client outcomes over time. Furthermore, the City should explore whether an HMIS system with case management capabilities would be appropriate for San Francisco.

Finally, it is equally important those people experiencing homelessness or at risk for homelessness, other community members, and agencies have access to information on resources that are available in the community. Support must be given to the development and maintenance of a centralized resource website where comprehensive programmatic and resource information can be easily accessed.

PRIORITY SIX: Improve Planning and Coordination and Implement an Effective Information Management System	
Strategy	Action Steps
VI.1. Increase coordination and streamline efforts of city departments agencies and committees working to end homelessness.	<ul style="list-style-type: none"> a) Establish regular reporting mechanisms to ensure communication between the Local Homeless Coordinating Board, the Human Services Agency, the Department of Public Health and the Mayor’s Office on Housing.
VI.2. Accurately identify housing and services inventory and identify gaps in services to increase effectiveness in planning.	<ul style="list-style-type: none"> a) Continue to annually inventory interim and permanent housing beds. b) Conduct an inventory of available service and treatment slots. c) Monitor service and housing waitlists and turn-aways as part of housing and services inventory. d) Using inventory, wait list and turn-away data, identify gaps in services and housing and annually publish a priority list for addressing these needs.
VI.2. Improve the effectiveness of the City’s homeless management information system (HMIS).	<ul style="list-style-type: none"> a) Improve the current HMIS system to ensure accurate collection of data and reliable reporting on housing and service utilization. b) Explore the implementation of an HMIS system with citywide case management, referral and benefits screening capabilities either through integration of social services into the system currently being used by DPH or the development of a new system. c) Ensure that the privacy interests of clients are appropriately balanced against the need to collect service and program utilization data.
VI.3. Develop and maintain a centralized resource website to provide information on homeless services and resources in San Francisco.	<ul style="list-style-type: none"> a) Support the development and maintenance of the www.sfhomeless.net resource website.

Information Management and City Planning and Coordination Outcomes:

- a) Accurate inventory of service and treatment slots, interim and permanent housing beds, and waitlists.
- b) Identification of gaps in services.
- c) Coordinated effort of all City departments and agencies to deliver comprehensive services fill gaps and avoid duplication.
- d) Information management system that accurately and reliably produces data reports on services and bed utilization.
- e) HMIS system that functions as an efficient and effective case management, referral and intake tool.
- f) Comprehensive website that provides updated information on services and resources in San Francisco.



New Tools Needed to Carry Out Strategies:

- a) Effective tool to inventory service and treatment slots.
- b) A method to identify gaps in services based on inventory and waitlist data.
- c) A reliable information management system that accurately calculates service and bed utilization.

Appendix 1

The following community strategic plans were used as the starting point for the creation of this plan, *Towards Ending Homelessness in San Francisco*. These plans were synthesized into a single document (Appendix 3). The acronyms listed in parenthesis are used to reference the plans throughout the appendices.

1. The San Francisco Plan to Abolish Chronic Homelessness, June 2004. (10YP)
2. City and County of San Francisco Five-Year Consolidated Plan 2005-2009 (5YCP)
3. Homeless Families Services Redesign- Recommendations From Community Stakeholders, July 2006 (HFSR)
4. Addressing Senior Homelessness- Housing Solutions For San Francisco's Hidden Poor (ASH)
5. San Francisco's Homeless Education Plan, August 2004 (HEP)
6. San Francisco Mental Health Services Act – Community Services and Support Plan, November 2005 (MHSA)
7. Addressing the Needs of Homeless and Runaway Youth, San Francisco DCYF Work Group on Prioritizing Homeless Youth Recommendations to Mayor Gavin Newsom, May 2005 (ANHY)

Appendix 2

The following tables contain all the strategies listed in this plan. A column has been added to indicate which plan(s) provided the basis for including specific strategies in this document. The strategy, as included in this plan, may not contain the exact wording as the original source. Where a strategy was not derived from an existing play, but was the result of community discussion, it is indicated as such.

PRIORITY ONE: Increase the Supply of Permanent Housing which is affordable and accessible to people experiencing homelessness.		
Strategies	Action Steps	Source of Action Steps
<p>I.1. Increase the number of permanent deeply affordable housing units for homeless individuals and families. Supportive services should be available as needed to assist tenants in maintaining their tenancies. Deeply affordable means that the units are affordable to people whose income is 0-30% of the Area Median Income.</p>	<ul style="list-style-type: none"> a) Provide local, and support private, state and federal financial assistance to developers and property owners to buy, rehabilitate, construct and operate no-income and minimal-income-producing permanent units. b) Provide local, and support private, state and federal financial assistance to Community Based Organizations to: <ul style="list-style-type: none"> i) enter into long-term rent-guarantee or "master"-leases with private landlords for permanent units; and ii) provide rental subsidies to families and individuals to rent housing in the private market, matching the length and depth of rental subsidy to individualized needs. c) Assess which units in the City's affordable housing development pipeline can be converted to permanent deeply affordable units for homeless individuals and families. d) Design housing to accommodate different needs and preferences of people experiencing homelessness, for example: <ul style="list-style-type: none"> i) convert shelters for seniors to and develop group-home collective or community living supportive housing; ii) develop age-appropriate supportive housing options for transition-aged youth. e) Advocate for an increased federal and state investment in housing for people who are homeless. f) Advocate for an amendment of regulations which create barriers to mixing funding sources to finance permanent, deeply affordable units. 	<ul style="list-style-type: none"> a) 10YP pg. 56, 61; HFSR pg. 44; ASH pg. 11, 20 b) 10YP pg. 58; 5YCP pg. 96; HFSR pg. 35, 46; ASH pg. 12, 20 c) 5YCP pg. 96 d) ANHY pg. 2; Community Discussion e) 10YP pg. 61 f) Community Discussion
<p>I.2. Increase access for homeless individuals and families to permanent housing which is affordable to them despite citizen status, and eviction, credit and/or criminal histories.</p>	<p>a-1) Include as award and evaluation criteria for City- and McKinney-Vento Continuum of Care funding the extent to which a housing agency's tenant-selection criteria will permit those with unfavorable eviction, credit and/or criminal histories to access permanent housing affordable to them.</p> <p style="text-align: center;">OR</p> <p>a-2) Require through contract that City-funded housing projects adopt the least restrictive tenant eligibility criteria based upon eviction, credit and/or criminal histories criminal by making individualized determinations about every applicant.</p> <ul style="list-style-type: none"> a) Develop incentives in addition to rental guarantees for private landlords to rent to formerly homeless tenants which may include on-call tenant services, repair and maintenance and tenant training programs as assurances to rental agreements. 	<ul style="list-style-type: none"> a-1) Community Discussion a-2) 10YP 36, 60; HFSR pg. 46, 48 b) HFSR pg. 48, 50; 5YCP pg. 96

	<ul style="list-style-type: none"> b) Advocate that the San Francisco Housing Authority adopt the least restrictive tenant eligibility criteria based upon criminal or drug-related activity and promote policies and procedures that reinforce public safety and facilitate reintegration of rehabilitated people into the community by making individualized determinations about every applicant. c) Designate a portion of local funds to increase permanent housing units for undocumented persons who are barred from federally assisted programs. 	<ul style="list-style-type: none"> c) 10YP pg. 36; HFSR pg. 47 d) HFSR pg. 48
<p>I.3. Preserve existing permanent deeply affordable housing units for individuals and families.</p>	<ul style="list-style-type: none"> a) Partner with non-profit and other private developers to preserve existing affordable housing opportunities by: <ul style="list-style-type: none"> ii. conducting thorough annual monitoring of existing supportive housing development units to assess stock at-risk of loss; iii. providing financing for capital improvements; and iv. providing financial assistance to acquire and rehabilitate existing affordable rental housing at risk of losing subsidies or with expiring affordability periods. b) Explore strategies to acquire properties that are currently part of the master-leased housing stock. 	<ul style="list-style-type: none"> a) 10YP pg. 57; 5YCP pg. 98 b) Community Discussion
<p>I.4. Support actions that increase resources for the creation of permanent housing.</p>	<ul style="list-style-type: none"> a) Support periodic local and state bonds to create funding sources for permanent housing. b) Explore the range of local revenue producing sources for the development of a local dedicated funding source for permanent housing. c) Develop a Capacity Building network that encourages experienced developers to share information and support non-profit organizations, faith-based groups and other providers who are interested in developing high quality supportive housing. 	<ul style="list-style-type: none"> a) Community discussion b) 10YP pg. 58; Community Discussion c) 10YP pg. 55: Community Discussion

PRIORITY TWO: Prevent homelessness through effective discharge planning.		
Strategies	Action Steps	Source of Action Step
<i>For all Publicly-Funded Systems: Jails, Hospitals, Mental Health and Foster Care</i>		
II.1. Upon <i>entry</i> into a public institution, assess and plan for housing upon release	<ul style="list-style-type: none"> a) Identify during intake persons who are homeless or at risk of homelessness upon release b) Assign a case manager/transition planner <ul style="list-style-type: none"> • Preference for current case manager, if there is one, to fill this role • Identify immediate needs to be addressed while in the public system, including services, treatment and assistance in retaining current housing (e.g. eviction prevention support/funds, advocacy with shelters to maintain right to 60-90 day beds) • Identify needs at discharge to avoid homelessness • Create plan for successful discharge into housing including services to be delivered while in public institutions, housing assistance, and linkage to services once discharged c) Collect data on permanent housing outcomes for those discharged, to be used as part of regular evaluation of public institutions. 	<ul style="list-style-type: none"> a) 10YP pg. 35, 37 b) 10YP pg. 17, 37 c) 10YP pg. 34
II.2. Provide services prior to discharge that promote long-term housing and personal stability	<ul style="list-style-type: none"> a) Provide health, mental health, and substance abuse treatment services, including methadone treatment and maintenance. b) Provide case management services, which continue post-discharge, to assist with benefits advocacy, education and employment and housing search including funds at discharge for transportation and temporary housing if needed. c) Improve linkages to community-based services for persons exiting institutions. 	<ul style="list-style-type: none"> a) 10YP pg. 35, 55 b) 10YP pg. 35, 37, 54 c) 10YP pg. 36, 40
II.3. Increase housing options for recently discharged people	<ul style="list-style-type: none"> a) Increase the number of respite beds for persons who need continued medical assistance after discharge, prior to placement in permanent housing. <ul style="list-style-type: none"> • Until sufficient respite beds are available, dedicate IHSS Homecare workers to each shelter site based on existing need. b) Increase access to permanent housing for persons with criminal records by building supportive housing, expanding selection criteria for City-assisted housing to prevent automatic bar against those with records and assistance in appealing decisions denying tenancy. (See Permanent Housing Section I, above.) c) Make appropriate referrals to interim treatment housing (see treatment housing section), including the DPH-STEPs (Services to Empower Personal Success transitional housing) and San Francisco Sheriff's NoVA programs for those exiting the criminal justice system. d) Increase age-appropriate supportive housing options for youth exiting the foster care system. (See 	<ul style="list-style-type: none"> a) 10YP pg. 37 10YP pg. 36; HFSR pg. 46 b) See Treatment Housing Section c) See Permanent Housing Section d) See Permanent Housing Section

PRIORITY TWO: Prevent homelessness through effective discharge planning.		
Strategies	Action Steps	Source of Action Step
	Permanent Housing Section I, above.)	
<i>For Jails and Hospitals</i>		
II.4. Divert repeat offenders who are homeless from the criminal justice system	a) Implement a restorative policing program which focuses on access to housing (and supportive services and treatment if needed) for repeat non-violent, petty misdemeanor, and quality of life offenders experiencing homelessness Back on Track program for those charged with a sale or possession for sale offense b) Coordinate with the Re-Entry Council to implement reentry strategies to provide ex-offenders with opportunities to permanently exit the criminal justice system	a) 10YP pg. 55; Community Discussion b) Community Discussion
II.5. Provide timely medical treatment and services to people who are homeless to minimize their entry into the emergency medical system.	a) Bring to scale the work of the Emergency Medical Services High User group to identify and engage frequent users of EMS in order to address their unmet needs and minimize 911 and emergency department usage.	a) Community Discussion

PRIORITY TWO: Prevent homelessness through eviction prevention and intervention.		
Strategies	Action Steps	Source of Action Step
II.6. Provide short-term rental support and wraparound services to address underlying issues threatening housing stability and to prevent eviction	<ul style="list-style-type: none"> a) Increase funding for and eligible uses and eligible recipients of rental assistance <ul style="list-style-type: none"> i. Additional uses to include paying debts if the existence of the debt precludes access to affordable housing (e.g. eviction judgments) and higher limits for rental deposits, ii. Additional recipients to include prior recipients of rental assistance funds and undocumented families b) Expand the use of representative payee services 	<ul style="list-style-type: none"> a) 10YP pg. 43; HFSR pg. 26 b) HFSR pg. 26, 34
II.7. Increase outreach and education about eviction prevention resources and tenant rights laws	<ul style="list-style-type: none"> a) Provide understandable, clear, easy to use information to be distributed through government agencies, courts, non-profits, and enclosed with housing-related legal notices informing tenants of their rights and available resources b) Require providers and property managers to receive training on eviction prevention issues and resources and hold similar workshops for tenants. c) Create a centralized intake point for anyone seeking eviction prevention services. 	<ul style="list-style-type: none"> a) HFSR pg. 28 b) HFSR pg. 20, 21 c) 10YP pg. 43
II.8. Increase the provision of legal services for individuals and families at risk of eviction	<ul style="list-style-type: none"> a) Increase access to legal services during eviction proceedings and representation at settlement conferences. b) Investigate the implementation of an eviction defense program, modeled after the public defender's office, for low-income tenants facing eviction. 	<ul style="list-style-type: none"> a) 10YP pg. 44; HFSR pg. 25 b) 10YP pg. 43; HFSR pg. 25

PRIORITY THREE: Provide interim housing (emergency shelter) until permanent housing is available.		
Strategies	Action Steps	Source of Action Step
III.1. Restructure shelters to facilitate provision of services that lead to accessing and maintaining permanent housing.	<ul style="list-style-type: none"> a) Expand shelter hours to provide for 24-hour access and adjust rules to increase number of hours that people are permitted to sleep b) Eliminate one-night shelter beds and extend shelter stays, depending on need, to promote the facilitation and continuity of services c) Services provided to individuals and families in emergency shelters should focus on increasing housing stability: <ul style="list-style-type: none"> o Housing placement o Economic literacy, including money saving o Accessing income benefits o Housing retention skills 	<ul style="list-style-type: none"> a) ASH pg. 22; Community Discussion b) ASH pg. 26; Community Discussions c) HFSR pg. 38.
III.2. Provide services in coordination with other community service providers	<ul style="list-style-type: none"> a) Coordinate with the mobile care team to provide services to clients in respite beds and safe haven shelter beds b) Coordinate with Resource Centers and other community service providers to increase involvement in community activities and access to social services. 	<ul style="list-style-type: none"> a) Community Discussions b) ASH pg. 23
III.3. Increase the level of safety in the shelters.	<ul style="list-style-type: none"> a) Promulgate minimum safety standards and regularly assess for compliance 	<ul style="list-style-type: none"> a) Community Discussions
III.4. Provide appropriate shelters to meet diverse needs.	<ul style="list-style-type: none"> a) Provide specialized shelters or set-aside sections in general population shelters to accommodate the need for: <ul style="list-style-type: none"> o People in crisis needing an unstructured, "safe-haven" or low-demand shelter with minimal requirements for residents o Increased respite beds o Elderly b) Provide resources to hire, manage, motivate and train shelter management and staff to increase client satisfaction and staffing stability including through cultural and linguistic competency and sensitivity to clients' needs and situations 	<ul style="list-style-type: none"> a) ASH pg. 22, 25; Community Discussions b) ASH pg. 22, 25

PRIORITY THREE: Provide interim housing (treatment/transitional housing) until permanent housing is available.		
Strategies	Action Steps	Source of Action Step
III.5. Phase out transitional housing for the chronically homeless.	a) Reconfigure transitional housing programs that serve chronically homeless people into permanent supportive housing and sobering centers.	a) 10YP pg. 15
III.6. Maintain/establish transitional housing for non-chronically homeless individuals and families with an identified need for such housing programs.	a) Identify individuals and families who need transitional housing through an upfront assessment, moving away from the current system of self-referral. b) Individuals and families presenting with the following situations have been identified as benefiting from treatment in transitional housing: substance abuse issues, mental illness, recently discharged offenders, former foster and homeless youth, victims of trauma (e.g. domestic violence), former sex workers and veterans	a) HFSR pg. 53; Community Discussions b) HFSR pg. 53; ANHY pg. 2; Community Discussions
III.7. Provide intensive case management services that address individualized needs and emphasize economic stability.	a) Provide necessary support services that address individualized needs and promote stability. b) Emphasize economic stability through employment and education services and support.	a) HFSR pg. 53; ANHY pg. 2 b) HFSR pg. 53
III.8. Emphasize exits from transitional housing programs into permanent housing.	a) Timelines for exiting transitional housing programs should be tailored to meet individual needs. b) Links between transitional programs and permanent housing should be improved, including opportunities to transition in place, recruiting private landlords willing to provide permanent housing and prioritizing individuals and families who have completed transitional housing for placement into new permanent housing.	a) HFSR pg. 55 b) HFSR pg. 53, 54, 57

PRIORITY FOUR: Provide wraparound support services that increase long-term stability.		
Strategies	Action Steps	Source of Action Step
IV.1. Provide a comprehensive range of support services aimed at facilitating acquisition and retention of permanent housing	<ul style="list-style-type: none"> a) Reduce barriers to accessing necessary support services for people living on the streets and in interim housing. b) Continue to fund services at permanent supportive housing developments by pursuing federal and state services funding as well as local funding from the Department of Human Services and Department of Public Health. c) Fund aftercare support services to promote stability, especially immediately after entry to permanent housing, a critical transition period. 	<ul style="list-style-type: none"> a) 10YP pg. 41; HFSR pg. 38; ANHY pg. 3 b) 10YP pg. 56, 57 c) HFSR pg. 55
IV.2. Improve the integration of medical, mental health and substance abuse treatment and increase the number of available treatment slots	<ul style="list-style-type: none"> a) Provide access to support services in addition to treatment services to all clients entering the system, regardless of their point of entry. b) Increase the number of treatment slots for mental health and substance abuse services, including residential programs. c) Improve the integration and coordination of treatment and supportive services to individuals with multiple diagnoses, including by sharing information through team case management, survey tools and a web-based management information system. d) Invest in more residential treatment, residential care programs, and respite care programs. e) Maintain medically supervised medical detoxification programs. 	<ul style="list-style-type: none"> a) 10YP pg. 41 b) 10YP pg. 41, 54 c) 10YP pg. 41, 53 d) 10YP pg. 37 e) 10YP pg. 36
IV.3. Improve linkages to mainstream benefits	<ul style="list-style-type: none"> a) Identify veterans at all homeless and mainstream service programs and connect them with veteran-specific health and benefits services. b) Assess all homeless-targeted and mainstream service program clients for eligibility for SSI and mainstream entitlement benefits. c) Increase funding for legal services that assist consumers access mainstream benefits. 	<ul style="list-style-type: none"> a) 10YP pg. 40 b) 10YP pg. 37 c) 10YP pg. 47
IV.4. Move personnel and funding for the chronically homeless away from services that are not linked to housing.	<ul style="list-style-type: none"> a) Design support services for people who are chronically homeless to prioritize housing acquisition and retention and to be aligned with the City's Housing First philosophy. 	<ul style="list-style-type: none"> a) 10YP pg. 16

PRIORITY FOUR: Enhance access points for Support Services and Housing through outreach to and engagement of people experiencing homelessness.		
Strategies	Action Steps	Source of Action Step
IV.1. Expand outreach services to underserved populations through community partnerships.	<ul style="list-style-type: none"> a) Continue to provide intensive outreach to people living on the street through SFHOT b) Expand street outreach coverage with additional staff and additional vans in order to reach unserved neighborhoods and underserved populations. c) Continue to support other successful models of community street outreach. d) Continue and expand outreach through Project Homeless Connect <ul style="list-style-type: none"> o Continue bi-monthly outreach sessions. o Continue to engage new individuals and businesses as volunteers to increase the volunteer hours and private funds being directed to ending homelessness 	<ul style="list-style-type: none"> a) Community Discussion b) Community Discussion c) ANHY pg. 4; Community Discussion d) Community Discussion
IV.2. Increase the availability of community drop-in and resource centers	<ul style="list-style-type: none"> a) Provide dedicated resources for drop in centers to offer site-based services to people living on the streets and in emergency shelters. b) Provide a comprehensive range of services through community drop-in centers, including housing placement services as well as access to basic services, crisis intervention, and referrals to other social services, mainstream benefits, safe day space off the streets, and interim housing as appropriate. 	<ul style="list-style-type: none"> a) 10YP pg. 15; Community Discussion b) Community Discussion

PRIORITY FIVE: Increase economic stability through employment services, mainstream financial entitlements and education.		
Strategies	Action Steps	Source of Action Step
V.1. Increase homeless people's access to the mainstream education and workforce development system	<ul style="list-style-type: none"> a) Make changes to mainstream employment program to accommodate the special needs of people who are homeless. b) Increase access to job training, adult education and GED programs by homeless adults including on-going education to those who are working to enhance promotional opportunities and earnings. c) Expand and enhance outreach to formerly homeless people who are housed at "housing first" and other permanent supportive housing sites to engage in mainstream education and workforce development programs. 	<ul style="list-style-type: none"> a) 10YP pg. 18 b) Community Discussion c) Community Discussion
V.2. Maintain employment services targeted to homeless people to increase job readiness, training and literacy	<ul style="list-style-type: none"> a) Continue providing homeless targeted services that increase job readiness through counseling and case management, soft and hard skills training, and supportive employment opportunities. b) Provide specialized job placement services, employment resources and job retention services for homeless people. c) Expand and enhance outreach to formerly homeless people who are housed at "housing first" and other permanent supportive housing sites to engage in homeless-targeted employment services. 	<ul style="list-style-type: none"> a) Community Discussion b) 10YP pg. 18; Community Discussion c) Community Discussion
V.3. Increase receipt of mainstream financial entitlements for people who are homeless or at risk	<ul style="list-style-type: none"> a) Fund effective SSI application and Advocacy services for all eligible homeless people. b) Ensure all people who are homeless or at-risk are screened for mainstream income benefits. c) Assist eligible individuals in maintaining benefits while temporarily in institutional settings. d) Enhance food security by bringing to scale the San Francisco Food Stamp Program projects to remove barriers to food stamp benefits by people who are homeless including the Benefits in a Day, Able Bodied Adults without Dependents Waiver (ABAWD) and Restaurant Meals projects. 	<ul style="list-style-type: none"> a) 10YP pg. 46 b) 10YP pg. 46, 47 c) 10YP pg. 36, 47 d) Community Discussions

PRIORITY FIVE: Increase economic stability through employment services, mainstream financial entitlements and education.		
Strategies	Action Steps	Source of Action Step
V.4. Improve access to education and training for homeless children and youth	<ul style="list-style-type: none"> a) Ensure compliance with San Francisco's Homeless Education Plan through coordination between the Local Homeless Coordinating Board and San Francisco School District Homeless Liaisons. b) Increase access to GED programs for homeless youth. c) Provide vocational training, internships and job placement for homeless and formerly homeless youth by creating specialized services for them, making sure that they have access to existing services 	<ul style="list-style-type: none"> a) HEP b) Community Discussions c) ANHY pg. 5, 6

PRIORITY SIX: Improve Planning and Coordination and Implement an Effective Information Management System		
Strategy	Action Steps	
VI.1. Increase coordination and streamline efforts of city departments agencies and committees working to end homelessness.	<ul style="list-style-type: none"> a) Establish regular reporting mechanisms to ensure communication between the Local Homeless Coordinating Board, the Human Services Agency, the Department of Public Health and the Mayor's Office on Housing. 	<ul style="list-style-type: none"> a) Community Discussion
VI.2. Accurately identify housing and services inventory and identify gaps in services to increase effectiveness in planning.	<ul style="list-style-type: none"> a) Continue to annually inventory interim and permanent housing beds b) Conduct an inventory of available service and treatment slots. c) Monitor service and housing waitlists and turn-aways as part of housing and services inventory. d) Using inventory, wait list and turn-away data, identify gaps in services and housing and annually publish a priority list for addressing these needs. 	<ul style="list-style-type: none"> a) Community Discussion b) Community Discussion c) Community Discussion d) Community Discussion
VI.2. Improve the effectiveness of the City's homeless information management system (HMIS).	<ul style="list-style-type: none"> a) Improve the current HMIS system to ensure accurate collection of data and reliable reporting on housing and service utilization. b) Explore the implementation of an HMIS system with citywide case management, referral and benefits screening capabilities either through integration of social services into the system currently being used by DPH or the development of a new system. c) Ensure that the privacy interests of clients are appropriately balanced against the need to 	<ul style="list-style-type: none"> a) Community Discussion b) Community Discussion c) Community Discussion

	collect service and program utilization data.	
VI.3. Develop and maintain a centralized resource website to provide information on homeless services and resources in San Francisco.	a) Support the development and maintenance of the www.sfhomeless.net resource website.	a) Community Discussion

Appendix 3

Synthesis of Existing Strategy Plans

This document is a synthesis of the community strategic plans listed in Appendix 1. This document was used as the starting point for the creation of this plan, *Towards Ending Homelessness in San Francisco*. The source of each strategy is indicated following the statement.

Permanent Housing

1. **Increase Permanent Supportive Housing Opportunities for the Homeless (SFP, 5YCP, HFSR, ASH)**
 2. **Prioritize the development of Permanent Supportive Housing (SFP, 5YCP, HFSR, ASH)**
 3. Partner with non-profit developers and service providers to create new permanent supportive housing (5YCP)
 4. Create 3000 new units of permanent supportive housing using the Housing First model by 2010. (10YP)
 5. Provide financial assistance to non-profit developers and owners to create new non-profit owned permanent supportive housing opportunities for chronically homeless individuals and families on sites yet to be determined and on sites in Redevelopment Project Areas. (5YCP)
 6. Provide additional financial assistance as necessary to re-program units in the affordable housing development pipeline. The goal is to create new non-profit owned permanent supportive housing opportunities for chronically homeless individuals and families. (5YCP)
 7. Provide operating or rental subsidies and supportive services funding for units in existing non-profit owned affordable housing to provide permanent supportive housing opportunities for chronically homeless individuals and families. (5YCP)
 8. Leverage local, state, and federal capital, operating subsidies, rental subsidies, and services resources to create new supportive housing units. (5YCP)
 9. Create a local operating/rent subsidy program to support the long-term operation of permanently supportive housing for chronically homeless persons. (5YCP)
 10. Enter into long-term master leases with the private for-profit owners of apartment buildings or residential hotels to create new permanent supportive housing opportunities for chronically homeless individuals and families. (5YCP)
 11. Grant surplus lands to non-profit housing developers for very low-income housing projects. (HFSR)
 12. Amend the City's inclusionary zoning requirements to provide incentives for market-rate developers to build permanent supportive housing. (10YP)
 13. The San Francisco Redevelopment agency should amend its project area planning to produce permanent supportive housing with tax increment monies already earmarked for affordable housing. (10YP)
 14. MOH, SFRA, and the SF Housing Authority should include permanent supportive housing in all proposals from new affordable housing, and should identify opportunities where empty apartments could be converted to such use. (10YP)
 15. Acquire 1500 units in privately owned sites through the Direct Access to Housing Program, SRO Housing Program or similar service enriched master lease program. (10YP)
 16. Set aside 75 units for the chronically homeless. (10YP)
 17. Create 500 new units for households that are not chronically homeless, but may occasionally experience homelessness. (5YCP)
 18. Create 150 new units for homeless ex-offenders (10YP)
 19. Create 150 new units for youth at risk for homelessness. (10YP)
 20. **Eliminate unnecessary tenant selection criteria that impede the access of chronically homeless individuals and families into supportive housing. (10YP)**
 21. **Develop strategies to house people/families excluded from housing developments due to income, credit history, criminal history, immigration and other barriers. (SFP, HFSR)**
 22. **Provide a full compliment of developmentally appropriate housing options for homeless youth that focus on safety, stability, affordability and transition to prevent precarious housing or homelessness. (ANHY)**
23. **Maintain the Investment in Supportive Housing (5YCP, SFP)**
 24. **Maintain the current funding on existing permanent supportive housing programs. (10YP)**
 25. Require annual monitoring reports, conducting site visits, and performing on- going assessments of the housing's financial and operational health. (5YCP)

26. Engage providers in the assessments of the effectiveness of current performance outcomes. (10YP)
27. **Provide financing for capital improvements to existing affordable housing stock that are beyond the scope of existing reserves. (5YCP)**
28. **Fund operating and leasing expenses at permanent supportive housing developments to make their operation financially feasible, given the extremely low rents. Use federal and state funding as well as funds from the Department of Human Services and Department of Public Health. (5YCP)**
29. **Build capacity among housing and service organizations through funding partnerships between service providers and housing development corporations that develop and manage supportive housing for the chronically homeless. (5YCP)**
30. **Conduct thorough annual monitoring on existing supportive housing developments (10YP)**
31. **Develop other models/approaches that will provide permanent housing for the homeless with the rationale that there are multiple entry points to homelessness and there must be multiple exit strategies. (HFSR)**
 32. **Develop Incentives for private landlords/Housing Authority to cooperate with Housing First Initiative (HFSR)**
 33. Pay rent in quarterly increments (HFSR)
 34. Establish a guarantor (of rent) for families who do not meet eligibility criteria of private housing providers. (HFSR)
 35. Provide supportive service packages that are linked to the units/development (site or community based services) (HFSR)
 36. Advocate with HUD regarding the Housing First Model. (HFSR)
 37. **Offer rental subsidies for persons/families who opt to share housing with relatives, friends, or other homeless persons in cases where there is an assessment that the shared household would be safe and stable. (HFSR)**
 38. **Expand family reunification. For those from out of state or out of the region, who wish to voluntarily return home and have a place to go back to or people willing to welcome them home, offer transportation, moving and resettlement assistance in the form of a one time subsidy. (HFSR)**
 39. **Provide permanent deeply affordable housing for those not likely to be able to increase their earning potential enough to afford market rate or the typical below-market rate housing in the city. (HFSR)**
 40. Utilize construction assistance for nonprofits (HFSR)
 41. Buy-down of below market rate units produced as a result of inclusionary zoning
 42. Master-leasing (HFSR)
 43. Long-term tenant-based rent subsidies (HFSR)
 44. **Develop other strategies to house those excluded from housing developments due to income, credit history, criminal history, immigration and other barriers. (HFSR)**
 45. Waivers of rent-to-income ratios that often exclude extremely low-income families from "affordable" housing. Increase the percentage of household income that can be paid toward rent from 30%. (HFSR)
 46. Waivers of rules that preclude renting to households with an eviction record. (HFSR)
 47. Waivers of maximum household to bedroom size criteria. (HFSR)
 48. Individual consideration of family debt limits or ratios. (HFSR)
 49. Individual consideration of criminal history. (HFSR)
 50. Access for undocumented persons. (HFSR)
51. **Provide Comprehensive Support Services for formerly homeless tenants in supportive housing developments to help them retain their housing and improve their overall health and stability. (5YP, SFP, HFSR)**
 52. **Fund support services in permanent supportive housing developments by pursuing federal and state service funding as well using funds from the Department of Human Services and Department of Public Health. (5YCP)**
 53. **Provide off-site case management services to promote stability, especially during the initial period after move-in to permanent housing. (HFSR)**
 54. **Encourage developers/landlords to establish linkages with local service providers to address the needs (e.g. money management) of specialized populations. (HFSR)**
 55. **Develop specific service strategies based on assessment for the target populations including: (HFSR)**
 56. Home-based services (HFSR)

- 57. Community based services (HFSR)
- 58. Money management (HFSR)
- 59. Employment services (HFSR)
- 60. **Expand the Crisis Resolution Team that is operated by the Department of Psychiatry to help formerly chronically homeless people when they have psychiatric crisis in permanent housing. (10YP)**
- 61. **Every chronically homeless person must be offered long-term case management, unless otherwise determined, to assist them in maintaining permanent housing. (10YP)**

Transitional Housing

- 62. **Phase out Transitional Housing for the Chronically Homeless (10YP)**
 - 63. **Phase out most transitional housing programs in 4-6 years and reconfigure to permanent housing, 24-hour crisis clinics, and sobering centers. (10YP)**
 - 64. **Maintain/Establish Transitional Housing for people with an identified need for such housing**
 - 65. **Identify individuals and families who need transitional housing in an “up front assessment” and move away from the current system that allows self-referral to transitional programs. By having an assessment at the front of system, those who are referred to transitional housing are those who have not been successful receiving services only. (HFSR)**
 - 66. **Provide transitional housing for individuals and families who have been assessed as needing a transitional environment to stabilize and successfully access and maintain permanent housing. (HFSR, SFP, ADHY)**
 - 67. Major mental health problems
 - 68. Chronic Substance Abuse Issues
 - 69. Domestic Violence
 - 70. Immigration Problems
 - 71. Reunification of Families
 - 72. Youth, with children emancipating from foster care
 - 73. Severe medical problems
 - 74. Homeless and Runaway youth (ADHY)
 - 75. **Provide services that address individualized needs as they pertain to substance abuse, mental health, trauma, parenting skills, domestic violence, credit repair, legal issues, immigration status, and life skills training. (HFSR)**
 - 76. **Make economic stability the primary goal through education/employment plans (HFSR)**
 - 77. **Emphasize Exits from Transitional Housing programs with timelines tailored to individual needs. (HFSR)**
 - 78. **Improve links between transitional and permanent housing, as well as linkages with community resources, with other communities outside of San Francisco, and with landlords willing to provide permanent housing. (HFSR)**
 - 79. **Those who have already completed transitional housing programs should be prioritized for permanent housing (HFSR)**

Shelter

- 80. **Replace shelters with 24-hour crisis centers and sobering centers (10YP)**
 - 81. **Crisis and Emergency Centers must be accessible at places around the city. (HFSR)**
- 82. **Improve the quality of service at current shelters**
 - 83. **Provide services in a culturally and linguistically competent manner. (HFSR)**
 - 84. **Emergency housing must be safe for the specific population of people accessing them (e.g. families, seniors). (HFSR, HEP, ANHY)**
 - 85. **The staff and peer counselor recruitment and selection process must be changed to ensure that staff and peer counselors with the necessary skill, experience, and training will be hired and retained and that those for whom the work is not suitable will be terminated. (10YP)**

- 86. A significant number of staff must have clinical degrees (10YP)
- 87. Specialist must be hired and retained who can perform careful assessments of the multiple needs of people who are homeless (10YP)

Support Services

88. Move personnel and funding away from homeless services that are not linked to housing. (10YP)

- 89. **Support services must be in line with the Housing First philosophy (10YP)**
 - 90. Ensure that long term homeless people who enter the hospital emergency room are discharged as appropriate to housing or community-based treatment as appropriate (10YP)
 - 91. Treatment programs should be closely linked to housing placement with housing placement as an outcome measure. (10YP)
 - 92. Permanent housing outcomes should be a goal for all programs serving homeless persons, including hospitals and jails. (10YP)
 - 93. Freestanding service programs should be assessed for their connection and value in relation to housing outreach, placement and retention (10YP)
- 94. **Create a housing team, not connected to any particular shelter, to provide information and referrals to case managers about housing options. Team should also build relationships with private landlords and the Housing Authority to increase housing options. (HFSR)**
- 95. **Develop a peer mentor program for the purpose of increasing accessibility to information and resources for finding and/or maintaining permanent housing. Peer mentors would work in conjunction with case managers to increase exposure of aftercare and supportive resources. (HFSR)**

96. SSI Advocacy

- 97. **Fund SSI Advocacy in an immediate, large scale and effective manner. (10YP)**
 - 98. Move 2,500 people onto SSI benefits. (10YP)
 - 99. Advocates, trained and supervised by legal experts, are needed to work with clients, fill out forms, assemble the evidence and provide representation to clients. (10YP)
 - 100. Psychologists/psychiatrists are needed to provide consultative examinations in support of the claims, who are familiar with applicable regulations and have sufficient time to prepare adequate reports. (10YP)
 - 101. Create a method to gather applicable past medical records. (10YP)

102. Improve the delivery of Services

- 103. **Encourage “in-reach” long-term case management relationships, not connected to a particular service or facility, for clients already involved in the service system. (10YP)**
 - 104. Case manager will engage them prior to discharge, at the site of their programs, hospital, jails, foster homes, etc. Work with clients on securing and maintaining permanent housing. (10YP)
- 105. **Improve integration of Mental Health and Substance abuse treatment. (10YP)**
 - 106. Plan for and provide multiple diagnosis program slots adequate to meet demand with the goal of decreasing fragmented care and shuffling between service providers. (10YP)
 - 107. All clinical sites must be competent to address a patient’s mental health and substance abuse simultaneously- create a “no wrong door” system. (10YP)
 - 108. Staff must receive adequate training in both substance abuse and mental health with the most professionally trained staff at the front end of the system. (10YP)
- 109. **Increase the number of treatments slots for mental health and substance abuse services to decrease wait times for people seeking these services and avoid displacing one population by another. (10YP)**
 - 110. Treatment should be chronic in nature- not time limited, removed gradually as permanent supportive housing come online. (10YP)
 - 111. Treatment services should be designed in a step-wise fashion- intensive treatment at intake and tapering off according to progress. (10YP)
- 112. **Invest in more residential treatment programs and care programs, with supported housing available when people exit from the programs. (10YP)**
- 113. **Shift from social model detoxification system to one where services are medically supervised. (10YP)**

114. **A diverse range of services must be available to individuals in housing, including a high degree of initial support services and a low degree of initial support services to accommodate people who have different levels of willingness to fulfill additional expectations. (ANHY)**
115. **Ensure access to behavioral health services.** (ANHY)
 116. **Address the gap in age-appropriate, treatment-based services that address multiple needs of youth.** (ANHY)
117. **Provide integrated, wraparound services through Full Service Partnerships linked to housing (services vary by population but include comprehensive assessment, primary care, mental health, substance abuse, residential treatment, vocational rehabilitation, supportive employment and independent living skills).** (MHSP)

Employment-Related Services

118. **Make changes to the mainstream employment services system that will specifically address the needs of the chronically homeless. (10YP)**
 119. **Customize existing employment training services so they are more accessible to the chronically homeless (10YP)**
 120. **Employ/train homeless people in the construction or rehabilitation and operation of supportive housing sites (10YP)**
 121. **Examine Section 3 Plus Program to ensure that federally funded projects are adhering to the practices of hiring low-income individuals. (10YP)**
122. **Provide vocational training, paid internships and job placements for homeless and/or formerly homeless youth.** (ANHY)

Prevention

123. **Increase and Expand Eviction Prevention Services**
 124. **Improve outreach and linkages to eviction prevention (SFP, HFSR, 5YCP)**
 125. **Create a position for an eviction prevention liaison to link families to emergency funds and rental prevention services (HFSR)**
 126. **Develop a rental subsidy program with the focus on rapid rehousing of evicted families. (HFSR)**
 127. **Create a Central Intake Point for anyone seeking eviction prevention services. (10YP)**
 128. **Avoid duplication of services (10YP)**
 129. **Minimize a need for registering at multiple agencies (10YP)**
 130. **Change the eligibility requirements for emergency assistance to allow for repeat usage. (10YP)**
 131. **Expand use of designated rent receivers (10YP)**
 132. **Provide housing counseling assistance and education and training on landlord tenant law to renters who are at risk for eviction. (5YCP, HFSR)**
 133. **Require or encourage unlawful detainer notices or other eviction-related notices to list resources for low-income tenants. (HFSR)**
 134. **Develop brochures listing general resources and contact information (HFSR)**
 135. **Place ads in community news papers and ad campaigns (HFSR)**
 136. **Workshops for tenants in supportive housing buildings and shelters (HFSR)**
 137. **Expand the definition of rental assistance funding, increase flexibility on what the money can be spent on, and increase funding for this service. (HFSR)**
 138. **Allow the use of money for more than move-in and eviction prevention (e.g. paying off bills, bigger**

- rental deposits, paying off other evictions) (HFSR)
139. Allowing flexibility for the unique needs of undocumented families (HFSR)
140. **Increase intervention to prevent behavior-related evictions. (10YP)**
141. Provide legal and social service professionals to prevent evictions based on a tenant's disabilities, especially mental health disabilities. (10YP)
142. **Increase the number of individuals that could be served through representative payee services by increasing funding. (HFSR)**
143. **Develop more funding opportunities for rental assistance- private foundations, corporations, state, federal and local sources. (10YP)**
144. **Increase outreach, education and training about tenant's rights, landlord/tenant law, and relevant government agencies and programs. (10YP)**
145. Require that unlawful detainer notices list resources for low-income tenants (10YP)
146. Develop brochures listing general resources and contact information that can be distributed through community agencies, the court, and non-profit landlords or enclosed with legal notices. (10YP)
147. Outreach to community and city agencies ensuring awareness about eviction prevention (10YP)
148. Provide tenant's rights education in shelters (10YP)
149. Work with support services and staff to identify early warning signs of impending eviction (to make referrals) (10YP)
150. **Increase the provision of legal services for those at risk for eviction (SFP, HFSR, 5YCP, ASH)**
151. **Investigation implementation of an Eviction Court (10YP)**
152. **Expand funding of projects that provides proper assistance and representation, especially holistic legal assistance with a social service component to help resolve issues underling the eviction threat. (10YP)**
153. **Create and fund a public pre-eviction legal services program and office, similar to that of the public defender. (HFSR)**
154. Legal representation for evictions (HFSR)
155. Assistance coming to settlement agreements at mandatory settlement conferences (HFSR)
156. Representation for those who cannot come to a settlement agreement. (HFSR)
157. **Provide trainings to housing providers and their staff about tenants rights and responsibilities, applicable disability laws, and working effectively with disabled and formerly homeless clients. (10YP)**
158. **Establish standards and practices for affordable housing providers in the area of eviction procedure. (SFP, HFSR)**
159. **Develop standard eviction prevention policies that will be required in city funded affordable housing projects and encourage other providers to adopt them. Establish an enforcement mechanism to ensure that policies are implemented. (HFSR, SFP)**
160. Reasonable accommodation policies
161. Type and timeline for warning notices- early notice, warnings
162. Role of support services in intervening
163. Willingness to accept payment plans
164. Grievance procedures
165. Domestic violence related eviction policies
166. Staffing rations
167. Communication with tenants
168. Willingness to work with community agencies to prevent eviction.
169. **Provide training to all property managers of affordable housing. (HFSR)**
170. **Establish an ombudsperson to oversee eviction prevention in city-funded buildings. (HFSR)**
171. **Require landlords to provide early notice to tenants, in the form of warning notices rather than eviction**

notices. (HFSR)

172. Landlords should contact both resident and service providers (when known) when issuing a complaint (HFSR)
 173. Landlord provides information on resources (legal, financial, tenant's rights, counseling) at the time of the complaint. (HFSR)
 174. Tenants will have the right to examine and copy their tenant file. (HFSR)
 175. Communicate procedural steps and eviction process at the time of any eviction notice. (HFSR)
176. **Require supportive housing programs to adopt a Tenant Selection Criteria that provides more flexibility for individuals who are disabled and homeless. (10YP)**
177. Allow applicants to demonstrate a record of good rent payment to overcome poor credit history. (10YP)
 178. No tenant should be automatically excluded because they have one or more eviction on their record. (10YP)
 179. Prospective tenants who have evictions on their record must automatically be given the opportunity to provide an explanation and documentation addressing their previous evictions. (10YP)
 180. Develop standards to eliminate a bar against those with a previous criminal record or a poor landlord reference. (10YP)
181. **Improve Discharge Planning- No One Should Be discharged from programs, hospitals, jails or other systems into the streets. (10YP)**
182. **Provide a specialized case management team for mentally ill people being released from jail and engage these people before their release, assist with SSI funding, design a treatment regimen, and arrange for immediate supported housing. (10YP)**
183. **Make methadone treatment/maintenance available in jail for addicts whose addiction contributes to chronic homelessness. (10YP)**
184. **Create supportive housing options that are available to chronically homeless persons with criminal records. (10YP)**
185. Create 100 units of supportive housing dedicated to ex-offenders, with a focus on chronically homeless with special needs. (10YP)
 186. Link service provision to existing criminal justice case management and outreach to decrease duplication. (10YP)
 187. Encourage the Housing Authority and supportive housing sites to assist prospective tenants with navigating the appeals process for those excluded due to criminal backgrounds. (10YP)
188. **Prepare for discharge by identifying chronically homeless inmates, and available housing for them, prior to release. (10YP)**
189. The Sheriff Department should determine during the triage process whether incoming inmates are chronically homeless, have mental disabilities, substance abuse disorders and work on a treatment plan and an appropriate exit strategy to housing. (10YP)
 190. Discharge plans should include mental health services, SSI advocacy, and assessment of job readiness if necessary. (10YP)
 191. Evaluate local programs that have served or continue to serve the ex-offender population for effectiveness and applicability. (10YP)
192. **Initiate SSI advocacy and application/reinstatement for all inmates identified with mental health issues prior to release. (10YP)**
193. **Link jail services directly to housing and homeless services. (10YP)**
194. Criminal justice case managers should be designated as a referral source for new supportive housing sites and should be required to conduct outreach in the jail when waitlists are opened. (10YP)
 195. Encourage all city-assisted housing providers to adopt selection criteria with a way around the automatic bar against those with a previous criminal record. (10YP)
196. **Develop effective plans for medical and psychiatric discharge to avoid releasing people back onto the streets. (10YP)**

- 197. Medical and psychiatric discharge is an ideal and natural point at which to access the chronically homeless population. (10YP)
- 198. Expand housing services to reduce the cost of hospitalization. (10YP)
- 199. **Improve linkages between foster youth services and homeless services to deliver housing services prior to discharge from the foster system. (10YP)**
 - 200. Establish 150 new housing slots for former foster and homeless youth. (10YP)
- 201. **Develop a system for diverting repeat offenders into treatment. (10YP)**
 - 202. System would divert individuals into treatment as an alternative to jail. (10YP)
 - 203. Expand the current Mental Health Court and Substance Abuse Court to include immediate access to housing and treatment. (10YP)
 - 204. Support families with youth at risk for running away or being pushed out. (ANHY)
- 205. **Provide family focused services with the goal of helping youth remain with the family and/or transition to independence successfully. (ANHY)**
- 206. **Increase funding to programs that intervene before the youth is homeless. (ANHY)**
- 207. **Increase collaboration between HAS, DPH, juvenile probation department, San Francisco Unified School District, and community based providers. (ANHY)**

Centralized Information System

- 208. Improve client access to resources.
 - 209. **Develop one centralized resource website where programmatic information can be easily accessed by clients and agencies. (HFSR, SFP)**
 - 210. **The city should update and maintain the San Francisco affordable housing information services. (HFSR)**
- 211. Develop a standardized intake assessment tool and centralize client information.
 - 212. **Assessment for clients entering shelters/crisis centers must be standardized and in line with the Housing First Philosophy. (HFSR)**
 - 213. Assessment must provide a realistic picture of necessary support services (10YP)
 - 214. **Develop a centralized database so agencies/providers can view assessments, referrals and waitlists and to minimize duplication of services. (SFP, HFSR)**
 - 215. **Improve coordination and communication of agencies through the use of standardized assessment tool and centralized database. (HFSR)**

City Planning and Coordination

- 216. The City must improve planning and coordination.
 - 217. **The city must annually, publicly, and accurately identify the gaps in services. (10YP)**
 - 218. The number of transitory and permanent housing units (10YP)
 - 219. Case managers (10YP)
 - 220. Residential Treatment Centers (10YP)
 - 221. Medically Assisted Detoxification Units (10YP)
 - 222. Substance abuse services (10YP)
 - 223. Service needed by chronically homeless elders, families, youth (10YP)
 - 224. **Increase coordination and streamline efforts of city departments or committees responsible for the coordination of supportive housing funding, acquisition, leasing, development and monitoring. (10YP)**
 - 225. Assign the selection, review, and approval process of supportive housing projects to one entity or coordinated group in conjunction with the Local Homeless Coordinating Board. (10YP)
 - 226. Ensure that the Mayor's Homeless Cabinet or other City governing body mandates coordination of discharges from Transitional Housing programs, Criminal justice system, Health Care facilities and Foster Care with housing opportunities. (10YP)
 - 227. Reconstitute the Local Homeless Coordinating Board to incorporate the addition of state and federal representatives, adequate staffing, and streamlined participation. (10YP)

- 228. Form a time limited working group to evaluate the current site selection process, and determine strategy to decrease timeline, maximize length of lease or options for purchase, minimize displacement and increase ability to competitively negotiate for master leased and purchased sites. (10YP)
- 229. Design a program for the City to market the housing program to private owners. (10YP)
- 230. **Develop a Capacity Building Program to promote the development of high quality supportive housing. (10YP)**
 - 231. Engage philanthropy, City Departments and technical assistance providers to craft a flexible grant-funding program tied to the development of supportive housing units. (10YP)
 - 232. Increase training opportunities for faith based groups, community based supportive housing providers and tenants. Explore partnerships with educational institutions to offer classes on services and management in supportive housings. (10YP)
 - 233. Outreach to faith based organization to assess feasibility of partnerships with non-profit organizations to increase their role in the development of supportive housing. (10YP)
- 234. **Increase local, state and federal resources to sustain and increase San Francisco's investment in permanent housing. (10YP)**
 - 235. Actively support local, state, and federal policies to sustain and increase the investment in permanent housing. (10YP)
 - 236. Create a working group to identify potential dedicated local revenue sources to cover the current and anticipated funding gaps. (10YP)
- 237. **Develop strategies to overcome oppositions and address public concerns. (10YP)**
 - 238. Prioritize supportive housing in the City's overall planning efforts such as the Better Neighborhood Plans and the Consolidated Plan (10YP)
 - 239. Public education campaign (10YP)
 - 240. Strengthen community-educating campaign by developing consistent strategy and message on supportive housing as a solution to homelessness. (10YP)
- 241. **Fund an advocacy position to work on increasing housing/homelessness funding from new government sources. (10YP)**

Appendix 4

Discharge Planning

